CHAPTER TWO

REVIEW OF LITERATURE
CHAPTER 2
REVIEW OF LITERATURE

This chapter exclusively meant for review of literature pertaining to variables studied such as drug addiction, perceived home environments feeling of insecurity and approval motive. Vast majority of research done on drug abuse reflects various aspects that contribute to drug abuse.

2.1 DRUG ABUSE

It is believed that drug abuse and drug addiction are best explained by drugs' reinforcing effects. Pharmacological studies have the view that drugs of abuse powerfully affect the brain's dopamine system, which regulates emotional responses and plays a vital role in abuse by providing an emotional "reward" for continued use. Weingartner, Debra, Anil & Alan (1996) "We now know that many of the drugs of abuse target not just those aspects of the brain that alter things like emotion, but also areas that affect our ability to control cognitive operations."

The new findings hold promise for better understanding why only some drug users become addicted, why drug abusers so easily relapse even after long periods of drug abstinence and, ultimately, how prevention and treatment efforts can be tailored to people's individual vulnerabilities. In the past few years, people have begun to recognize that drug abuse is not a pharmacological disease only, it's a pharmacological and behavioral disease. The cognitive functions that sit in the frontal lobes play a role in drug abuse. Since the 1980s.
Review of Literature

scientists have observed that many people who were addicted to drugs such as cocaine and marijuana appeared to have frontal cortex abnormalities. Such abnormalities, however, were long thought to be incidental side effects of drug abuse (Steven, Edythe, London, David, Newloan, Victorl, Xiang, Contoreggi, Rebeurt, Philips & Arthurmagolin, 1996). We typically haven’t thought of the influence of those processes on substance abuse and addiction. It is there view that people have been so focused on the role of reinforcement and the hedonic effects of drugs as being the driving force in drug abuse. In other studies, researchers have used two imaging techniques, positron emission tomography and functional magnetic resonance imaging, to measure drug abusers’ brain activity during craving. Steven et al. (1996) that cocaine craving was linked to heightened activity in areas of the frontal cortex that regulate decision-making and motivation, but not in the brain’s dopamine control centers.

Volkow (2003) observed that people are taking drug because it provides pleasure. Intact addicted people denote have as strong pleasure as people who are not addicted. People addicted to cocaine have an impaired ability to perceive rewards and exercise control due to disruptions in the brain’s reward and control circuits.

Findings of Gottesman & Schubert (1993) provide the first evidence that the brain’s threshold for responding to monetary rewards is modified in drug-addicted people, and is directly linked to changes in the responsiveness of the prefrontal cortex, a part of the brain essential for monitoring and controlling behavior. These results also attest to the benefit of using sophisticated brain-
imaging tools combined with sensitive behavioral, cognitive, and emotional probes to optimize the study of drug addiction, a psychopathology that these tools have helped to identify as a disorder of the brain.

Gottesman & Schubert (1993) conducted experiments designed to test a theoretical model, called the Impaired Response Inhibition and Salience Attribution (I-RISA) model, which postulates that drug-addicted individuals disproportionately attribute salience, or value, to their drug of choice at the expense of other potentially but no-longer-rewarding stimuli - with a concomitant decrease in the ability to inhibit maladaptive drug use. In the experiments, the scientists subjected cocaine-addicted and non-drug-addicted individuals to a range of tests of behavior, cognition/thought, and emotion, while simultaneously monitoring their brain activity using functional magnetic resonance imaging (fMRI) and/or recordings of event-related potentials (ERP). He suggested that, in the cocaine abusers, there was a “disconnect” between subjective measures of motivation (how much they said they were engaged in the task) and the objective measures of motivation (how fast and accurately they performed on the task). These behavioral data implicate a disruption in the ability to perceive inner motivational drives in cocaine addiction. Results also revealed that non-addicted subjects responded to the different monetary amounts in a graded fashion: the higher the potential reward, the greater the response in the prefrontal cortex. In cocaine-addicted subjects, however, this region did not demonstrate a graded pattern of response to the monetary reward offered. Furthermore, within the cocaine-addicted group, the higher the
sensitivity to money in the prefrontal cortex, the higher was the motivation and
the self-reported ability to control behavior.

Sigurdsson & Gudjonsson (1996) studied Psychological characteristics
of juvenile alcohol and drug users. In this study attempt has been made to
investigate whether personality tests could differentiate between alcohol and
drug users among juvenile offenders. The subjects were 108 Icelandic juvenile
offenders who had been given conditional discharge. The Eysenck Personality
Questionnaire (EPQ) and the Gough Socialisation Scale were administered to
all subjects. The results revealed the fact that the subjects who were classified
as drug users or frequent alcohol users scored significantly lower than the other
juveniles on Gough Socialisation Scale and significantly higher on the EPQ lie
scale.

A great deal of attention has recently been paid to the social and
environmental characteristics of drug users (Brook, Whiteman, Gordon &
O’Malley & Bachman 2004; Shedler & Block 1990). Results of these studies
agree on the influence of domains of personality, family, neighborhood, and
peers on an individual’s drug use. Although the effects of drug abuse are
observed in the institutions of higher education in Pakistan, there have been
few empirical investigations of the social and environmental correlates of drug
abuse among the educated segment of Pakistani society. In this study emphasis
has been given on how family and peers influence university students addicted
to drugs.
Aziz & Shah (1995) study was designed to examine the differences between addicted and non-addicted university students on measures of home environment and peer relations. Participants were 45 addicts and 45 non-addicts with mean ages of 23 years drawn from three Pakistani universities located in Islamabad, Lahore, and Peshawar respectively. The two groups were matched for age, gender, education, area of residence, and marital status. A booklet containing an Index of Family Relations and a Peer Relations Questionnaire was administered. Results showed that the addicts perceived more stress in their families than the non-addicts. Family income of the addicts was greater than that of the non-addicts. Addicts were under greater peer influence and had more deviant and drug-using friends than the non-addicts.

Jiloha & Sahy (1986) studied changing trends of drug abuse. Socio-demographic profile of patients from the year 1980-1985 was presented. The result revealed the changing patterns of drug abuse. There is sudden rise in heroin addiction among the youth between 16 to 30 years.

Kannappan & Cherian (1989) studied the personality factors of alcoholics. The sample consisted of 79 alcoholics who underwent treatment for alcoholism from a day-care treatment centre. The Eysenck Personality Inventory was administered to them while they were sober. Their age, sex, religion, education, occupation, duration of drinking etc., were collected without controlling other variables. The findings revealed that the alcoholics as group exhibit both extraversion and neuroticism traits and their age, religion.
education, occupation, duration of drinking etc., do not differ significantly in the personality characteristics.

Similarly Singh (1989) studied the cognitive impairment among chronic narcotic addicts. The sample consisted of two groups, group A of 50 addicts and group B non users of narcotics. Both the groups were matched on sex, age, education and socio-economic status. Both groups were tested on Bender Visual Gestalt Test, PGI Memory Scale and Alexander Pass Along Test. The results of the study indicates that drug addicts are significantly impaired on cognitive ability as compared to non drug users. Significant differences were found between group A and B in all the three tests at 0.01 to 0.05 level of significance.

The present research was conducted by Mathur, Mujtaba & Singh (1992). They studied drug addiction and maladjustment. The study was conducted on a sample of 91 cases of addiction and 76 cases of non-users to investigate the adjustability among two groups with reference to age, income and educational levels. The ANOVA of average adjustments scores of two groups revealed that maladjustment in almost all the spheres are more prevalent among addicts in each variable than non-addicts.

Najam & Parveen (1992) conducted a study to compare the characteristics of drug habits among rehabilated and relapsed addicts. It was found that the Relapsed group had more addict friends than rehabilitated. There were significantly more Relapsed self-introduced as compared to the Rehabs. Further, more relapses were reported in the company of friends on the other
hand Rehabs reported more family involvement. Majority of the addicts in both groups were young. There was no difference in the drugs used and the method of drug administration in the two groups.

Thankachan & Kodandaram (1992) have tried to find out the life events and personality of alcohol dependent individuals. The sample consisted of thirty alcohol dependent individuals and thirty normal controls matched for age, marital status, education, occupation, religion and family type. California Test of Personality and stressful life event inventory were used to assess personality and stressful life events of the subjects. Results indicated that alcohol dependent individuals differ significantly from normals on personality. Normals have better personality adjustment as compared to alcohol dependent individuals. Alcohol dependent individuals experienced more stressful life events and greater degree of subjective distress as compared to normals.

Sahni (1992) studied heroin addiction and criminality. In this study, 100 heroin addicts in the age range of 20-40 years with equal number of non-users matched. The results revealed that heroin addicts commit major crime as murders, physical assault, suicide, homosexuality, eve teasing, adultery, thefts etc. and most of these crimes are directly related to the purchase of drugs. The study further revealed interesting fact that the frequency of crime committed during periods of active addiction greater than during periods of non-addiction. It is evident from the study that chronic heroin addiction is an integral part of the national crime problem.
Similarly Rajendran & Raymol (1992) investigated alcoholism and violent behaviour of alcoholic sample. They were administered 24-items of Stop Taking (Violence) Out Questionnaire during their hospitalization. It was observed that hospitalized alcoholics scored "average" on: Stress, Anger, Hostility and Assault in the Violence scale. The present samples were diagnose as "Substantial level" of alcohol related problems measured by Michigan Alcoholism Screening Test (MAST). A comparison of younger and older groups showed no significant difference. The result of ANOVA indicates that the interactional effects of duration of drinking and violence behaviour did not differ significantly. Significant difference was found in the excessive drinking groups on assault variable.

Prasadrao & Mishra (1992) also studied drinking related locus of control and treatment attrition among alcoholics. Drinking related locus of control translates generalized expectancies of control into specific expectancies of drinking related behaviour. In the present study it was attempted to find out the differences between treatment completers and drop-outs, on the drinking related locus of control, from an alcoholism treatment program. 50 literate male clients with a diagnosis of alcohol dependence were included into the alcohol treatment program following detoxification. All these clients were administered the drinking related locus of control scale. Clients who completed 5 weeks broad spectrum treatment program were compared with those who dropped out after the initiation of treatment. The findings indicate that the drop-outs had
significantly more external drinking related locus of control than treatment completers.

Mohan, Hans & Virdi (1994) examined the adjustment of rural drug abusers of Punjab. They were administered Bell’s Adjustment Inventory to study their total home, health, emotional and social adjustment. Significant differences were found between moderate and heavy drug abusers on total, home, emotional; and social adjustment. Moderate drug abusers were better adjusted than heavy drug abusers.

Eysenck, Mohan & Virdi (1994) have tried to find out the personality of Smokers and Drinking habits of university students. Eysenck’s Personality Questionnaire was administered individually on a sample of 500 students (250 males and 250 females) and information regarding smoking and drinking was noted. Smokers scored higher on Extraversion and Psychoticism, non-smokers on Neuroticism and Lie Scale and correlated negatively with smoking. Significant differences were found between smokers and non-smokers on Extraversion and Neuroticism. Drinkers had high score on Extraversion and Psychoticism and non-smokers on Neuroticism and Lie Scale. Extraversion correlated positively and Neuroticism correlated negatively with drinking.

Mitra & Mukhopadhyay (2000) using SIS and Social Anxiety-An Assessment of Personality Factors of Drug Addicts – on 40 adult male opiate addicts, sample into three subcategories namely Heroin (N=19), Brown Sugar (N=12), Tidigesic (N=9) groups. The anxiety level of the clinical samples was measured in terms of social avoidance and distress (SAD) and fear of negative
evaluation (FNE). SIS-I measured the pathological personality components of the drug addicts. Rest of the qualitative components analyzed the significance of the result obtained by objective measure. Results revealed that the three groups differ in SAD and FNE measures of social anxiety scale. Tidigesic group reported highest score on social anxiety and distress, and lowest score in fear of negative evaluation. A contrary report was found with Heroin addicts who scored highest on fear of negative evaluation and the lowest on social avoidance and distress. SIS pathological indices do not differentiate the groups.

Sinha & Mahat (2000) have also explored smoking habits in alcoholics. In this study 100 alcoholic patients hospitalized for withdrawal from alcohol were compared with 100 nonalcoholic patients who were hospitalized for other reasons to find out the relationship between smoking and alcoholism. Finding had indicated that significantly higher number of alcoholics indulged in smoking activity.

Pallab, Pal & Tripathi (2001) studied Self-efficacy in a Group of Recently Abstinent Opioid Dependent Patients. Eighty-four subjects of opioid dependence who had been abstinent for at least 3 weeks during the 6 month period were assessed using Brief Situational Confidence Questionnaire for self efficacy. The mean self-efficacy was 88.2 and the value varied from 71.3 for the negative physical state sub-scale to 98.1 for the sub-scale on testing for personal control. The high score on self-efficacy may be due to the ceiling effect. Negative correlation was found between the number of abstinent attempts, time to double the dose of opioid consumption and the time to
experience withdrawal and self-efficacy. The negative correlation between physiological indicators of dependence and self-efficacy has been found in previous studies. Negative correlation between the number of abstinent attempts and self-efficacy reflects the hopelessness that person develops on relapsing repeatedly. No significant difference was found in the self-efficacy scores on patients who were currently abstinent and were currently using opioids.

Recently Basu & Rahul (2004) investigated substance Dependence. General Mental Health and Somatization Responses: The study Compared thirty male ganja (cannabis) dependent and thirty tobacco dependent and thirty non-smoker adults of Kolkata. They were individually administered the general health questionnaire - 28 and SIS-I. Results indicated that the non-smokers had the least general mental distress as well as the highest scores on the positive indices on SIS-I. On the other hand on the negative indices, the non-smoker group scored high on animal, anatomy and sex responses. They scored the lowest on two negative indices of mental health, namely, Atypical responses. The ganja and tobacco smokers shared some of the somatization responses. However the tobacco smoker group could utilize the social resources to a greater extent than the ganja smokers. The result have been explained in term of the intrinsic nature of the two drugs as well as with reference to the legal and social acceptability status of ganja and tobacco as agents of dependence.

Aleman (2004) studied Defense Mechanism Technique modified (DMTm), DSM-III-R, Clusters and Personality Disorders In Drug Abusers
with an aim to see how signs of DMTm (Defense Mechanism Technique modified) related especially to DSM-III-R clusters, but also to personality disorders on its own (independently of cluster) and in relation to drug abuse (heroin/amphetamine), depression and panic disorder. The group studied was 65 non-psychotic, but severe, drug abusers. 36 drugs abusers injecting heroin and 29 injecting amphetamine. The result of DMTm signs showed statistical significance of projected introgression in relation to cluster A (n=15, called "Odd") and inhibition proved to be significant in cluster C (n=22, "fearful"). Furthermore, the result showed significance of introgression, barrier isolation and disappearance of threat in borderline personality disorder (n=8) on its own. Finally, correlation between affect isolation and panic disorder was seen.

In another study, Aleman (2006) explored psychoanalytic Conception of Mind in Relation to Personality Disorder of Drug Abusers. The purpose was to investigate whether signs of DMTm (Defense Mechanism Technique modified) could discriminate between the ten groups of DSM-III-R personality disorders (PDs) and DSM-III-R clusters among drug abusers. DMTm signs are interpreted as different kinds of defence and anxiety. The 65 subjects were selected from Sabbatsberg Hospital, Sweden. Prominent affect defenses were projected intro aggression in paranoid and schizotypal PDs, intro aggression in borderline, inhibition in avoidant PD and barrier affect isolation in obsessive-compulsive PD. Prominent identity defenses were marked denial in narcissism, reversal II 1-2 in dependent PD and reversal IV in histrionic. Patients with antisocial PD
(ASPD, \( n=53 \) out of 65) were analyzed separately. Results underlined psychoanalytic conception of the mind in relation to PDs of drug abusers.

Singh & Dubey (1997) studied SIS-II Profile of Drug and Alcohol Dependent Cases. SIS-II profile was individually administered on 50 drug dependent and 50 alcohol dependent cases (matched on age, sex and education). The findings are discussed in the light of earlier work in the area. The SIS-II can be used as a powerful psycho diagnostic tool for discriminating drug and alcohol dependent groups from normal subjects.

2.2. HOME ENVIRONMENT

Since it can be said that humans are generally creatures of habit, the state of a person's home has been known to psychologically influence their behavior, emotions, and overall mental health. The concept of "home" is compared to the human need for peaceful sanctuary, the absence of which would lead to restlessness. Such restlessness, as can be seen by that particular case, may lead to depression and, ultimately, to a loss of sanity.

Ondersma, Steven (2002) conducted a study to explore the relative ability of substance abuse, depression, social support, and negative life events to predict neglect status among low socioeconomic-status families with and without substantiated neglect. It was observed that substance abuse emerged as the strongest predictor of neglect status as well as of parental disposition and adequacy of home environment.

Within the daily lives of older adults, the home environment looms large. Later life transitions such as retirement from work, generalized social
disengagement (Cumming & Henry 1961), and declines in health or physical function contribute to a convergence of everyday activities within the home. Long-term care arrangements are also increasingly taking place within the context of the home (Wahl & Gitlin, 2003). Since many older adults prefer to remain in their homes as long as possible. Attachments to place become stronger as people grow, and most elderly individuals associate themselves to stay in their homes with increased quality of life (Zingmark et al., 1995). It is estimated that the average older adult spends about 80 percent of his or her time inside the home (Horgas et al., 1998).

It is surprising that sociological research has not afforded much attention to the physical context of the home. Researches have indicated the importance of physical features of urban areas (Simmel, 1971) neighborhoods (Browning & Cagney 2002; Berkman & Glass 2000) and workplaces (Marchand, Demers & Durand 2005) for health, social relationships, and overall well-being.

There are considerable evidence that physical disorder in the neighborhood environment can have effects on physical health, mental health, and well-being of people (Cagney et al., 2005, Neil, 1996, Ross & Mirowsky, 2001) and it may discourage visitation and limit individuals’ abilities to draw upon social support networks (Sampson, 1992). Disorder in one’s neighborhood can have negative effects on health, well-being and social relationships.

Most of the sociological researches involving the home environment focuses primarily on living arrangements and family relationships (Hughes &
Waite 2002: Jersey et al., 2005 & Umberson, 1987) and some past work has examined the effects of household crowding (Gove et al., 1979). An investigation into the causes and effects of physical features of the home environment is long overdue, and would contribute to current sociological research in two important ways. First, status-based differences in home environments may contribute to health disparities. Individuals of low socio-economic status are more likely to reside in dilapidated, messy, noisy, and otherwise stressful home environments (Evans & Kantrowitz, 2002). If the home environment affects health, then disparities in living conditions may provide another mechanism through which low status translates to worse health outcomes.

Second, the positive effects of social relationships on physical and mental health are well-established (Berkman & Glass, 2000; House et al., 1988 & Thoits 1995). Yet, the home environment may be closely related to both health and social relationships. Features of the home environment may negatively affect health, but one’s ability to maintain home environment may be affected by his/her health. Similarly, social support means that an individual helps other maintaining his/her home, but an unpleasant home environment may create conflict among co-residents or discomfort for visitors, ultimately leading to the erosion of social relationships and support. These complex interrelations among health, social life, and the home environment suggest that the maintenance of a comfortable living space may be a key factor for healthy development of individuals.
The household is a key, if not the central, social context of everyday life. It is within the household that individuals typically engage in their primary social roles as spouse, parent, or child. Individuals living together are usually family members, and familial relationships tend to be multidimensional, emotionally close, and infused with norms and traditions that render them the most important relationships in an individual's life (Hughes & Waite, 2002). In addition to being a central site for interactions with co-residents, the home is also a common place for interactions with members of close social relations (Bronfenbrenner & Evans, 2000). These close social network ties, along with relationships within the home, constitute valuable sources of social support. Co-residence, for example, allows mutual monitoring of health (Umberson, 1987), pooling of economic resources (Becker, 1981), and sharing of burdens of housework (Bianchi et al., 2000). Furthermore, in times of need, household members can assist with coping activities, mitigate the effects of illnesses or chronic conditions, and allow flexibility in roles and obligations in the face of illness, functional limitations, or cognitive decline (Waite & Hughes, 1999).

Gupta & Vanit (1986) studied family environment in heroin addicts and their attitudes towards important areas of individual adjustment. Results show that scores in the area of sex and interpersonal relationship were comparable for both groups. However, in the area of self-confidence, heroin addicts had significant ratings in almost all sub-areas. Guilt was related to heroin use and theft was engaged for purchases of drugs. Heroin addicts believed their ability
Review of Literature

was high, but that heroin use was responsible for setbacks. A combination of factors of the family environment precipitates drug addiction.

FuUiiove & Fullilove (2000) observed that the interior environment of the home is a resource that can promote residents' health, safety, positive social relationships, and cultural identity. However, the extent to which home environments serve as resources for health and social relationships varies widely. Previous research, however, has not fully examined the extent of the variation, and its causes and consequences for individuals' health and social relationships.

Home environment serves as a resource for the maintenance of good health and positive social relationships. Socio-economic status and socio-demographic characteristics at least partially determine some variation in physical features of the home environment. Compared to those with higher incomes, low-income individuals, for example, tend to have lower-quality residences and are more likely to suffer poor air quality and disturbing noise and odor within the home Evans & Kantrowitz (2002). Poor living conditions can negatively affect both physical and mental health. In this way, a potential causal pathway exists in which the relationship between social status characteristics and health disparities is partially explained by variations in features of the home environment. When declines in health or function inhibit individuals' abilities to complete household tasks, assistance may be available from a spouse, family members, or friends. Thus, social relationships and social support may be key factors in the determination of conditions of one's
hom environment. Geographical proximity, frequency of interaction, and relationship closeness likely affect the extent to which a family member or friend will help with home maintenance (Haines et al., 1996 & Thoits 1995).

Neighborhood disorder is correlated with delinquent behavior, and it can hamper one's ability to draw upon social support networks (Neil 1996; Morenoff, Robert, Sampson & Raudenbush 2001 and Sampson 1992). Similarly, disorderly home environment may diminish one's ability to develop and maintain social relationships. Disturbing conditions of the home environment may lead to behaviors that result in lower-quality relationships with co-residents and inhibit social connections with others. It was found that aggressive behavior has been linked to chronic exposure to noise (Cohen & Spacapan, 1984) and unpleasant odors (Rotton, 1983). When individuals are in a context filled with distracting noise, they are less likely to help others. Children in classrooms with low lighting or unpleasant odors are less cooperative (Bell, Baldwin & Schottenfeld 2001; Heschong, Wright & Okura 2002; Kuller & Lindsten 1992).

According to the NIDA (2008) adolescents with psychosocial problems such as depression or violent behaviors are also more likely to use cigarettes or engage in "binge" drinking and much more likely to use marijuana than those with little or no indication of such problems. Although early warning signs are often chalked up to growing pains, since these red flags could provide an early indication of psychiatric problems, which often lead to substance abuse or more severe conditions. Adolescents who had high problem scores during the past
six months were more likely to have used cigarettes or engaged in binge drinking (five or more drinks on the same occasion) in the past month and much more likely to have used marijuana during that time, compared to those with lower problem scores. “Puberty is a major risk point for many psychiatric disorders.” (Schuckit, 1998) and also a high-risk time for drug use.

Misra (1983) has the view that home and school environments, share an influential space in individual’s life. Family is the social-biological unit that exerts the greatest influence on the development and perpetuation of the individual’s behaviour. The psychosocial atmosphere of a home may fall into any of the four quadrants, each of which represents one of the four general combinations: acceptance - autonomy, acceptance - control, rejection - autonomy and rejection - control.

Grebow (1973) reported that ‘nurturance-affection’ and ‘achievement, expectations, demands and standard’ constitute the two dimensions of parental behaviour that have been regarded as important by previous researchers. Various researchers have identified the following characteristics of home environment or parental child rearing practices - permissiveness, willingness to devote time to the child, parental guidance, parental aspiration for achievement, provisions for the child’s intellectual needs, affective reward, instrumental companionship, prescription, physical punishment, principled discipline, neglect, deprivation of privileges, protectiveness, power, achievement demands, indulgence, conformity, independence, dependence, emotional and verbal responsivity, involvement with the child, physical and temporal
Review of Literature

environment, avoidance of restriction and punishment, provision of appropriate play materials, etc. There exists a great overlapping in the kinds of behaviour which are in association with different characteristics.

Inadequate parenting styles, parental psychopathology, marital discord, divorce etc. also effect home environment to a great extent. Even though majority of families have two parents present, the rate of single parent families is increasing. Many psychologists feel that absence of same sex parent leads to maladjustment, delinquency, academic under achievement, and emotional immaturity. Failure to identify with a parent of the same sex has been viewed as a cause for those problems (Biller, 1974, Hetherington, 1966).

Chatterjee & Biswas (1988) conducted a study on the family environment and personality of drug dependents to compare these two aspects with those of control group of individuals, with no overt manifestation of psychiatric symptoms hereafter termed as normals. The group of diseased individual was taken to know whether the drug dependents belonged to diseased group or not.

Chhabra & Sen (1988) examined some socio-demographic variables and personality structure among male smack addicts. Data revealed that the majority of the addicts belonged to the youth population and were from large socio-economically deprived families, who took to drugs usually under peer pressure. Content analysis of the data from T.A.T. indicated weak ego development tendencies, high hostility and aggressive needs, a pre-occupation with ‘smack’ low morals and significant conflict in the social domain. Scores
on the family environment scale revealed that they perceive their family atmosphere to be high on dimension of conflict and not emphasizing much of intellectual cultural orientation.

Gupta & Vanit (1986) studied socio-psychological factors in heroin addicts and compared addicts and non drug users. This study attempted to delineate the family environment of heroin addicts and their attitude towards important areas of individual adjustment vis-a-vis those of their non drug using peers. Results showed that heroin addicts had a problem with their father and their self concept. While the father was perceived as non-communicative and ineffective. The two groups differed significantly on fear, guilt, own ability, past, and goal were linked with heroin addicts drug taking habit. The two most prominent differences in family environment between the two groups were on expressiveness and moral religious emphasis.

For two decades, researchers have been struggling to identify the risk factors that can lead to drug and alcohol dependency, particularly among adolescents. Some of these are now widely recognized. Environmental factors such as family substance abuse, domestic violence, child abuse, excessively harsh discipline, lack of affection, parental neglect, and living in an environment where drug and alcohol abuse is common are all risk factors.
2.3 FEELING OF INSECURITY

According to Maslow (1970), needs exist in a hierarchy. Only when lower-order needs are satisfied can higher-order needs be activated and serve as source of motivation. Maslow, places physiological needs such as those for food, water, oxygen and sleep at the base of the hierarchy of needs. One step above these are safety needs: needs for feeling safe and secure in one’s life. This is second in the hierarchy of motives. When physiological needs are fulfilled, there emerges a new set of drives or needs, which is stated as safety an security needs. Human beings need safety for self and their belongings. These needs include security, stability, dependency, protection, freedom from fear and anxiety. Human beings must be safe from wild animals, natural disastrous, assaults and enemies. The safety needs are of great importance for children, as the failure of safety needs causes fear and sense of insecurity.

European Commission (2005) Review of scientifically evaluated good practices for reducing feeling of insecurity in Member States, found that the feeling of insecurity experienced by EU citizens and their perception of drug-related problems (and perceived availability of drugs) at the neighborhood level have been measured in the Euro barometer opinion surveys in 1996. The report Public Safety, Exposure to Drug-related Problems and Crime in European Opinion Research Group, EORG (2003) highlighted the fact that, across the EU-15, the proportion of those feeling ‘very unsafe’ in the streets rose to 12 % in 2002, compared with 10 % in 2000 and 8 % in 1996. Overall, in the EU-15, when combining the results from respondents choosing the ‘often’ and the
Review of Literature

‘from time to time’ options for exposure to drug-related problems, it can be observed a steady growth in exposure from 14% in 1996, 17% in 2000, and 19% in 2002.

Ahmad, Warma & Ahmad (1986) studied the personality of drug users and non users among three religious groups of the student population of Delhi University. The sample consisted of 180 students, 30 Syrian Christian, 30 Parsee and 30 Punjabi drug users, who were compared with 90 non-users in each of the above categories on anxiety level, neuroticism stability and extraversion-introversion dimensions. Significant differences were found between drug users and non-users. The ethnic variable was found to be related to the level of anxiety whereas its effect were not apparent in the case of neuroticism stability dimension. However, drug users and non users do not differ significantly on extraversion-introversion dimension, though these differences were found among religious groups.

Ahmad, Ramalingam & Ahmad (1984) studied personality characteristics of drug users and non-users in 3 different cultures representing Indian, Mauritian and the U.S.A. The results indicated that in most of the areas of adjustment, drug users differ significantly from non-users (Health, Home, Submissiveness, Emotionality and Hostility). The drug users and non-users also differ significantly on theoretical, economic, aesthetic social and religious dimensions of value. Sex differences have also been discovered between users and non-users of the drugs. Cultural differences existed on various dimensions of personality.
Neeliyara, Nagalakshmi & Ray (1988) investigated self-esteem and psychopathic characteristics of individuals with alcohol dependence. Thirty alcoholic subjects and thirty normals were studied to know the personality characteristics. Psychopathic State Inventory (PSI) and Mac-Kinnon’s Self Esteem Index were used. The results were tested for significance of difference using 't' test. Statistical analysis revealed that alcoholic individuals showed significantly high psychopathic state and low self-esteem as compared to the normals.

Shahina & Husain (1993) have also studied to find out death sensitivity among drug addicts. Death Sensitivity Scale (DSS) was administered on 100 smack addicts and 50 alcoholics in-patients to measure their perception towards death. It was found that smack addicts in comparison to alcoholics had more death sensitivity. Smack addicts scored high on “fact of death” and “acceptance of death” dimensions of DSS as compared to alcoholics. Significant differences existed between smack addicts and alcoholics on frustration/depression, socially outgoing and socially withdrawn causation of addiction.

Mohanty & Saraswat (1982) studied attitude towards narcotic drugs as a function of some personality variables on a sample of 33 high anxiety / high insecurity and 47 low anxiety/low insecurity postgraduate male students between 21-23 years. Results indicated that high anxiety/high insecurity subjects had pro narcotic attitudes, whereas low anxiety/low insecurity subjects showed anti-narcotic attitudes. Findings support the view that there are pre-
Review of Literature

existing determinable personality differences between users and non-users of drug prior to actual use of these substances.

Gaetani, Fiorenzo, Alfio, Giovanni, Rossano & Roberto (1995) studied Corporal Perception in HIV Positive and Negative Heroin-Addicts Assessed with Somatic Inkblot Series-I. 45 drug addicts were studied of these 15 were HIV negative, 15 HIV positive and 15 HIV positive undergoing AZT therapy. They used SIS-I projective psychological test to assess emotional perception of the body. They observed emotional elements revealing unconscious underlying conflicts manifested clinically in the form of anxiety and distress. Evident anxiety appeared in the presence of the cards regarding the head, sexuality and the Gestalt. Anxiety regarding the organic illnesses, the subjects who were suffering from HIV positive expressed resistance to or denial of the corresponding cards. They observed the existence of defence mechanisms of repression and denial in the presence of the cards stimulating the subject to feel insecure. There were significant differences in preoccupation and aggression between HIV positive and negative subjects. Particularly, in subjects on AZT therapy the fear of death was expressed as a distressing sense of expectation before a terrifying event seen as inevitable and accepted - sometimes with resignation, sometimes with resistance and sometime as a liberation from suffering or as atonement for one’s deeds.

Similarly, Verma & Misra (2002) also studied Rorschach’s Response Patterns of Drug Addicts. This research was conducted on 7 male drug addicts. It was an incidental purposive sample of drug addicts who were regularly
taking treatment at Drug de-addiction centers at least for two weeks. They were in the age range of 20 to 30 years. The results suggested that the low number of human contents reveal poor interpersonal relationship, which is often found in drug addicts. Fear and anxiety are clearly revealed in responses like ferocious animal, a big black cloud covering everything etc. revealed the feeling of insecurity. The most relevant research was conducted by Gunthey & Jain (1998). in this study examined ego-strength and feeling of insecurity among drug users. This study was conducted on drug user and non drug user college students (40 each) with age range from 18 to 25 years. Security-Insecurity Inventory by Tiwari and Singh and Hindi version of Ego-Strength Scale by Hasan were administered. The drug users were found to be hostile, emotionally unstable and lack of self confidence.

2.4 APPROVAL MOTIVE

All human behaviour arises in response to some forms of internal (physiological) or external (environmental) stimulation. These behaviors are purposeful or goal directed. These behaviors are the result of the arousal of certain motives. Thus motivation can be defined as the process of activating, maintaining and directing behaviour toward a particular goal. The process is terminated after the desired goal is obtained.

It is evident from the review of studies that one of the major limitation of approval motive research lies in the types and techniques that have been evolved for measuring this motive. In most of the studies, scores on social desirability scale have been accepted as measures of strength of approval
motive. In researches reported during sixties and early part of the seventies the social desirability scale developed by Crowne & Marlowe (1960) was accepted as the most dependable instrument. A projective test like Thematic Apperception Test Murray (1943), Salman (1964) has also been developed to measure motives, including approval motive.

Thus, social desirability is a concept that denotes a phenomenon of 'approval motive' has been used by Crowne & Marlowe (1964) as an explanatory construct. It has been assumed that one agrees or disagrees with socially desirable or undesirable statements because of a motivational disposition which has been designated as approval motive. It is further assumed that one having high degree of approval motive would agree to greater number and variety of socially desirable statements. But it is also assumed that approval motive reflects in other types of behaviour also, which may at times, be quite different from social desirability.

Mitra & Mukhopadhyay (2000) studied depression, social anxiety and approval motive patterns of narcotic drug addicts in comparison to relapsed and abstinent, the study aimed to explore the difference in terms of level of depression, social anxiety and social approval motive components among drug abusers. Level of depression and social anxiety components (SAD and FNE) were found to be high among the drug addicts with low social approval motive when compared with normals. Reassessment of factors for the relapsed group was observed with higher depression, social anxiety and lower social motive patterns while a reverse result has been obtained for the abstinent group.
Depression factor was found to be significantly high for the drug addicts, and in second measure of the relapsed group, and a significantly low in the retest results for the abstinent group. SAD of social anxiety was also found to be significantly high for the groups. Social approval (SA), social responsiveness (SR) and normative behaviour (NB) reported to have improved after the addicts succeeded in abstaining from drug use. Social conformity on the contrary was observed to be significantly low and dependency significantly high among the drug addicts.

In another study Mitra & Mukhopadhyay (2000) tried to find out psychological factors in drug addicts and normals. The study compared the three drug abuser groups namely, heroin (N=70) and matched normal (N=48) in terms of level of depression, social anxiety and social motive components as well as the differences in pathological contents and indices of personality. The follow-up group, i.e. rehabilitated (N=6) and the relapsed (N=35) were also assessed to search out support for the outcome. BDI, SIS-I Social Evaluative Anxiety Scale (SAD and FNE) and AMS were used to explore the socio-psychological differences among the group. Investigation has also taken an account of the follow-up data, compared the result with their aboriginal data of the same subjects. Level of depression and social anxiety (SAD & FNE) were reported to be significantly high among drug addicts and follow-up relapsed group with low social approval motive when compared with the normals and follow-up rehabs groups. Pathological components, i.e., high PAS.D and P low has were proved in the comparison, atypical (Aty), anatomy (Ant), sex and
human (H) SIS indices were reportedly improved in the SA the low motive factors were reportedly improved in the rehabilitated group.

In a number of studies Crowne & Marlowe (1964), Tripathi & Tripathi (1981), Tripathi (1980) evaluative dependence (approval motive) and such variables as defensiveness, psychopathology, field dependence, dependence proneness, locus of control etc. have been related to show the inherent commonalities among them. It was observed that an increase in the evaluative dependence beyond the mid-range co-varied with a heightened pathological state of vulnerable self-esteem.

Using two measures of field dependence - The Rod and Frame Test and Thurstone's Embedded Figures Test, Rosenfeld (1967) attempted to test the hypothesis that the high M-C scores depend more on cues from the frame rather than those from their body, and discovered that high M-C scores were less self-referential and more field-reliant in their perceptions than the low M-C scores. In view of the different nature of the Embedded Figures Test in which there was no room for internal cues and only the external cues were present, no differences were found between high and low M-C scores.

Tripathi & Tripathi (1981) determined the role of approval motive in field dependence and social dependence. On two extreme groups of undergraduate subjects identified on the basis of Tripathi and Tripathi's Approval Motive Scale, Rod and Frame Test, Rosenfeld (1967), and Sinha's (1968) Dependence Proneness Scale were administered. The hypothesis that high approval motive subjects would express greater dependence than lows was
upheld. It was further confirmed that approval motive and dependence proneness were positively related (Tripathi, 1980).

From the aforementioned studies cited it may be observed that drug abuse and drug-addiction are best explained by drug-reinforcing effects. Pharmacological studies have the view that drugs abuse powerfully affect the brain system, which regulate emotional responses and plays a vital role in abuse by providing an emotional ‘reward’ for continued use. Similarly, many drug abuse studies have also been conducted on psychological variables and thus the present study would attempt to elaborate the role played by these variables in drug addicted group.