Continuity and change in self-esteem over four phases of polydrug abuse

William J. Gallaher

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CONTINUITY AND CHANGE IN SELF-ESTEEM
OVER FOUR PHASES OF POLYDRUG ABUSE

A Thesis
Presented to the
Faculty of
California State College
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
William J. Gallaher
June 1976
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Approved by:
Chairperson

Date
ABSTRACT

The purpose of the present study was to explore the hypotheses that: (1) former polydrug abusers report having had, in a period immediately prior to protracted drug abuse, a level of self-worth as low as the level of self-worth during the period of drug abuse; (2) former polydrug abusers report having had lower self-worth prior to protracted periods of drug abuse than when compared to perceptions of self-worth following a therapeutic encounter and protracted abstinence from drug abuse; (3) former polydrug abusers will interpret as causal the relationship between personal perception of low self-worth and drug abuse. Subjects were 15 former self-identified polydrug abusers who had been through a year-long residential drug abuse treatment facility. At the time of the study, all subjects had been drug free for a minimum of three years. Through an interview technique, subjects were asked to report on four phases of polydrug abuse: (1) Predrug abuse, (2) Drug abuse, (3) Therapy and Consolidation, and (4) Postdrug. Findings supported the hypotheses with the resultant conclusion that there is a causal relationship between personal perception of low self-worth and polydrug abuse. Furthermore, and significant therapeutically, prior to voluntary abstinence from drugs, the low self-esteem of the polydrug abuser must raise to a point to enable functioning without drugs.
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A special thanks goes to my wife and friend, Stina, who shared my thoughts and feelings during this time. . .

Thanks, Honey!
CHAPTER 1

INTRODUCTION

The present study represents an attempt to answer a question that has received little empirical attention in the behavioral sciences: Does perception of low self-worth lead to drug abuse or does drug abuse lead to perception of low self-worth? This question was evaluated in the present thesis through a content analysis of self-perceived changes in self-esteem before and after drug abuse as reported in intensive interviews with 15 former self-identified polydrug abusers. The interview data suggest that perceptions of low self-worth are nearly universal both prior to and during protracted periods of drug abuse, but that self-esteem undergoes substantial improvement when withdrawal from prolonged drug use is supported by psychotherapeutic intervention. These findings are consonant with much behavioral science literature (reviewed below), but suggest the need for a more comprehensive theory of personality process correlates of drug abuse than has been available heretofore. Such a theory is advanced in chapter 4 of this thesis.

Research on Personality Characteristics
of Drug Abusers

Several researchers have concluded that drug abusers characteristically evidence more poorly integrated personalities
than do comparison groups of nondrug abusers. Gryler and Kempner (1972), for example, concluded on the basis of case histories of participants in the San Francisco Haight-Ashbury Research Project that drug abusers typically evidence basic deficits in both ego and superego functions. In this study the subjects, themselves, were reported as commonly having described themselves as life-long misfits. Evidence corroborating this view of the drug abuser as having ego deficits is available in other studies. On the basis of comparisons of Minnesota Multiphasic Personality Inventory profiles of drug abusers and nondrug abusers, Holloran (1972) has suggested that drug abusers are comparatively more impulsive and less able either to form satisfactory emotional relationships or to anticipate the consequences of their actions. Hobi (1972) has reported the following quantitative psychometric indicators of personalities of heroin addicts: ego instability, a presumably constitutional weakness in affective and ego controls, psychosexual immaturity, and presumed affective instability. Comparable deficiencies in ego development were reported by Hobi and Ladewig (1972) in a study of MMPI profiles of polydrug abusers.

Porteus (1973) has reported one of the few self-concept studies comparing current addicts to ex-addicts. Through the Tennessee Self-Concept Scale, both internal aspects of self-concept (identity, self-satisfaction, and behavior)
and external aspects of self-concept (physical self, moral-ethical self, personal self, family self, and social self) were measured. The findings indicate that current addicts scored significantly lower on overall self-concept and all self-concept subscores than the ex-addicts. In a study of returning Viet Nam veterans, Bentel and Smith (1971) conducted interviews of American soldiers in Viet Nam and at the disembarking points from Viet Nam in the United States. Reports of desiring to escape the war through drug use were common, as were reported feelings of personal inadequacy among G.I. drug users.

Given the diversity of clinical descriptions of drug abusers, the question arises as to whether descriptive accounts might not be, in part, specific to the type of drug abuser. This possibility was suggested by Heller and Mordkoff (1972) in a comparative study of MMPI profiles of heroin addicts and nonaddicted polydrug abusers. Comparisons between profiles of the two groups indicated significant personality differences. Pittel (1971), however, has reported a MMPI profile configuration that is common to both types of drug abusers.

Disputes in the research literature concerning personalities of specific kinds of drug abusers are unresolved. For this reason, the remainder of this chapter, unless otherwise indicated, will be devoted to a review of studies and theory bearing on the polydrug abuser. The polydrug
abuser is defined as a user of drugs, not addicted to opiates, who has been referred (or reported voluntarily) to a service-providing agency as a direct result of drug usage. Excluded from this definition is self-reported use of alcohol or drugs prescribed for the individual and taken in accordance with a physician's instructions. For this study, then, unless otherwise indicated, drug abuser will mean polydrug abuser.

Self-Esteem and Other Ego Correlates of Drug Abuse

A tenuous relationship between drug abuse and personality processes was suggested in the preceding section. The purpose of the present section is to expand on this idea, especially in focusing on personality differences between drug abusers and nonabusers that clarify the role of factors that bear directly or indirectly on the subject of ego. One such factor is self-esteem.

On the basis on the Barron ego strength subscale of the MMPI, Heller and Mordkoff (1972) have reported that pre-therapy MMPI profiles of polydrug abusers indicate low self-esteem and low self-confidence. In another study of MMPI profiles, Hobi and Ladewig (1972) found similarities in maladjustment and in diminished ego functioning among hospitalized alcoholics and poly- and monodrug abusers. Although there was no evidence suggestive of personality traits specific to individual forms of addiction, polydrug
abusers tended to evidence higher (i.e., more pathological) MMPI profile elevations than did alcoholics and monodrug abusers. Cormier (1973) has reported analogous findings from a study of multiple types of drug abusers (ages 17-23) who had completed the Tennessee Self-Concept Scale. Cormier concluded that drug abusers of this age group were more defensive in their self-perception and had lower self-esteem than a matched control group of nondrug users. In a similar vein, results of a study of adolescent glue sniffers (Meloff, 1970) indicates that adolescent glue sniffers maintain a generally more negative self-concept than do nonglue sniffers.

Considered collectively, the studies considered in the present literature review suggest that self-esteem of drug abusers, in general, and polydrug abusers, in particular, is generally lower than the self-esteem of nondrug abusers. To further clarify the association between drug abuse and self-esteem, the following section will deal with definitions and measurement of self-esteem in drug-abuse research.

**Definition and Measurement of Self-Esteem in Drug Abuse Research**

As mentioned previously, self-esteem is indicated in much research as a highly relevant dimension in personality dynamics of drug abusers. Studies mentioned in the preceding section relied primarily upon objective tests, such as the MMPI or Tennessee Self-Concept Scale, as indicators of drug abusers' self-esteem. Other investigators have
measured self-esteem with a variety of subjective tests, such as the Cattell High School Personality Questionnaire (Green, 1972) and Leary's Interpersonal Checklist (McKenna-Hartung, Hartung, & Baxter, 1971). Only one study reported in the literature (Bentel & Smith, 1971) entailed direct self-report (interview) data to gauge self-esteem. The somewhat exclusive concern of previous researchers with a trait approach to the personality of drug abusers may be unjustified. Pittel (1971) has commented on this point:

To the extent that chronic drug use implies the absence of internalized structure, the search for common personality traits either within or between groups of drug users is fruitless. Attention should be focused on the processes of personality rather than a fixed trait structure. (p. 44)

The question arises as to the availability of a conceptual framework for assessing self-esteem of drug abusers from a process, and perhaps phenomenological, basis. One possible framework of this nature is the theory of self-esteem advanced by Coopersmith (1967). Self-esteem is defined by Coopersmith as "the evaluation which the individual makes and customarily maintains with regard to himself" (p. 4). He further states:

It expresses an attitude of approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful and worthy. In other words, a personal judgement of worthiness that is expressed in the attitudes the individual holds toward himself. It is a subjective experience which the individual conveys to others by verbal reports and other overt expressive behavior. (p. 4)
As suggested by this definition, self-esteem can be assessed perhaps most effectively by firsthand, phenomenological self-reports. It is noteworthy that Coopersmith's theory was developed in part from extensive interviews; this theory thus provides a potentially good measure of self-esteem from the process standpoint.

For reasons considered below, the following six dimensions of self-esteem, as enumerated by Coopersmith (1967), are pertinent to the process considerations in the personality of drug abusers:

1. Power: the ability to influence and control others.
2. Competence: the successful performance in meeting demands for achievement.
3. Significance: the acceptance, attention and affection of others.
4. Virtue: the adherence to moral and ethical standards.
5. Values and Aspirations: the difference between aspirations and performance.
6. Defenses: the means by which an individual wards off anxiety.

As elaborated by Coopersmith, these six dimensions encompass significant aspects of self-esteem from a process, as opposed to a static, trait approach. In addition, the dimensions overlap with those reported in the research literature and, as well, those commonly cited in clinical
evaluations of drug abusers (Fliegelman, 1971; Weinrebe, 1968). For these reasons, Coopersmith's theory of self-esteem, especially the dimensions elaborated in the present section, seem ideally suited as a conceptual framework for evaluating process dynamics of self-esteem in polydrug abusers.

**Definition and Measurement of Self-Esteem in the Present Study**

The definition and method of measurement of self-esteem in the present study are adapted from the Coopersmith dimensions of self-esteem enumerated in the preceding section. Coopersmith (1967) identified his first four dimensions (power, competence, significance, and virtue) as experiences in living: "... each provides its own criteria for judging whether the individual has obtained a valued objective, but all provide a sense of increased sense of worth when they are obtained" (p. 38). Coopersmith noted that it may be possible for an individual to attain high self-esteem by notable achievement in any one of the four areas. Coopersmith also cited values and aspirations, and defenses as conditions that seem to be associated with the development of positive and negative self-attitudes.

The present study used specific questions derived from each of these six dimensions of self-esteem development for an interview schedule and scoring system. These six dimensions are elaborated as follows:
Power: Success in the area of power is measured by the individual's ability to influence the course of action by controlling his own behavior and that of others. In any given situation such power is revealed by the recognition and respect the individual receives from others and by the weight that is given to his opinions and rights. (Coopersmith, 1967, p. 40)

Competence: Success in the area of competence is marked by levels of independent achievement that represent to the individual a mastery of his environment. This information proposes that there are innate sources of satisfaction that accompany this mastery which are independent of extrinsic social rewards and punishments.

Significance: "Success in the area of significance is measured by the concern, attention and love expressed by others" (Coopersmith, 1967, p. 40). The two extremes of acceptance are marked by acceptance and popularity vs. rejection and isolation.

Virtue: Coopersmith has defined success in virtue as an adherence to a personal code of moral, ethical, or religious principles. These will vary widely and include the avoidance of certain actions as well as commission of certain deeds.

Values and Aspirations: In discussing values and aspirations, it is important to recognize that individuals can obtain high or low self-esteem by achievement or failure in any one of the above 4 areas of experience. The degree of self-esteem attained is determined by the importance or value an individual attributes to the success he has in the various areas of experience. Coopersmith (1967) has said, "We are led to assume that there is a considerable gap between aspirations and performance in individuals with low self-esteem and that it is this gap which results in negative self-appraisals." (p. 42) In other words, individuals who attain valued goals are more likely to have positive self-appraisals than individuals who fail in achievement attempts.

Defense: An individual's manner of dealing with fears represents his way of defending himself against anxiety, or more specifically "of defending his esteem against the devaluation that would come with feelings of incompetence, powerlessness, insignificance, and lack of virtue." (Coopersmith, 1967, p. 43)

The six criteria for self-esteem comprise the major part of the interview schedule. The schedule includes one
question from each dimension and is scored according to the definitions implied or stated by Coopersmith. The remaining two questions in the interview schedule deal with the subjects' overall acceptance of themselves and personal judgment of self-worth. Each interview was scored with reference to Coopersmith's criteria for high and low self-esteem to determine process considerations relating specifically to self-esteem from a time prior to the subjects' drug abuse and continuing through to the time of the interview.

Hypotheses

1. It is hypothesized that former polydrug abusers report having had, in a period immediately prior to protracted drug abuse, a level of self-worth as low as the level of self-worth during the period of drug abuse.

2. It is hypothesized that former polydrug abusers report having had lower self-worth prior to protracted periods of drug abuse than when compared to perceptions of self-worth following a therapeutic encounter and protracted abstinence from drug abuse.

3. It is hypothesized that former polydrug abusers will interpret as causal the relationship between personal perception of low self-worth (as recalled in the interview) and drug abuse.
CHAPTER 2

METHOD

Subjects

In order to qualify for inclusion in the sample, prospective subjects had to be self-identified former polydrug abusers (former users of drugs, exclusive of alcohol or supervised prescription drugs, never addicted to opiates) and, moreover, to have reported 12 or more months of consecutive treatment in a residential therapy center followed by a total and permanent (24 months or more) cessation of polydrug use. Referrals from drug treatment centers provided contacts with 15 subjects who met the selection criteria. Of the 15 subjects, 11 were men and 4 were women. The subjects ranged in age from 21 to 45, with the mean age being 26.7. The length of the subjects' self-reported drug abuse ranged from 1-10 years, with the mean being 5.27 years.

Interview Schedule

General Description

An interview schedule consisting of four general and eight specific questions addressed to dimension-specific evaluations of an individual's perception of self-worth before, during, and after a protracted period of polydrug abuse was developed from definitions of self-esteem.
elaborated by Coopersmith (1967) and discussed in chapter 1 of the present study. The final schedule represented a compiling of questions which proved successful in eliciting self-esteem disclosures during two pilot interviews.

Scoring Record

The scoring record (see Appendix) required the interview scorer(s) to make a dichotomous determination from responses to interview questions as to whether a given response indicated essentially high self-esteem or low self-esteem; the scoring record also provided a "not applicable" option. The Therapy and Consolidation period was scored based on the subjects' feeling of general change of overall self-perception throughout the time period rather than how they felt initially upon entering therapy. Following is a sample item from the scoring record.

Question 3

"Did/do you feel accepted or rejected by the people important to you?"

Dimension: Significance
Degree to which individual felt/feels accepted or rejected by important people in his life.

Categories:
1) More acceptance  2) More rejection  3) N/A
than rejection         than acceptance

Reliability

The reliability of the interview schedule was tested by the interviewer and two other adult judges. Using the
interview scoring record, each of the three judges independently scored two pilot interviews. The interjudge agreement in assigning respective "scores" to all responses in each of the two pilot interviews was 100%. The scoring system's reliability is further suggested by independent scoring by the three judges of the 5th, 10th, and 15th interviews (determined by the date of the interview). For these three interviews, there was 100% agreement among the three judges in assigning categorical scores from the scoring record to each response in the three interviews.

Procedure

Subject Recruitment

Counselors in drug treatment centers were approached by the experimenter and asked for assistance in recruiting subjects for a study of former polydrug abusers. Counselor nominees who met the selection criteria were later contacted by the counselor and told that, with their permission, they would be contacted by a graduate student who desired their participation in an interview study of drug abusers. Prospective subjects who agreed to participate were contacted by phone and scheduled for an individual interview.

Interview

Subjects were reminded at the outset of the interview that they were participating in a study of drug abuse, and that the confidentiality of their answers to interview
questions would be assured by substituting code numbers for their names in reporting of data. The interview began with a request for a general description of the subject's life prior to the period identified by the subject as the period of polydrug abuse. The major portion of the interview consisted of questions on perceptions of self-esteem (see Interview Schedule, p. 11) during four time periods: (1) Pre-drug abuse (period six months prior to the onset of drug abuse); (2) drug abuse (from the period identified by the subject as the beginning of drug abuse to its termination); (3) therapy and consolidation (period after termination of drug abuse in which the subject entered therapy to a point two years after conclusion of therapy); and, (4) postdrug abuse (the time beyond the therapy period up to and including the interview date). As a final question, each subject was asked to report a personal (autobiographical) interpretation of the cause-and-effect relationship between drug abuse and self-concept.

Recording and Scoring of Dependent Variable

Each interview was conducted independently by the experimenter and taped for later scoring. Each of the 15 interviews was scored by assigning values from the scoring record to the subjects' answers to each interview question. As a reliability check, two additional judges independently scored the 5th, 10th, and 15th interviews (determined by the date of the interview). The judges listened to each
of these three interviews in their entirety and then used
the scoring record to encode evaluations of all interview
responses.
CHAPTER 3

RESULTS

Modal Pattern of Changes in Self-Esteem Related to Drug Abuse

The major modal pattern from analyses of interview records indicated a clear trend of low self-esteem prior to drug use. Perceived self-worth seemed to remain at a low level as drug use progressed (according to self-report) to a point which the subjects identified as drug abuse. This pattern held for 14 of the 15 subjects. Subjects' self-esteem improved during therapy periods to the point that the subjects reported increased acceptance of themselves (see Table 1). Only when this point was reached did any of the subjects report feeling ready to leave therapy.

Another pattern that emerged was one of causal effect of feelings of low self-worth and drug abuse. All but one of the 15 subjects reported that there was a definite causal relationship between feelings of low self-worth and drug abuse. The fact that these patterns describe the self-report histories of all but one of the 15 subjects lends strong support to the hypotheses that: (1) Former polydrug abusers report having had, in a period immediately prior to protracted drug abuse, a level of self-worth as low as the level of self-worth during the period of drug abuse;
(2) former polydrug abusers report histories of perception of low self-worth prior to protracted periods of drug abuse when compared to perception of self-worth following a therapeutic encounter and protracted abstinence from drug abuse; and, (3) former polydrug abusers will feel there is a causal relationship between their personal perception of low self-worth and their drug abuse.

The modal pattern elaborated above applied to 14 of the 15 subjects. The 15th subject (Number Nine) is not considered critical due to his being the only subject whose drug abuse was confined exclusively to LSD. His self-reported feelings of self-worth were scored consistently high across the four time periods covered in the interview. The remaining 14 subjects reported light use of LSD and discontinuance of use upon confrontation of intensified feelings of low self-worth while under the influence of the drug.

### Significant Commonalities and Differences Across Discrete Time Periods

**Predrug Abuse Period**

Of the 15 subjects, all but one (Number Nine) conformed closely to the basic modal pattern already discussed. The one subject who did not follow the trend replied to interview questions with answers scored as high self-esteem. Of the 14 remaining subjects, four gave low self-esteem answers to all questions, with the remaining 10 subjects giving responses indicative of low self-esteem in the majority of interview
<table>
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<th>Predrug Abuse</th>
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<th>Therapy &amp; Consolidation</th>
<th>Postdrug Abuse</th>
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<td>High Self-Worth</td>
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<td>14 1 0</td>
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<td>0 15 0</td>
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<tr>
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<td>12 0 3</td>
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<tr>
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<td>0 15 0</td>
</tr>
</tbody>
</table>
questions. All of the modal 14 subjects gave answers classified as low self-esteem to the two interview questions dealing with overall feelings toward themselves in the predrug period.

**Drug Abuse Period**

A personality process change, related specifically to self-esteem, began to emerge in this time period. The modal trend was one of initial drug abuse followed by deterioration of self-worth. For example, Subject Number One, who in the predrug period gave self-acceptance answers to three of the eight questions, gave responses indicating low self-acceptance to all eight questions in the drug period. As in the previous period, all but Subject Number Nine conformed to the modal trend. Of the 14 subjects with a reported perception of low self-worth during the drug abuse period, seven subjects had low self-esteem answers to all eight questions. All of the modal 14 subjects gave answers classified as low self-esteem to the two interview questions dealing with overall feelings toward themselves in the drug use period.

**Therapy and Consolidation Period**

More favorable accounts of self became evident for the first time in this time period. Except for Subject Number Nine, all subjects changed from low self-esteem to self-acceptance and high self-worth feelings in most areas, with
the questions on overall acceptance and self-worth unanimously answered in a way that indicated perception of high self-worth. Three areas, Significance, Virtue, and Values and Aspirations, emerged as areas of most significant change among subjects.

The responses to questions in these areas suggested an immediate feeling of acceptance by others in the therapeutic situation, along with a feeling that by entering therapy subjects were doing what they felt was right and what was closer to what they wanted from life.

Postdrug Abuse Period

All 15 subjects conformed to the modal trend of reported feelings of high self-worth following therapy and consolidation as compared to the predrug and drug abuse periods. In all but one case, the subjects consistently reported feelings of high self-worth in all eight interview questions related to this time period. The one exception, Subject Number Four, had had feelings of high self-worth following therapy but reported having personal problems that had caused "the old inadequacies to come back." This subject reported feelings of low self-worth in all but one area during the post-therapy time period.
CHAPTER 4

DISCUSSION

General Implications of Results

The current study examined personality processes of the polydrug abuser and dealt specifically with self-esteem. The literature reviewed in chapter 1 suggested that polydrug abusers have more poorly integrated personalities than do comparison groups of nondrug abusers. Self-esteem of the drug abuser has been shown in several studies to be generally lower than that of nondrug abusers. However, no studies have investigated the question of whether the drug abuser has a history of low self-esteem prior to the drug abuse period or whether low self-esteem appears following drug abuse.

A major inadequacy in the drug abuse literature to date has been the almost exclusive concern with measuring personality traits (rather than processes) of the current drug abuser. Although a trait approach is valuable in studying the self-esteem of the drug abuser, it is limited in that it gives only a point-in-time measurement of personality and does little to solve the causal question of drug abuse. Compounding this problem is the almost exclusive reliance of researchers upon objectives and standardized
tests to measure these traits. The personality process, in general, and self-esteem, specifically, has been grossly overlooked in drug abuse research literature as a possible cause leading to drug abuse. The research literature and the results of the present study indicate a need for a new approach for researching the personality of the drug abuser.

Data gathered during the current study via interviews of former polydrug abusers add to the argument that a process rather than trait approach is necessary to study the personality of the drug abuser. Specifically, the value of the process approach is indicated in this study by finding not only a life-long history of low self-esteem among drug abusers, but a direct causal effect between drug abuse and low self-esteem. The results also indicated that the pattern of low self-worth continued throughout a period of protracted drug abuse and did not improve until subjects discontinued the use of drugs and entered a period of psychotherapy.

Research and Treatment Implications

A continued theme of this thesis has been that of stressing the need for a new approach to the study of drug abuse. Because of the social ramifications of drug abuse, and the current abundance of research and literature dealing with the causes and treatment of the drug abuser, the findings of the present study are very timely. Improvements in the treatment of drug abuse may result from the findings
of this and similar research. When studying and treating drug abuse, research and treatment may be influenced by the distinct possibility that the abuser has a life-long history of low self-esteem which may have led directly to his drug abuse. Treatment based specifically upon raising self-esteem may be beneficial to all types of chemical dependency.

Because of the possibility of the causal relationship between low self-esteem and drug abuse, future research in this area dealing with longitudinal personality process studies would be beneficial in enabling researchers to understand the potential drug abuser. Another research possibility could point toward methods of treatment of drug abuse based upon raising self-esteem.

**Suggestions for Methods of Future Research**

Future research methods may benefit from the results suggested in the current study. In the present study the self-esteem of the drug abuser was measured using eight self-esteem dimensions. Of the dimensions, the following emerged as the areas eliciting generally clear answers in measuring self-reported feelings of self-worth: Power, Competence, Significance, Defense, Self-Acceptance, and Self-Worth. The subjects were generally clear and consistent in their answers and only one answer among all these dimensions was scored N/A.

Conversely, the questions measuring the dimensions of Virtue, and Values and Aspirations, elicited many N/A
and ambiguous responses. Virtue, especially, was very inconsistent and difficult to categorize in a low-high self-worth dichotomy for the time periods prior to Therapy and Consolidation. The inconsistency was caused by many of the drug abusers feeling they either never had had, or were not aware of having had, a moral standard prior to their therapy period. Consequently, these individuals were unaware of feelings of self-worth concerning Virtue.

Additional Findings

In addition to more effective methods, future research may benefit from an unexpected finding of the current study. Data suggested that the drug abuser who abuses LSD to the exclusion of other drugs may have neither a history of nor a current perception of low self-worth. Of the 15 subjects in the current research, the only subject who had a consistent predrug-through-postdrug perception of high self-worth, was an exclusive user of LSD. Of the other subjects, all who had used LSD eventually quit due to the intensification of negative feelings while under the influence of LSD.
CHAPTER 5

SUMMARY

To date, drug abuse research literature has been based mainly upon a trait approach to measure the drug abuser's personality. The majority of these studies have suggested low self-esteem to be common among drug abusers. The present study, using a personality process approach, has gone one step further and suggested that low self-esteem is not only common to drug abusers, but may be a direct cause of drug abuse. Furthermore, the findings of this study have suggested that psychotherapeutic intervention for the drug abuser should concentrate on raising his self-esteem to a point to enable him to function without drugs. These significant issues, as indicated in both the literature and the present study, suggest the need for a more comprehensive theory of personality process correlates of drug abuse. The trait approach to studying drug abuse seems inadequate and inaccurate.

Because of the social problem caused by drug abuse, regardless of the approach adopted, trait or process, perception of self-worth of the drug abuser seems to warrant more extensive research.
APPENDIX

SCORE SHEET

Question 1

"How valuable did you or do you feel your ideas were/are to you and other people? When others pressured/pressure you to change your opinions, how did/do you react?"

Dimension: Power
Does individual value his own views and does he resist pressures to conform without due consideration of his own needs and opinions, or does he place little or no value on his views and conform easily?

Categories:
1) Values own views more than others
2) Values other's views more than own
3) N/A

Question 2

"How much control did/do you have over what was/is happening to you? In other words, your control over your immediate surroundings?"

Dimension: Competence
Degree to which individual felt/feels he was/is controlling his immediate destiny or that his environment was/is controlling his immediate destiny.

Categories:
1) Individual controls destiny more than environment controls destiny
2) Environment controls destiny more than individual controls destiny
3) N/A
Question 3

"Did/do you feel accepted or rejected by the people important to you?"

Dimension: Significance
Degree to which individual felt/feels accepted or rejected by important people in his life.

Categories:
1) More acceptance than rejection
2) More rejection than acceptance
3) N/A

Question 4

"If you had/have personal moral, ethical beliefs or religious feelings, how did/do you feel about yourself regarding these feelings?"

Dimension: Virtue
Degree to which individual adheres to his personal moral, ethical or religious principles, or diverges from his personal principles.

Categories:
1) More adherence than divergence
2) More divergence than adherence
3) N/A

Question 5

"Regarding what you wanted/want from life, how did/do you feel toward yourself relating to these goals and your actual behavior?"

Dimension: Values and Aspirations
Degree to which individual's performance and achievements approach or meet aspirations or diverge from aspirations.

Categories:
1) Performance and achievements approach goals
2) Performance and achievements divert from more goals
3) N/A

Question 6
"How well were/are you able to deal with fears?"

Dimension: Defenses
Ability of individual to reduce personal distress caused by fears and anxiety by confrontation of anxiety rather than isolation of self from inner experiencing or external environment.

Categories:
1) More confrontation of fears than isolation of self
2) More isolation of self than confrontation of fears
3) N/A

Question 7
"Generally, how did/do you approve or disapprove of yourself?"

Dimension: Approval of Self
Degree to which person generally approves of self or disapproves of self.

Categories:
1) More approval than disapproval
2) More disapproval than approval
3) N/A

Question 8
"What was/is your overall judgment of your personal value?"

Dimension: Self-Worth
Degree to which person generally feels himself to have high self-worth or low self-worth.

Categories:
1) More high self-worth than low self-worth
2) More low self-worth than high self-worth
3) N/A
REFERENCES


Cormier, D. Self-acceptance and addiction to hard drugs. Toxicomanies, 1973, 6(2), 111-133.


