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THE PSYCHOLOGICAL FACTORS OF THE PERSONALITY THAT
CONTRIBUTE TO DRUG DEPENDENCY UPON OPIATES

by

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ABSTRACT

The purpose of this study was to investigate the psychological factors of the personality which are responsible for the dependency upon opiates.

Conclusions made as a result of the study were: (1) A specific personality type cannot be used to explain the cause of dependency upon opiates. (2) It appears that the emotional problems of the opiate user existed prior to his use of opiates. (3) Those individuals with unstable personalities attempt to adjust to their environment through the use of drugs. (4) Those individuals who are removed from normal psychological equilibrium show the most pronounced euphoria from opiates. (5) The etiology of opiate use which results from psychological factors has some support but needs further research.

Recommendations made as a result of this study were: (1) Educators should strive for community involvement in alleviating drug use. (2) An attempt should be made to determine what the nature of drug use is, who is using drugs, and to what extent. (3) Peer group counseling should be used in the schools since students react more favorably to their fellow students in talking about drugs. (4) A course in drug abuse needs to be structured for use in the elementary schools. (5) More research is needed which will define the causes of drug dependency more accurately.
CHAPTER I

INTRODUCTION

There are several ways to describe why an individual becomes dependent on drugs. Among some of the reasons listed are curiosity, rebellion, to improve social relations, to find meaning in life, and to expand consciousness. Drug dependency is not a simple condition with one cause. It can result from an interaction of social, psychological, physiological, and pharmacological factors (13:129). Even the same drug may have different functions in different social and psychological conditions. Therefore, it seems that one must attack the drug problem from a psychological level in order to build a basic understanding that can be expanded to other causes that contribute to drug dependency. The American Medical Association has stated that:

Dependence is based on a psychological or emotional need to continue taking a drug because of the relief of uncomfortable tension or the apparent feelings of pleasure or well-being that can result. Drug abuse does not always result in dependence. When it does, it is because the roots of dependence lie within the psychological makeup of the individual himself, rather than the properties of the drug. The drug feeds these roots and makes them grow. If the individual had not turned to drugs for this 'nourishment' he might have used other harmful means of relieving his tensions and anxieties. (5:10)
It is also important to note that the reasons for continuing to take a drug may be different from the reasons for starting to take a drug.

STATEMENT OF THE PROBLEM

The problem of this study was to investigate the psychological factors of the personality which are responsible for the dependency upon opiates. Drug dependency must be considered from its general scope rather than dealing with each new drug as it appears. It has become increasingly evident that people with personal, social, and intellectual problems use drugs. It is the individual with his reasons for using drugs who is the key to understanding drug use.

NEED OF THE STUDY

This study is important because of the profound effects of opiates upon the users. These drugs have caused broken homes, wasted health, and delinquency (24:14). There are indications that the uses of drugs is increasing. Opiate use has been associated with the deprived social areas in the past. It is becoming increasingly evident that the use of opiates is beginning to appear in the suburbs and other upper economic living areas. There is no longer any guarantee of safety that one lives in a
drug-free state. The distribution of drugs throughout the United States presents a potential threat in any of our states. The problem of drug use can not be stopped by eliminating the drugs from public use. Instead of drugs being controlled they have been driven underground. Although federal and state punitive laws have been created, use of drugs has not been lessened. Therefore, prohibitive regulations and punitive laws will not eliminate illicit use of opiates. There is a need to know more about the patterns of human behavior of the dependent drug user.

GENERAL QUESTIONS TO BE ANSWERED

This study attempted to investigate and determine whether there is one particular personality type that becomes dependent upon opiates. Is there one specific personality or are there many different personality patterns that contribute to dependency? Do the psychological factors of the personality constitute an adequate explanation for opiate dependency? Are persons who are dependent upon opiates seeking euphoria?

LIMITATIONS

The researcher was aware that there may be more than one specific cause of dependency upon opiates among the users. Many factors may interact with the specific individual that is using opiates. There is also a difference between normal healthy people
and people with personality problems in their reactions to drugs. This study dealt with the psychological aspects of the personality only. The concern was with the individuals who use opiates on a periodic or intermittent basis. The researcher did not deal with those individuals who continually use opiates and develop a physiological dependence which results in the abstinence syndrome.

DEFINITION OF TERMS

Abstinence syndrome -- Persons who have become involved in continued use of opiates who experience physiological distress involving cramps, tenseness, sweating, and other physical responses when withdrawn from opiate drugs.

Drug dependence -- Drug dependence as used in this study refers to a state existing from repeated administration of a drug on a periodic or intermittent basis.

Intermittent -- Recurrence at irregular intervals.

Opiates -- Refer to opium, heroin, and morphine.

Normal -- Those individuals with stable personalities.

Periodic -- Recurrence at regular intervals.

Personality -- Good "the characteristic patterns of behavior through which the individual adjusts himself to his environment."

(9:293)
Psychological — "pertaining to, dealing with, or affecting the mind as a function of awareness, feeling, or motivation." (22:1161)

SUMMARY

This study dealt with the psychological factors of the personality that contribute to drug dependency. This study was concerned only with dependency upon opiates. Dependency in this study did not deal with those persons who have a physiological need which manifests physical distress such as cramps, sweating and tenseness when the opiate users are withdrawn from opiates. This study dealt with the opiate user as it relates to his personal and psychological need. The physical need to relieve pain from withdrawal was not considered.
CHAPTER II
REVIEW OF RELATED RESEARCH

During the early nineteen hundreds there was much controversy over whether drug usage was a disease or a vice. Today it is becoming recognized that the drug user is not necessarily a criminal. The term "drug addiction" has come to be very ambiguous in its usage. The World Health Organization's Thirteenth Report (28:28) felt that it was necessary not only to reject the term "addiction" in favor of a new term "dependence" but also to distinguish between psychological and physical dependence. The World Health Organization in 1964 replaced the term "drug addiction" with "drug dependence." The World Health Organization also recommended that the particular type of drug dependence in each specific case be described -- for example, drug dependence of morphine type, of cannabis type, or barbiturate type, etc. Using the term drug dependence as a means of describing the drug user will avoid a definition which attempts to coincide with narcotic laws. Instead, drug dependence terminology should focus upon the common feature of the harmful effects of the drug to the user or to society. It should be noted that research being done by different authors refer to the terms "addict" and "drug addiction." The researcher of this paper considered the persons who are referred to in the literature as an "addict" or "addicted" as those individuals in a
state in which a person has lost the power with self control with reference to a drug, and abuses the drug to such an extent that the person or society is harmed. (23:1019)

Present thinking about the nature of drug use is not unanimous. There are different theories that attempt to explain the causes of drug dependence. Some researchers contend that the addict's craving for opiates is born in his experience of relief of withdrawal distress which follows within a matter of five to ten minutes after an injection. A person who remains ignorant of the drug source from which the withdrawal came and comprehends the drug as not being euphoric will not become dependent upon drugs. Therefore, according to the withdrawal distress theory animals, infants, and psychotic persons are immune to addiction. Dr. Abraham Wikler (25:270-293) and John R. Nichols, a psychologist, felt that they demonstrated that the "hook" in opiates for both animals and human beings comes from using them, not to obtain euphoria, but to escape the pain of withdrawal. Dr. Wikler allowed one Lexington drug dependent to use the drug of his choice in any amount. He found that this man began to be troubled by "guilt" and "remorse." Dr. Wikler concluded that addicts do not use drugs for pleasure. Professor Nichols in his work with rats made them physically dependent on morphine. Nichols concluded that the euphoric effects of morphine seemed to have little or no real attraction for the
animals. These two studies have led Alfred R. Lindesmith to conclude that "It is the escape from the pain of withdrawal that establishes addiction, not the alleged and often non-existent subjective euphoria that is obtained from the drug." The position that Lindesmith has taken is based on the following reasons:

(1) the fact that some addicts deny ever experiencing euphoria from the drug; (2) that persons may and do become addicts without ever taking the drug voluntarily; (3) that addicts can be deceived about whether they are under the influence of the drug or not; (4) that euphoria is associated primarily with the initial use of the drugs and virtually disappears in addiction; (5) that the addict maintains that his shots cause him to feel 'normal'.

(18:102)

Drug dependency has also been attributed to social factors. The social aspect of drug dependency is the culture, the society, and the environment in which the individual finds himself. Howard S. Becker states that

the presence of a given kind of behavior is the result of a sequence of social experiences during which the person acquires a conception of the meaning of the behavior, and perceptions, and judgements of objects and situations, all of which make the activity desireable. (1:110)

From such a view it is not necessary to identify what caused the behavior. Instead, the problem becomes one of describing the set of changes in the person's conception of the activity and the experience
it produces for him. The concept of social experiences which dictate
the meaning of behavior comes from George Herbert Mead's discussion
of objects (17:277-280).

Dr. Lawrence Kolb, an authority on opiate dependency, states
in a study that "normal" people do not derive any pleasure from
opium or morphine (14:699-724). Dr. Louis Lasagna (7:145) at the
Harvard Medical School is in agreement with the work of Kolb.
Lasagna and his coworkers administered drugs to healthy normal
individuals and recorded their reactions. The individuals in this
experiment had no idea whether the pill they were given had drugs
in them or whether the drugs were completely eliminated. Of eleven
subjects who received 15 milligrams of morphine, eight said that
they had an unpleasant effect. Seven of those who took heroin also
found the effects unpleasant. The psychopath has a quite different
reaction. He derives pleasure from opiates. It relaxes his inner
tensions and enables him to live at peace with his conflicts.
Dr. Kolb states that in these cases opium produces a "mental calm"
to which they are not accustomed and which they can not normally
achieve.

A number of laboratory studies comparing the effects of some
"psychic modifiers" have been made which indicate that there are
remarkable individual differences in reactions to the "psychic
modifiers" in the laboratory and these differences are related to the personality structure (15:1113). Hospitalized men and women, ranging in age from forty-five to eighty-seven, with malignant disease or neurological disorder described their responses to the injections of drugs. Only one-third felt happier after injections of heroin or morphine. Since one-third of the patients felt happier after the injection of a placebo, there is no evidence that the opiates are inherently euphoric even for individuals suffering from pain or chronic illness. The use of morphine for relief of pain is rarely followed by euphoria (3:348). The data from the hospitalized patients indicate that opiates are not euphoric substances. The danger of drug dependency resides in the person not the drug.

Isidor Chein and his coworkers (16:21) in their study of New York drug dependents found a relationship between family problems and drug abuse. In deprived areas they found that among young heroin users there was a disruption between parents, as evidenced by separation, divorce, open hostility, lack of warmth, in ninety-seven percent of the cases. In eighty percent of the cases the son of the family experienced an extremely weak father-son relationship. Chein concluded from his New York study of heroin and opium users that the cause for the use of these drugs was a personality disorder which was effected by environment. Chein further states from his New York study that
the evidence indicates that all addicts suffer from deep-rooted, major personality disorder. Although psychiatric diagnoses are apt to vary, a particular set of symptoms seems to be common to most juvenile addicts. They are not able to enter prolonged, close, friendly relations with either peers or adults; they have difficulties in assuming a masculine role; they are frequently overcome by a sense of futility, expectation of failure, and general depression; they are easily frustrated and made anxious; and they find both frustration and anxiety intolerable. To such individuals, heroin is functional; it offers relief from strain, and it makes it easy to deny and to avoid facing their deep-seated personal problems. Contrary to common belief, the drug does not contribute rich positive pleasures, it merely offers relief from misery. (3:240)

Chein states that the addict can be an individual who has a history of repeated dependence without indications of either total involvement or craving. Chein's definition of addict follows closely with the dependent drug user described in this research. Therefore, it seems that the effect of opiates is that they reduce the awareness of sources of distress and increase the sense of detachment from the unpleasantness of the experience. The degree of opiate intoxication may be correlated with the initial level of distress. The level of distress correlation seems to be supported by the previously cited work of Lasagna. Chein (4:52-68) states that "in their attitudes and identifications, the users generally clearly belong to the delinquent sub-culture." This conclusion is supported by the similarity in Minnesota Multiphasic Personality Inventory profiles
between the present teenage group and that of the non-addict delinquent teenage group of Hathaway and Monachesi (11:26).

At the Public Health Service Hospital at Lexington, Kentucky, the Minnesota Multiphasic Personality Inventory (MMPI) was administered to narcotic addicts. Hill (12:127-159) and his coworkers classified the most frequent personality deviations found among adult narcotic addicts in terms of diagnostic patterns obtained on the MMPI. The MMPI was administered to two hundred seventy former male narcotic addicts. They were tested approximately four to eight weeks following admission and recovery from the illness which follows withdrawal of opiates.

It was found from the MMPI that hospitalized narcotic drug addicts differ widely on several scales, but in general produce an elevated Psychopathic deviate (Pd) scale. The addicts tested were those individuals who had become dependent upon drugs. However, other studies suggest that the pre-addiction personality does not change fundamentally following addiction.

Davison and coworkers have proposed from their study that behavior changes which are believed to be brought about by oneself will be maintained to a greater degree than behavior changes which are believed to be due to external forces or agents. Within the framework of psychoactive drug therapy, a change in overt behavior which is attributed to one's own efforts should be more persistent than a change in
overt behavior which is attributed to a drug.

(6:25-53)

It was suggested from the study of Davidson that the emotional problems of drug users existed prior to using drugs and that the drugs themselves did not alter the personality structure.

Harertzen and Hill (10:436-437) administered the MMPI to fifty-five postaddict subjects under control of morphine (60 mg.). Harertzen and Hill found that morphine produced increases in Hypochondria (Hs), Paranoia (Pa), Psychosthenia (Pt), Schizophrenia (Sc), and produced decreases in Depression (D). They hypothesized from their study that one important aspect in the development of drug dependence to opiates is reduction of discomfort, anxiety, and depression in those addicts who show neurotic tendencies.

Brown (2:339-342) studied the effects of morphine on basic patterns of the personality as indicated by the Rorschach technique. Brown's study was not concerned with the effects of a particular amount of morphine, but was directed toward observing the personality under the euphoric conditions resulting from satisfactory drug effect. Each patient was given as much morphine as needed to produce euphoria. The experimenters found that the personality of postaddicts changes in the direction of introversion in the sense
of increased phantasy living, with the attention being directed to inner rather than outer stimuli. The psychological factors of the drug user may be of primary importance in obtaining an euphoric effect from drugs.

Smith and Beecher (21:52) gave twenty-four healthy nonaddicted college men morphine on one occasion, heroin on another and placebo on another. All medications were given subcutaneously. Of the twenty-four men only two reported pleasant emotional effects. The other twenty-two reported unpleasant emotional effects after the heroin and morphine had been administered. Both opiates produced unpleasant physical side effects. To the well-adjusted individual, morphine effects may be anything but pleasant. It is the emotionally unstable person who is liable to be abnormally excited or depressed (19:102) -- that is, the individual who is removed from normal psychological equilibrium in relation to the environment. Isbell states that emotional dependence is believed to be the most important characteristic -- the quality responsible for the initiation of addiction. Isbell also points out that a stabilizing dose which protects against active withdrawal symptoms does not necessarily satisfy emotional requirements, since the psychical component of the psychosomatic complex of addiction may be of greater intensity than the physical component. (23:1019)
Schuster (20:40-42) experimented with five adult rhesus monkeys by the technique of operant conditioning to determine whether physical dependence upon opiates is a necessary prerequisite condition for animals to self-administer morphine. The five adult monkeys were surgically prepared with jugular catheters. The catheter ran subcutaneously to a point between the shoulder blades where it exited through a skin wound. The catheter connected to a tube which ran through the animal cage where it was connected to an automatic infusion pump. Depression of a lever switch by the monkey resulted in a fixed volume of morphine being administered internally. It was found from the experiment that it was not necessary to make the animals physically dependent upon morphine in order for the monkeys to self administer the drug. Schuster's work with the rhesus monkeys seems to indicate that physical dependence upon morphine is not the only reason for drug dependence.
CHAPTER III
DISCUSSION

Dr. P. O. Wolff of the World Health Organization said:

It is scarcely a paradox to say that the best way to be cured of addiction is not to become an addict, and the best weapon against addiction is the possession of a normal psyche. (27:455)

In the past the emphasis upon prevention of drug usage has been the scarcity of the drug. Drug usage results from the interaction of the drug and the individual who desires the drug. However, preventing the potential drug user from obtaining drugs will have a limited effect upon drug prevention.

DiMascio (8:41) has stated in his research on drug effects on humans that:

1. Personality factors do play an important role in determining what we observe as the total pattern of drug effects.

2. That in subjects with certain personality characteristics, drug effects completely opposite to those expected can be shown.

The supportive literature seems to indicate that among normal individuals the reaction to opiates is usually negative. The normal individual's first experience with opiate drugs encountered during medical treatment does not produce euphoria and is distasteful
except that it relieves pain. However, the normal person may become physiologically dependent upon opiates. Perhaps the normal personality does not become as emotionally dependent as those individuals who are considered abnormal in personality structure. It can not be said positively that the normal individual does not experience any euphoria. However, research does indicate that the normal person does not get pleasure from opiates to the degree which characterizes the dependent opiate user.

To describe a specific personality type that is susceptible to drug usage seems at this time premature. The research literature has reference to many different personality types to describe those individuals who are attracted to drugs. For example, such personality types as "dependent," "sociopath," "paranoid," "emotionally unstable," "narcissistic," "rebellious," and "hostile" are cited. One can at this time only describe the personality as abnormal. Using one personality type to describe all of the dependent types of opiate users is not supported by research.

From the literature cited in this paper it seems that those individuals who become dependent upon opiates are not necessarily seeking euphoria. Some evidence indicates that personality problems are present before the use of drugs. At this point research is needed to support this theory. There is no certainty at this time
whether serious emotional problems precedes drug usage or whether the drugs themselves have altered the personality.

Wikler has used the term "pharmacodynamic" to indicate that specific drugs have specific effects which may be of importance to individuals with a certain psychological need (26:330). It is now being hypothesized that dependency should be described in terms of physical or psychological dependence. Also when reference is made to dependency the specific drug type should be indicated. The evidence obtained from those individuals given drugs in the hospital indicates that a specific drug has a different effect on hospitalized individuals than on drug users. Therefore, it seems that the concept of pharmacodynamic needs more research to confirm the effects of specific drugs.

The researcher has indicated throughout this research that psychological factors are of primary importance in dependency upon opiates. It should also be pointed out that the external factors, or environment, are very important in molding the psychological factors of the personality. However, the psychological factors of the personality draw from the experience of our environment and determine what we do. The organism can never be separated from its environment. Both the organism and the environment must be described in terms of mutual interaction. Perhaps those individuals
who are most removed from normal environment and psychological equilibrium are those that are most susceptible to opiate dependency. It has been shown by research that the normal personality type individual is not as oriented toward opiate dependency as those individuals who have unstable personalities. It seems that in those individuals who become dependent upon opiates there is an individual attempt to make an adaptation to the environment.
CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SUMMARY

The purpose of this study was to determine if the psychological factors of the personality is an adequate explanation for understanding dependency upon opiates. This study also attempted to determine if there are certain personality types that are more susceptible to opiate dependency. The study considered the euphoric aspects of opiate use and its relationship to opiate use. This study has described and attributed opiate dependency to the interaction between man and his environment.

CONCLUSIONS

On the basis of this study the following conclusions were reached:

1. A specific personality type can not be used to explain the cause of dependency upon opiates. There are many personality types that contribute to drug dependency.

2. It appears that the emotional problems of the opiate user existed prior to his use of opiates. The opiates do not greatly alter the emotional personality structure after the administration of opiates.
Those individuals that have unstable personalities make an attempt to adjust to their environment through the administering of drugs.

Those individuals who are removed from normal psychological equilibrium in relation to their immediate environment show the most pronounced euphoria from opiates.

The etiology of opiate use which results from psychological factors has some support but needs further research to fully substantiate the theory.

RECOMMENDATIONS

In the past an effort has been made to alleviate the drug problem through legislation of laws that prohibit drug use. It is becoming increasingly obvious that legislation of prohibitive laws are not going to attenuate drug use. The drug user is the problem and drug scarcity is not going to stop drug use. Therefore, programs are going to have to be set up and facilities made available to those individuals who are potential or are now drug dependents. The following recommendations will hopefully help alleviate both the potential opiate user and those who now depend upon opiates:

1. Educators should strive for community involvement in alleviating drug usage.

2. An attempt should be made to determine what the nature of drug use is, who is using drugs, and to what extent.
3. Peer group counseling should be used in the schools since students react more favorably to their fellow students in talking about drugs.

4. A course in drug abuse needs to be structured for use in the elementary schools.

5. More research is needed which will define the causes of drug dependency more accurately.
SELECTED REFERENCES


