SELF-PERCEPTIONS OF HEROIN ADDICTS AND NONADDICTS

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The present research was designed to compare the self-perception of hospitalized heroin addicts with that of nonaddicts. Both groups consisted of 40 males with ages between 17 to 28 years. The two groups were matched in terms of residential area, occupation, income and education. Both the groups were given Urdu Adjective Check List (UACL) in the form of a rating scale. The results indicated that heroin addicts differed significantly from the nonaddicts on each of the nine UACL scales used. The heroin addicts were significantly higher on the need for Aggression, Succorance and Abasement and significantly lower on the need for Achievement, Nurturance, Affiliation, Dominance, Intelligence and Emotional Stability. Analysis of some other items of UACL, not included in these scales, showed the heroin addicts to have an unfavourable body image and a poor perception of their ability in interpersonal relationships. They also perceived themselves as having high feelings of guilt and sin. The implications of these findings for treatment and rehabilitation of addicts have been discussed.

A substantial amount of research has been conducted on heroin addicts (HAs) to determine if this population is significantly different from nonaddicts (NAs) on personality variables. More or less all objective personality tests investigate the perceptions, attitudes or concepts of subjects concerning themselves. Quite a number of studies have used Adjective Check List (ACL) to investigate the differences between the self-perceptions of addicts and nonaddicts.

Kilman(1974) administered the Adjective Check List (Gough and Heilburn, 1965) to 84 institutionalized HAs and 176 NAs university employees. He found that compared to the NAs, the HAs scored significantly lower on the need for Achievement, Endurance, Order and Deference and scored significantly higher on Heterosexuality and Autonomy. Sutker, Patsiokas and Allain (1981) also gave the ACL to 88 HAs who were on Methadone

treatment and compared them to the NAs in a similar therapeutic community. He found that HAs achieved higher scores on the need for Succorance and Aggression. They were more critical, hostile and satisfied but had a lesser need for Dominance. Steer, Gasta, Kotzker and Sckut (1981) administered ACL to pairs of husbands and wives, both of whom were HAs and on Methadone maintenance programmes. HAs husbands were found higher on the need for Change, Exhibition, Affiliation and Heterosexuality and low on the need for Achievement and Dominance. Sutker, Archer and Allain (1978) administered ACL to 121 male HAs and 33 female HAs. The ACL profile of both the genders fell entirely within 1 standard deviation of the mean, and shared a common peak on a number of unfavourable adjectives. Analysis of variance indicated male HAs to be significantly higher on Defensiveness and Heterosexuality and lower on Self-confidence, Autonomy and Aggression. Platt (1975) used ACL on 27 HAs and 20 NAs and found that HAs were significantly higher on need for Abasement, Change, Exhibition, Autonomy and Heterosexuality.

In Pakistan, where heroin addiction has become an alarming national problem, research on addicts is largely confined to demographic aspects (for a review see Shafiq, 1987). Psychological aspects of the problem have not yet been studied. The present study was aimed at investigating some psychological characteristics of heroin addicts by comparing their self-perceptions with those of a matched group of nonaddicts.

METHOD

Sample

Two samples were drawn, one consisted of a group of 40 heroin addicts and the other of a group of 40 nonaddicts.

Heroin Addict Sample (HAs)

40 hospitalized male heroin addicts (HAs) between ages 17 to 28 years were chosen for the study. Prior to the addiction, the subjects had resided in an urban community. Only those heroin addicts were selected who had abused heroin for at least one and a half years and who had received treatment for at least 7 days in a centre. The reason for the latter was that in the period immediately following admission (the detoxification period) they were usually not in a state to be interviewed or tested. Testing was carried out individually in the following treatment centres.

1. Psychiatry Department, Mayo Hospital, Lahore (10 HAs).

2. Addiction Treatment Hospital, Lahore (5 HAs).

3. Addiction Treatment Centre, Lahore (5 HAs).

4. Herpin Addiction Treatment Centre, Rawalpindi (15 HAs).

5. Detoxification Centre, Islamabad (5 HAs).

All the above mentioned centres were providing pharmacological help only.

The other characteristics of HAs sample can be seen in Table 1.

Table 1

Characteristics of Heroin Addicts (N=40)

Characteristics	Frequency	Percentage
Referral		
Self initiated	9	22.5
Family members (Parents or Siblings)	18	45.0
Friends or other Relatives	13	32.5
Number of Admissions		
Ist admission	21	52.5
2nd admission	12	30.0
3rd or more admissions	7	17.5
Duration of Heroin Addiction		
1.50 − 2.50 years	11	27.5
2.50 − 3.50 years	17	42.5
3.50 years & more	12	30.0

The Nonaddict Sample (NAs)

40 male nonaddicts (NAs) between the ages of 17 to 28 years were chosen from urban areas of Lahore and Rawalpindi. None of them had ever been addicted to any drug in his life. In order to make sure that the two groups were not significantly different, they were matched on the following: (1) Rated quality of residential area; (2) Occupational level; (3) Personal income and (4) Education. No significant differences were found between the 2 groups in terms of these four variables (table 2).

Table 2

Average Scores of Heroin Addicts (HAs) and Nonaddicts (ANs) on Criteria for Matching the Two Groups (SD in parentheses)

Criteria	HA	NA	t
Residential Area	1.80 (0.94)	1.88 (0.96)	0.375
Occupational Level	3.38 (1.56)	3.20 (1.38)	0.243
Personal Income	2.08 (0.80)	2.43 (0.84)	1.908
Education	2.05 (0.14)	2.25 (0.81)	1.225

Note. None of the *t* values is significant at .05 level.

Measures

The Urdu Adjective Checklist (UACL)

This test was developed by Ansari, Farooqi, Yasmin, Khan and Farooqi (1982). The test consists of popular adjectives in the Urdu language, which could be easily understood by the general population of Pakistan. The test was initially developed as a check list, but has later been used as a rating scale in several studies. The UACL (version 4) which was used in the present study consists of 150 adjectives arranged in alphabetical order. The authors have developed 11 scales based on Murray's typology of needs. These scales are: Achievement, Aggression, Succorance,

Nurturance, Affiliation, Abasement, Change, Autonomy, Dominance, Intelligence and Emotional Stability. However, there are a number of adjectives which are not included in any of the above scales.

Procedure

Once permission was granted by the director of the Centre, each addict was contacted individually. All subjects were assured that the information gathered from them would remain strictly confidential. After the necessary rapport had been established, the UACL was administered individually. To assure that the subject had understood the instrument, he was initially required to answer three sample items. Following this, each of the test items was read out to the subject who had to respond on one of the 5 categories that he considered most appropriate for himself. The test was administered in a single session which lasted for about twenty to thirty minutes.

Similar testing procedure was followed for the control group (the nonaddicts) who were tested at a place convenient to them.

RESULTS

Internal Consistency of UACL Scales

To determine the internal consistency of each UACL scale, reliability coefficients (Alpha) were calculated. This alpha indicated the reliability or level of internal consistency of the items comprising the scale. The Alpha of these scales is given in table 3.

The results indicated that except for Change and Autonomy scales the reliability of the other scales was satisfactory. It was, therefore, decided that Change and Autonomy would be excluded from any further analysis. Consequently, only nine scales were used in the study. Out of the remaining nine scales, alpha value of Succorance was lower than of others but it was retained in view of its theoretical importance.

Table 3

Reliability Coefficient Alpha

UACL Scales	HAs Alpha	NAs Alpha
Ach	0.899	0.781
Agg	0.844	0.678
Suc	0.581	0.498
Nur	0.801	0.619
Aff	0.683	0.607
Abs	0.885	0.796
Dom	0.842	0.675
Int	0.890	0.704
Emo	0.905	0.807
Chg	0.512	0.010
Aut	0.526	0.116

Differences between Heroin Addicts & Nonaddicts

The results on UACL (table 4) showed that compared with nonaddicts, the heroin addicts perceived themselves to be significantly higher on need for Aggression, Succorance and Abasement; while significantly lower on the need for Achievement, Nurturance, Affiliation, Dominance, Intelligence and Emotional Stability. The largest differences between the addicts and nonaddicts were found in Abasement, Emotional Stability, and Achievement. The least differences were in Aggression and Nurturance. However, all the differences were significant.

Additional Analysis of Data

The other sixty items, which were not included in the UACL were also analysed. By scanning these items it was found that on certain items heroin addicts and nonaddicts perceived themselves to be significantly different. These items were grouped into three categories, namely, Body Image, Interpersonal Ralationships and Feelings of Guilt and Sin.

Table 4

The Average Scores of HAs and NAs on UACL Scales

Scales	Heroin Addicts		Nonaddicts		t
	Mean	SD	Mean	SD	
Ach	54.05	12.85	84.60	6.34	13.479*
Agg	56.10	11.07	43.35	5.78	7.471*
Suc	67.45	11.75	42.10	4.21	12.843*
Nur	70.90	8.72	80.45	4.66	6.106*
Aff	60.70	7.79	77.25	4.76	11.453*
Abs	67.10	12.79	33.93	6.14	14.790*
Dom	53.20	11.28	77.95	4.93	12.721*
Int	59.93	12.78	83.50	4.61	10.973*
Emo	53.05	13.85	85.57	6.42	13.474*

* $P < .005$; $df = 78$

Body Image

There were six items concerning physical appearance on which the differences were significant. Heroin addicts scored significantly high on items 20 'ugly'; 116 'dirty'; 120 'uncouth' and 121 'coarse'. They scored significiantly low on items 11 'smart' and 58 'good looking' (see table 5). This indicated that the heroin addicts had an unfavourable and negative perception of their physical appearance.

Table 5

The Average Scores of HAs and NAs on Items Concerning Body Image

Items	Description	Heroin Addicts		Nonaddicts		t
		Mean	SD	Mean	SD	
11.	Smart	2.40	1.21	2.88	1.78	1.78*
20 .	Ugly	2.50	1.19	1.35	0.53	4.41**
52 .	Good Looking	2.78	1.29	4.10	0.77	5.82**
116.	Dirty	1.75	1.18	1.20	0.51	2.67**
120.	Uncouth	2.80	1.17	1.45	0.55	6.52**
121.	Coarse	1.85	1.01	1.01	0.48	3.91**

* $p < .05$ ** $p < .005$

Interpersonal Relationships

There were six items concerning Interpersonal Relationships on which differences were significant. Heroin addicts perceived themselves less communicative, sociable and trustworthy. They rated themselves significantly high on items 82 'suspicious'; 146 'untrustworthy' and 152 'sceptical'. They rated themselves significantly low on items 55 'cheerful' and 115 'sociable' (see table 6).

Table 6

The Average Scores of HAs and NAs on Items Concerning Interpersonal Relations

Items	Description	Heroin Addicts		Nonaddicts		t
		Mean	SD	Mean	SD	
55.	Cheerful	2.30	1.21	3.13	0.56	3.89**
82.	Suspicious	2.13	1.08	1.35	0.82	3.69**
108.	Quiet	3.30	1.38	2.83	0.49	2.00*
115.	Sociable	2.83	1.24	3.60	1.07	2.84**
146.	Untrust-					
	worthy	2.18	0.97	1.46	0.59	4.01**
152.	Sceptical	2.18	0.99	1.58	0.70	3.48**

$* p < .025;$ $** p < .005$

Feelings of Guilt and Sin

There were seven items in this category on which differences were significant. The heroin addicts rated themselves significantly high on items 4 'vagabond'; 26 'no sense of honour' and 119 'sinful'. Their ratings were significantly low on items 17 'conscientious'; 52 'self respecting'; 61 'honest' and 67 'religious'. These responses indicated that the heroin addicts had higher feelings of guilt and sin as compared to the nonaddicts (see table 7).

Table 7

The Average Scores of HAs and NAs on Items Concerning Guilt and Sin

Items	Description	Heroin Addicts		Nonaddicts		t
		Mean	SD	Mean	SD	
4.	Vagabond	2.80	1.27	1.63	0.76	5.75**
17.	Conscientious	2.98	1.06	4.18	0.54	6.29**
26.	No Sense of Honour	1.75	0.80	1.38	0.58	2.33*
52.	Self-Respecting	2.78	1.29	4.18	0.77	5.82**
61.	Honest	3.23	1.13	4.05	0.59	4.02**
67.	Religious	2.30	1.17	3.37	0.77	6.13**
119.	Sinful	4.45	0.84	1.63	0.63	16.90**

* $p < .025$; ** $p < .005$

DISCUSSION

Overall self-perception of heroin addicts was quite different from that of the nonaddicts. The general picture of a heroin addict, as perceived by himself, shows major disturbances when we compare him with a nonaddict. The heroin addict emerges as an emotionally immature, unstable and disturbed person suffering from anxiety, guilt and very low opinion of himself. He considers himself physically unattractive, intellectually inadequate and socially unacceptable. He does not expect to achieve anything through his striving and effort. He is unable to exercise any influence over his environment and perceives himself as being completely dominated by others. He wants protection and sympathy from others but not because he enjoys friendship and close and personal relationships but due to lack of adequacy, independence and self acceptance. He is totally disgusted with the things as they are and feels hostile and aggressive.

The findings, however, indicate that the HAs perceived themselves to be higher on three psychological scales which were Aggression, Succorance and Abasement. The characteristics indicated by the items included in these scales are generally undesirable and disliked. Therefore, the higher scores of HAs on these items meant that they had an unfavourable self-perception on these three dimensions, too. The other six scales, Achievement, Nurturance, Affiliation, Dominance, Intelligence and Emotional Stability, included desirable characteristics. The HAs attained lower score on these six psychological scales as compared to the NAs. This, too, indicated that the HAs had an unfavourable self-perception. In addition, it was found (by the analysis of items not included in the UACL) that HAs perceived themselves to be physically unattractive, interpersonally deficient and having high feelings of guilt and sin.

Here a pertinent question could be that is it simply the hospital environment due to which the heroin addicts responded with an unfavourable self-concept? This factor has already been explored. O'Mahony and Smith (1984) designed a research on non-hospitalized heroin addicts, hospitalized heroin addicts and a normal sample. They found that both the hospitalized and non-hospitalized heroin addicts had a considerably unfavourable self-concept. Generally, in our social context it seems that this factor is also not so important, because the heroin addicts had less legal threat as compared to the non-hospitalized heroin addicts.

If hospitalization is not the major factor for these unfavourable perceptions, one may conjecture about a causal connection between the self-perceptions and drug abuse. Does a person start abusing drugs because he considers himself worthless, or he starts considering himself worthless because he is unable to give up drugs? Is the low self-perception imparted in the addict by others who consistently consider him "bad" and worthless and does an addict 'live up to the image' and start perceiving himself in the similar fashion? In short, does low self-concept precede or follow drug abuse? This is, no doubt, a difficult question to answer.

One thing, however, is clear. The study of drug addiction in Pakistan or any other country must take into account psychological factors responsible for the beginning and outcome of drug addiction. These psychological factors are particularly important in rehabilitation of heroin addicts. A person who comes to a hospital for treatment of drug addiction is suffering not from one but two problems. Drug dependence is one problem. The other problem is unfavourable self-image regarding his

ability and worth. Pharmacological treatment and detoxification provide a partial solution to the problem. In the absence of psychological treatment, complete cure is not possible.

Most treatment programmes, especially those in Pakistan, deal with the addict on a pharmacological basis alone. However, high relapse rates (about 80 to 90 percent according to Bourne, 1974) indicate the importance of psychological factors, especially the self-perception, which is not addressed at all in such programmes. This has been adequately demonstrated in some studies (for example, Mufti, 1984) where psychological help dramatically decreased the relapse rates of heroin addicts.

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