

The Relation Between Meaning in Life and the Occurrence of Drug Abuse: A Retrospective Study

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Humans have been using plant-derived drugs for as long as they have recorded history. The purpose of this article was to assess the relation between meaning in life and drug abuse. An epidemiological, retrospective study was performed to compare personal meaning in life between a group of 49 individuals receiving inpatient treatment for drug abuse and a group of 49 matched, non-drug-abusing controls. Study participants in both groups completed the Purpose in Life Test and Life Attitude Profile—Revised. With both instruments, the inpatient drug-abusing Ss were found to have significantly lower levels of meaning in life. Drug treatment and primary prevention programs should consider giving some attention toward life meaning issues in their intervention strategies.

It is apparent that drug consumption is part of human history. An assortment of drugs have been consumed for a variety of reasons (i.e., recreational, therapeutic, and religious) over thousands of years. These drugs have been used with no or minimal ill effects and abused with tragic human consequences. Given the tremendous burden of drug abuse on society today, substantial efforts are being made to reduce the deleterious outcomes of this abuse.

To date, knowledge of the causes of the various forms of drug abuse remains incomplete. It appears that a multifactorial system of causation best explains the occurrence of drug-abusive behavior. Some combination of biological, psychological, emotional, and sociological factors increases certain individuals' probability of abusing psychoactive drugs (Schlaadt & Shannon, 1990). Incomplete knowledge of the "web of causation" of drug abuse is manifestly evident when looking at drug treatment. Current treatment programs

are partially effective at best. The most effective drug (i.e., alcohol, heroin, tobacco, and polydrug abuse) treatment programs have long-term success rates of between 20% to 30% (Ray & Ksir, 1990).

During this century, Viktor Frankl became a major theorist and spokesperson for existential theory. Frankl (1959) believed that the core of the human experience is searching for meaning and purpose. From his personal experience, he discovered that such meaning is often the outcome of love, work, and suffering. Frankl (1959) also argued, along with earlier existential philosophers, that humans are free to choose their reactions to life: "The last of human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way" (p. 86).

Through his writings, Frankl argued that humans can transcend their biological and social circumstances to a level of spirituality that allows them to create meaning in their life. Frankl (1967) felt that a search for meaning that is repressed or blocked will result in the individual developing an "existential vacuum" p. 31 (i.e., a feeling that life has no meaning or purpose). A person with such a vacuum experiences feelings of indifference, apathy, or boredom and a sense of meaninglessness with life. This existential vacuum is often the product of today's complex, impersonal world rather than specific pathology within an individual.

The major logotherapeutic constructs of Frankl's theory—will to meaning, existential vacuum,

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realities and potentialities, personal choice and responsibleness, and death transcendence-form a cohesive existential model of both human behavior and therapeutic intervention. Frankl (1978) hypothesized that addiction could be the direct result of a lack of meaning in one's life: "Addiction is at least partially to be traced back to the feeling of meaninglessness" (p. 26). Thus, an existential vacuum, coupled with the constant bombardment of life's conflicts, can lead to the abuse of drugs as a source of relief. Not all individuals experience a lack of meaning in their life, and of those who do, Frankl argues, not all will turn to drugs. The healthy, growing person faces the freedom and responsibility of life by building bridges with others to make contributions to the world. Others, however, react to their existential vacuum in maladaptive ways, such as through aggression, suicide, or drug abuse (Frankl, 1959). The drug abuser is an individual who, because of his or her existential vacuum, experiences unhappiness. To deal with unhappiness, the drug abuser will turn to drugs for relief from emotional pain and for the experience of pleasure. However, this form of behavior is maladaptive because drugs are short-term coping mechanisms and because the person has not addressed the root of her or his unhappiness, namely, a lack of meaning in life.

The purpose of this study was to assess the relation between meaning in life and the occurrence of drug abuse. The study was an epidemiological, retrospective (i.e., case control) design. The population of interest consisted of individuals receiving inpatient treatment for psychoactive drug abuse. A sample of drug abusers were compared with a matched sample of non-drug abusers.

Method

Subjects

Drug abusers, hereafter referred to as case subjects, included all inpatient residents except those just starting treatment (i.e., in residence for less than 72 hr) or those within 96 hr of release from treatment at two inpatient drug treatment centers located in Nashville, Tennessee. The case subjects received treatment between June 1, 1991, and June 30, 1991. Non-drug-abusing study participants, hereafter referred to as control

subjects, were a sample of non-drug-abusing individuals from the noninstitutional, general population. Control subjects were selected from employees at the Barren River (Kentucky) District Health Department and students and employees from Western Kentucky University. Before admission to the study as a control subject. individuals completed the Short Michigan Alcoholism Screening Test (SMAST; Selzer, Vinokur, & Van Rooijen, 1975). Individuals scoring 3 or greater on this test were excluded from the control group. Control subjects were matched to case subjects on age, race, and gender. Specifically, after testing had been completed on the case subjects, an individual control subject was found for each case subject. Each control subject was in the same age category (i.e., case age plus or minus 5 years) and of the same gender and race as his or her corresponding case subject.

Measures

All subjects completed the Life Attitude Profile-Revised (LAP-R), the Purpose in Life Test (PIL), and a brief demographic questionnaire. The LAP-R is a multidimensional instrument designed to measure Frankl's concepts of will to meaning, existential vacuum, personal choice and responsibleness, realities and potentialities, and death transcendence (Frankl, 1959). Reker and Peacock (1981) developed the Life Attitude Profile (LAP), consisting of fifty-six 7-point Likert-scale items measuring seven factorially derived dimensions of attitudes toward life. Internal consistency reliability estimates for these subscales range from .66 to .83, whereas the reliability for the entire test is .82. Test-retest reliability is .75 for the entire instrument and ranges from .56 to .83 for the subscales. LAP subscales also relate to conceptually relevant measures such as Internal/External Locus of Control, Positive Perception of Life and Death. Positive Self-Concept, Positive Perception of the Future, and Alienation (Reker, 1991). Discriminative validity has been demonstrated by showing that six of the LAP subscales do not correlate significantly with the Social Desirability Scale developed by Crowne and Marlowe (1964).

The LAP-R is a refined version of the original LAP (Reker, 1991). It is a multidimensional, self-report measure of attitudes toward life. The LAP-R consists of thirty-six 7-point Likert-scale

items and is scored and profiled in terms of six dimensions and two composite scales. The dimensions are (a) Life Purpose (PU), (b) Coherence (CO), (c) Existential Vacuum (EV), (d) Life Control (LC), (e) Death Acceptance (DA), and (f) Goal Seeking (GS). The two composite scales are Personal Meaning Index (PMI) and Life Attitude Balance Index (LABI). The PMI is a twocomponent construct including having life goals; having a mission in life; having a sense of direction from past, present, and future; and having a logically consistent and integrated understanding of self, others, and life in general. The LABI is a global measure of attitudes about life that includes the degree to which meaning and purpose have been discovered and the motivation to find meaning and purpose. Internal consistency reliability for the LAP-R dimensions and composite scores range from .63 to .87 (Reker, 1991).

The Purpose in Life (PIL) Test includes 20 items that are rated on 7-point Likert scales. The PIL was designed to measure self-perception of one's purpose in life (Crumbaugh & Maholick, 1968). Item development for the test was grounded in existential principles, with particular attention made to logotherapy. Specifically, the test measures Frankl's (1967) concept of "the will to meaning" p. 21, that is, the need to find purpose in life. The PIL measures the degree to which meaning and purpose in life has been found; it does not indicate the strength of a person's motivation to find this meaning.

Estimation of internal consistency reliability for the PIL, determined by the odd-even method with the Spearman-Brown correction formula, was .90 (Crumbaugh & Maholick, 1968). Crumbaugh and Maholick demonstrated construct validity for the PIL by successfully demonstrating that the instrument significantly discriminated between mental health patients and nonpatient controls.

Results

A total of 98 people participated in the study as case subjects (n=49) and as control subjects (n=49). Descriptive statistics on the case and control subjects are summarized in Table 1. Members of the case group were more likely to report a family history of alcoholism (p < .05). Data on the subjects test scores on the LAP-R and PIL are summarized in Table 2.

Table 1
Descriptive Data on Case Subjects
and Control Subjects

Characteristic	No. case subjects	No. control subjects 49	
n	49		
Gender	,		
Men	29	29	
Women	20	20	
Race			
Błack	6	6	
White	42	42	
Hispanic	1	1	
Family history of alcoholism ^a		-	
Yes	39	18	
No	10	31	
Age			
M	29.4	29.1	
SD	8.8	9.2	
Time in treatment		, . -	
M_{-1}	14.1		
SD	9.7		

Note. Age is in years; time in treatment is in days. Dashes indicate data not applicable to this condition. $^{a}\chi^{2}(1, N = 98) = 18.49, p < .001; \phi = .43$.

A multivariate analysis of variance (MANOVA) was performed, which compared LAP-R scores between the case and control groups. As can be seen in Table 2, a significant overall group difference was found between the two study groups on the LAP-R, F(7, 90) = 8.69, p < .001.

Results of the general linear models procedure for comparing both study groups on the LAP-R subscales are also reported in Table 2. An examination of these results reveals that the control group had significantly higher levels of subjective meaning in life on the following dimensions: (a) Purpose, F(1, 96) = 32.98, p <.001; (b) Life Control, F(1, 96) = 6.71, p < .05; and (c) Death Acceptance, F(1, 96) = 5.27, p <.05. In keeping with these results, the control subjects had significantly lower levels of feelings of Existential Vacuum, F(1, 96) = 25.28, p < .001. Also, the control subjects perceived significantly more meaning in life than the cases on the composite PMI, F(1, 96) = 14.47, p < .001, and in the LABI, F(1, 96) = 22.34, p < .001. Last, no significant differences were found between the two groups on the Coherence and Goal Seeking dimensions.

We performed an analysis of variance (ANOVA), comparing case subjects with control

Table 2
Descriptive and Inferential Statistics on Life Attitude Profile-Revised (LAP-R) and the Purpose in Life (PIL) Test for the Case and Control Groups

	Study group				
Measure	Case subjects		Control subjects		
	M	SD	M	SD	F(1,96)
		LAP-R ^a			
Dimensions Life Purpose Coherence Existential Vacuum Life Control Death Acceptance Goal Seeking	24.1 31.4 30.0 30.9 25.1 33.1	7.6 7.0 7.5 7.2 6.9 5.6	31.9 32.7 22.3 34.1 28.3 32.8	5.8 5.9 7.6 4.6 6.6 5.2	32.98** 1.04 25.28*** 6.71* 5.27*
Composite scales PMI LABI	55.5 48.4	13.1 24.4	64.6 71.4	10.6 23.8	14.47*** 22.34***
-	79.0	PIL. 9.0	83.5	5.5	8.64**

Note. For case subjects, n = 49; for control subjects, n = 49.

"Wilks' $\lambda = .5968$; F(7,90) = 8.69; p < .001 (i.e., multivariate analysis of variance test criteria and exact F statistic for the hypothesis of no overall group effect); PMI = Personal Meaning Index; LABI = Life Attitude Balance Index.

*p < .05. **p < .01. ***p < .001.

subjects on the PIL total score. The mean score for the control subjects (M=83.5, SD=5.5) was significantly higher than the mean score for the case subjects (M=79.0, SD=9.0), F(1, 96)=8.64, p<.01.

Discussion

Within the context of this study, the inpatient, drug-abusing subjects were found to have significantly lower levels of meaning in life when compared with matched, nondrug-abusing controls. Comparisons with the PIL indicated that non-drug-abusing subjects had a higher amount of self-perceived purpose in life than those who abused drugs. On the LAP-R, results were mixed. Non-drug-abusing subjects perceived significantly more meaning in life, as evidenced by their subscale scores of Life Purpose, Life Control, Death Acceptance, Existential Vacuum, Personal Meaning, and Life Attitude Balance. No differences were found between the two groups on the scales of Coherence and Goal Seeking.

These results appear to be consistent with Frankl's existential explanation for why some people abuse drugs. As noted earlier, a lack of meaning in life can contribute toward unhappi-

ness, which may lead to the abuse of drugs. The drug-abusing subjects in this study had notably less life meaning, as measured by the LAP-R subscales of Existential Vacuum and Personal Meaning and by the LABI and the PIL. For example, the Existential Vacuum scale measures lack of purpose and goals in life, along with boredom and apathy. A sample statement is, "I feel the lack of and a need to find real meaning and purpose in my life." The non-drug-abusers' scores were substantially lower than the drug abusers. These drug abusers were experiencing a real void in their life. The LABI took into account the degree to which meaning and purpose had been discovered and the motivation to find meaning and purpose. The difference between the two study groups was dramatic. Drug abusers were apparently substantially lacking in this regard.

Group scores on the Life Purpose scale were consistent with predictions on the basis of Frankls' theory. The Life Purpose scale measures zest for life, contentment, and life satisfaction. The drug abusers in this sample were substantially less happy with their lives when compared with the non-drug-abusing group. Coupled with the aforementioned lack of meaning within the drug

abusers, these findings provide further support for Frankl's theory.

The major limitation of this study involves the testing of the case subjects (i.e., drug abusers) after they had developed a drug problem. As noted in the Results section, significant differences in meaning in life were found between the study groups. Whether these differences existed before the case subjects developed their drug problem is impossible to determine from this study. From the standpoint of improving the efficacy of drug treatment, however, this limitation may not be relevant. If a lack of meaning exists within drug abusers (i.e., regardless of its presence or lack thereof before the onset of the abusive behavior), it could be a focus of treatment.

Future research is needed to replicate these findings in larger and varied samples of drug abusers. A better understanding of drug abusers' self-perceived life meaning is also warranted. Finally, longitudinal research that assesses self-perceived life meaning before the possible onset of drug abuse is critical to assessing any causal link between life meaning and the development of drug abuse.

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