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The Relationship Between Meaning in Life and the Occurrence of Drug Abuse: An Epidemiological Retrospective Study

Ben Howard
Western Kentucky University

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THE RELATIONSHIP BETWEEN MEANING IN LIFE
AND THE OCCURRENCE OF DRUG ABUSE:
AN EPIDEMIOLOGICAL RETROSPECTIVE STUDY

A Thesis

Presented to

the Department of Public Health

Western Kentucky University

Bowling Green, Kentucky

In Partial Fulfillment

of the Requirements for the Degree

Master of Science in Health

by

Ben Howard

August, 1997
THE RELATIONSHIP BETWEEN MEANING IN LIFE AND THE OCCURRENCE OF DRUG ABUSE: AN EPIDEMIOLOGICAL RETROSPECTIVE STUDY

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Humans have been using plant-derived drugs for as long as we have recorded history. Significant negative consequences related to drug abuse have occurred in the areas of health, social issues, family relations, legal systems, and economic productivity. The purpose of this study was to explore the relationship between meaning in life and drug abuse. An epidemiological, retrospective study was performed to compare personal meaning in life between individuals receiving inpatient treatment for drug abuse and a group of non-drug abusing controls. Study participants completed the Purpose-In-Life Test and Life Attitude Profile-Revised. On both instruments, the inpatient drug abusing subjects were found to have significantly different levels of meaning in life. Drug treatment and primary prevention programs should consider incorporating meaning in life considerations in their strategies. Future research should explore an expanded sample size of drug abusing participants exploring in greater detail life's subjective meaning.
Introduction

Human beings have used and abused plant derivatives and manufactured substances to alter their minds since the beginning of documented history. Over time, changes in the social culture have varied our perceptions of drug consumption. Today, the need to understand the causes of drug abuse has become more pressing due to its socioeconomic and health impacts. The federal government states that "500,000 Americans were treated in hospital emergency rooms for drug-related complications in 1994, including a record number of cocaine-related episodes" (Washington Press, 1995). Cocaine figured in 28% or 142,000 of those visits, up 15% from 1993 according to the Substance Abuse and Mental Health Services Administration. Drug-related episodes account for 0.6% of 86 million visits to hospital emergency departments in 1994. Thirteen percent of those treated for drug-related problems had used heroin, sometimes in combination with cocaine. The total number of heroin-related episodes had risen from the previous year. Episodes involving speed, crank and other methamphetamine drugs rose
sharply. The most commonly reported motive for the drug use was an attempt at suicide, and it was the reason attributed to 193,000 of the 508,000 episodes (38%) (Washington Press, 1995).

The abuse of drugs and prohibitionistic measures against them carries many negative implications—such as lower productivity in the work force, increase in crime rate, increase in health care expenditures, increase in morbidity and mortality rates and various, negative intangible economic consequences. According to the Centers for Disease Control (1994) alcohol-related motor vehicle accidents are the leading cause of death among U.S. young people between the ages of 15-24 years. This factor coupled with the fact that youths are more vulnerable to accidents, injuries, and dangerous behaviors is the reason substance abuse among this cohort is considered to be a significant public health problem.

Drug abuse and use has been in a perpetual state of flux throughout history. For example, in the days of the Civil War hemp was used as a textile to manufacture rope and other fiber garments. The criminalization of hemp (marijuana) has resulted in a significantly different social
perception. The naturally occurring "weed" that was once a major cash crop is now a widespread, heavily used illicit drug.

Lysergic Acid Diethylamide (LSD) was introduced into the United States in 1948 as a psychiatric wonder drug. Dramatic claims were made for its supposed cathartic potential. Proponents cited its ability to cause rapid personality and behavioral changes, thus saving countless hours of psychiatric therapy. The drug was hailed as a cure for schizophrenia, criminal behavior, sexual deviations and alcoholism. By 1965 some 40,000 patients had received LSD as a part of psychiatric therapy (Henderson, 1994).

The phenomenal interest in LSD reflected a confluence of social factors as is the case with most drug use (Kleber, 1967). With drugs such as LSD and other hallucinogens, the purpose is the pursuit of the mind or consciousness expansion. Varying degrees of influential factors lead to experimentation, use, misuse, and abuse. In the 1980s, LSD vanished from the forefront of the national drug scene, replaced in succession by cocaine, heroin, and crack (Tennant, 1992).
Drug consumption is a complex phenomenon, and it is important to understand not only who uses drugs but also why and how they use them, as well as consequences of this use. Furthermore, one must examine a multitude of factors attributed to the use of drugs. While a single cause is limiting, several causes together extend and reinforce each other, creating an inseparable synergistic effect.

Various drugs are popular among different school age youth (See Table 1). Alcohol is the most prevalent at any age. Inhalants were the most popular drug in the eighth grade, possibly due to their quasi-legal status which makes them easy to obtain. By the tenth grade, marijuana was the most prevalent drug, followed by the nonmedical use of prescription stimulants and inhalants. Inhalant use continues to decline through high school, but the use of illicit drugs and the nonmedical use of prescription stimulants and tranquilizers continue to rise throughout the same period. The annual prevalence describes usage at a minimum of once per year.

There are varying perceptions regarding drug use. The "moral majority" has a notion of classifying drugs by the defining characteristic of the drug's legal status. If a
Table 1

Annual Prevalence of the Use of Various Drugs, By School Grade, 1992

<table>
<thead>
<tr>
<th>Drug</th>
<th>8th Grade %</th>
<th>10th Grade %</th>
<th>12th Grade %</th>
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<tr>
<td>Alcohol</td>
<td>53.7</td>
<td>70.2</td>
<td>76.8</td>
</tr>
<tr>
<td>Marijuana/Hashish</td>
<td>7.2</td>
<td>15.2</td>
<td>21.9</td>
</tr>
<tr>
<td>Stimulants'</td>
<td>6.5</td>
<td>8.2</td>
<td>7.1</td>
</tr>
<tr>
<td>Inhalants</td>
<td>9.5</td>
<td>7.5</td>
<td>6.2</td>
</tr>
<tr>
<td>LSD</td>
<td>2.1</td>
<td>4.0</td>
<td>5.6</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>2.0</td>
<td>3.5</td>
<td>2.8</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.5</td>
<td>1.9</td>
<td>3.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.7</td>
<td>0.6</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Source: Monitoring the Future, 1992

* Drug use not under a doctor's order
substance is legal, it's not considered a drug. Consequently, many describe themselves as those who have never taken drugs. Many of these people, however, confess to drinking alcohol, smoking cigarettes and taking prescribed medications such as Valium. None of these are considered real drugs because they are legal. This predisposed notion toward illegal drugs, plus the belief that the use of any illegal drug is senseless, hinders the population's comprehension of drug use, misuse and abuse (Patton, 1978).

In today's society, drug consumption affects nearly every family. The dynamics surrounding drug consumption has significant consequences. The negative impact of drug misuse and abuse can be seen in the areas of health status, legal issues, economic productivity, domestic relations, and public health. This study will be focused on factors that may lead to an individual's abuse of drugs.

**Purpose of the Study**

The purpose of this study is to examine the relationship between subjective perceptions of meaning of life and drug abuse. Specifically, this researcher seeks to determine the level of self-perceived meaning in life for
both drug abusers and nondrug abusers, assess these values and evaluate the possibility of a causal relationship between meaning in life and drug abuse. This effort is to establish whether a person's absence of self-perceived meaning in life contributes to the development of drug abuse. An epidemiological, retrospective study was performed to compare personal meaning in life between individuals receiving inpatient treatment for drug abuse and a group of matched, nondrug abusing control persons. This writer will further analyze data from a previous study.

Need For Study

The fact that drug abuse has become extremely onerous to today's society has led to many campaigns to reduce the negative impacts on humanity. Prevention measures have been one strategy in drug reduction efforts. Employees and school systems have recognized the problem of drug abuse. Treatment programs have been developed to assist those in need of drug rehabilitation both on an inpatient and outpatient basis. To date, these treatment programs have had marginal success. The most effective day treatment programs have long-term success rates of between 20 to 30 percent (Nicholson, 1992).
It stands to reason that prevention of drug abuse lies in understanding the causes of this behavior. It seems that the dynamics associated with drug abuse represent a web of causation. Varying degrees of biological, psychosocial, and socioeconomic factors contribute to increasing the probability of drug abuse. An increased understanding of the predispositions for drug taking behaviors would facilitate the prevention, rehabilitation, and treatment of drug abusers.

Humans experience two notable early developmental differences from other animals - the human brain is less developed at birth and we are born into a much greater variety of environments than are other animals. Human beings adapt and select from their inheritance those aspects of the self that will be useful in their particular world. The codevelopment takes place in man between the biological inheritance and the environmental influences in which he lives (Ornstein, 1993). Frankl (1984) hypothesized that a sense of meaninglessness or purposelessness about one's life may contribute to the development of drug abuse.
Hypotheses

The following hypotheses were tested:

1. There will be no significant difference in meaning in life as measured by the Life Attitude Profile between drug abusers and a comparison group of nondrug abusers.

2. There will be no significant difference in meaning in life measured by the Purpose in Life test between drug abusers and a comparison group of nondrug abusers.

Delimitations

This study was delimited to inpatient residents at the Buffalo Valley and Tennessee Christian Treatment Centers between June 1, 1991 and June 30, 1991.

Limitations

This study has the following limitations:

1. One should avoid generalizing results from this drug abusing sample. This sample is not necessarily representative of all drug abusers.

2. Those who were tested during the last four days of their treatment were dropped from the analysis. This particular phase of the treatment is
typically marked with high levels of euphoria which are transient in nature. By deleting these particular subjects it will limit the ability to generalize the findings of this study to the entire patient population of these facilities.

3. This study will assess meaning in life among a sample of drug abusers after they have developed a drug problem. There will be no way to determine whether or not the level of meaning found also existed within these patients prior to their drug abuse. This fact will disallow drawing conclusions on whether or not any different levels of meaning in life were a cause of drug abuse or a consequence of it.

Assumptions

The following assumptions were made in this study:

1. It is assumed that all subjects in the test completed the questionnaire honestly and to the best of their ability.

2. It is assumed that all subjects in the test understood how to complete the provided questionnaires properly and did so.
3. It is assumed that the control subjects do not abuse drugs.

**Definitions**

The following are terms used throughout this thesis:

**Hallucinogens**: Agents which produce hallucinations and alter sensory perception, thought and feeling (Saunders, 1989).

**Methamphetamine**: Of the amphetamine group used as a stimulant in the treatment of mental disorders and exogenous obesity (Saunders, 1988).

**Drugs**: Any substance that, by virtue of its chemical nature, alters the structure or functioning of any of the tissues of a living organism (Gold & Duncan, 1982).

**Drug Abuse**: Taking a drug to the degree that it greatly increases the hazard or impairs the ability of an individual to adequately function or cope with their environment (Irwin, 1973).
Chapter 2

Review of Literature

The use of drugs has been prevalent throughout human history. The rationale and reasons behind the use of drugs have been varied and numerous. The etiology of drug consumption seems to be multicausal, with a mixture of variables being responsible for the human propensity to use drugs.

As noted earlier, psychoactive drugs can be used and abused. Recreational use, distinctly different from abuse, has been common throughout history.

I'm a man with clear destination
I'm a man with broad imagination
You fog the mind

You stir the soul (Robinson, 1987).

In this lyric, the author is relating to drug use to "stir the soul" or broaden the spectrum of human understanding and perceptions. A good hallucinogenic trip is an enjoyable experience. The boring, predictable, external world turns
adventurous and exciting, and the perception of one's own creativity is enhanced. A good trip forges social bonds among participants. Trips belong to the users, and they establish a world in which nonusers have no expertise, a world that in many ways turns the nonusing conventional thinking world upside down. Although situations for good trips vary, they all protect the user against immediately threatening problems so that the trip can take its unpredictable course without cause for worry (Henderson, 1994).

Many studies have focused on the factors related to the drug use phenomenon. Efforts to depict certain causal factors have been at the pinnacle of much research. Various schools of thought will be reviewed in this chapter, all of which are not mutually exclusive. The fact remains that if one theory is correct, it does not necessarily mean the other is incorrect. Human nature is extremely dynamic, and an applicable model of causation takes on a multifactorial mode (i.e., web of causation).

Ray and Ksir (1990) argue that people consume drugs to either reduce pain or increase pleasure. Recent advances in
biological studies demonstrate a person's own physiological make up may contribute to drug use.

Most, if not all, Americans consume some form of psychoactive drug. Many legal products such as coffee, tea, tobacco, chocolate, and certain prescription psychoactive drugs are widely consumed. Less widely used are illegal drugs such as heroin, cocaine, and marijuana. All of these drugs have puissant central nervous system effects. Both legal and illegal psychoactives, if abused, can produce detrimental effects on the human, short-and long-term.

Risk Factors for the Development of Drug Abuse

We watched the tragedy unfold, we did as we were told, we bought and we sold. It was the greatest show on earth. But then it was over we oohed and aahed, we drove our racing cars, we ate our last few jars of caviar and someone out there in the stars, a keen-eyed look-out spied a flickering light, our last hurrah. And when they found our shadows grouped around the T.V. sets they ran down every lead. They repeated every test. They checked out all the data on their lists and then the alien anthropologists admitted they were still perplexed. But on eliminating every other reason for
our sad demise they logged their only explanation left. This species has amused itself to death. (Waters, 1991)

Various factors are often cited as catalysts for drug use and abuse. These factors include: psychosocial influences, recreational and social facilitation, demographics, religion/spiritual beliefs, economic status, peer pressure, family/parental influences, genetic endowment, and stress management (Nicholson, 1992). The fact exists that many use drugs and never develop abusive behaviors. An important question is, "What, if any, factor(s) lead a minority of these individuals to abuse drugs?"

One substantial pattern is established in which the development of drug abuse in adolescents frequently acts as a significant precursor to an adult drug abuser. As both government and media focus their attention on the problem of substance abuse among adolescents, clinicians and investigators have renewed their efforts to understand, treat, and prevent youthful involvement with drugs and alcohol (Buckstein, Brent, & Kaminer, 1989).
The University of Michigan News and Information Services in 1988 reported that 57% of high school seniors in the United States had tried an illicit drug. Ninety two percent of those surveyed had used alcohol at some point in their lifetime, 54% reported daily drinking and nearly 40% reported having at least one occasion of heavy drinking in the past two weeks (Buckstein et al., 1989). A 1993 Weekly Reader poll indicated that approximately 30 percent of 4th grade respondents reported peer pressure to drink beer, wine, or liquor.

Harbach and Jones (1995) discovered that adolescents identified at high risk for substance abuse expressed different beliefs about the importance of family, religiosity, education, and work in comparison to those identified at low risk. It was hypothesized that the success of parents in communicating values to their children could be a significant variable in the risk of substance abuse.

Many characteristics are apparent in adolescents that are substance abusers. These include: (a) Non-achievement - lack of motivation and poor performance; (b) interpersonal relations - aggressive behavior; (c) intrapsychic functioning - depression; (d) uncontrolled emotions -
impulsiveness; and (e) unconventionality - anti-establishment behavior, rebellious (Nicholson, 1992).

Levy and Deykin (1989) conducted a study on both the independent and interactive effects of major depression and substance abuse on suicidal ideation and suicidal behavior in adolescents. The marked increase in rate of suicide among 15-19 year olds from 5.2 per 100,000 in 1970 to 9.0 per 100,000 in 1984 are consistent with an increase in substance abuse in the same cohort. Both major depression and substance abuse have been identified as major contributing factors for suicide. Feelings of despair and hopelessness were noted to be important predecessors to substance abuse and later suicidal tendencies.

Theories on Drug Abuse

Many theories have attempted to categorize abusive and addictive behaviors. Theories today are encompassed in three broad categories: (a) biological, (b) psychosocial, and (c) sociocultural.

Biological Theories

The American Medical Association categorized alcoholism as a disease in 1957. They based this classification on the following criteria: (a) a known etiology; (b) progression
of symptoms which worsen over time; and (c) a known outcome. Jellinek (1960) classified alcoholism into the following categories: (a) Alpha - psychological dependent on alcohol but could abstain; (b) Gamma - physical dependence and progressive loss of control of alcohol intake; (c) Beta - not psychologically or physically dependent on alcohol but demonstrated medical symptoms of chronic abuse (i.e., cirrhosis, gastritis, etc.); (d) Delta - physical dependence on alcohol but few/no physical problems from drinking; and (e) Epsilon - binge drinking. Genetic and epidemiological studies have empirically supported physiological components of both nicotine and alcohol addiction (Nicholson, 1992).

Sociocultural Theories

According to these models, influential factors include environmental and external factors. Differences in socioeconomic status, demographics, family values and beliefs lead to variations in the propensity to abuse drugs.

Parents of adolescents who are at risk of substance abuse have not been successful in passing on healthy family beliefs and values. Parents that positively pass their influence on to their children are able to communicate moral values in family, education, and work. Family influence has
a significant impact on the development of at-risk behavior in adolescents. On the other hand, those unable to communicate their beliefs to children did have a positive correlation with the development of high-risk behavior (Harbach, 1995).

Low socioeconomic status, often associated with higher rates of certain types of drug use, is usually measured by income, education, or type of job. Many LSD users are in high school or college. Monitoring the Future (1992) used the level of education of the parents to indicate a student's socioeconomic status; the study found that LSD use was markedly higher among students whose parents were highly educated. In contrast use of cocaine, crack cocaine, and prescription drugs was greatest among students whose parents were less educated (Henderson, 1994).

Drugs are popular and prevalent among many different age groups (see Table 1). Offspring of parents who are substance abusers have been shown to have lower levels of reading achievement and overall lower aptitudes. Sons of substance abusing fathers whose families are dysfunctional are at a high risk for deficient acquisition of reading skills if they also have a negative affective temperament.
An individual's disposition has also been shown to be affected by parental substance abuse. Empirical evidence provides much support which suggests that temporal as well as future substance abuse is greatly influenced by parental substance abuse.

It is apparent that a significant portion of drug abuse is based on social factors. Availability and accessibility do have socioeconomic parameters, as well as demographic boundaries. Family, culture, and value systems have and will remain key influences on abusive behavior. Social attitudes and drug acceptance are a motivational instrument for much of the drug using and abusing population. Peer pressure within any age cohort provides a major leverage toward the initial experimentation and continual use of drugs.

Psychological Theories

Many proponents of psychological theories have offered models for drug abusing behavior. There is a significant correlation between negative self-worth and psychopathology leading to negative outcomes, abusive, and addictive behavior (Evans, Noam, Wertlieb, Paget, & Wolf, 1994).
Evans et al. (1994) observed two issues concerning the self-perceptions of adolescent psychiatric inpatients and non-patients. First, inpatients and controls' self perceptions were compared both globally and in certain structured domains, and relations between symptoms were explained within each group. Second, the study examined the structural relations among the domains of self-perceptions and compared to self-complexities of both groups. The findings were resounding: those with negative self-perceptions in the areas of friendship, jobs, and scholastics were particularly effected, and were associated with behavior problems.

Fenichel (1995) argued that individuals consumed drugs to satisfy oral longing, security and the need to maintain self-esteem. Menniger (1963) saw alcohol as a coping mechanism to deal with the stress from being denied milk of one's mother during infancy.

May (1969) stated that the real challenge is for people to be able to live in a world where they are alone and where they will eventually have to face death. He also stated that a person's individualism should be balanced by social interest. May (1969) believes there is too much concern
about the self and not enough concern about society and culture. The author eludes to self-indulgence and immediate short term gratification, the "Pleasure Principle."

Adlerians focus on the perceived inferiority complex of the abuser. Neurologic symptoms develop as a safe ground for the individual's self-esteem. Drug abuse is also described as a compensatory maneuver due to a person's self-perception of inferiority and desire to withdraw from social interaction.

It has been hypothesized that individual drug abuse is an attempt to self-manage stress levels. People vary in their levels of tolerance to stress suggesting varying levels of abusive behavior may exist.

Behavioral models are rooted in the fact that abusive behavior is based on reinforcement. An individual abuses drugs due to the positive or negative reinforcement they receive. Research on both animals and humans demonstrate that drugs have powerful reinforcement properties.

One concern with reinforcement models is that many times drugs induce negative outcomes (i.e., hangovers, cirrhosis, and other related illnesses or accidents). The closer the reinforcer is to an event, the stronger and more
significant effect that reinforcer will have. Negative outcomes are typically subsequent and are diluted or masked reinforcements. The outcomes are also a culmination of events and causal elements. The combination of these factors may disallow one to recognize reinforcers of the behavior.

Frankl (1978) discusses meaninglessness as a possible biological factor. Unlike other animals, man is not told by drives and instincts what he must do, and unlike man in former times, he is no longer told by traditions and traditional values what he should do. Now, lacking these directives, man sometimes does not know what he wants to do. The result is that he does either what other people do - conformism - or he does what other people want him to do - totalitarianism.

The question that is being posed by Frankl is also discussed by many in the school of existentialism. The lack of purpose or meaning in life has a vast array of implications, one of which could be the abuse of drugs.

An Overview of the Existential Perspective

Modern existentialism has its roots in 19th century philosophy. During the time of the Industrial Revolution,
the face of Europe was changing. People moved from rural areas in search of jobs and wealth. The advanced technology and freedom of travel and trade across the globe resulted in a new perspective on man's existence and his role in nature (Nicholson, 1992).

The existential approach has evolved through time, but its roots lie within the concept that existential theory accepts the premise that our choices are limited by external circumstances, but rejects the notion that human acts are determined. Existentialism is based on the assumption that humans are free to choose and therefore are responsible for their choices and actions.

Existentialists stress that no matter how a person may view his past actions, he can choose to affect their own lives and cause change. But to choose is to become committed. This commitment is the other side of freedom.

Corey (1991) mentions the key aspects of the human condition according to existentialists: (a) the capacity of self awareness; (b) freedom and responsibility; (c) creating one's identity and establishing meaningful relationships; (d) the search for meaning; (e) anxiety as a part of life; and (f) awareness of death and nonexistence.
By freedom and responsibility existentialists offer that people are free to choose among alternatives that will shape their existence. This is the manner in which people live and what they eventually become as a result of their own choices. Humans cannot always affect their environment and what happens to them, but they have the capability to affect how they react to it.

In reference to developing relationships with others and striving for identity, existential theory looks at how individuals are concerned with preserving their uniqueness and centeredness while at the same time going outside themselves to relate to other beings in nature. Through discovering identity one must derive strength from within and base relationships on fulfillment.

The search for meaning is a distinctively human characteristic based on the struggle to define one's significance and purpose in life (Corey, 1991). Anxiety is a distinct component of human development. Anxiety must be accepted and understood as a basic part of human growth. Frankl (1984) stated that one of the avenues to meaning in life is as a helpless victim of a hopeless situation facing
a fate he cannot change. One may find meaning in the suffering of life.

Only through self-actualization can man truly discover meaning in life. According to existential theorists, life in and of itself is meaningful; man must truly understand his finite existence and discover the quality of living. The recognition of death is essential to embracing life.

The drug scene is one aspect of a more general mass phenomenon, namely the feeling of meaningless resulting from frustration of our existential needs which in turn has become a universal phenomenon in our industrial societies. Today it is not only hypnotherapists who claim that the reality of meaninglessness plays an ever increasing role in the etiology of neurosis (Frankl, 1984).

Frankl (1984) believes that the core of being human is in searching for meaning and purpose in life. From Frankl's own personal experiences, he describes discovering meaning through love, work, and suffering. He views humans as having the freedom to choose their reactions to life. Through these choices emerge the person.
Frankl also believes humans are capable in transcending their biological and social circumstances to attain a level of spirituality that in turn allows them to create meaning and purpose in their lives. Frankl feels that many times this search for meaning is repressed or blocked causing individuals to develop an "existential vacuum" (i.e., feeling no purpose or meaning in their lives).

Persons can experience feelings of indifference, apathy or boredom, and a sense of meaningless with life. This existential vacuum is often the product of today's social stressors and interpersonal relations rather than some type of pathology. Frankl (1984) hypothesized that addiction to drugs can be the direct result of a lack of meaning in one's life. Hence, the existential vacuum, along with the constant pressures of life's conflicts, can lead to the abuse of drugs as a source of relief. Given this possibility further investigation of meaning in life as a possible cause of drug abuse is warranted.
Chapter 3

Methods

The purpose of this study was to assess the relationship between meaning in life and the occurrence of drug abuse. An epidemiological retrospective study was performed to compare personal meaning in life between individuals receiving inpatient treatment for drug abuse and a group of nondrug abusing controls. This study is a secondary analysis of data collected in a previous study (Nicholson, 1992).

Hypotheses

The following hypotheses were tested:

1. There will be no significant difference in meaning in life as measured by the Life Attitude Profile--Revised between drug abusers and controls.

2. There will be no significant difference in meaning in life as measured by the Purpose in Life test between drug abusers and controls.
Population

The population of interest is individuals receiving in-patient treatment for psychoactive substance abuse.

Sample Selection

Drug abusers, hereafter referred to as cases for this study, included all inpatient residents except those just starting or ending at the Buffalo Valley Treatment Facility and Tennessee Christian Facility between June 1, 1991 and June 30, 1991. Nondrug abusing participants, hereafter referred to as controls, were selected from employees at the Barren River Kentucky District Health Department and students/employees from Western Kentucky University. Prior to admission to the study as a control, individuals completed the Short Michigan Alcohol Screening Test (SMAST) (Selzer, Vinoker, & Van Rooijer, 1975). Individuals scoring three or greater on this test were excluded from the control group. In the original study, Nicholson (1992) matched cases (n=49) to controls (n=49). In this secondary analysis, 94 cases with 144 controls will be used.

Design

The study was an epidemiological, retrospective design. A sample of drug abusing cases was compared to a sample of
nondrug abusing controls on self-reported measures of meaning in life. These self-reported measures included the Life Attitude Profile--Revised and the Purpose in Life test.

Individuals who were in residence for at least 72 hours completed the study questionnaires during their inpatient stay. This sample excluded patients who were in the process of detoxification and still had drugs in their systems. Patients completing the questionnaire during the last four days of treatment were excluded from the case group. Excluded were patients who may have been experiencing the transitory end of treatment euphoria common upon completion of inpatient drug treatment programs. All testing was performed by a Ph.D. psychologist or a graduate student in Mental Health Counseling.

Controls were a sample of nondrug abusing individuals from the noninstitutionalized, American general population. The sites for control selection included the Barren River District Health Department and Western Kentucky University.

**Instrumentation**

**Intake Data Form (IDF)**

This form is a brief questionnaire developed by Nicholson in consultation with a psychologist to collect
relevant participant information (Appendix A). It is a one page form which collects information on the following areas: (a) demographic data, (b) past drug usage, and (c) family history of drug abuse (Nicholson, 1992).

**Short Michigan Alcoholism Screening Test (SMAST)**

The SMAST is a brief screening instrument used to detect potential problem drinkers (Selzer et al., 1975) (Appendix B). The test is composed of 13 yes or no questions chosen as the most discriminating from the Michigan Alcohol Screening Test (MAST) (Selzer, 1971). The SMAST consists of thirteen items, and an unweighted score of 0-13 is derived. A score of 0-1 is considered non-alcoholic, 2 is indicative of 'possible alcoholism,' and 3 or greater is positive for alcoholism. The SMAST is a quick, simple instrument with demonstrated reliability and validity. It was developed to be used in screening high risk clients for potential alcohol problems. With three distinct comparison groups it correlated .93, .90 and .97 with the complete MAST (Nicholson, 1992).

**Life Attitude Profile--Revised (LAP-R)**

The LAP-R is a multidimensional instrument designed to measure Viktor Frankl's concepts of will to meaning,
existential vacuum, personal choice and responsibilities, realities and potentialities, and death transcendence (Frankl, 1959) (Appendix C). Reeker and Peacock (1981) developed the Life Attitude Profile (LAP) consisting of 56 seven-point Likert scale items measuring seven factorially derived dimensions of attitudes toward life. Internal consistency reliability estimates for these subscales range from .66 to .83 while the reliability for the entire test is .82. Test-retest reliability is .75 for the entire instrument and ranges from .56 to .83 for the subscales. Validity has been demonstrated by showing that six of the LAP subscales do not correlate significantly with the Social Desirability Scale developed by Crowne and Marlowe (1964). LAP subscales also relate conceptually relevant measures such as internal/external locus of control, positive perception of life and death, positive self-concept, positive perception of the future, and alienation (Nicholson, 1992).

The LAP-R is a refined version of the original Life Attitude Profile (Reker, 1991). It is a multidimensional, self-report measure of attitudes toward life. The LAP-R consists of 36 seven-point Likert scale items and is scored
and profiled in terms of six dimensions and two composite scales. The dimensions are (a) Purpose (PU), (b) Coherence (CO), (c) Existential Vacuum (EV), (d) Life Control (LC), (e) Death Acceptance (DA), and (f) Goal Seeking (GS). The two composite scales are Personal Meaning Index (PMI) and Life Attitude Balance Index (LABI). The PMI is a two-component construct including having life goals; having a mission in life; having a sense of direction from past, present and future; and having a logically consistent and integrated understanding of self, others, and life in general. The LABI is a global measure of attitudes about life that includes the degree to which meaning and purpose have been discovered and the motivation to find meaning and purpose. Internal consistency reliability for the LAP-R dimensions and composite scores range from .63 to .87 (Nicholson, 1992).

The LAP-R is scored in a straightforward manner ranging from 1 (strongly agree) to 7 (strongly disagree). By adding item scores for the respective dimensions scale scores are produced. Composite scale scores for the Integrity Index range from -60 to 156 while scores for the PMI range from 12 to 84. The Dimensional scale scores for Purpose, Coherence,
Existential Vacuum, Life Control, Death Acceptance, and Goal Seeking range from 6 to 92, respectively (Nicholson, 1992).

**Purpose In Life (PIL)**

The PIL test is a 20 item, seven-point Likert scale test which purports to measure self-perception of one's purpose in life (Crumbaugh & Maholick, 1968) (Appendix D). Item development for the test was grounded in existential principles with particular attention to logotherapy. Individuals are assumed capable of consciously approximating their real life attitudes through self-reflection (Nicholson, 1992).

Internal consistency reliability estimation for the PIL determined by the odd-even method with the Spearman-Brown Correction Formula was .90 (Crumbaugh & Maholick, 1968). Crumbaugh and Maholick (1968) demonstrated construct validity for the PIL by successfully demonstrating that the instrument significantly discriminated between mental health patients and non-patient controls. In order to avoid position preferences and halo effects, the direction of magnitude is randomized for all items (Nicholson, 1992).
Data Analysis

Data were transcribed into a computer data file and analyzed using the Statistical Package for the Social Sciences (Norusis, 1992).

Variables

The independent variable is drug abuse. The scores on the LAP-R and PIL are the dependent variables.

Statistical Procedures

Research Hypothesis 1: There will be no significant difference in meaning in life as measured by the Life Attitude Profile--Revised between drug abusers and controls.

Multivariate Analysis of Variances (MANOVA) was performed to compare scores between the case and control groups. The MANOVA constructed global score was compared between the two groups as well as scores on the six dimension scales and two composite scales.

Research Hypothesis 2: There will be no significant difference in meaning in life as measured by the Purpose in Life test between drug abusers and controls.

Analysis of Variances (ANOVA) was performed to compare scores between the drug abuser and control groups.
Chapter 4

Results

Description of Study Sample

A total of 238 individuals participated in the study as cases (n=94) or controls (n=144). The mean age of the case group was 31.6 years (Standard Deviation = 9.25; Range = 14 years to 61 years). The mean age of the control group was 33.70 years (Standard Deviation = 11.28; Range = 18 years to 64 years). The gender proportions were as follows: case group, 61 (65%) male and 33 (35%) female. For the control group, 31 (21.5%) male and 113 (78.5%) were female. The breakdown by race for the case group was 59.6% white (n=56), 36.2% black (n=34), and 1.1% other (n=2). For the control group, 90.3% white (n=130), 6.9% black (n=10), 1.4% Hispanic (n=2), and 1.4% Native American (n=2).

The mean time in treatment for the case subjects was 15.20 days (Standard Deviation = 10.17; Range = 3 days to 43 days). Of the 94 cases, 66 (70.2%) were from Buffalo Valley
Treatment Facility and 28 (29.8%) were from the Tennessee Christian Treatment Facility.

Members of the case group were more likely to report a family history of alcoholism. Of the 94 case subjects, 69 (73.4%) reported a family history of alcoholism while 49 (33.8%) from the control group reported a family history of alcoholism, $X^2 (1, N=238) = 35.28, P < .000$.

The case and control group differed significantly by the gender make-up of each group. The majority of the case group were male. Sixty-five percent (n=61) of the case subjects were male while only 21.5% (n=31) of control subjects were male $F (1,237) = 22.01, P < .00$. There was also a significant difference in the racial distribution of each group. Forty-one percent (n=38) of the case group were non-white while 10% (n=14) of the control group were non-white, $F (1,238) = 31.40, P < .00$. There was no significant difference between case and control subjects on age, $F (1,237) = 2.20, ns$.

**Descriptive Data**

Data on the subjects' test scores on the purpose in life test are summarized in Table 2. Table 2 displays the sample size, group mean, standard deviation and range on the
Table 2

Descriptive Statistics on the Purpose In Life Test

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>X̄</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case</td>
<td>93</td>
<td>79.80</td>
<td>9.20</td>
<td>48-101</td>
</tr>
<tr>
<td>Control</td>
<td>142</td>
<td>83.75</td>
<td>4.65</td>
<td>66-94</td>
</tr>
</tbody>
</table>

*F (1, 237) = 18.87, P < .00
PIL for the case and control groups. The PIL scores were significantly higher in the control group compared with the case group.

Summary statistics on the subjects' test scores on the sub scales of the Life Attitude Profile--Revised (LAP-R) are summarized in Table 3. As compared to the case group, the control group had significantly higher levels of subjective meaning in life in the areas of purpose in life, control of one's life and acceptance of death. Control subjects also displayed a significantly lower level of existential vacuum ideation as compared with cases. A significant difference was discovered in the area of goal seeking in that the case group scored higher than the control group. No significant differences were found between cases and controls on the dimension of coherence. On both composite scales (Personal Meaning Index and Life Attitude Balance Index) control subjects had significantly higher mean scores indicative of more meaning in life.

Test of Hypotheses

Research Hypothesis 1

The first hypothesis was there will be no significant difference in meaning in life as measured by the Life
Table 3

Descriptive and Inferential Statistics on the Life Attitude Profile--Revised (Cases n=94 for all values. Controls n=138 on LAPEO, LAPP, LAPPMI, LAPLABI and n=139 on LAPLC, LAPCO, LAPGS, LAPDA)

<table>
<thead>
<tr>
<th>LAP-R</th>
<th>Cases</th>
<th>Controls</th>
<th>F</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>25.14</td>
<td>32.06</td>
<td>69.90</td>
<td>.000*</td>
</tr>
<tr>
<td>Coherence</td>
<td>32.34</td>
<td>32.75</td>
<td>.355</td>
<td>ns*</td>
</tr>
<tr>
<td>Purpose</td>
<td>25.14</td>
<td>32.06</td>
<td>69.90</td>
<td>.000*</td>
</tr>
<tr>
<td>Coherence</td>
<td>32.34</td>
<td>32.75</td>
<td>.355</td>
<td>ns*</td>
</tr>
<tr>
<td>Existential</td>
<td>30.08</td>
<td>21.55</td>
<td>91.45</td>
<td>.000*</td>
</tr>
<tr>
<td>Vacuum</td>
<td>30.08</td>
<td>21.55</td>
<td>91.45</td>
<td>.000*</td>
</tr>
<tr>
<td>Life Control</td>
<td>31.39</td>
<td>33.71</td>
<td>10.00</td>
<td>.002*</td>
</tr>
<tr>
<td>Death Acceptance</td>
<td>24.74</td>
<td>27.96</td>
<td>14.11</td>
<td>.000*</td>
</tr>
<tr>
<td>Goal Seeking</td>
<td>33.22</td>
<td>30.52</td>
<td>12.54</td>
<td>.000*</td>
</tr>
</tbody>
</table>

**NOTE:** Wilks' Lambda = .6095; F (5,233) = 24.02, P < .00.

MANOVA test criteria and exact F statistics for the hypothesis of no overall group effect.

<table>
<thead>
<tr>
<th>Composite Scales</th>
<th>Cases</th>
<th>Controls</th>
<th>F</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Meaning</td>
<td>57.48</td>
<td>64.84</td>
<td>28.04</td>
<td>.000*</td>
</tr>
<tr>
<td>Attitude Balance</td>
<td>49.60</td>
<td>73.59</td>
<td>68.57</td>
<td>.000*</td>
</tr>
</tbody>
</table>

**NOTE:** Wilks' Lambda = .7557; F (1,237) = 37.01, P < .00.
Attitude Profile--Revised between drug abusers and nondrug abusing controls. To test hypothesis 1, a multivariate analysis of variance (MANOVA) was performed comparing LAP-R scores between the case and control groups. As shown in Table 3, a significant overall group difference was found between the two study groups on LAP-R, $\bar{F} (5,233) = 24.02$, $P < .00$. Results of the general linear models procedure for comparing both study groups on the LAP-R subscales are also reported on Table 3. An assessment of these results reveals that the control group had significantly higher levels of subjective meaning in life on the following dimensions:

(a) Purpose, $\bar{F} (1,237) = 69.90$, $P < .000$, (b) Life Control, $\bar{F} (1,237) = 10.00$, $P < .002$, (c) Death Acceptance, $\bar{F} (1,237) = 14.11$, $P < .000$. Consistent with these findings was the fact that controls also had significantly lower levels of feeling of existential vacuum, $\bar{F} (1,237) = 91.45$, $P < .000$. Furthermore, controls had significantly more meaning in life than cases on the Composite Personal Meaning Index, $\bar{F} (1,237) = 28.04$, $P < .000$ and Life Attitude Balance Index, $\bar{F} (1,237) = 68.57$, $P < .000$. Based on these tests, we find somewhat mixed results regarding research hypothesis 1. The null hypothesis of no overall difference between
groups was rejected (i.e., significant overall difference on the MANOVA constructed global score). The null hypothesis was also rejected on four of the dimension scales (Purpose, Existential Vacuum, Life Control, Death Acceptance) and both of the composite scales.

Research Hypothesis 2

There will be no significant difference in meaning in life as measured by PIL test between drug abusers and nondrug abusing controls. An analysis of variance was performed comparing case and control subjects on the PIL scores. The mean score for the controls ($\bar{X} = 83.75$; Standard Deviation = 4.65) was significantly higher than the mean scores for the cases ($\bar{X} = 79.80$; Standard Deviation = 9.20), $F (1,237) = 18.87$, $P < .00$. Based on these findings the null hypothesis of no significant difference between the two groups on the PIL was rejected.
Chapter 5

Conclusions

An epidemiological, retrospective study was performed to compare personal meaning in life between individuals receiving inpatient treatment for drug abuse and a group of nondrug abusing controls. Subjects completed the Purpose In Life test and the Life Attitude Profile - Revised. This particular test expanded the scope of test subjects by including all participants, thus increasing the sample size, versus an early analysis that was conducted on matched pairs.

Summary of Results

Overall there was a significant difference between the case and control subjects on the LAP-R. Control subjects evidenced an overall higher level of meaning in life. On the six dimension scales, controls had significantly higher levels on life meaning as revealed by higher scores on the Purpose, Life Control, and Death Acceptance and lower scores on the Existential Vacuum scale. On the remaining dimension
(Coherence), no difference was found between cases and controls.

A significant difference was found between cases and controls on the two composite scales. Controls had higher scores on the Personal Meaning Index and Life Attitude Balance Index.

There was a significant difference between the case and control groups on the PIL. Control subjects had a higher level of subjective meaning in life evidenced by significantly higher PIL scores when compared to the case subjects.

**Discussion**

A total of 98 inpatient drug treatment patients initially completed the survey questionnaires. Of these, four (4.1%) were excluded from the survey because they had been in treatment less than 72 hours. Initially, there were 160 potential control subjects tested. From this sample, 16 (11.0%) were excluded from the study for having Short Michigan Alcohol Screening Test (SMAST) scores in the alcoholic category. The study was conducted from the remaining 94 inpatient drug abusers and 144 potential controls.
A problem encountered during this project involved the utilization of the SMAST to screen out potential alcoholics from the control group. The SMAST was developed to be used with admissions to day treatment facilities and by physicians for use with ambulatory patients who were suspected of having an alcohol problem. The SMAST thus has sensitivity (i.e., the ability to detect someone as alcoholic if they truly are alcoholic). However, to determine alcoholism, the SMAST specificity (i.e., to accurately label as alcoholics only true alcoholics) is considerably lower. Thus, a number of nonalcoholic individuals may be incorrectly labeled as alcoholic. With the high risk population for which this test was developed, the problem is minimized. This is not the case, however, with a sample from the general population.

During the process of testing potential control subjects, the following two questions from the SMAST posed problems. Question number one states, "Do you feel you are a normal drinker?" The 'alcoholic' response to this is 'NO' while the 'nonalcoholic' response is 'YES'. Several individuals who didn't drink at all, however, also responded 'NO' (i.e., they don't drink so they're not normal
drinkers). Question number six states, "Have you ever attended a meeting of Alcoholics Anonymous?" A 'YES' is the 'alcoholic' response while a 'NO' is the 'non-alcoholic' response. However, one control subject who doesn't drink at all answered 'YES' to this question because he had gone to AA meetings as a health professional to observe.

It is impossible to tell how many potential controls were incorrectly labeled as alcoholic and eliminated from the study. An indirect "guesstimate" follows. Roughly two-thirds of American adults drink (i.e., 67% of 160 potential controls in this study equals 107.3 people). Of these Americans who drink, an estimated ten percent are "problem drinkers" (i.e., 10% of 107.3 equals 10.7 people). Our sample of controls, however, could arguably have a lower portion of alcoholics than the American population. Approximately 78 percent of the potential controls screened were females, and females have lower rates of alcoholism. Secondly, all controls were taken from the south central Kentucky area in the heart of the Bible belt. Drinking rates are lower in this area as compared to the general U.S. population. Given these realities this author estimated that 5 to 8 of the original 160 potential candidates were
alcoholics. The SMAST, however, screened out 16 of these controls and thus probably eliminated 7 to 10 non-alcoholic, usable control subjects (Nicholson, 1992).

The final problem encountered with this research was gaining access to inpatient drug facilities. For this particular study, access was gained only through professional networking--that is a "friend of a friend" had worked in certain facilities and was able to gain access to test patients.

**Limitations**

The major limitation of this study involved the testing of case subjects (i.e., drug abusers) after they had developed a drug problem. As noted in the results, significant differences in the meaning in life were found between the cases and controls. Whether these problems existed prior to their drug problem is impossible to determine from this particular study.

An additional limitation was the possibility of incorrectly labeling some of the control subjects. The SMAST screened out potential alcoholics but not individuals with other drug related problems. The results showed significant differences were found between cases and
controls. If this particular bias did occur, it only served to lessen the observed differences in scores between cases and controls. Thus, the direction of the results found are more than likely to be accurate but the strength of the relationship may be weakened.

In addition to the above mentioned limitations, a considerable amount of demographic segregation would contribute to limiting the validity of this study. The fact that both case and control members varied relative to sex, and race, indicates that multi-variable causation could be contributory and virtually impossible to measure.

Conclusions

Within the context of this particular study and its limitations, the inpatient drug abusing subjects were determined to have significantly lower levels in meaning in life when compared to nondrug abusing controls. Comparisons with the PIL scores indicated the controls had a higher amount of self-perceived purpose in life. However, it is noteworthy that the mean score differences were modest.

Conclusions based on the LAP-R were somewhat mixed. Cases had significantly more meaning in life as evidenced by their scores on the LAP-R scales of Life Purpose, Life
Control, Death Acceptance, Existential Vacuum, Personal Meaning, and Life Attitude Balance. No differences were found between cases and controls on the scale of Coherence.

The Life Purpose scale measures zest for life, contentment, and life satisfaction. A sample item is, "Basically, I am living the kind of life I want to live." The control subjects' mean score \( (\bar{X} = 32.06) \) was notably higher than the cases' mean score \( (\bar{X} = 25.14) \). Thus, drug abusers appear to be substantially less happy with the lives they are living when compared to nondrug abusers. The Life Control scales measure a person's freedom to make choices and exercise control of his or her own lives. A sample item is, "My life is in my hands and I am in control of it." The differences in scores on this scale were less substantial (i.e., cases: \( \bar{X} = 31.39 \), controls: \( \bar{X} = 33.71 \)). However, drug abusers do appear to feel less in control of their own lives. The Death Acceptance scale measures death transcendence or a mental acceptance of death. The case subjects' scores \( (\bar{X} = 24.74) \) were significantly different but only slightly lower than the control subjects' score \( (\bar{X} = 27.96) \). These results could be interpreted that no matter what the relationship between meaning in life and drug
abuse, attitudes toward death are not a major factor. Two other possible explanations are age and orientation factors. The mean age of the subjects in the study was approximately 30 years. Fear of death typically doesn't occur until later in life. However, acceptance of one's eventual death is generally seen as realistic and hence mentally healthy. An argument can also be made, especially if one does not believe in life after death, that death acceptance is in fact irrational and it is better to fight it (Nicholson, 1992). The Existential Vacuum measures a person's lack of purpose or meaning in life, lack of goals in life and apathy. A sample question is, "I feel the lack of and a need to find real meaning and purpose in my life." The case subjects mean score ($\bar{X} = 30.1$) was substantially higher than the control subjects mean ($\bar{X} = 21.55$), indicating that the drug abusing cases experience a substantial void in their lives.

The Personal Meaning Index is a dual-component construct made up of having a) a logically integrated and consistent understanding of self, others, and life in general; b) life goals; c) a life mission; and d) a sense of one's past, present, and future. The case group scores
(\(\overline{X} = 57.48\)) were notably lower than the control group's score (\(\overline{X} = 64.8\)). Drug abusers appear to differ substantially on this aspect of life meaning. The Life Attitude Balance Index takes into account the degree to which meaning and purpose have been discovered and one's motivation to find meaning and purpose. This scale represents one's global perception of attitude towards life. The difference between case scores (\(\overline{X} = 49.6\)) and control scores (\(\overline{X} = 73.6\)) is striking. Drug abusers in this sample are obviously lacking in this construct.

Interestingly, no differences were found between case subject scores (\(\overline{X} = 32.3\)) and control subject scores (\(\overline{X} = 32.7\)) on the coherence scale. This scale measures intuitiveness and understanding of one's self, others, and life in general. A sample question is, "The meaning in life is evident in the world around us."

There was also a significant difference found between case scores (\(\overline{X} = 33.2\)) and control scores (\(\overline{X} = 30.5\)) on the Goal Seeking scale. This scale measures one's desire to achieve, get beyond life's routine, and get more out of life. It is noteworthy that this scale was the only one in which the case subjects scores were actually higher.
(i.e., and thus possibly better) than the control groups. A plausible explanation could be the fact that drug abusers who were receiving treatment could have an instilled sense of motivation and plans to redirect their lives. If this is true, it would be interesting to discover whether or not their goal seeking developed before or after entering into treatment.

In the prior analysis conducted by Nicholson (1992) where case and control members were matched by gender and race, significant differences were discovered on the following LAP-R dimensions: Purpose, Existential Vacuum, Life Control, Death Acceptance, and the two composite scales. The current analysis discovered significant differences in the above dimensions as well as in the Goal Seeking dimension in which a significant difference existed where the case subjects (33.22) scored higher than the control subjects (30.52), $F(1,237) = 12.54$, $P < .000$. Both analyses found significant differences between case and control subjects on the PIL.

Given the aforementioned results, it appears that substantial differences exist between drug abusers and nondrug abusers relative to various dimensions of meaning or
purpose in life. The extent to which these differences exist prior to the onset of the drug abusing behavior cannot be determined within the context of this study.

Implications

1. Individuals who enter inpatient facilities for drug abuse may differ from nondrug abusing adults in their subjective assessment of life's meaning. Specifically, drug abusers appear to have a more negative outlook and attitude toward life.

2. Day treatment programs that focus on a person's meaning and purpose in life may have an advantage over those programs that do not.

3. Primary prevention programs that focus on a person's meaning and purpose in life may have an advantage over those that do not.

4. Drug treatment programs might consider accentuating goal seeking strategies.

Recommendations

1. Future research should attempt to replicate this study's findings.
2. Future research should expand the sample size as well as expand dependent variables to measure subjective meaning in life.

3. Drug treatment programs should consider the addition of existential principles to their treatment paradigms.

4. Existential treatment models should be tested against current treatment approaches.
References


Appendix A
Intake Data Form

1. Facility: _______________________________________

2. Date of Birth: _________________________________

3. Gender:     _____ Male         _____ Female

4. Race:       _____ Black         _____ Oriental
               _____ White          _____ Native American
               _____ Hispanic       _____ Other

5. The total Family income in your Household for this year is: (check one)
               _____ 15,000 or less
               _____ 15,001 to 30,000
               _____ 30,001 to 45,000
               _____ 45,001 to 60,000
               _____ Greater than 60,001

6. Family History of Alcoholism? _____ yes _____ no
Appendix B

Questions 1 through 13 ask about your drinking habits. Check on the YES or NO headings to answer each question.

*Short Michigan Alcohol Screening Test*

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you feel you are a normal drinker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(By normal, we mean you drink less than or as much as most other people)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Do you ever feel guilty about your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do friends or relatives think you are a normal drinker?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are you able to stop drinking when you want?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever attended a meeting for Alcoholics Anonymous?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Has drinking ever created problems between you and your wife, husband, a parent, or other near relative?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Have you ever gotten into trouble at work because of drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Have you ever neglected your obligations, your family, or your work for two or more days in a row, because you were drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have you ever gone to anyone for help about your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Have you ever been in the hospital because of your drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Have you ever been arrested, even for a few hours, because of other drunken behavior?</td>
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</tbody>
</table>
Appendix C

LIFE ATTITUDE PROFILE - REVISED (LAP-R)

(C) Gary T. Reker

This questionnaire contains a number of statements related to opinions and feelings about yourself and life in general. Read each statement carefully, then indicate the extent to which you agree or disagree by circling one of the alternative categories provided. For example, if you STRONGLY AGREE, circle SA following the statement. If you MODERATELY DISAGREE, circle MD. If you are UNDECIDED, circle U. Try to use the UNDECIDED category sparingly.

<table>
<thead>
<tr>
<th>SA</th>
<th>A</th>
<th>MA</th>
<th>U</th>
<th>MD</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRONGLY AGREE</td>
<td>MODERATELY AGREE</td>
<td>UNDECIDED</td>
<td>MODERATELY DISAGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td></td>
</tr>
</tbody>
</table>

1. My past achievements have given my life meaning and purpose.

2. In my life I have very clear goals and aims.

3. I regard the opportunity to direct my life as very important.

4. I seem to change my main objectives in life.

5. I have discovered a satisfying life purpose.

6. I feel that some element which I can't quite define is missing from my life.

7. The meaning of life is evident in the world around us.

8. I think I am generally much less concerned about death than those around me.

9. I feel the lack of and a need to find a real meaning and purpose in my life.

10. New and different things appeal to me.
11. My accomplishments in life are largely determined by my own efforts.

12. I have been aware of an all powerful and consuming purpose towards which my life has been directed.

13. I try new activities or areas of interest and then these soon lose their attractiveness.

14. I would enjoy breaking loose from the routine of life.

15. Death makes little difference to me one way or another.

16. I have a philosophy of life that gives me existence significance.

17. I determine what happens in my life.

18. Basically, I am living the kind of life I want to live.

19. Concerning my freedom to make my own choice, I believe I am absolutely free to make all life choices.

20. I have experienced the feeling that while I am destined to accomplish something important, I cannot put my finger on just what it is.

21. I am restless.

22. Even though death awaits me, I am not concerned about it.

23. It is possible for me to live my life in terms of what I want to do.

24. I feel the need for adventure and "new worlds to conquer".

25. I would neither fear death nor welcome it.
26. I know where my life is going in the near future.

27. In thinking of my life, I see a reason for my being here.

28. Death is a natural, unavoidable aspect of life.

29. I have a framework that allows me to understand or make sense of my life.

30. My life is in my hands and I am in control of it.

31. In achieving life’s goals, I have felt completely fulfilled.

32. Some people are very frightened of death, but I am not.

33. I daydream of finding a new place for my life and a new identity.

34. A new challenge in my life would appeal to me now.

35. A period of personal hardship and suffering can help give a person a better understanding of the real meaning of life.

36. I hope for something exciting in the future.
Appendix D

Name_________________________ Date______________

Age_________________________ Sex________ Classification_______

James C. Crumbaugh, Ph.D. Leonard T. Maholick, M.D.
Veterans Administration Hospital Atlanta Psychiatric Clinic
Gulfport, Mississippi Atlanta, Georgia

PIL

Part A

For each of the following statements, Circle the number that would be most nearly true for you. Note that the numbers always extend from one extreme feeling to its opposite kind of feeling. "Neutral" implies no judgement either way; try to use this rating as little as possible.

1. I am usually

1 2 3 4 5 6 7
completely (neutral) exuberant, bored enthusiastic

2. Life to me seems:

7 6 5 4 3 2 1
Always (neutral) completely routine

3. In life I have:

1 2 3 4 5 6 7
No goals (neutral) very clear goals and aims or aims at all

4. My personal existence is:

1 2 3 4 5 6 7
utterly (neutral) very purposeful Meaningless and meaningful
without purpose
5. Every day is:

7 6 5 4 3 2 1
constantly (neutral) exactly
new the same

6. If i could choose, I would:

1 2 3 4 5 6 7
prefer never (neutral) Like nine more
to have been lives just like
born this one

7. After retiring, I would:

7 6 5 4 3 2 1
Do some of (neutral) loaf completely
the exciting the rest of my
things I have life
always wanted to

8. In achieving life goals I have:

1 2 3 4 5 6 7
Made no (neutral) progressed to
progress complete
whatever fulfillment

9. My life is:

1 2 3 4 5 6 7
empty, filled (neutral) running over with
only with despair exciting good things

10. If i should die today, I would feel that my life has been:

7 6 5 4 3 2 1
very (neutral) completely worthless
worthwhile

11. In thinking of my life, I:

1 2 3 4 5 6 7
often wonder (neutral) always see a reason
why I exist for my being here
12. As I view the world in relation to my life, the world:
   1 2 3 4 5 6 7
completely (neutral) fits meaningfully with
confuses me my life

13. I am a:
   1 2 3 4 5 6 7
very (neutral) very responsible person
irresponsible person

14. Concerning man's freedom to make his own choices, I believe man is:
   7 6 5 4 3 2 1
absolutely (neutral) completely bound by all
free to make limitations of heredity
all life choices and environment

15. With regard to death, I am:
   7 6 5 4 3 2 1
prepared (neutral) unprepared and frightened
and unafraid

16. With regard to suicide, I have:
   1 2 3 4 5 6 7
thought of it (neutral) never given it a second
seriously as a thought
way out

17. I regard my ability to find a meaning, purpose, or mission in life as:
   7 6 5 4 3 2 1
very great (neutral) practically none
18. My life is:

7 6 5 4 3 2 1

in my hands (neutral) out of my hands and
and I am in controlled by external
control of it factors

19. Facing my daily tasks is:

7 6 5 4 3 2 1

a source of (neutral) a painful and boring
pleasure and boring experience
satisfaction

20. I have discovered:

1 2 3 4 5 6 7

no mission (neutral) clear-cut goals and a
or purpose in life satisfying life purpose