REVIEW OF LITERATURE
PERSONALITY

The study of personality is one of the most fascinating and intriguing areas in psychology. With the growing complexity of human life and modernization of society it has assumed many new and intricate dimensions. The measurement as well as qualitative evaluation of various aspects of personality have travelled from Stackman's doodles to the computerized artificial intelligence. All this endeavour points towards varying calibres of individuals and that the differences in personality are discernible and measurable in terms of psychological analysis.

A major approach to the understanding of personality is that of defining the framework in terms of which all behaviour can be interpreted. Uiggins et al. (1971) point towards four major points of view in personality study: The Biological, The Experimental, The Social and The Psychometric. The Biological point of view construes the events of personality study in terms of evolutionary background of the organism. The experimental point of view considers the events of personality in terms of uniform learning, perceptual and higher processes. The social point of view takes into consideration the socio-cultural context in which the person lives and develops. The psychometric point of view studies personality through its attributes which reflect its underlying trait organization.

Each of these four views emphasizes on one central assertion, each implying thereby that individuals are to be understood only as a result of their history of constitutional development, experimental measurement, social context and psychometric qualifications.
One may tend to submit that a complete study of personality through various procedures i.e. experimental, questionnaire, projective and situation is a complex and long process. Most of the attempts are from one angle or the other with the help of one or the other method.

Study of human behaviour is incomplete without the variable of personality. According to Brody (1972), the study of personality rests ultimately on the fact of individual differences, temperament peculiarities and other deviations from the strictly average behaviour. Personality can in the real sense be said to have a beginning with Hippocrates and Galen. They identified four major temperamental types on the basis of humours: melancholic, choleric, sanguine and phlegmatic. Their physiological theory is now regarded as somewhat quaint but the descriptive scheme is still used. It was an oversimplification in that people cannot be neatly pigeon-holed into four categories. A solution to that problem was provided by Kundt who pointed out that the four-way classification of Greeks could be accommodated by two independent and continuous variables of emotional response: strength of emotions and speed of change. What Kundt called speed of response is now usually labelled as Extraversion/Introversion and his strength factor is now called emotional instability or Neuroticism (Wilson, 1977).
The descriptive system has given birth to modern personality theory. The lead in this area was promptly taken up by Jung (1923) who is commonly acknowledged to have coined the terms Extroversion and Introversion to describe a typology which he traces back to its earlier beginnings. Extroversion, according to Jung was described as turning outward of mind on to people and objects in the external world and introversion, as inner directedness. The credit for extending these theoretical concepts to laboratory setting and real life situation is mostly shared by Eysenck and his associates, who with their dimensional approach to personality at causative and descriptive levels have ushered a new era in modern times.

In recent times, other personality theories too have come into force, though with different emphasis. Important personality theorists like Allport, Reislov, Murray, McClelland, Speno, Taylor, Eysenck, Cattell and Guilford deserve mention. They have tried to provide different frameworks of personality in order to explain behaviour which has led to a lot of disagreement regarding the structure of personality. However, Eysenck (1965) states that there is some agreement that personality refers to some enduring disposition in the constitution of individuals and that it is basic reality underlying individual differences in behaviour.

According to McDougall (1929), personality is the unique pattern of traits which characterize the individual.
It is extremely complex comprising factors of many distinguishable classes, intellect, dispositions, temper, temperament and character. According to Hilgard (1962) the term personality is used to mean the configuration of individual characteristics and ways of behaving which determines individual's unique adjustment to his environment. Hence, personality includes many characteristics that are important to the individual's personal adjustment in the maintenance of self-respect. Allport (1963) views personality as the dynamic organisation within the individual of those psychophysical systems that determine his unique adjustment to the environment.

**Eysenck's Personality Theory**

According to Eysenck (1960), Personality is more or less stable and enduring organisation of a person's character, temperament, intellect and physique which determines his unique adjustment to the environment. His definition of personality revolves around four behavioural patterns; the cognitive (intelligence), the somatic (character), the affective (temperament) and the somatic (constitution). Thus, personality is the sum total of the actual or behaviour patterns of the organism, as determined by heredity and environment, it originates through the functional integration of the forming sectors into which these behaviour patterns are organised... (Eysenck, 1947).
Eysenck has given caustic as well as descriptive explanation of both dimensions of his personality theory. Modification of Eysenck's theory (1960) extended four major dimensions of personality. These dimensions are virtually independent of each other. They are Extraversion/Introversion, Neuroticism, Psychoticism and Intelligence.

**Extraversion/Introversion (E/I)**

According to Eysenck (1960), Extraversion refers to impulsive, sociable tendencies and introversion implies controlled and responsible behaviour. The factorial studies of Extraverts have resulted in a picture of the typical Extravert, who is sociable, like parties, has many friends, needs to have people to talk to and does not like reading or studying by himself. He craves for excitement, takes chances, often sticks his neck out, acts on the spur of the moment and generally is an impulsive individual. He is fond of practical jokes, always has a ready answer and generally likes change. He is carefree, easy going, optimistic and likes to "laugh and be merry". He prefers to keep moving and doing things, tends to be aggressive and to lose his temper quickly. His feelings are not kept under tight control and he is not always a reliable person. In contrast to this, a 'typical introvert' is a quiet retiring sort of person, introspective, fond of books rather than people, he is reserved and distant except to very intimate friends. He tends to plan ahead, 'looks before he leaps', and distrusts
the impulse of the moment. He does not like excitement, takes matters of life with proper seriousness and likes a well ordered mode of life. He keeps his feelings under close control, seldom behaves in an aggressive manner and does not lose his temper easily. He is reliable, somewhat pessimistic and places great value on ethical standards (Eysenck and Eysenck, 1968).

On the genotypic level, Eysenck (1957) has attempted to relate individual differences in Extraversion/Introversion to hypothetical inherited differences in the functioning of nervous system. For this purpose, Eysenck refers to Pavlovian concepts of excitation and inhibition (Pavlov, 1927). He states his fundamental assumption that individuals in whom excitatory potential is generated slowly and in whom excitatory potential so generated are relatively weak, are thereby predisposed to develop extraverted patterns of behaviour. Individuals in whom excitatory potential is generated quickly and in whom excitatory potential so generated are strong are thereby predisposed to develop introverted patterns of behaviour.

Similarly, individuals in whom reactive inhibition is developed quickly and is of a strong nature and dissipates slowly are predisposed to develop extraverted patterns of behaviour. Conversely, individuals in whom reactive inhibition dissipates quickly are thereby predisposed to
develop introverted patterns of behaviour (Eysenck, 1957). The genotypic variations along with neurological bio-chemical lines, of course, interact with the environmental influences to produce the observable patterns of behaviour.

One of the most important dimensions of personality extraversion has been the focus of theoretical, experimental probings and statistical analysis. A large number of such investigations have indicated dependable association between extraversion and the drug abuse in terms of kind as well as extent.

According to Eysenck (1947, 1952, 1959) suggests that introvert individual in stress situation would adopt the behaviour pattern of their associates following a classical Pavlovian, conditioning model and would become an addict of this was a pattern of behaviour of his associates.

Askovold (1959) studied patients suffering from amphetamine psychosis. He found traits as extraversion and ambition.

Jones (1968) in a longitudinal study of personality correlates of moderate and problem drinkers and abstainers found that problem drinkers were uncontrolled, extraverted. They are disorganized under stress and their mood fluctuates. They have significantly higher ratings on rebelliousness and criticism direct expression of hostility and unconventional as compared to abstainers and moderate users.
Cockert and Marks (1969) in a study of young offenders, who used amphetamine, found evidence which was suggestive of some possible personality differences between drug takers and non-takers. The drug user was found to be more shy, retiring, introverted, self-critical and guilt ridden, less self-confident, more radical than traditional in comparison with non drug user.

McGrath (1970) found that drug user to be introverted, quiet, passive and submissive and lack masculine identification. 24% of these were psychoneurotic.

Cappel (1972) in a survey in a New York, studied the personality traits of users and non users. The users were found to be more introverted.

Beaubrun et al. (1973) studied 30 marihuana users and found no significant differences regards neuroticism, extraversion, number of arrests and socio-economic status.

Fish (1974) studied cannabis users and non-users. He found no differences on extraversion. Fish and Wells (1974) and Cockett (1977) found no association. In one finding users were slightly more extraverted.

Silverstone and Turner (1974) studied drug abuse in a treatment programs and found traits as neuroticism, obsession, self-centred behaviour, extraversion/introversion. However, Kaldegg (1975) in a study found no significant differences in extraversion/introversion.
Shanmugam (1979) in a study of 212 drug abusers and 212 drug non-abusers found that drug abusers were found to be higher on extraversion and neuroticism.

Sethi et al. (1979), in a study of college students, found that multiple drug abusers showed greater extroverted tendencies than tobacco users only.

Ebie and Pala (1981) studied some aspects of drug use among students in Benin city (Nigeria). He found that 67% were judged as introverts and 32.4% as extroverts on the basis of personality questionnaire.

Rustagi et al. (1981), in a study on 252 persons (152 drug users and 100 non-users) using MMPI scale found that extraversion scores were associated with drug abuse. The dimension of extraversion has been associated with actively, sociability, risk taking behaviour and impulsivity. All these characteristics seemed to contribute to drug abusing behaviour and participation in a drug taking behaviour. The linkage between introversion and extraversion and drugs has engaged the attention of researchers for long. Many research findings indicate that extraverts suffered from "stimulus hunger" and consequently indulged significantly more in smoking than with introverts. Extraverts observed Eysenck (1964), "drink more and smoke more cigarettes", they also make more expensive movements and generally behave as if they were induced suffering from "stimulus Hunger". Chopra (1979) reported extroversion as one of the prominent personality trait of drug abusers. This was also the case with Shanmugam (1979) who found drug abusers markedly more extraverted than non-users.
Extraversion has been found to be associated with drug abuse may be as a determiner, correlate or even as a behaviour outcome.

**NEUROTICISM**

Neuroticism, the second major dimension of personality as posited by Eysenck had its origin in Hull's concept of drive (1943), later on elaborated by Spence and Taylor (1953) as the concept of anxiety and by Edwards (1965) as social desirability.

High N scores are indicative of Emotional lability and over reactivity. High scoring individuals tend to be overresponsive and to have difficulties in returning to normal state after emotional experiences. Such individuals frequently complain of vague somatic upsets of minor kind such as headaches minor digestive troubles, insomnia, backache etc., and also report many worries, anxieties and other disagreeable emotional feelings. Such individuals are predisposed to develop neurotic disorders under stress and such predisposition should not be confused with actual neurotic breakdown. A person may have high scores on N while yet functioning adequately in work, sex, family and society spheres (Eysenck and Eysenck, 1960).

Neuroticism is an inherited psychophysical disposition closely linked with the lability of the Autonomic Nervous system which governs a person's emotional reactivity and may predispose him to the development of Neurotic disorders under
suitable circumstances (Eysenck, 1964). The concept of Neuroticism refers to general emotional lability of the individual (Rohan, 1960). Some people are constitutionally predisposed to react strongly with their sympathetic system towards incoming stimuli of various kinds, termed as 'neurotics' others are characterized by weak emotional reactions to stimuli termed as 'stable'.

Neuroticism has been referred to "as autonomic drive", (Furneaux, 1961; Eysenck and White, 1964). It also acts as a "motivational force". Since it acts as a motivating agency, Neuroticism affects 'acquisision of efficiency' (Eysenck, 1957).

In general terms, Neuroticism, anxiety, motivation and emotional disturbance have been associated with each other on the one hand and with psychiatric problems on the other. Some of the studies of the addicts/abusers have associated their personality with specific behavioural problems like psycho-neurosis and psychotic reactions.

Kolb (1925) studied the personality characteristics of addicts and found that 90% were either psychopaths or suffering from neurotic disorders. High scores on neuroticism is an indication of emotional instability and over-responsiveness.

Kolb (1926), in another study, found that more than half of his medical addicts had an evidence of psychosis and psychoneurosis.

Peacock (1943) at Public Health Services at Lexington on the basis of Kolb classification, found that 54.5 individuals were suffering from ordinary neurosis.
Uikler (1953) suggests that the source of the characteristic anxiety in the narcotic addict is sexuality and expression of hostility conflicts with aggression, pain, sexuality are the source of anxiety. Uikler and Rasor (1953) found that narcotics tend to suppress these drives. Jaffe (1970) refers to the use of narcotics as notably a passive adoption to inner conflicts.

Connell (1958) studied 42 cases of patients who used amphetamines. Two thirds of the patients had presented symptoms of neurotic traits.

There is ample evidence (empirical) linking neurosis with narcotic addiction primarily on the basis of MMPI data. However, the incidence of neurosis among heroin addicts appear to be lower than character disorder, psychopathology and psychosis. Hill, Haertzen and Gilas (1960) classified 19% of their samples of 270 adults and adolescent black and white as neurotic on the basis of MMPI profiles. A similar incidence in which 16% of their sample demonstrated neurotic disturbances was reported by Sheppard, Fracchia, Ricese and Merlis (1972), who administered MMPI to 336 male narcotic addicts undergoing treatment. Their sample of neurotic patients showed symptoms of anxiety depression which the author attributed to feeling of inferiority and inadequacy.

Bell and Trehouan (1961) studied 14 patients as regards family history, occupation, personality, sex adjustment. All patients showed underlying evidence of personality disorder
such as psychoneurotics. Hampton (1961) found out of 31 patients out of which 9 were psycho-neurotics.

Kiloh and Brandon (1962) studied women amphetamine abusers and found that 19% of his total sample studied were neurotics.

Evenson (1963), on the basis of clinical observation, also believed that anxiety plays a crucial role in narcotic addicts. He suggests a casual relationship between anxiety and hostility. He believed that there are only dimensions required for an individual to become an addict characterizing the addict as an inadequate passive individual with a low threshold of anxiety and high level of hostilities as a result of environmental rejection.

Cohen (1966) and Rosenberg (1969 b) have both indicated that drug users differed with non drug users particularly with respect to personality traits as neurotics and extraversion. Cohen (1966) suggests that the drug user is usually passive and dependent in his dealing with others.

Walton (1968) in a study of 38 alcoholics found that alcoholics show a more similarity to the neurotic patients, they tend to be pessimistic retiring, subdued and worrying.

A combination of sexual disturbances and higher level of anxiety was also frequent factors in abusers (Kraft, 1970). In his clinical observation of narcotic addicts there were severe personality disturbances prior to taking drugs. All the individuals studied demonstrated neurotic
symptoms such as sexual problems, high social anxiety and strong sado-masochistic trends. Kraft suggested that drug taking began as an alternative satisfaction of neurotic needs and provided relief from the symptoms. Similar studies have been reported by Chael and Gerard.

Hinckley et al. (1970) studied drug abusers who came for psychiatric help. He found that drug use was high in psychotic and personality disorder group while it was low in psychoneurotic individuals. The drug user tend to be non-confirmists, anti-social and harbouring anger.

Beckett and Lodge (1971), in a study found that out of 34 sample studied 20 male heroin addicts had overt childhood neurosis; manifest anxiety reaction and depression appear to dominate in neurotic narcotic addicts.

Beaubrun and Knight (1973) did a study on 30 chronic marihuana and 30 Control users in Jamaica. No significant differences were found as regards neuroticism and extraversion.

Smart and Fejer (1973) and Wells and Stacey (1976) found that cannabis users have higher rates of neuroticism.

Beaubrun et al. (1974) found no significant differences on extraversion, neuroticism on 30 chronic marihuana users.

Fish and Wells (1974) found that users of drugs scored slightly higher on neuroticism (Cockett, 1971; Koaniver et al., 1973).
Schenk (1974) took 3 groups: abstainers, experimenting and using cannabis group. He found that those using cannabis seem to have symptoms of neurotic disorder.

Gassot et al. (1974) studied 3 groups of 34 members in methadone maintenance programme. He found no significant differences in extraversion/introversion or neuroticism. Long term use demonstrated fewer neurotic failures.

Fish and Wells (1974) found that users scored slightly higher on neuroticism.

Okhovat (1974), in an MMPI study of Iranian addicts, observed that the addicts show a high level of anxiety, inadequacy, inferiority, emotional immaturity and neurotic traits. There was no indication that addicts were more introverts than non-addicts.

Redyatt (1975) studied long-term users of cannabis and found that users scored higher in neuroticism as compared to control groups. (Malhotra et al., 1977 and Holland, 1977 in case of alcoholics).

Lindesmith (1976) found the following characteristics of addicts in general or certain types of subjects as narcissistic tendencies, dependance, aggressiveness, neuroticism, extraversion, self-centredness and lack of morality.

Dube and Others (1977) assessed the attitudes of 1000 University students towards drug and reported that the users of cannabis had a favourable attitude towards the drug. A number of studies bring out the role of insecurity in drug
taking behaviour. Singh and Chopra (1979) found that in a category of neurotics drugs users were over represented but Chatterjee and others (1979) found nothing unusual in the distribution of traits among the users and non-users. Yet another study which may be cited by Shen Nugas (1979) had reported that drug users were markedly more neurotic, psychotic and crime prone.

Malhotra and Hurthy (1977), on the basis of 16 PF, TAT and RPP on 10 drug addicts, 10 psychiatric patients and 10 normals aged 18 to 20 years old males found that addicted group scored significantly higher on psychopathic states and they also showed more neurotic traits and anti-social behaviour.

Malhotra and Hurthy (1977) studied personality correlates of drug addicts with the controls. It was found that drug addicts showed neurotic traits and anti-social behaviour as compared to the control group.

In a study by Mehdiratta, Uig and Verma (1978) on the basis of comparison of cannabis users and controls found that compared with controls the cannabis users were found to react more slowly, poorer in concentration and time estimation, have higher neuroticism and greater perceptuo-motor disturbances.

Beckman (1978) made a comparative study of alcoholic woman and non-alcoholic. The alcoholic women were lower on self-esteem coupled with their high neuroticism, anxiety
alienation, anxiety presenting a picture of such women as maladjusted and dissatisfied.

Gossop (1976) found that addicts have elevated scores on neuroticism but on extraversion dimension addicts have been found to score rather lower than controls.

Trivedi and Sethi (1976) found a higher prevalence of drug abuse among psychotics as compared to neurotics.

Steer and Kotsker (1980) administered the EPI to 107 men and 43 women before methadone maintenance and again after treatment. Both men and women reported decrease in levels of neuroticism, anxiety and fatigue.

Rustagi et al. (1981) in an MMPI and EPI study of 100 abusers and 152 non abusers found no differences on neuroticism, lie score for drug abusers and non-abusers. On reviewing studies by Eysenck (1960) no consistent pattern emerged as far as relationship between neuroticism and drug abuse was concerned.

In the light of the above mentioned studies, it has been concluded that the drug addicts/abusers have a tendency to deviate significantly from the norm on the scale of neuroticism.

**LIE SCALE**

The 'Lie' (L) scale which was first incorporated in the Eysenck's personality Inventory (EPI) attempts to measure a tendency on the part of subjects to "fake good". A series
of factorial and experimental studies have been carried out to investigate the nature of this scale in some detail (Eysenck and Eysenck, 1971). It is clear that the scale possesses a considerable degree of factorial unity, with individual items having high loadings on this factor, and on no other. This scale measures some stable personality factor which possibly denotes some degree of 'Social naivety'; unfortunately too little is known about the precise nature of this scale (Eysenck and Eysenck, 1976a).

Rustagi et al. (1981) using MMPI and EPI on drug abusers and non-abusers found that the score pattern on the lie-scale indicates that deliberate faking or response in terms of an ideal self concept was not significantly different in both the groups.
AUTHORITARIANISM

Authoritarianism as an ideology emphasizes that authority should be recognized and exercised through constraints and compulsions. It is, however, a multi-dimensional phenomenon, and accordingly, its development and sustenance is contingent upon factors peculiar to its frame. These factors may be conveniently classified as situational and dynamic.

Behaviour is regarded as the resultant of interaction of both person and environment. This viewpoint calls for the analysis of many situational factors characterising authoritarian/non-authoritarian types of behaviour. Hierarchical social structure whether found in animals or men provide to an important extent the broad environmental frame of reference within which submission to authority, on the one hand, and need to dominate others, on the other hand, become manifest. In an organization where this is strictly followed authoritarianism is fostered. No doubt, hierarchical structure exists everywhere but in cultures where it is more influential historically and has rigidified it has led to authoritarianism more conspicuously.

Many social situations in our culture involve a hierarchical organization of two or more people having different rights, duties and obligations. The expectations arising out of these functions and the traditions afloat in
a culture ascribe roles to the persons performing them.

Aristocratic societies have a firmly established rank order, originally based upon dominance, though later superseded by inheritance. In such societies, each person knows his place. The more he is content to think about his life determined by superior powers, the more stable is the structure of the society. The authority of a particular group as determined in hierarchy allows each person to dominate the next below him in rank.

In short, each person behaves according to his position in hierarchy and the more opportunity he gets through his position to show dominance, the greater would be the authoritarian tendency of the member of a group.

Generally speaking, the word "authoritarian" is used for those people who express behaviour and attitudes consistent in characteristic ways. Authoritarian attitudes show inequality in viewing human relationships, subservience toward individuals possessing higher status, and domineering toward lower status individuals. The other attitudes consistent with the authoritarian personality are: dogmatism, rigidity, support for traditional values, use of power tactics, toughness in dealing with failure, non-cooperativeness and arbitrariness in decision making, etc.

Although the activities of Nazis and other fascist groups are often cited as prime examples of authoritarianism, but anyone who uses or supports harsh, punitive or violent
methods is motivated by authoritarian attitudes. The fact that no person is fully authoritarian is as true as no person is fully non-authoritarian. They differ in degree if we recognize that there is a scale of behaviour that ranges from "extremely authoritarian" to "extremely non-authoritarian". On a suitable measure, individuals can be rated to the extent they express themselves as authoritarians. Before mentioning anything about these measures, it would be important to probe in some more details the dynamic, situational and socio-cultural factors which contribute to the development of authoritarian character.

The classification between S-Type and J-Type as given by a German psychologist and follower of Hitler, Jaensch, throws some interesting light on the authoritarian personality. Jaensch (Frankel-Brunswick, 1950) has described two types of people: (a) S-type (or Anti-type), a name given to those who manifest synesthesia (colour hearing) and (b) J-type, a name given to those who give unambiguous reactions to stimuli. In one of his experiments using a spiral, he showed that the S-type experienced less persistent spiral after-effect than the J-type. In explaining this difference he viewed that the former type is characterized by general lack of clear-cut and rigid evaluation of the stimulus which is a tendency toward "loosening" (Auflockerung) and dissolution (Auflosung). This means that the stimulus configuration and perceptual Gestalt is disrupted in the case of S-type; whereas, the latter due
to precision in receptiveness and unambiguous reactions to stimuli, show rigid control, perseveration and avoidance of differences which form the basis of stronger bond between stimulus configuration and perceptual Gestalt. Jaensch went on to generalize that the S-type would be a man with so-called "liberal" views. His general instability would likely be to stem from a racially mixed heredity, as in case of Jews.

In contrast to S-type, J-type was ideal for Jaensch. Such type of people, according to him, would recognize that human behaviour is fixed by blood, soil and traditional factors. Toughness and masculinity would be the hallmark of this type. He came out with the thesis that the J-type made a good Nazi Party member. As one can easily make out, this J-type could be identified as "authoritarian".

The work of Jaensch met a wide variety of criticism. His work could not show much of predictive value due to inadequacy of his sample size and statistics employed. Besides this, his research was more influenced by political factors than by academic pursuits.

The initial attempt to study prejudiced behaviour, which later came to be known as "The Authoritarian Personality", did not start with any specific hypothesis. A study on anti-Semitism was undertaken by two psychologists in U.S.A., Sanford and Levinson, with some meagre donation. Their sole aim was to develop a scale of prejudice which could be correlated with a variety of personality and sociological
factors. Later, with the availability of more funds and joining of other psychologists interested in this field, a more comprehensive task focussing on ideological and personal factors of high scoring subjects was achieved.

After several years of team work, this group of psychologists of the California University, Berkeley published their findings in a book entitled 'The Authoritarian Personality' (Adorno et al., 1950). Their work described Jaensch's J-type not as an ideal person but as rigid and intolerant of ambiguity. As reported earlier, the California research was guided by the conception of an individual whose thoughts about man and society form a pattern which is properly described as anti-democratic and which springs from his deepest emotional tendencies. The authors' analysis of anti-democratic personality contained two aspects: (a) the ideological factor, and (b) the personality needs. The ideological factor was analysed in terms of values and attitudes with respect to various issues of social significance. The authors argued that different ideologies mean differently to different people and as such the anti-democratic personality was thought of as falling in a distinct category. It was also proposed that the acceptance of such characteristic ideology by an anti-democratic individual depends upon the major influences upon personality development arising during the course of child training and the conditions which contribute to his readiness for accepting anti-democratic thought and action.
In short, the research of the Berkeley group to study authoritarian personality had the following methodology. They started with construction of a number of statements about respondent's personal life, projective type open-answer questions, and opinion attitude scales. Those who scored high on these measures were assessed further on clinical techniques. A contrasting picture of such people was also obtained against those who had consistently disagreed with these statements. To ensure reliability and validity of data the questionnaires were revised and administered again in view of the available information on these individual studies. The researchers had chosen a fairly representative sample of college students to begin with. Later, this was extended to include non-Jewish, white, native-born, middle-class Americans. Such a methodology was unique to psychology because it brought into fold amalgamation of two contrasting methods of psychology - paper-pencil tests or psychometric tests and clinical methods - to study some phenomena of personality. In this way, not only the weakness of each approach was taken care of but a constructive effort was also made to show how these approaches could be made complementary.

Generally speaking, the whole work of the Berkeley group is divided into two suitable categories, one dealing with the study of ideology and the other with personality. The former category included three paper pencil scales: the anti-Semitism (A-S) scale, the Ethnocentrism (E) scale.
and the Political-Economic conservatism (PEC) scale. The Second category consisted of a measure of the Implicit Antidemocratic Trends, popularly called as the Fascist (F) scale.

This scale in the second category is the most popular one among all the four scales and, perhaps, the one most extensively used in psychological research since 1950. Ironically, the authors never refer to it as a measure of authoritarianism in their book but it does identify the personality about which the authors were concerned. What the authors wanted to investigate through this measure is best described in their own words:

"A primary hypothesis in this research is that an individual is most receptive to those ideologies which afford the fullest expression to this over-all personality structure. Thus, a person clinically described as strongly authoritarian, projective, and destructive is likely to be receptive to an antidemocratic ideology such as ethnocentrism — ultimately fascism as the total social objectification of these trends — because it expresses his needs so well."

The authors claimed that all the 38 items of this scale were ideological and did not refer to any particular groups, sex, personal values, etc. With this they claimed to have measured at a general level the implicit authoritarian or antidemocratic trends in a personality. The way in which the items were prepared for this scale was somewhat typical;
some of the items were borrowed from the writings of
fascists or from the speeches of anti-Semitic agitators,
others were framed on the basis of responses in the clinical
interviews, and still others from the material obtained in
T.A.T. stories.

In all, this scale had nine cluster variables, with
items sub-classified under each category. The nine variables
of this scale, as described by the authors, are given below:

1. Conventionalism — A rigid adherence to conven-
tional, middle-class values.

2. Authoritarian submission — Inability or unwilling-
ness to criticise or rebel.

3. Authoritarian aggression — A tendency to condemn,
reject or punish those who violate norms.

4. Anti-introspection — A tendency to oppose subjective,
liberal or imaginative approaches.

5. Superstition and stereotypy — A belief in super-
natural power and a tendency to think in rigid categories.

6. Power and toughness — A preoccupation with
strong weak, leader-follower, dominance-submission, etc.
categories and exaggerated assertion of strength and toughness.

7. Destructiveness and cynicism — Extreme hostility
and degradation of human beings in general.

8. Projectivity — A tendency to generalise that
most of the activities going on are wild and dangerous.

9. Sex — Exaggerated concern with sexual matters.
It is very much implicit in the above clusters that the basic concepts of psychoanalytic theory - superego, ego and id - are well ingrained in the variables depicting the rubric of the authoritarian character.

The F-Scale factors and the concepts of Psychoanalytic Theory

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| SUPREMO                                           |
| Rationality                                       |
| EGO                                               |
| Contact with Reality                              |
| ID                                                |
| Unconscious, Primitive                            |
| Tendencies                                        |

Another interesting psychological variable has been authoritarianism in contrast to dependence and conformity. In general, the drug abusers have been low on authoritarianism indicating their weakness and powerlessness to control, impress or manage their other companions.

Using the F scale (Adorno, Frankel-Brunswick, Levison and Sanford, 1950) as a measure of authoritarianism the authors found that in a college students population as marijuana use increased, creativity and adventurousness increases significantly and authoritarianism decreased significantly.
Zimmerling (1951) in his personality study of 22 adolescent boy addicts describes them as non-aggressive and soft-spoken. He notes that these boys were unable to develop genuine human relationships. They appeared generally immature, easily moved to emotional reaction and unable to tolerate frustration.

Lewis and Oberg (1958) observed that Mexican American addict patients showed a higher degree of conformity to institutional rule and tradition and are disinclined to be troublesome or threatening the staff.

Stressburger (1965) reports that college students with anti-alcohol attitude have lower scores than those with favourable attitudes on measures of impulse expression and social maturity. Singer and Rassmhall (1964) described the abstainers as constricted authoritarian and socially immature. The abstainers had a higher score than drunkards in self control, responsibility and femininity and lower scores on flexibility.

Suchman (1968) found that college drug use (marijuana) to be closely associated with a pattern of behavioural attitudinal and personality variables which he termed "hang loose" ethics. Behavioural correlates consist of various "non-conformist" activities such as participating in "happenings" mass protests, reading underground literature. Typical attitude of users were rejection of traditional educational, social, political attitudes, that is rejecting established order. Again in personality marijuana users were
rebellious, cynical and anti-establishment as compared to conforming, well behaved more non-users.

Robinson (1970) found marijuana users to be warm hearted, extroverts and enthusiastic. She suggested that users find satisfaction in poor relationship demonstrated by struggle against authority and repudiation of established norms as compared to non users who are reserved, introverts and self reliant.

Hogan, Rankin, Conway and Fox (1970) reported that college students marijuana users as compared to non users were self-confident, socially poised, adventuresome, skilled in inter-personal relations and had high achievement motivation. Also with these went qualities like greater impulsivity, narcissism, irresponsibility, non-conformity, hostility to rules and convention and high pleasure seeking. Non users in the study were more abiding, responsible, inflexible and conventional.

Beaman (1971) in a study found that hashish users to be less impulsive, less ambitious and more compliant behaviour. The same study found that hard drug users showed aggressive and emotionally immature tendencies.

Hager (1971) reported that drug use is correlated with negative orientation towards traditional values (authoritarianism, college plans, political views, religious orthodoxy and status aspirations).

Grossman, Goldstein and Eisenman (1971) wrote that many reported characteristic of marijuana users seem to be
indicative of the creative personality (unconventional, socially poised, aesthetic, adventurous, non-conforming, flexible), while the non users are similar to the authoritarian individual (conventional, inflexible, responsible, narrow interests, rule abiding, traditional in values).

In another study, Grossman, Goldstein and Eisenman (1972) found that marijuana use was found to be partially correlated with creativity and adventurous and negatively correlated with authoritarianism although the later symptom did not reach significance.

Gossop and Roy (1976) as a result of many studies suggest that drug dependence may be closely related to hostility and aggression. Burke and Eichberg (1972), Scholten, White and Cohen (1972) and Cockett and Marks (1969), who studied a group of offenders and found them to be more hostile than non users. The writer accounts this to be in terms of greater dependency of the drug user to be intrapunitive and particularly to experience of telling of self criticism and the government.

Cutler (1977) studied 98 males in a study of power motive found that frequency of intoxication showed decrease in non-authoritarian subjects.

Verma, Aggarwal, Dang (1980) studied the inter-relationship between drug use, authoritarianism, anomia and alienation. They found that drug users were not authoritarian or alienated from society. Drug use can thus be viewed in
terms of manifestation of identification with society that
such correlation was very small and insignificant in case
of males may indicate that drug use is independent on
assimilation in the social values in case of males. On the
other hand, it seems that in case of females a strong
identification with the social norms and higher authoritarianism
would have provided the aggressive drive.

Authoritarianism appears to be an interesting
variable holding a key to the understanding of the drug
abusers who is on the decline on it with the extent of abuse.
ADJUSTMENT

Frequently, adjustment has been defined as conformity to group standards. Those who do not or can not conform may often be considered maladjusted. A very general meaning of adjustment is the process of living itself, the dynamic equilibrium of the organism or personality. As used in Psychology, the term adjustment means that we would accommodate ourselves in order to fit certain demands of our environment. Rogers (1942) presents a view which involves the postulation of growth tendencies within the individual which lead him to seek mastery of control over himself and his environment in order to realize his highest potential and to produce the most harmonious relationship possible between himself and his environment. According to Sheffer and Shaben (1956), adjustment is the process by which a living organism maintains the balance between his needs and the circumstances that influence the satisfaction of his needs. Adjustment according to Boring (1966) may be defined as a process by which a living organism maintains balance between its needs and circumstances that influence the satisfaction of those needs. According to Ruch (1970) human adjustment is a never ending process. In the constant process of attempting to meet both inner needs and environmental demands, no one can escape a certain amount of tension and stress which may lead to frustration. Eysenck's Encyclopedia of Psychology (1972) defines adjustment as a state in which the needs of the individual on one hand and claims of society on the other
hand are fully satisfied. The important components of
adjusted behaviour according to Crew (1974) are the possession
of a wholesome outlook of life; a realistic perception of
self; emotional and social maturity and a good balance between
inner and outer forces that activate human behaviour. Lazarus
(1976) maintains that adjustment consists of psychological
processes by means of which individual manages to cope with
various demands and processes of life.

The achievement of desirable life adjustment is
dependent upon the recognition of significance of inherited
potential and environmental conditions as those affect his
way of life. Adjustment may be referred to as a continuous
process of maintaining harmony among the attributes of
individual and the environmental conditions which surround
him. It involves the fulfilment of potential for a personally
and socially satisfactory life. This definition stresses
that adjustment is a continuous process rather than a static
goal to be strived for or reached. It suggests that charac-
teristics of an individual will be determinants of adjustment
but the environment will also have its influence. The
definition suggests that the individual's potential and
characteristics are inborn but are also modified through
experience and that the effective adjustment will involve both
personal and social criteria and value judgements.

The term adjustment comes under the broad heading
of personality. According to Super and Crites (1949),
Personality may be viewed as total pattern of traits or ways of reacting to external stimuli. One thinks of an individual as more or less organized unit, and of the process of emotional adjustment as one in which an attempt is made to organize a variety of reaction patterns or modes of behavior into an integrated, smoothly working whole. One in whom a degree of integration appropriate to the demands made upon him by society has taken place in an emotionally adjusted person, while in whom the integration has not taken place to the extent required by the demands of the environment, or one in whom integration has partly broken down because of demands with which he was not able to cope, is an emotionally maladjusted or disturbed person.

Generally seven characteristics or facets of adjustment are described by the majority of the writers including Krach and Crutchfield (1948), Traxler (1945) etc. These seven facets are the following:

1. Maintaining an integrated personality.
2. Conforming to social demands.
3. Adapting to reality conditions.
4. Maintaining consistency.
5. Maturing with age.
7. Contributing optimally to society through an increasing efficiency.

However, there is no such implication that these facets are independent or mutually exclusive. Rather, these
descriptive terms frequently coexist and complement each other in the behaviour of individuals judged as well adjusted. But at certain stages of life there is a greater susceptibility of maladjustment. The symptoms of maladjustment vary from individual to individual and to some degree from one situation to another, when the same individual is involved. Adjustment problems of youth have been the concern of educators, philosophers, social scientists and clinicians since early ages.

Types of Adjustment

Home adjustment: Home adjustment is understood to be the relationship existing between members of a family dependent upon such factors as stability of parents, the understanding they show of their children and the way they deal with them in an authoritative or affectionate manner and the response of the child to these stimulating factors.

Health adjustment: Health in its broadest aspect is essential to a well balanced personality, for on it depends to a large degree energy, volition, ideals and happiness. People in poor health are often deficient in surplus energy, lacking in self control and pessimistically oriented towards life. Physical changes in adolescents have often been observed to produce what is commonly known as the period of stresses and strains. It would not be surprising to suggest that these stresses will and often do, disrupt the normal health adjustment of adolescents.
Social adjustment: Social adjustment implies a relatively broad base of operations. A young person's social adjustment reflects the influence upon him of his experiences in more specific adjustment areas, but goes beyond them as the adolescent attempts to respond to all human interrelationships by which he is constantly and consistently stimulated.

Emotional adjustment: An emotionally adjusted person is one who is able to meet the demands made upon him by the society and the environment. The emotional development of well adjusted adolescents depends upon maturation and learning.

Probably, the most significant single area of human behaviour indicating problems in social interactions, personal wellbeing and occupational acceptance has been known as adjustment. It is a complex set of factors, but all the same emerges as a definite indication of the vastness of negative effect of drug abuse.

Goodman and Gillman (1955) describe the typical marihuana user in the USA as usually a person 20-30 years of age, idle lacking in initiative, with a history of repeated frustration and deprivation. He is often maladjusted, seeks distraction and escape.

Arora and Sharma (1955) found that pleasure seeking and neurotic are more liable to use drugs. Addiction is caused by human weakness and maladjustment as he has a deep self-destructive tendencies.
Gerard and Kornetsky (1955) found that opiate addicts are maladjusted.

Holsberg (1966) studied 59 drug addicts. He found that majority were poorly adjusted (Penk, 1979). Waldorf (1970), in case of heroin users, found that better the adjustment more the period of voluntary abstinence. Berzin (1971) found that drug abusers are socially maladaptive. Schmitz (1971), however, had contradictory results. He found that drug abusers are more socially socialized.

Holsberg and Jannsen (1966) studied 59 males and 14 females drug abusers and found that majority of them were poorly adjusted.

Rearic (1969) and Mirin et al. (1971) suggested that multiple drug users of marijuana show more evidence of maladjustment and pathology than those who use marijuana alone or only casually involved with drugs.

Waldorf (1970) found that better the social adjustment longer the period of voluntary abstinence.

McGrath and Scarpitti and Frank (1970), in a near unanimous investigation, have described the drug users as maladjusted, hostile, immature, dependent and narcisistic. McGrath (1970) in another study of heroin addicts in New York found that addicts come from areas with low income groups, poor housing and high delinquency and in age group of 21-30 years.
Carlin (1970) found poor social adjustment in treated drug users and high in drug users who did not go in for treatment.

Zuroff (1970) found no differences as regards maladjustment and locus of control or drug use as a function of treatment.

Crawford, Washington and Nalvin (1980) found that addicts are likely to come from broken homes, disturbed family relationship between parents and child and lack of internal cohesion. Sheldon (1972) summarizing the literature concluded that family of addict provides an unstable environment for mental growth.

Rao and Vasudevan (1980) in a study of drug addicts in Madurai found, in case of those prior to their death or absconding (information from friends and relatives was obtained) that 53 were well adjusted in their marital as well as occupation sphere while 56 showed poor adjustment, 5 showed good marital adjustment but poor occupational adjustment.

Hill, Belleville and Glaser (To be published) used R.A.P.I. Their studies showed that maladjustment precedes addiction.

Whatever be the measure i.e. inventory, questionnaire, projectional tests, interview reports of the relatives and others and case study adjustment appears to be the most important single victim of drug abuse.
AGE

Age in relation to maturity, development and stress of specific periods of human life has been recognised as a very powerful indicator of the kind of choice, onset and severity of drug abuse.

Alcohol is generally a middle age phenomenon. On the other hand, addiction in general, is associated with youth and there has been decline in the mean age of onset of addiction to drugs in U.S. Pengo (1952) showed that the largest group of a series of 1036 patients the average age of onset of drugs was 25-29 years. In Chicago in 1952 one third of known drug users were aged under 21 years. Schur (1962) commented that the average of addict in U.S. was 30 years.

According to Speer (1959) the bureau of narcotics showed that approximately 60 per cent of all addicts were between the age of 21 to 30 years while another 12 per cent are under the age of 21 years. The age group of 31 to 40 years account for some 17 per cent of total number of addicts.

Clinard (1961) in a study at Lexington found that 2/3 of the persons who became addicted before they were 30 years old.
Vallance (1963) in a study of patients admitted to hospital found that the average age of admission to hospital was 44 years.

Sawley (1966) found that the age at first admission in Tooting Bec hospital was 24.7 years for those born in England and Ireland, it was 33.5 years for those born overseas.

Studies by Ratterstol (1968) in Oslo showed that 5.3% of the adolescents in the age group of 15–20 years had tried cannabis on one or more occasions. A corresponding study made in 1969 revealed an incident rate of 5.1% (Brun-Gulbrandsen and Lind, 1970).

According to Bell and Chambers (1970) the mean age of addicts admitted at Lexington in 1963 was 32.9 years for males. 90% of the addicts were young under 40 years of age. The average age of addicts in Cook County was 21 years compared with 28 years some 13 years earlier. Winnick, Bell and Chambers reported that from 1937 to 1962 the median age had decreased from 39.1 years to 33.5 years.

Islah (1970) in one survey in N. York showed the age of addict to be 25 years. In Puerto Rico there has been fourfold increase in heroin use. The average age of addict was 39 years. In 1945, the amphetamines addicts were unknown but in 10 years the number rose to 200 thousand, over 70% of the victims being under the age of 25 years (Islah, 1970).

Davis (1970) from 1940 to 1960 for those admitted at Lexington found the mean age to be 25 years. It was found that drug addiction was highly concentrated in largest cities.
and in areas of greatest deprivation and minority group concentration.

Kielholz and Lademig (1970) examined since 1967 some 120 mostly young patients consisting a selection of 550 known hashish smokers age distribution was 14 to 30 years with peak in age towards 22 years.

Annunyae (1970) studied the relationship between personality factors and habitual dependence in a Scottish study. 20 patients suffering from drug addiction and compared them with a control group. The mean age was 36.6 years for men and 31.3 years for women.

Laurie (1971) found that the pattern of younger and younger drug users in 1966 the average age of those in New York city narcotic register was 27.9 years and year later it was 26.4 years.

U.S. Commission (1972) found that excess of 24 million in America over age 11 years old have used marijuana at least once. The incidence is the greatest among the young, 27% of 16-17 years, 40% in 12 to 18 years and 30% in 22-25 years.

Le Dain (1972) showed that the younger age group had life time prevalence of 10% of those aged 12 to 19 years.

Roser (1974), in a study in greater Stockholm of random sample, 12% of the population studied had used drugs and the age was 16-25 years. In another study by Roser,
55% of the males and 87% of females in the age group of 25-29 years had used drugs.

Mahdiratta and Wig (1975-76) studied 50 cases of heavy cannabis users with controls. The mean age was 37 years of bhang smokers, 27 for chewers and 32 for controls.

Clift (1975), in a national health survey in U.K., found that the ages in the survey ranged from 18 to 81 years. Mean age was 40.85 years.

Rosewell (1976) in a survey in U.S.A., found that about 10% drink regularly and that about 2% are excessive problem drinkers. At the time of last census (1970) there were about 30 million boys and girls from 12 to 19 years of age in this country who used alcohol.

Abelson and Fishburne (1976), in an investigation of national household probability sample, found that whereas 1/5 of adults aged 26 years or older have reported having used drugs (illicit). Nearly 1/3 of youth aged 12 to 17 years and ever used drugs. 18 to 25 years have reported of ever having used drugs.

McCord (1977) in a study of drug abusers in America found that the age of heroin addicts has been steadily dropping. In the 1930's only 10% of the new patients at Lexington were under 25 years. By the 1970's most addicts were, however, teenagers.

Verma, Ghosh and Wig (1977), in a study of drug abuse amongst students in Delhi, found that 95% of the sample
studied were mostly in the age group of 19 to 23.7 years and came from joint families.

Hawker (1977) showed, on the basis of results of various studies, that 63% of the boys between ages 11 and 13 years had tried alcohol and in seven of 17 years age were getting drink once a week. A recent survey of Hawker (1977) of 10,000 high school aged 16-19 years showed that one in eight had either a drinking problem or were strongly dependent on alcohol. Davias and Stacey (1972) examined the behaviour of two colleges of London. They showed that 85% of girls and 92% of boys had tasted alcohol by age of 14 years.

Gajerot (1977) reports the use of thinner among teenagers. He reported that thinner was abused by younger teenagers, hashish smoking in upper teens and early 20's. Intravenous use was reported in 20 to 30 years old. In the spring of 1968 there were few abusers under 20 years. In Stockholm yet at that time 39% of arrests made were from age 25-30 years for drug injection.

Ruttegi (1978), in a study of students of Bombay University, found that abuse were in the age group of 19-24 years.

Michael (1976) studied the emergency admission to Jackson memorial hospital for treatment for acute drug reaction. 71.5% of subjects were under 25 years of age.

Roy et al. (1978), in a study of abusers and non-abusers, males of 25 to 50 years of age, found that 60% of
abusers and 64% of non-abusers belonged to age group of 25-35 years.

Rao, Sukumar and Rehalan (1978) found that at the time of first consultation the age was 21-25 years. 50% started addiction before the age of 30 years.

Rohan, Prabhasar, Rohan and Chitkara (1978), in a study of drug among Delhi University students, found that the average mean age for boys and girls during which they are most vulnerable to drug abuse was 17.4 years and 17.7 years respectively. Highest prevalence rate among boys was at age group of 16 years.

Kocher, Sundaram, Ray and Rohan (1978) found that users in the age group of 16-25 years and 26-35 years respectively represented a higher proportion in all diagnosis.

Sethi and Manohanda (1978) found in one study of drug abuse in male students that majority of abusers were to belong to 21-25 years group and a lower rate was obtained for those up to 20 years.

Steer and Kotzker (1980) in a study of methadone maintenance, found that the mean age of blacks was 27.72 years.

Singh and Jindal (1980), in a study of drug abuse in medical campus, found that the age of all junior doctors was 40 years and the rest were above age of 40 years with mean as 40.9 years.

Ebie and Pala (1981) studied some aspects of drug use among students in Nigeria. He found that 25% of the
students started using drugs before age of 15 years and 9.8% started using drugs after the age of 18 years.

Hovadomsky (1982), in a study among school students, found that the average age of males was 16.8 years for females and 17.5 years for males with a range of 13 years to 21 years for abusers.

The age has been found to be important determinance/correlate in relation to other factors like sex, station of life, marital status, etc.

**Socio-Economic Status**

Most of the studies in the area of drug abuse have indicated socio-economic factors to be very significant in discovering patterns of drug abuse, its impact on the family and the retrieval of the abuser through treatment.

Chopra and Chopra (1938) thoroughly examined 200 cases of habitual cocaine eaters. He found that all addicts were from lower strata of society having modest living.

Lindesmith (1947) said that people take drugs for relief from pains. He says that people from certain socio-economic runs a relatively greater risk of encountering narcotics than those in other categories. Socially it shows a clear relationship between poverty and drug addiction. Addiction comes in where many other social problems also exist. The slum areas are also characterized by high rates of delinquency, truancy, unemployment and poverty.
from (1955) reported, on the basis of information from WHO (1952) reports, that incidence of suicide and alcoholism largely coincide and are more so in urbanized and industrialized countries. What Durkheim feared for the rapidly industrializing societies of Western Europe of the last century, may be relevant to many developing countries in the world today. The intense feeling of loneliness, meaninglessness, powerlessness, lack of emotional support from the family in the face of stress of life, lack of feeling of rootedness and belongingness could be largely the result of rapid social change and urbanization. In such mental states consequently the modern youth, entrapped in valuesness society tries to find escape and such consequences at social level may be the increased use of dependence producing drugs.

Chain et al. (1955) has shown that the young addict from N. York comes mostly from socially deprived areas of the city. The areas of greatest congestion and greatest family disorganization.

New York and Chicago has more than 3/4 of all teenagers addicts (Chain, 1956). It was found that the drug use was high among adolescents males and was concentrated in a few low income neighbourhood in which educational limit was extremely low and rate of family background was quite high.

Finestone (1957) found that drug addicts were highly concentrated in largest cities and in small number of
census tracts in those cities, those areas of greatest deprivation and minority group concentration.

Hollingshead (1957) reports that problems of high drinking are reported in men of low social class. The greatest prevalence of drinking (33%) is found among men aged 20–24 years in the lowest and lower middle class.

Clauser (1957a) and Chain et al. (1964) have reported that large number of opioid adolescents live in metropolitan areas characterized by low socio-economic status, large minority population, instability of family life and high incidence of other social problems. In such areas illegal drugs of all sorts are available.

Askavold (1959) studied the predisposing factors of persons suffering from amphetamine psychosis. 5 patients belonged to lower social class.

Beazish (1960) found in 7 cases who abused amphetamines that the social status of the patients before the beginning of the period of drug abuse was high.

Clauser (1961) in a study concluded that disorganized neighbourhood with high rates of social and economic problems produce a concentration of narcotics.

Ausubel (1961) found in a study that most common type of addict in U.S.A. are slum dwelling adolescents who use drugs as an outlet for rebelliousness and aggressiveness associated with membership of an under-privileged population.

Elliot and Merrill (1961) found that alcoholics make up one of the most significant group of disorganized person
in the U.S.A. These unhappy individuals are unable to carry on their occupational and family roles because of their addiction. Alcoholics come from all socio-economic level ranks. Drinking is prominently an urban phenomenon. 46% of those in farm areas and 77% of those in cities of more than a million population use alcohol. Elliot found among the upper class drinking is not a moral issue. Both the men and women drink. The attitude of upper class have gradually prevailed those immediately below in social scale. The upper class tolerance is slowly shifting down into middle class. The upper middle class has absorbed many of the attitudes of upper class whereas the lower middle class still retains comparatively strong taboo drinking especially for the woman. Members of the lower middle class strongly adhere to certain notions of "respectability" which distinguishes them from persons lower down in social scale. Person of this group also tend to retain many of traditional religious controls with the accompanying prejudice against excessive indulgence. From the class the majority of organized prohibition has come (Harrison et al., 1958). The drinking norms exhibit other differences as we move down the socio-eco scale. The phenomenon of "misusing drinking" has long been common among the prosteriot and has been especially evident.

Ausubel (1961) in a study found that the most common type of addict in U.S.A. are alumni dwalling adolescents. Clausen (1961) found that disorganized neighbourhood with
economic problems produce concentration of narcotics.
Schur (1962) found that British addicts come from middle or
upper middle class.

Chain, Gerard and Rosenfeld (1964) found many
studies that show that population of addicts come from areas
of poverty or economically.

Chain et al. (1964) found that users were more
deprived socio-economically than non users. She also found
that Whites and Puerto Rican users were more often of higher
social status than non user. The investigator were unable
to offer an explanation for this pattern.

Studies in U.S. in 1930's and 1940's found that use
predominantly among minority groups and members of economi-
cally deprived classes. Asuni (1964) and Chopra (1939) in
studies in Asia and Africa suggested that use is concentrated
among young urban, poor and is associated with dissatisfaction,
deprivation and mobility. In India, in upper class and
"respectables" use occurs. In U.S. the impression not
supported by adequate studies is that use ranges from young
urban poor including minorities through artistic and University
communities to young and professional persons.

Ullrich (1965) found that groups of marihuana users
may be found among a variety of socio-economic groups.
Marijuana smoking is seldom solitary activity and is likely
to be conducted with presence of others. The younger enjoys
more socializing heroin and marihuana is likely to be used
and sold in depressed socio-economic areas of large cities. A youngster from culturally deprived areas of a city is thus far more likely to come into contact with marihuana and there is greater likelihood of beginning to use the drug than the comparable youngster living in better area.

Donald, Jacob and Ingwar (1965) found that solvent abuse like other addictive disorder are not only a lower caste phenomenon. However, as with these other social problems it occurs with greatest frequencies among the population of the so called under privileged. Cases have been reported that broken homes, unemployment, sickness have been reported.

There is a general conception that addicts come from deprived classes of people. Winnick (1965), summarized a number of studies and noted that socio-economic status is a crucial contributor to drug abuse. One reason for this was high level of mistrust, negativism and defiance found in lower socio areas in which drug abuse is common.

Koval (1969) analyzed N. York narcotic register found that areas with high rate of reported opiate use were also areas with high rate of delinquency, unemployment, low family income.

Nurco (1969) studied 833 persons classified as narcotic addicts by Baltimore city police department (1966-68). He concluded that addicts were often found in those areas were there is extreme deprivation, crime, juvenile delinquency.
Hughes and Crawford (1971) described the identification of "Nico Epidemics" in Chicago between 1961 and 1971, the largest outbreaks continuing to occur in under-privileged neighbourhood.

Currently addicts can be found in all segments of the society. In a study of Sackett and Lodge (1971) the addicts under treatment represented the entire range of social class from professional to unskilled labourer.

Inciardi (1972) compared with population characteristics and pattern of abuse in 1950 with those in 1970 the results showed that "best generation" included members of low class.

According to Metropolitan Health Department of Jakarta (1972), it was found that 5% of drug abusers come from upper socio-economic class and 75% came from middle and lower middle class.

Cahan and Room (1972) found that lower middle class and middle class high school students in a small industrial city were more likely to drink liquor than middle and upper class.

Agat et al. (1973) questioned 6315 males and 1381 females 19 years old concerning their consumption of drugs. He found that more drug contracts were found in upper and middle class.

Kukoff and Brock (1974) found as a result of some studies that addicts come from areas of poverty or economically deprived.
Chitnis (1974), in a study of drug abuse at College Campus at Bombay, found that majority of students interviewed came from upper class homes.

According to survey conducted by Rubin and Comites (1975) in Jamaica found that economic factors may be critical in differential use of ganja and alcohol in working class. According to statistics showed that as income increase the rate of drinking increases. Heaviest drinking was reported among low class people.

Sethi, Gupta, Aggarwal (1975), in a study of bhang use, found that 88% of the total sample studied belonged to low socio-economic status.

Rubin (1975) found that 2/3 members of ganja users in Jamaica came from lower class as it helps to do manual labour. O'Donnell (1975) found that low social status and large city residence were leading correlates of drinking.

Liakos (1977) studied the total population of Greece and analyzing the total hashish population by socio-economic status reveals that hashish users are predominantly in the working class (61.6%). A high proportion were unemployed and supported underground activities. A similar proportion belong to middle class (12.7) and 1% to higher class.

Stang (1977) made a follow up study of 100 vagrants adolescents in Oslo. They found that 33% were abstinent and were well adjusted socially, 33% showed an uncertain social adoption.
Ruttagi (1978), in a study of drug abuse among college students in Bombay, found that abusers came from well to do families where the atmosphere was congenial.

Sethi and Trivedi (1979), in a study of drug abuse in rural population, found that more drug abusers were found in lower socio-economic status group.

Smart et al. (1981) in a study of drug abuse in Chandigarh, found that insignificant number of users of all drugs (4%) or less had ever used drugs. Drug use was frequent in rickshaw pullers (low income group).

Navadonsky (1982), in a study of school children, found that 27% of the abuse came from families with low income and the rest from good socio-economic status group.