



## Study of Personality Profile of Addicts & Non addicts

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### Abstract:

*Personality is based on the individual's distinct and consistent outlooks and actions or overall style of behavior. Inherited or biological traits are not personality traits except inasmuch as they influence behavior. Addiction is a chronic, but treatable, brain disorder. People who are addicted cannot control their need for alcohol or other drugs, even in the face of negative health, social or legal consequences. This lack of control is the result of alcohol- or drug-induced changes in the brain. Those changes, in turn, cause behavior changes. In developing countries like India addiction is one of the most serious problems. In this scenario wasting energy and resources both for the sake of temporary satisfaction is a cardinal sin. The result does not show much difference between the personality traits of addicts and non addicts in term of standard score. Interpretation was based on the 16 Personality Factors. Addiction is a chronic, but treatable, brain disorder. People who are addicted cannot control their need for alcohol or other drugs, even in the face of negative health, social or legal consequences.*

**Keywords:** Addicts, Alcohol, Drugs, Health, Personality, Social Life

### 1. Introduction

#### 1.1 What is Personality?

Personality is all about the most essential psychological aspects of a person's life – our thoughts, feelings, motives, skills, and behaviors. The term is coined from the Latin word 'persona' meaning 'mask'. This means that people put on a 'mask' that distinguishes them from the rest. We can choose to portray different personas which constitute to our personality but our inner selves have a greater representation of our true characters.

Personality is based on the individual's distinct and consistent outlooks and actions or overall style of behavior. Inherited or biological traits are not personality traits except inasmuch as they influence behavior.

When psychologists define personality, they tend to refer to qualities within the person's behaviour, or both. In a now famous, definition, psychologist *Gordon Allport (1973)* mentioned both inner qualities and behaviour, but he emphasized the inner qualities: "Personality is the dynamic organization within the individual of those psychophysical systems that determine his unique adjustment to his environment."

In a more recent definition, psychologist *Walter Mischel (1976)* mentioned both inner processes and behaviour but emphasized behaviour. Personality, he wrote, consists of "The distinctive patterns of behaviour (including thoughts and emotions) that characterize each individual's adaptation to the situations of his or her life."

According to *Mayer*, "An individual's pattern of psychological processes arising from motives, feelings, thoughts, and other major areas of psychological function. Personality is expressed through its influences on the body, in conscious mental life, and through the individual's social behavior."

### ***1.2 What is Addiction?***

Addiction is a chronic, but treatable, brain disorder. People who are addicted cannot control their need for alcohol or other drugs, even in the face of negative health, social or legal consequences. This lack of control is the result of alcohol- or drug-induced changes in the brain. Those changes, in turn, cause behavior changes.

Addiction grows more serious over time. Substance use disorders travel along a continuum. This progression can be measured by the amount, frequency and context of a person's substance use. As their illness deepens, addicted people need more alcohol or other drugs; they may use more often, and use in situations they never imagined when they first began to drink or take drugs. The illness becomes harder to treat and the related health problems, such as organ disease, become worse.

### ***1.3 What Are Substance Abuse and Addiction?***

The difference between substance abuse and addiction is very slight. Substance abuse means using an illegal substance or using a legal substance in the wrong way. Addiction begins as abuse, or using a substance like marijuana or cocaine. You can abuse a drug (or alcohol) without having an addiction. For example, just because Sara smoked weed a few times doesn't mean that she has an addiction, but it does mean that she's abusing a drug — and that could lead to an addiction. People can get addicted to all sorts of substances. When we think of addiction, we usually think of alcohol or illegal drugs. But people become addicted to medications, cigarettes, even glue! And some substances are more addictive than others: Drugs like crack or heroin are so addictive that they might only be used once or twice before the user loses control.

## **2. Types of Addiction**

The types of addiction that most people think of right away are those surrounding alcohol or drugs. There are other types of addictions that affect people from all backgrounds, too. It's possible to have addictions around food or other activities that produce a feeling of pleasure for the addict.

### ***2.1 Alcohol Addiction***

A person who is living with an addiction to alcohol experiences cravings and is compelled to drink as a result. Unlike a person who consumes alcohol in social situations and is able to enjoy the pleasurable sensations that alcohol brings, the alcoholic is unable to go without a drink for long. If they try to stop drinking, they will likely experience withdrawal symptoms, since their brain chemistry has changed as a result of their alcohol use.

### ***2.2 Drug Addiction***

Another type of addiction that can affect people is one where they use drugs. While some drug addicts become hooked on illegal drugs, others develop a problem with a dependence on prescription medications. Most of these are both physically and psychologically addictive. As a person continues to use the drug, they build up a tolerance to it and they need to take higher doses in an attempt to get the same effect as when they started using.

A person who is addicted to drugs may sleep more or less than usual. Changes in eating habits may indicate a problem with drugs as well; the person may not be interested in food or have cravings for sweets or other kinds of foods. Personality changes, such as becoming withdrawn or irritable may point to a drug problem as well.

## **3. Do you have an addictive Personality?**

People become addicted to all sorts of things, from drugs, alcohol, shoplifting, and gambling, to video games, pornography, and even chocolate. Do they all have certain personality traits or experiences that make them more susceptible to addiction? Some experts say yes, but some say addiction is far too complicated to generalize a single set of characteristics that lead to these destructive behaviors.

#### 4. Addictive Personality Traits

Human beings are a diverse group. While some people lose control around alcohol, others can drink recreationally a couple nights a week without developing any form of dependency. Different drugs fulfill different needs for different people. As such, it is impossible to create a comprehensive definition of an addictive personality that covers all the varieties of people and addictions.

However, different types of addicts do share some common traits. Some experts believe addictive personality encompasses a distinct set of psychological traits that predispose particular individuals to addictions. Addictive personality factors may include:

1. **Antisocial personality** - People who alienate themselves socially and value nonconformity with the goals or beliefs of society may be more likely to struggle with addiction. Feelings of isolation and lack of intimacy may encourage people to turn to drugs or alcohol as a substitute for their lack of personal relationships or to feel at ease in social situations.
2. **Low distress tolerance** - Poor stress management skills or a lack of coping skills may make people more likely to turn to drugs, alcohol, or other addictions to manage their emotions.
3. **Difficulty delaying gratification** - Addictive personalities have difficulty planning and achieving long-term goals because they are focused on the short term. They may exhibit impulsive behavior or a disposition toward sensation seeking, and often see drugs or alcohol as a "quick fix" to solve life's problems.
4. **Compulsive behavior** - People with addictive personalities struggle to enjoy drugs, alcohol, or other pleasurable activities in moderation. Instead, they see things as black or white and take an all-or-nothing approach to life. They are either perfect, or a failure; completely in control, or utterly powerless. People, who feel compelled to engage in harmful behaviors over and over again, or feel powerless to stop, may have a propensity toward addiction.
5. **Substituting vices** - People with addictive personalities tend to switch to other enjoyable activities when deprived of the opportunity to participate in the original addiction. This is why members of Alcoholics Anonymous often take up smoking, and people who recently quit smoking chew gum incessantly. They also may have a tendency toward multiple vices, such as an overeater who self-medicates with drugs to numb the shame and disappointment, or a workaholic who turns to alcohol to relax at night.
6. **Insecurity**- Compulsive behaviors often mask insecurity or a fear of failure. People who have difficulty making commitments or fostering trusting relationships, or who constantly seek the approval of others may be prone to using an addiction to gain a sense of belonging or self-confidence.
7. **Depression** - Individuals who experience anxiety or depression are more likely to develop addictions as a way of managing their painful emotions. They have trouble coping so they turn to drugs, alcohol, or other pleasurable activities to avoid facing the real issues.

#### 5. Signs of Addiction

The most obvious sign of an addiction is the need to have a particular drug or substance. However, many other signs can suggest a possible addiction, such as changes in mood or weight loss or gain. (These also are signs of other conditions, too, though, such as depression or eating disorders.)

Signs that you or someone you know may have a drug or alcohol addiction include:

##### 5.1 Psychological signals

- Use of drugs or alcohol as a way to forget problems or to relax.
- Withdrawal or keeping secrets from family and friends.
- Loss of interest in activities that used to be important.
- Problems with schoolwork, such as slipping grades or absences.
- Changes in friendships, such as hanging out only with friends who use drugs.

- Spending a lot of time figuring out how to get drugs.
- Stealing or selling belongings to be able to afford drugs.
- Failed attempts to stop taking drugs or drinking.
- Anxiety, anger, or depression.
- Mood swings.

### **5.2 Physical signals**

- Changes in sleeping habits.
- Feeling shaky or sick when trying to stop.
- Needing to take more of the substance to get the same effect.
- Changes in eating habits, including weight loss or gain.

## **6. Stages of Addiction**

Addiction doesn't just happen. It passes through four main stages.

### **1. Experimental Stage of Addiction**

The Experimental Stage could happen out of curiosity or peer pressure. The user may say "I'll just try it I don't have to use it again" The user may experience pleasure or mood swings. The outcome may be intoxication or being stoned, or a 'rush' of some sort. This may start in early teens (sometimes younger) with trying alcohol, cigarettes or cannabis. It is easy to get high because of the body's low tolerance.

### **2. The Recreational Stage of Addiction**

During the recreational stage the user may use at the weekends with friends, just to unwind from a stressful week. Looking for relief. Tolerance increases and more substances may be used. The user is by now starting to plan for use. Starting to lie about how much and what is being used.

### **3. The Early Dependency Stage**

During this stage, the regular user becomes an abuser. The young user may be missing school and stealing money to feed the habit. Older users may be struggling to keep their job and running up debts. There is a daily preoccupation to source drugs and this often leads to meeting dealers.

### **4. The Full Dependency Stage**

During this stage of addiction, there is a self destructive and compulsive desire to escape to oblivion, or escape from reality. Sobriety is too difficult to face. If left untreated, the addict may now face despair and risks premature death through overdose, suicide, accidents or side effects. Many end up with legal problems, imprisonment and family breakdown.

## **7. Classification of Addictive Drugs**

Addictive drugs are classified in various ways based on their origin, chemical, structure, mechanism of action etc, when classified according to their effects on the users; addictive drugs can be classified into five major categories.

1. Narcotic Analgesics
2. Stimulants
3. Depressants
4. Hallucinogens
5. Cannabis

## **8. Narcotic Analgesics**

A substance that, when swallowed, inhaled, or injected, induces stupor, sleep, and insensibility. Narcotic analgesics induce a state of reversible depression on the central nervous system and are administered to relieve pain. However, the use of these drugs carries a high risk of psychological and physiological dependence, and side-effects include dose-related respiratory depression.

### **8.1 Stimulant**

Stimulants are psychoactive drugs which induce temporary improvements in either mental or physical function or both. Examples of these kinds of effects may include enhanced alertness, wakefulness, and locomotion, among others. Due to their effects typically having an "up" quality to them, stimulants are also occasionally referred to as "uppers". Stimulants are widely used throughout the world as prescription medicines and as illicit substances of recreational use or abuse.

### **8.2 Depressant**

Depressants are psychoactive drugs which temporarily diminish the function or activity of a specific part of the body or mind. Examples of these kinds of effects may include anxiolysis, sedation, and hypotension. Due to their effects typically having a "down" quality to them, depressants are also occasionally referred to as "downers". When these are used, effects may include cognitive/memory impairment, dissociation, muscle relaxation, lowered blood pressure/heart rate, respiratory depression, anesthesia, and anticonvulsant effects.

Depressants depress or slow down the function of the central nervous system. The drugs which come under the category include –

- \* Sedative-hypnotics
- \* Alcoholism

### **8.3 Sedative-hypnotics**

Sedative-hypnotics are drugs which depress or slow down the body's functions. Often these drugs are referred to as tranquilizers and sleeping pills or sometimes just as sedatives. Their effects range from calming down anxious people to promoting sleep. Both tranquilizers and sleeping pills can have either effect, depending on how much is taken. At high doses or when they are abused, many of these drugs can even cause unconsciousness and death.

### **8.4 Alcoholism**

Alcohol is a depressant, which means it, slows the function of the central nervous system. Alcohol actually blocks some of the messages trying to get to the brain. This alters a person's perceptions, emotions, movement, vision, and hearing. In very small amounts, alcohol can help a person feel more relaxed or less anxious. More alcohol causes greater changes in the brain, resulting in intoxication. When large amounts of alcohol are consumed in a short period of time, alcohol poisoning can result. Extreme sleepiness, unconsciousness, difficulty breathing, dangerously low blood sugar, seizures, and even death may result.

### **8.5 Hallucinogens**

These classes of psychoactive drugs have in common that they can cause subjective changes in perception, thought, emotion and consciousness. Unlike other psychoactive drugs, such as stimulants and opioids, the hallucinogens do not merely amplify familiar states of mind, but rather induce experiences that are qualitatively different from those of ordinary consciousness.

Hallucinations, strictly speaking, are perceptions that have no basis in reality, but that appearing entirely realistic. A typical "hallucination" induced by a psychedelic drug is more accurately described as a modification of regular perception, and the subject is usually quite aware of the illusory and personal nature of their perceptions.

The general group of pharmacological agents commonly known as hallucinogens can be divided into three broad categories:

- \* Psychedelics
- \* Dissociatives
- \* Deliriantes

### **8.6 Cannabis**

Cannabis is a genus of flowering plants that includes three putative species, Cannabis sativa, Cannabis indica, and Cannabis ruderalis. Cannabis has long been used for fiber (hemp), for medicinal purposes, and as a recreational drug. Industrial hemp products are made from Cannabis plants selected to produce an abundance of fiber and minimal levels of THC ( $\Delta^9$ - tetrahydrocannabinol), a psychoactive molecule that produces the "high" associated with marijuana. The psychoactive product consists of dried flowers and leaves of plants selected to produce high levels of THC. Various extracts including hashish and hash oil are also produced from the plant.

**"I'm not hurting anybody, I'm only hurting myself."**

## **9. Different types of Drugs & its Effects**

### **9.1 Alcohol**

The oldest and most widely used drug in the world, alcohol is a depressant that alters perceptions, emotions, and senses.

#### **Effects & Dangers**

- Alcohol first acts as a stimulant, and then it makes people feel relaxed and a bit sleepy.
- High doses of alcohol seriously affect judgment and coordination. Drinkers may have slurred speech, confusion, depression, short-term memory loss, and slow reaction times.
- Large volumes of alcohol drunk in a short period of time may cause alcohol poisoning.

### **9.2 Amphetamines**

Amphetamines are stimulants that accelerate functions in the brain and body. They come in pills or tablets. Prescription diet pills also fall into this category of drugs.

#### **Effects & Dangers**

- Swallowed or snorted, these drugs hit users with a fast high, making them feel powerful, alert, and energized.
- Uppers pump up heart rate, breathing, and blood pressure, and they can also cause sweating, shaking, headaches, sleeplessness, and blurred vision.
- Prolonged use may cause hallucinations and intense paranoia.

### **9.3 Cocaine and Crack**

Cocaine is a white crystalline powder made from the dried leaves of the coca plant. Crack, named for its crackle when heated, is made from cocaine. It looks like white or tan pellets.

#### **Effects & Dangers:**

- Cocaine is a stimulant that rocks the central nervous system, giving users a quick, intense feeling of power and energy. Cocaine also elevates heart rate, breathing rate, blood pressure, and body temperature.
- Injecting cocaine can give you hepatitis or AIDS if you share needles with other users. Snorting can also put a hole inside the lining of your nose.
- First-time users — even teens — of both cocaine and crack can stop breathing or have fatal heart attacks. Using either of these drugs even one time can kill you.

### **9.4 Cough and Cold Medicines (DXM)**

Several over-the-counter cough and cold medicines contain the ingredient dextromethorphan (also called DXM).

#### **Effects & Dangers**

- Larger doses can cause fever, confusion, impaired judgment, blurred vision, dizziness, paranoia, excessive sweating, slurred speech, nausea, vomiting, abdominal pain, irregular heartbeat, high

blood pressure, headache, lethargy, numbness of fingers and toes, redness of face, dry and itchy skin, loss of consciousness, seizures, brain damage, and even death.

- Sometimes users mistakenly take cough syrups that contain other medications in addition to dextromethorphan. High doses of these other medications can cause serious injury or death.

### **9.5 Depressants**

Depressants, such as tranquilizers and barbiturates, calm nerves and relax muscles. Many are legally available by prescription (such as Valium and Xanax) and are bright-colored capsules or tablets.

#### **Effects & Dangers:**

- When used as prescribed by a doctor and taken at the correct dosage, depressants can help people feel calm and reduce angry feelings.
- Larger doses can cause confusion, slurred speech, lack of coordination, and tremors.
- Very large doses can cause a person to stop breathing and result in death.
- Depressants and alcohol should never be mixed — this combination greatly increases the risk of overdose and death.

### **9.6 Ecstasy (MDMA)**

This is a designer drug created by underground chemists. It comes in powder, tablet, or capsule form. Ecstasy is a popular club drug among teens because it is widely available at raves, dance clubs, and concerts.

#### **Effects & Dangers:**

- This drug combines a hallucinogenic with a stimulant effect, making all emotions, negative and positive, much more intense.
- Users feel a tingling skin sensation and an increased heart rate.
- Ecstasy can also cause dry mouth, cramps, blurred vision, chills, sweating, and nausea.
- Sometimes users clench their jaws while using. They may chew on something (like a pacifier) to relieve this symptom.
- Ecstasy also raises the temperature of the body. This increase can sometimes cause organ damage or even death.

### **9.7 Heroin**

Heroin comes from the dried milk of the opium poppy, which is also used to create the class of painkillers called narcotics — medicines like codeine and morphine. Heroin can range from a white to dark brown powder to a sticky, tar-like substance.

#### **Effects & Dangers:**

- Heroin gives you a burst of euphoric (high) feelings, especially if it's injected. This high is often followed by drowsiness, nausea, stomach cramps, and vomiting.
- Users feel the need to take more heroins as soon as possible just to feel good again.
- With long-term use, heroin ravages the body. It is associated with chronic constipation, dry skin, scarred veins, and breathing problems.
- Users who inject heroin often have collapsed veins and put themselves at risk of getting deadly infections such as HIV, hepatitis B or C, and bacterial endocarditic (inflammation of the lining of the heart) if they share needles with other users.

### **9.8 Ketamine**

Ketamine hydrochloride is a quick-acting anesthetic that is legally used in both humans (as a sedative for minor surgery) and animals (as a tranquilizer). At high doses, it causes intoxication and hallucinations similar to LSD.

### **Effects & Dangers:**

- Users may become delirious, hallucinate, and lose their sense of time and reality. The trip — also called K-hole — that results from Ketamine use lasts up to 2 hours.
- Users may become nauseated or vomit, become delirious, and have problems with thinking or memory.
- At higher doses, Ketamine causes movement problems, body numbness, and slowed breathing.
- Overdosing on Ketamine can stop you from breathing — and kill you.

### **9.9 LSD**

LSD (which stands for lysergic acid diethylamide) is a lab-brewed hallucinogen and mood-changing chemical. LSD is odorless, colorless, and tasteless.

### **Effects & Dangers:**

- Hallucinations occur within 30 to 90 minutes of dropping acid. People say their senses are intensified and distorted — they see colors or hear sounds with other delusions such as melting walls and a loss of any sense of time. But effects are unpredictable, depending on how much LSD is taken and the user.
- Once you go on an acid trip, you can't get off until the drug is finished with you — at times up to about 12 hours or even longer!
- Bad trips may cause panic attacks, confusion, depression, and frightening delusions.
- Physical risks include sleeplessness, mangled speech, convulsions, increased heart rate, and coma.
- Users often have flashbacks in which they feel some of the effects of LSD at a later time without having used the drug again.

### **9.10 Marijuana**

Marijuana resembles green, brown, or gray dried parsley with stems or seeds. A stronger form of marijuana called hashish (hash). Marijuana is often called a gateway drug because frequent use can lead to the use of stronger drugs.

### **Effects & Dangers:**

- Marijuana can affect mood and coordination. Users may experience mood swings that range from stimulated or happy to drowsy or depressed.
- Marijuana also elevates heart rate and blood pressure. Some people get red eyes and feel very sleepy or hungry. The drug can also make some people paranoid or cause them to hallucinate.
- Marijuana is as tough on the lungs as cigarettes — steady smokers suffer coughs, wheezing, and frequent colds.

## **10. Causes of Substance Dependency**

There are two main causes of Substance Dependence:-

- Physical Dependency
- Psychological Dependency

**Physical Dependency** - Physical dependency is the organism's physiological reaction to the absence of the drug. It is a state of deprivation that is accompanied by uncomfortable physical symptoms known as withdrawal. Physical dependency occurs when the body is deprived of drugs such as opiates (opium derivatives), tobacco, alcohol, and certain psychoactive medications. This deprivation leads to physical symptoms that vary with the drug: pain, in the case of opiates; severe tremors, in the case of alcohol; and convulsions, in the case of barbiturates and benzodiazepines.

**Psychological Dependency** - Psychological dependency can last far longer than physical dependency: years, or even a lifetime. It is based more on the individual's traits (habits, affective states, and lifestyle) than on the substance itself. It is the memory of the pleasure associated with the



object of the dependency that the individual thinks about often and longingly. Sometimes, the re-emergence of a problem that the person was trying to suppress by taking the drug can cause them to recidivate (start taking it again). People may also remain dependent out of fear of the painful withdrawal that awaits them if they stop taking the drug. Psychological dependency is often described by the word "craving", which clearly conveys the intense desire to take the drug and feel its effects. Craving is similar to the physiological sensations of hunger and thirst.

## 11. Treatments of Addiction

### 11.1 Detox Programs

Before rehabilitation and treatment can begin, the body must first learn how to be independent of the substances that it has become accustomed to. Contrary to popular belief, detox is not solely a mental process. It is a physical and mental process that can lead to health problems or even death when it is not monitored and regulated by medical personnel. It is important to remember that detox is only the first step to treatment for addiction.

### 11.2 Alcohol Addiction Treatment

When a person is addicted to alcohol, the body ceases to provide the nervous system with GABA, an essential neurotransmitter that controls excitability. This is because the body has been relying on the alcohol to serve this purpose. When detox begins and the body is denied the control factor (alcohol), the patient can fall into a severe medical or psychological condition, possibly causing harm to himself. It is imperative that the process be monitored by professionals, for they may be able to administer medication to lessen the detox symptoms.

### 11.3 Drug Addiction Treatment

Drug addictions treatment can be used for cocaine addiction treatment or any other street or prescription drug. While different addiction treatment services will have different methods of carrying out the detoxification process, most begin with evaluation and move into stabilization. When the patient is evaluated, the bloodstream is tested to determine what chemicals the body has become dependent on. Then during stabilization, the patient is denied all drugs. Because detoxification symptoms can be severe, medication is often administered at this time to lessen the effects

## 12. Review of the literature

Review of Literature suggests that there have been attempts to study drug abuse and personality. According to *Chopra (1971)*, "From the paucity of literature on the subject, it appears that the drug problems have not yet disturbed the Indian subcontinent. This is not so may be that the problem is not as acute as in other affluent countries. But it is spreading rapidly particularly among the Colleges and University students in large cities.

Similar views have been expressed by *Dube (1972)* to quote, "A matter of serious concern is, that the drug epidemic is increasing affecting both boys and girls. This habit is more common among the students."

According to *Engle Bert (1974)*, "The problem of adolescents' drug abuse is not Sui Generis but rather a part of other manifestation of deviancy in isolation."

Unfortunately under the influence of medical model of drug use and abuse too much emphasis have been laid upon the role played by drugs and other toxic agents, in comparison to the personal and environment factors. This fact has been rightly put forth by *Bourne (1974)* to quote, "The pathology of drug dependence is the result of a complex relationship between individual psychopathology, pharmacology, and socially prescribed roles and values. We perhaps, have tendency to put to great emphasis on the effects of drug itself and social aspects of the phenomenon."

A research study relating to the personality characteristics certain biosocial variables among the drug taking students of Delhi University undertaken by the Singh (1977). In this study, two groups of drug users (DU) and non users (NU) were compared in respect of certain biosocial variables, like, nature and size of family, family income, both order of the subject nature of parental care, parents educational levels, subjects relations with the father, mother, friends and teachers and religious belief among the subject. The result of this study have shown that drug users, in general, belong to unitary, comparatively small, rich, more educated and sophisticated families.

Similar findings have been reported by other research studies, for example – *Delhi school of Social work (1972) Mohan and Arora (1976)* and others likewise drug using subjects have been reported to be either the eldest or the youngest among the siblings in most of the cases, such cases have been found to be more prone to various personal disturbance in later life.

### 13. Study says marijuana no gateway drug

Marijuana is not a “gateway” drug that predicts or eventually leads to substance abuse, suggests a 12-year University of Pittsburgh study.

The Pitt researchers tracked 214 boys beginning at ages 10-12, all of whom eventually used either legal or illegal drugs. When the boys reached age 22, they were categorized into three groups: those who used only alcohol or tobacco, those who started with alcohol and tobacco and then used marijuana (gateway sequence) and those who used marijuana prior to alcohol or tobacco (reverse sequence).

“Today's students can put dope in their veins or hope in their brains. If they can conceive it and believe it, they can achieve it. They must know it is not their aptitude but their attitude that will determine their altitude.”

- Jesse Jackson

### 14. Methodology

#### 14.1 Design

It is an exploratory study. Exploratory studies are done for three purposes.

1. To satisfy the researchers curiosity and desire for better undertaking.
2. To test the feasibility of undertaking a more extensive study.
3. To develop the methods to be employed in any subsequent study.

#### 14.2 Hypothesis

There is a significant difference between personality of addicts and non addicts.

#### 14.3 Sample

Sample contains of 30 Males in which there are 15 Addicts and 15 non Addicts. Addicts were taken from the Drug De-Addiction Center situated in Lucknow mainly. **NIRVAN neuropsychiatric hospital and Drug De-Addiction Center, Ismail Ganj, Lucknow.**

The age group of sample is 25 to 45 years. The subjects were using Heroin, Ganja, Smack, Alcohol, Tobacco and Bhang. Addicts were selected on individual basis.

#### 14.4 Tool Used

16 PF →The Sixteen Personality Factor Questionnaire (or 16PF), is a multiple-choice personality questionnaire which was scientifically developed over several decades of research by Raymond B. Cattell and his colleagues.

The sixteen primary factors were a result of factor-analyzing hundreds of measures of everyday behaviors to find the fundamental traits behind them. Later, five global (or second-order) factors were discovered by factor-analyzing the sixteen primary traits themselves. Thus, the 16PF test gives scores on both the second-order global traits which provide an overview of personality at a broader, conceptual level, as well as on the more-numerous, precise primary traits, which describe the richness and complexity of each unique personality.

The *16PF Fifth Edition* contains 185 multiple-choice items. The test provides scores on 16 primary personality scales and five global personality scales, all of which are bi-polar (meaning that both ends of each scale have a distinct, meaningful definition). The test also includes three validity scales: a bi-polar Impression Management (IM) scale, an Acquiescence (ACQ) scale, and an Infrequency (INF) scale. The reasoning ability (Factor B) items appear at the end of the test booklet with separate instructions, because they are the only items that have right and wrong answers.

Administration of the test takes about 35–50 minutes. The test instructions are simple and straightforward, and the test is un-timed, and thus it is generally self-administrable and can be used in either an individual or a group setting. The 16PF test was designed for adults at least age 16 and older.

Cattell’s goal in creating the ‘‘16PF Questionnaire’’ was to discover the number and nature of the fundamental traits of human personality and to develop a way to measure these dimensions.

### 15. Questionnaire

Hindi version of Cattell’s 16 Personality Factors Questionnaire form ‘A’ prepared by S.D. Kapoor was used to assess the personality traits.

### 16. Analysis of Data

To find out the significance difference between personality of addicts and non addicts, t-testing were used.

### 17. Result

**Table 1:** Showing difference between 16 personality Factors of addicts and non addicts.

Factors	Mean		SD	MD	t-value
	Addicts	Non Addicts			
A	3.90	2.26	0.54	1.64	8.63*
B	2.13	3.33	1.67	1.20	2.00
C	1.53	1.20	0.71	0.33	1.32
E	3.53	3.66	1.61	0.13	0.22
F	3.73	2.46	1.51	1.27	2.35**
G	2.06	1.60	1.00	0.46	1.27
H	3.13	1.33	1.34	1.8	3.75*
I	3.73	3.06	1.17	0.67	1.59
L	3.73	2.06	1.60	1.67	2.92*
M	1.86	1.73	0.85	0.13	0.43
N	1.20	1.26	0.82	0.06	0.07
O	3.20	2.80	1.47	0.40	0.76
Q1	2.53	1.46	1.48	1.07	2.01
Q2	3.20	2.53	1.64	0.67	1.13
Q3	1.00	1.86	1.28	1.00	2.17**
Q4	4.80	4.13	1.55	0.67	1.21

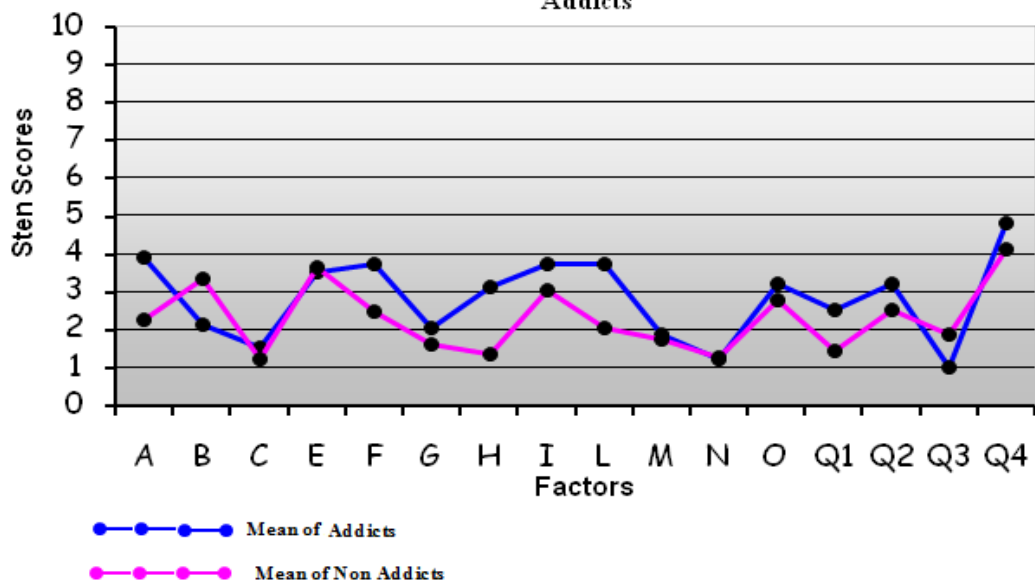
→ Table Value at 0.01 level with 28 df = 2.76

→ Table value at 0.05 level with 28 df = 2.05

\* Calculated value is > 0.01 level

\*\* Calculated value is > 0.05 level

Fig. 1: Difference between 16 Personality Factors of Addicts & Non Addicts



### 17.1 Interpretation

Personality can be defined as a dynamic and organized set of characteristics possessed by a person that uniquely influences his or her cognitions, motivations, and behaviors in various situations. According to Carl Gustav Jung 1934, “Personality is the supreme realization of the innate idiosyncrasy of a living being. It is an act of high courage flung in the face of life, the absolute affirmation of all that constitutes the individual, the most successful adaptation to the universal condition of existence coupled with the greatest possible freedom for self-determination.”

Addiction is a dependence on a behavior or sub-stance that a person is powerless to stop. The term has been partially replaced by the word dependence for substance abuse. Addiction has been extended, however, to include mood-altering behaviors or activities. Addiction is a complex brain disease. It is characterized by compulsive, at times uncontrollable, craving, seeking, and use that persist even in the face of extremely negative consequences.

The purpose or main aim of doing this study is to find out the difference between the Personality Factors of Addicts and Non Addicts. For this purpose researcher made the Hypothesis that there is a difference between Addicts and Non Addicts personality traits. Sample was taken for this purpose is 30 Males in which 15 are addicts and 15 are non addicts. Researcher used 16 Personality Factor as a tool for assessing the personality of the addicts and non addicts. First of all establish the proper rapport with the entire subject and then provide all the relevant instructions to them. Instructions are very simple and given on the first page of 16 PF booklet. After obtaining all the answers from all the subjects scoring were done, in which raw score was converted into sten scores and further for analyzing the data t-testing was done.

The result does not show much difference between the personality traits of addicts and non addicts in term of standard score. Interpretation was based on the 16 Personality Factors. All the score lie on the same side of the sten score in term of mean. After applied t-testing to test the data researcher found the significant difference between the mean. This shows the difference between the some personality factors among the addicts and non addicts.

On factor A (*Reversed vs. outgoing*) there is a significant difference among the addicts and non addicts male. Mean value of addicts (3.90) was higher than the mean value of non addicts (2.26) and the t-value of this factor is 8.63 which is significant at 0.01 level. This indicate that addicts were more towards Outgoing i.e. addicts were more easy going, warm hearted, participating, good natured, emotionally expressive, ready to cooperate, forms group, less afraid of criticism and able to remember names than the non addicts which could have lead them to be a addicts.

It seems that worm hearted, easy going and participating individuals are more tend to be addicts than Detached, critical, cool individuals.

On factor **F**(*Sober vs. Happy-go-lucky*) there is a significant difference between addicts and non addicts. According to mean of addicts (3.73) which is higher than the mean of non addicts (2.46) showed that addicts are more impulsive and enthusiastic liveliness. Addicts were more happy-go-lucky type persons. They tend to be more cheerful, active, talkative, frank, expressive, effervescent, and carefree than the non addicts who are restrained, reticent and introspective.

It seems that impulsive and carefree attitude of an individual may lead towards the addiction. Individuals who are happy-go-lucky, impulsive, enthusiastic, active, talkative and carefree are more likely to be addicts than the individuals who are sober, prudent, serious, taciturn, restrained reticent and introspective.

Significant difference was also found on factor **H**(*Shy vs. Venturesome*). Mean value of addicts group is 3.13 which is significant at 0.01 level. This indicates that addicts have traits like boldness, ready to try new things, spontaneous and abundant in emotional response i.e. individuals having these traits are more likely to be addicts than the individuals who have traits like shy, withdrawing and cautious.

Individuals, who can be careless of details, ignore danger signals and consume much time in talking and actively interested in the opposite sex more likely to be addicts than the individuals who tend to be slow and impeded in speech and in expressing himself.

Venturesome, socially-bold, uninhibited and spontaneous individuals are more likely to be addicts than shy, restrained, diffident and timid individuals.

There is also a significant difference between addicts and non addicts' personality on factor **L** (*Trusting vs. Suspicious*). Mean value of addicts on this factor is 3.73 which is higher than the mean value of non addicts on this factor which is 2.06 and the t-value on this factor obtained is 2.92 which is significant at 0.01 level.

Individuals having traits like mistrusting, doubtful are more likely to be addicts than individuals having traits like free of jealous tendencies, adaptable, un competitive, cheerful, concerned about other peoples. Individuals, who are often involved in their own ego, are self opinionated and interested in internal, mental like usually deliberate in his actions, unconcerned about others, a poor team member are more likely to be addicts than the individuals who tends to be good team worker, adaptable and concerned about other peoples.

Suspicious, self-opinionated and hard to fool individuals re more tend to be addicts than trusting, adaptable, free of jealousy and easy to be on with individuals.

On factor **Q3** (*undisciplined self-conflict vs. Controlled*) there is also a significant difference between addicts and non addicts. Mean value of addicts in this factor is 1.00 which is less than the mean of non addicts (1.86) on this factor. The t-value is 2.17 which is significant at 0.05 level.

This indicate that individuals who are not be bothered, control and regard of social demands, who are not overly considerate, careful or painstaking, individuals feel maladjusted are more likely to be addicts than the individuals who tend to have strong control of his emotions and general behaviour is inclined to be socially aware and careful and evidences that what is commonly termed "Self Respect" and regard for social reputation.

Individuals who are careless and follows awn urges, who are indisciplined self-conflict are more easily get engaged in addiction than the individuals who are controlled, socially precise, follows self image.

Undisciplined self-conflict, careless of protocol and individuals who follows own urges are more likely to be addicts than controlled, socially precise individuals who follows their self-image.

## 18. Conclusion

The conclusion is that there is a significant difference between the personality of addicts and non addicts on the various personality factors like A, F, H, L, Q3.

This study shows that on factor A addicts are more outgoing, warmhearted, easy going, emotionally expressive, ready to cooperate, less afraid of criticism and participating and non addicts are stiff, reserved, detached, critical, skeptical, aloof and cool.

On factor F addicts are more happy-go-lucky, impulsive, lively, cheerful, active, talkative, frank, carefree and enthusiastic and non addicts are sober, prudent, serious, and taciturn.

On factor H addicts are more venturesome, socially bold, uninhibited, abundant in emotional response, careless of detail and spontaneous and non addicts are shy, restrained, diffident, slow in expressing himself and timid.

On factor L addicts are more suspicious, self-opinionated, mistrusting, hard to fool, egoistic, self-opinionated and doubtful and non addicts are trusting, adaptable, free of jealousy, cheerful, uncompetitive, good team worker and concerned.

On factor Q3 addicts are more undisciplined self-conflict, careless of protocols, painstaking and follow own urges where as non addicts are controlled, socially precise, following self image, inclined to be socially aware, careful and having self respect and regard for social reputation.

## 19. Summary

Personality is all about the most essential psychological aspects of a person's life – our thoughts, feelings, motives, skills, and behaviors. Personality is based on the individual's distinct and consistent outlooks and actions or overall style of behavior. Inherited or biological traits are not personality traits except inasmuch as they influence behavior.

Addiction is a chronic, but treatable, brain disorder. People who are addicted cannot control their need for alcohol or other drugs, even in the face of negative health, social or legal consequences.

## 20. Suggestions

An active research needed to work on areas of family and social environment. Relation between family environment and personality traits of addicts and non addicts can also be studied. Gender differences among addicts can also be studied. In the present study, the effect of different types of drugs has not been taken up and the effects of the different types of drugs can be making a point of future researches.

There are many other variables which can be studied with personality of addicts like educational level, nature of parental care, social conformity, self esteem, birth order of the addicts, addict's relations with the mother, father, siblings and friends etc which can be studied through semi-structured or unstructured interview. Socio economic status can also be studied to know its role in addiction.

## References

- 1.Clifford, T. Morgan, Richard A. King, John R. Weisz, John Schopler: Introduction to Psychology, Tata McGraw Hill Edition, Pg- (568)
- 2.Elizabeth, H. Hurlock. (1996). Personality Development, Tata Mc Graw Hill.
- 3.Indian, J. Clini. Psycho 1. (1979). 6: 149-152
- 4.Kapoor, S. D (1993). Cattell 16 PF Questionnaire (Form A) Indian Adaptation in Hindi, New Delhi.
- 5.Official Journal of Indian Association of Clinical Psychologists Vol. 6, No. 2 (September 1979).
- 6.Singh, A. K (1991). Tests, measurements and Research methods in Behavioral Sciences, Bharti Bhawan Publishers & Distributors, Patna, Pg. (446 - 449).