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# A Study on Value Orientations as Related to Drug Abuse Among Urban and Rural Male Adolescent

Chowdhury, Md. Hasanuzzaman

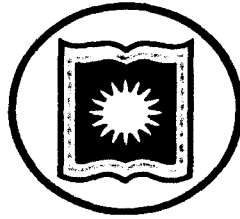
University of Rajshahi

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**A STUDY ON VALUE ORIENTATIONS AS  
RELATED TO DRUG ABUSE AMONG URBAN  
AND RURAL MALE ADOLESCENTS**



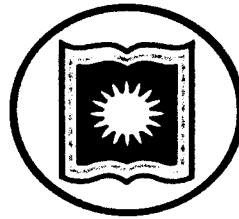
*A Thesis Submitted to the Department of Psychology  
University of Rajshahi for the Degree of Master of Philosophy  
in Psychology*

**By  
Md. Hasanuzzaman Chowdhury**

**Under the supervision of  
Dr. Syed Mohammad Ziauddin  
Professor of Psychology**

**DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF RAJSHAHI  
BANGLADESH  
June 2010**

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June 2010**



**DECLARATION**

It is my great satisfaction to declare that the thesis entitled "A STUDY ON VALUE ORIENTATIONS AS RELATED TO DRUG ABUSE AMONG URBAN AND RURAL MALE ADOLESCENTS" is a completely new and original work done by me under the supervision of professor Dr. Syed Mohammad Ziauddin in the Department of Psychology, University of Rajshahi Bangladesh, for the degree of Master of Philosophy in Psychology. No part/parts of this thesis, in any form, have been submitted to any other University/Institution for any other degree of diploma.

*Md. Hasanuzzaman Chowdhury,*  
26.06.2020

**Md. Hasanuzzaman Chowdhury**

**CERTIFICATE**

I am highly delighted to stat that Md. Hasanuzzaman Chowdhury a research fellow in the Department of Psychology, University of Rajshahi, has completed his M.Phil thesis entitled **“A STUDY ON VALUE ORIENTATIONS AS RELATED TO DRUG ABUSE AMONG URBAN AND RURAL MALE ADOLESCENTS”**. He has conducted his investigation under my direct supervision. I believed that it is prepared on the basis of his own investigation. So it seems to me that the investigation is an original piece of work. As far as my knowledge goes, no other person in any way was associated with the completion of this investigation.

I have read the manuscript of the thesis thoroughly and pointed out necessary change and corrections. I believed that the researcher has made an effort to understand my critical evaluation and has made necessary alteration to my satisfaction. I strongly recommend the thesis for submission in the University of Rajshahi for the M.Phil degree in Psychology.

*S. M. Ziauddin*  
26.6.2010  
**Dr. Syed Mohammad Ziauddin**  
Professor  
Department of Psychology  
University of Rajshahi

## Acknowledgement

All the gratitude go to Almighty Allah who has provided me with the energy of performing this work.

This is an opportunity as well as obligation for me to express my deep gratitude and debt to those who helped me in preparing this thesis.

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I express my deep sense of gratitude to my father Alhajj Md. Nazim uddin Chowdhury and my mother Alhajj Mrs. Nurunnahar Chowdhury, who always gave blessing and inspired me to continue this work. Specially my mothers have gone through all the sufferings and scarifies. Who rendered all possible help to finish the work. I am very much proud of her. Parent's sincere and loving co-operation it was impossible to complete this research. I extend my love and best regards to my parents. I believed that they will take pride and

will be highly satisfied for the success of their son. It takes advantage to extend my thanks to them.

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I convey my heart felt thanks to my father in-law Md. Lutfor Rahman Pramanic and late mother in-law Morjina Begam, all my brothers and sisters and other members of my family and my father in-law's family who helped me with their kind company, encouragement sincere co-operations and active family support in all phases of the renewed work. Additionally, I express my affection and gratitude to my mother in high younger aunt Mrs. Gulnagar Bhuian, low younger aunt Mrs. Jesmin Rahman and my maternal uncle Professor Dr. Mohammad Muzibur Rahman, my paternal uncle Md. Ibrahim Khalil Chowdhury, my elder sister Rehana Begam and my Honorable Teacher Shamsuddin Elias (Associate Professor) for their inspiration encouragement all out co-operation during the entire period of the study.



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Finally the expectation of the well-wisher to extend to M.phil/Ph.D level could not be met due to my unwillingness. Though this may frustrate them. I am hopeful that I will be able to pay respect to their well-wisher with renewed attempts.

*Md. Hasanuzzaman Chowdhury*  
*26.06.2010*

**(Md. Hasanuzzaman Chowdhury)**

## **ABSTRACT**

The study focused on Terminal and Instrumental value orientations as related to drug abuse and non-abuse among urban and rural residential background and early and late adolescents. Study was made in the present day economic and socio-cultural context of Bangladesh. Different Theoretical approaches were taken such as :

### **Two psychological approaches to value orientations**

1. A functional approach to instrumental and terminal values and the value-attitude-behavior system
  - a. The structure of human values: a principal components analysis of the rokeach value survey
  - b. Values and political ideology: rokeach's two-value model
2. The "gateway" theory of drug use holds that exposure to "entry" drugs— notably alcohol, cigarettes, and marijuana—reliably predicts deeper and more severe drug involvements.

### **Objectives of the Study**

The broad objective of the study was to conduct an empirical investigation on value orientations as related to drug abuse and non-abuse with some demographic dimensions of residential backgrounds and adolescent age groupings. The investigation was done on value orientation with special reference to the district of Rajshahi. More specifically the main focus of the study was to explore the patterns of value orientations of early and late adolescents of rajshahi district as related to drug abuse, non-abuse and urban and rural residential backgrounds.

The main objective of the study was to find out the similarities and differences in value orientations of drug abuser and non-abusers and its

## VIII

relation with their residential background and age groupings. More specifically the main objectives of the study were as follows:

1. To study patterns of similarities and differences in Terminal value orientations of Drug abuser and non- abuser groups irrespective of their residential background and age group.
2. To study patterns of similarities and differences in Instrumental value orientations of Drug abuser and non- abuser groups irrespective of their residential background and age group.
3. To find out the characteristic differences between urban and rural Ss in their Terminal value orientations
4. To find out the characteristic differences between urban and rural Ss in their Instrumental value orientations.
- 5 To study the similarities and differences between early and late-adolescents in their Terminal value orientations.
6. To study the similarities and differences between early and late-adolescents in their Instrumental value orientations

### **Additional objectives**

- 7 To study similarity and differences within drug abuser in value orientations.
8. To study similarity and differences within non- abuser in value orientations.
9. To study patterns of similarities and differences between drug abuser and non- abuser.

The measures used in this study were as follows:

1. Rokeach's Value Inventory (1973)
  - a. Terminal values (sub test)
  - b. Instrumental values (sub test)

The study used purposive samples. A total of 320 Ss equally divided into Drug abuser and Non- abuser groups were used. Each group was again equally sub-divided into Urban and Rural. Each Urban and Rural category was again sub-divided into Early and Late Adolescent according to their age groupings.

Thus a 2 x 2 x 2 factorial design involving 2 levels of group Composition (Drug abuser/Non- abuser) 2 levels of residential background (Urban/Rural) and 2 levels of age groups Early/Late Adolescent were used. Analysis of results was computed in two parts.

In the first part a factorial ANOVA using 2 x 2 x 2 design was used on the scores of Rokeach's (1973) value inventories of terminal and instrumental values. In the second part, t-test was computed on the scores of these scales.

### **Hypothesis of the Study**

**The main hypotheses were as follows;**

1. Non- abuser respondents would show significantly more positive Terminal value orientations than its Drug abuser counterpart.
2. Non- abuser respondents would show significantly more positive Instrumental value orientations than its Drug abuser counterpart.
3. Urban respondents would show significantly more positive Terminal value orientations than its rural counterpart.
4. Urban respondents would show significantly more positive Instrumental value orientations than its rural counterpart.
5. Early adolescent Subjects would show significantly more positive Terminal value orientations than late adolescent subjects.
6. Early adolescent Subjects would show significantly more positive Instrumental value orientations than late adolescent subjects.

**Extended hypothesis:**

7. Drug abuser of urban and rural origins, early and late adolescents would differ significantly in their terminal value orientations..
8. Drug abuser of urban and rural origins, early and late adolescents would differ significantly in their Instrumental value orientations..
9. Non- abuser of urban and rural origins, early and late adolescents would differ significantly in their terminal value orientations..
10. Non- abuser of urban and rural origins, early and late adolescents would differ significantly in their Instrumental value orientations.
11. Drug abuser and non- abuser urban and rural residential background, early and late adolescents would differ in their terminal value orientations.
12. Drug abuser and non- abuser urban and rural residential background, early and late adolescents would differ in their Instrumental value orientations.

The findings of the results strongly supported the predictions. It showed that the main effect of drug abuser and non-abuser Group Composition for Terminal Values was statistically significant.

The main effect Urban and Rural Residential Background for Terminal values was found statistically significant.

Regardless of Residential background and Age group Non-abuser Ss expressed significantly higher Terminal value orientation as compared to the drug abuser group of Ss.

It was found that Urban Ss showed rated significantly higher orientation for Terminal values in comparison to Rural Ss.

A three-way Interaction representing Group composition, Residential background and Age group was statistically Non- significant in case of Terminal Value orientations.

Again, the main effect of Urban and Rural Residential Background for Instrumental Values was found statistically significant.

Regardless of residential background and age group, non-abuser Ss expressed significantly more instrumental values than their drug abuser counterpart.

Regardless of Group Composition and age group residential background, the results indicated that urban Ss expressed significantly more instrumental values than the rural Ss.

Early adolescent Ss expressed significantly more instrumental values as compared to the late adolescents group.

A three-way interaction representing Group Composition, residential background and age group, in case of Instrumental values was found statistically non-significant.

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**LIST OF ABBREVIATIONS**

1. AUE =Drug abuser urban early adolescent
2. AUL = Drug abuser urban late adolescent
3. ARE = Drug abuser rural early adolescent
4. ARL = Drug abuser rural late adolescent
5. NUE = Non-abuser urban early adolescent
6. NUL = Non-abuser urban late adolescent
7. NRE = Non-abuser rural early adolescent
8. NRL = Non-abuser rural late adolescent
9. ANOVA = Analysis of Variance
10. Ss =Subjects
11. n.s =None- Significant
12. df =Degree of freedom

**LIST OF ABBREVIATIONS**

1. AUE =Drug abuser urban early adolescent
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## CHAPTER –ONE

### INTRODUCTION

“The value concept is able to unify the apparently diverse interests of all the sciences concerned with human behavior.” (Rokeach, 1973)

A psychologist wrote these words that proclaim the centrality of the value concept. Sociologists Williams, (1968) and anthropologists Kluckhohn, (1951) have echoed similar opinions. These theorists view values as the criteria people use to evaluate actions, people, and events. The theory Schwartz, (1992, 1994, 2005a, 2006) identifies ten motivationally distinct value orientations that people in all cultures recognize, and it specifies the dynamics of conflict and congruence among these values. It aims to be a unifying theory for the field of human motivation, a way of organizing the different needs, motives, and goals proposed by other theories.

#### Values in psychology

In psychology, value theory refers to the study of the manner in which human beings develop, assert and believe in certain values, and act or fail to act on them.

Attempts are made to explain experimentally why human beings prefer or choose some things over others, how personal behavior may be guided (or fail to be guided) by certain values and judgments, and how values emerge at different stages of human development (see e.g. the work by Lawrence Kohlberg and Kohlberg's stages of moral development.)

In psychotherapy and counseling, eliciting and clarifying the values of the patient can play an important role to help him/her orient or reorient himself or herself in social life.

## Introduction to the Values Theory

When we think of our values, we think of what is important to us in our lives (e.g., security, independence, wisdom, success, kindness, pleasure). Each of us holds numerous values with varying degrees of importance. A particular value may be very important to one person, but unimportant to another. Consensus regarding the most useful way to conceptualize basic values has emerged gradually since the 1950's. We can summarize the main features of the conception of basic values implicit in the writings of many theorists and researchers E.g., Allport 1961; Feather, 1995; Inglehart, 1997; Kohn, 1969; Kluckhohn, 1951; Morris, 1956; Rokeach, 1973. as follows:

Values are beliefs. But they are beliefs tied inextricably to emotion, not objective, cold ideas. Values are a motivational construct. They refer to the desirable goals people strive to attain. Values transcend specific actions and situations. They are abstract goals. The abstract nature of values distinguishes them from concepts like norms and attitudes, which usually refer to specific actions, objects, or situations. Values guide the selection or evaluation of actions, policies, people, and events. That is, values serve as standards or criteria.

Values are ordered by importance relative to one another. People's values form an ordered system of value priorities that characterize them as individuals. This hierarchical feature of values also distinguishes them from norms and attitudes.

The Values Theory defines values as desirable, trans-situational goals, varying in importance that serves as guiding principles in people's lives. The five features above are common to all values. The crucial content aspect that distinguishes among values is the type of motivational goal they express. In order to coordinate with others in the pursuit of the goals that are important

to them, groups and individuals represent these requirements cognitively (linguistically) as specific values about which they communicate. Ten motivationally distinct, broad and basic values are derived from three universal requirements of the human condition: needs of individuals as biological organisms, requisites of coordinated social interaction, and survival and welfare needs of groups.

The ten basic values are intended to include all the core values recognized in cultures around the world. These ten values cover the distinct content categories found in earlier value theories, in value questionnaires from different cultures, and in religious and philosophical discussions of values. It is possible to classify virtually all the items found in lists of specific values from different cultures, into one of these ten motivationally distinct basic values.

Schwartz [Schwartz, 1992, 2005a] details the derivations of the ten basic values. For example, a conformity value was derived from the prerequisites of interaction and of group survival. For interaction to proceed smoothly and for groups to maintain themselves, individuals must restrain impulses and inhibit actions that might hurt others. A self-direction value was derived from organism needs for mastery and from the interaction requirements of autonomy and independence.

### **Morals, values and its measurements**

One of the most important characteristics of moral judgments is that they express our values. Not all expressions of values are also moral judgments, but all moral judgments do express something about what we value. Thus, understanding morality requires investigating what people value and why.

There are three principle types of values which humans can have: preferential values, instrumental values and intrinsic values. Each plays an important role in our lives, but they don't all play equal roles in the formation of moral standards and moral norms.

We are shaped to a large extent by our cultural setting, and its values imprint themselves on our minds in ways most of us hardly notice. Music, movies and television all carry value-laden messages that bombard us daily. Over time these messages can subtly develop within us a new worldview. These cultural values become accepted as more mature than previous values, especially by the young, and govern how we see the world. The result, inevitably it seems, is a generational divide.

Expressing nostalgia for the values of days gone by is common to an older generation. We hear and read about the need to return to values of previous times without, in many cases, any clear definition of what those values might be. In reaction to change, older people often simply declare that things used to be better.

The present study followed the Rokeach's Value Survey methods. ROKEACH (1968, 1973, and 1979) developed (a) a theoretical perspective on the nature of values in a cognitive framework and (b) a value-measurement instrument, both of which are widely used and accepted by psychologists, political scientists, economists, and others interested in understanding what values are, what people value, and what is the ultimate function or purpose of values. The Rokeach Value Survey (RVS; Rokeach, 1973) consists of 18 terminal and 18 instrumental values listed in alphabetical order. The present studies provide support for a functional approach to instrumental and terminal values and the value-attitude-behavior system. The individuals who favoures instrumental to terminal human values showed a predisposition to attend to the



utilitarian meanings of products and make piecemeal judgments. Terminal values are concerned with "end states of existence". In contrast, individuals who favors terminal over instrumental values preferred symbolic meanings, affective judgments, and human values in general. Individuals who favored instrumental to terminal values had stronger instrumental attitudes towards cars and sun-glasses. And psychological functions are not limited to attitudes or human values but span the breadth of the value-attitude-behavior system.

### **Terminal value**

- Terminal value can mean several things:
- In accounting, terminal value refers to the salvage or residual value of an asset.
- In computer science, terminal value refers to the character(s) that signify the end of a line.
- In finance, terminal value is the future discounted value of all future cash flows beyond a given date.
- In psychology, terminal values are core moral beliefs

### **Instrumental Value**

When something is valued instrumentally, that means we only value it as a means to achieve some other end which is, in turn, more important. Thus, if my car is of instrumental value, that means that I only value it insofar as it allows me to accomplish other tasks, such as getting to work or the store.

Instrumental values play an important role in teleological moral systems - theories of morality which argue that the moral choices are those which lead to the best possible consequences (such as human happiness). Thus, the choice to feed a homeless person is considered a moral choice and is valued not

simply for its own sake but, rather, because it leads to some other good - the well-being of another person.

### **Society and Teaching of moral values and behavior modifications**

Teaching moral values and enhancing ethical standards of children have long been seen as the domain of parents. Historically, moral education began in the home, and within a healthy family environment children spent the formative years being taught basic issues of conduct along with what was right and what was wrong. However, the principle of parental oversight of a child's moral development can be found in most societies, regardless of religious foundation.

Today it is a rare exception when parents have the opportunity to morally educate their children without overwhelming external influences. The responsibility for teaching children ethical standards has subtly shifted from parents to social institutions. The trend has been quietly championed by educators and is becoming more apparent as we begin to see the fruit of efforts begun over a century ago.

For example, between 1902 and 1903 the pioneer sociologist Emile Durkheim, then a professor at the Sorbonne, presented the first of a series of lectures on moral education. He developed a concept of secular morality in which teachers act as a critical link in cultural transmission. He believed that when a child left the family circle and began elementary school this was the critical moment in the formation of moral character. It has taken more than a century for this approach to fully penetrate our present-day public educational systems, but penetrate it has.

More than a century ago, Emile Durkheim developed a concept of teaching secular morality in which teachers act as a critical link. "That is the

task and the glory of education," he said. "It is not merely a matter of allowing an individual to develop in accordance with his nature, disclosing whatever hidden capacities lie there only waiting to be revealed. Education creates a new being."

There is an accompanying dual reaction. The progressives tend to support the dominant role of our schools in influencing morality, while those more inclined to hold on to traditional values see the family as the vehicle of choice for the transmission of moral standards. The trend over the past half century has definitely favored the progressives. The school system has not only changed with the times in regard to the teaching of morality, but has openly advocated a more moral relativistic approach to students. Most of us are familiar with issues such as feminism, homosexuality and behavioral diversity becoming part of curriculums. Regardless of one's personal stand on these issues, it must be admitted they do represent a departure from previously held societal values. And the transmission of these new values by a source outside of the home also represents a departure from the previous norm. Now, however a new situation is drawing attention.

Voice, a union for education professionals in the Bangladesh, is decrying the absence of parental training in the children they are called upon to teach. They say that children are no longer learning moral values at home, and that the lack of discipline is making the classroom an unruly place where teaching anything is becoming more difficult.

Are we now in a time when those children who have been reared in the moral relativity of the educational system are now producing offspring who are taking moral relativity to new levels? Are we seeing cause and effect? It cannot be denied that moral values are not being taught in many homes as they used to

be, but is this not the result of previous conditioning? Maybe it is time to rethink who has the primary responsibility to teach moral values.

Generally, morality is a system of rules that modifies our behavior in social situations. It's about the doing of good instead of harm, and it sets some standard of virtuous conduct.

If we look at the way in which moral values actually work in our everyday lives, we'll see that this is not the case. Personal intuitions are important, of course. But morality generally comes into play when people interact with each other. This suggests that morality is a system of "shared" values which "justify" actions. As such, morality is about deciding on best courses of action in all situations. As you'll see, there are quotation marks around the words "shared" and "justify" for a reason. Moral values are generally shared values. If we did not have a value in common, it would be exceedingly difficult to agree on any one course of action. But since there is often disagreement as to what is the right thing to do in any situation, we can see that in fact, various values are shared to a greater or lesser extent. On some values there will be nearly unanimous agreement. On others, there may be considerable disagreement.

There is no formula or algorithm for moral decision making. It is not a process which can easily be based on a determinate set of rules. It is also important to see that good moral decision making involves more than just acting on hunches or intuitions, though these, too, are important. Good moral decision making involves a) knowing the facts of the situation, and b) careful consideration of the moral values (some call these principles) that are relevant to a given situation. Importantly, it involves sensitivity to the moral dimensions of everyday situations, and an awareness of the range of interests involved in specific decisions.

## Predicting Behavior with basic Values

Do people's value priorities influence their behavior in systematic, predictable ways? First consider processes through which values can influence behavior. Then we examine a few studies of value-behavior relations.

Value activation. Values affect behavior only if they are activated (Verplanken & Holland, 2002). Activation may or may not entail conscious thought about a value. Much information processing occurs outside of awareness. The more accessible a value, i.e., the more easily it comes to mind, the more likely it will be activated. Because more important values are more accessible (Bardi, 2000), they relate more to behavior. Value-relevant aspects of situations activate values. A job offer may activate achievement values and a car accident may activate security values. If it is a high-priority value, it may then lead to behavior. Focusing attention on the self may also increase value-behavior relations because it activates values that are central to the self-concept, values of high importance. Verplanken and Holland (2002) demonstrated these effects in experiments where they manipulated the accessibility of values in one study and self-focus in another.

Values as a source of motivation. People's values, like their needs, induce valences on possible actions (Feather, 1995). That is, actions become more attractive, more valued subjectively, to the extent that they promote attainment of valued goals. High-priority values are central to the self-concept. Sensing an opportunity to attain them sets off an automatic, positive, affective response to actions that will serve them. Sensing a threat to value attainment sets off a negative affective response. This often occurs without our consciously weighing alternative actions and their consequences.

Influence of values on attention, perception, and interpretation in situations. High priority values are chronic goals that guide people to seek out

and attend to value-relevant aspects of a situation (Schwartz, Sagiv & Boehnke, 2000). Influence of values on the planning of action. More important goals induce a stronger motivation to plan thoroughly (Gollwitzer, 1996). The higher the priority given to a value, the more likely people will form action plans that can lead to its expression in behavior. It enhances their belief in their ability to reach the valued goal and increases persistence in the face of obstacles and distractions. By promoting planning, value importance increases value-consistent behavior.

### **Life Circumstances: How Background Variables Influence Value Priorities**

Typically, people adapt their values to their life circumstances. They upgrade the importance they attribute to values they can readily attain and downgrade the importance of values whose pursuit is blocked (Schwartz & Bardi, 97). For example, people in jobs that afford freedom of choice increase the importance of self-direction values at the expense of conformity values (Kohn & Schooler, 1983). Upgrading attainable values and downgrading thwarted values applies to most, but not to all values. The reverse occurs with values that concern material well-being (power) and security. When such values are blocked, their importance increases; when they are easily attained their importance drops. For example, people who suffer economic hardship and social upheaval attribute more importance to power and security values than those who live in relative comfort and safety (Inglehart, 1997).

People's age, education, gender, and other characteristics largely determine the life circumstances to which they are exposed. These include their socialization and learning experiences, the social roles they play, the expectations and sanctions they encounter, and the abilities they develop. Thus, differences in background characteristics represent differences in the life

circumstances that affect value priorities.

Philosophers, social scientists, and industrial leaders have long recognized the potential importance of values as influencers of human behavior. The disciplines of psychology, sociology, and cultural anthropology have suggested that values may underlie a variety of individual and collective behaviors. So too have marketers long realized the potential inherent in values and their central role in motivating and explaining consumption. However, they have been rather slow to embrace empirical research assessing specific relationships between values and consumption behaviors. Most such research has evolved only over the past decade. One of the earliest and perhaps most noteworthy studies in this vein was that of Vinson, Scott and Lamont (1977), who hypothesized a distinction between more global, underlying Rokeach-type values, and more superficial, domain-specific values. Their study served as a spring board for the rejuvenation of interest in values among many marketing researchers. That such interest continues to build is evidenced by several signs: the special conference on values and consumer behavior at the University of Mississippi in Summer 1984, and the subsequent publication of *Personal Values and Consumer Psychology*; a special issue of *Psychology and Marketing* (Kahle 1985) devoted exclusively to values and consumer behavior; and the publication of values articles in other marketing journals (e.g., Kahle, Beatty and Homer 1986, Henry 1976; Gutman 1982; Munson and McIntyre 1979).

#### **A functional approach to instrumental and terminal values and the value-attitude-behavior system**

The studies by Michael W. Allen, Sik Hung Ng, Marc Wilson (2002) provide support for a functional approach to instrumental and terminal values and the value-attitude-behavior system. Study 1 surveyed individuals' human

values, the type of meaning to which they prefer to attend in products and how they choose to evaluate the products. The study found that individuals who favored instrumental to terminal human values showed a predisposition to attend to the utilitarian meanings of products and make piecemeal judgments. In contrast, individuals who favored terminal over instrumental values preferred symbolic meanings, affective judgments, and human values in general. Studies found that individuals who favored instrumental to terminal values had stronger instrumental attitudes towards cars and sun-glasses. The results suggest that: psychological functions are not limited to attitudes or human values but span the breadth of the value-attitude-behavior system; that two such psychological functions are instrumental and expressive; and that instrumental and terminal values serve instrumental and expressive functions, respectively.

Drug abuse among the young and adolescent children. Reached to an alarming proportion as indicated by some research and popular journals. The problem was addressed by some social workers, doctors politicians in different ways, since our independence after 1971, a transition into the political, economic and social arena has brought about some relief and misery at the same setting. Excessive drug abuse among adolescents is one of them. There are so many precipitating and predisposing causes of drug abuse. Here Psychologist should have a keen interest in finding out the root psychological problems behind drug abuse and ways to prevent its spreading.

“The psychological and physical aspects of drug abuse in today’s adolescence” Unfortunately the abuse of illegal drugs is not uncommon in today’s adolescent communities. Many teenagers today use illicit drugs as a way to deal with everyday pressures such as school, after school jobs, sports activities, domestic violence and peer pressure. Adolescence has been found to be a period of weakening bonds with parents and strengthening bonds with



peers. Numerous countries have experienced an increase in drug related deaths. More than 1 in 10 of today's youth aged 12 – 17 were current users of drugs in 1999. The number of young adults' aged 18 to 25 using illicit drugs in 1999 was at a high of 17.1 percent. Among high school and college students, the drug marijuana is popular but most recently phensidyle (a cough syrup) is most frequently used in Bangladesh today.

The present study tried to find out the relation between personality factors, (such as value orientations of terminal and instrumental values) and residential backgrounds and age of the early and late adolescents.

Drug abuse among adolescents is an emerging public health and social problem in Bangladesh. Though majority of the adolescents come out of this period relatively unharmed, some of them fall prey to the curse of drug abuse and drug abuse that disadvantage them for the rest of their lives. However, if preventive health education and behavior modification programmes are to be effective, 'an under-standing of current prevailing behaviors, attitudes and subjective norms is required'. This will help set enlightened life-style patterns in them because 'teenagers are ready to change if they perceive that the reasons to change outweigh the reasons not to change.

The negative image of the drug abuser in the society is well established in their mind and appeared to be a strong deterrent for adopting the risky behavior by adolescents. Any preventive campaign can take advantage of this fact and strengthen this image to discourage future abusers. It is interesting to note that, of those who responded positively with respect to making friends with a known abuser, the majority were willing to help that person get rid of this practice. Thus, these types of adolescents with a compassionate attitude may be used as peer counselors in any preventive campaign against drug abuse

effectively. The participants' strong perception about the curability of drug abuse is another added advantage in this respect.

In conclusion, it can be said that peer network, and school and family environment are important determinants of adolescent behavior related to substances/drug abuse and demand the attention of programme designers for preventive health education and behavior modification intervention. Balanced fulfilling of the adolescents' knowledge gap, keeping family in the focus, 'tobacco-free school' initiative, strategies to include working adolescents from the poorer section of the society, innovative use of mass media and mainstreaming the problem in textbooks, participatory involvement of adolescents as peer educators, etc. may be some effective components of such an intervention. Again, researches on value orientations are of paramount importance.

### **Definition of drug abuse and What are Drugs**

According to Morse & Flavin's definition of drug abuse represents the one traditionally utilized by treatment centers and substance abuse counselors. It is very good and touches all of the bases.

According to him, abuse is a primary, progressive, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations the disease is often progressive and fatal. It is characterized by impaired control over use of the substance, preoccupation with the substance, use of the substance despite adverse consequences, and distortions in thinking.

### **DSM IV (1994)**

The DSM IV (1994) relies on symptoms for its definition. The DSM says that drug abuse, or dependence is present in an individual who

demonstrates any combination of three or more of the following symptoms (paraphrased for simplicity), occurring at any time in the same 12 – month period: Preoccupation with use of the chemical between periods of use. Using more of the chemical than had been anticipated. The development of tolerance to the chemical in question. A characteristic withdrawal syndrome from the chemical. Use of the chemical to avoid or control withdrawal symptoms. Repeated efforts to cut back or stop the drug use. Intoxication at inappropriate times (such as at work), or when withdrawal interferes with daily functioning (such as when hang over makes person too sick to go to work). A reduction in social, occupational or recreational activities in favor of further substance use. Continued substance use in spite of the individual having suffered social, emotional or physical problems related to drug use.

Generally speaking drugs are substances that affect the physical and mental condition of persons significantly and adversely any substance that can lead to drug abuse, misuse and dependence is a drug. Drug abuse level of drugs increase with each day of use. If drugs are not available, the patient shows critical withdrawal symptoms when immediate medical care is needed to prevent physical and mental deterioration, even death.

The word drug abuse means getting habituated with something. In case of drug when a human body gets dependent on some stimulating things, and after a certain period it creates a habit which means that the body has become dependent on the stimulant which is addiction. World Health Organization (WHO) defines it. Drug is a chemical substance of synthetic, semi synthetic or natural origin intended for domestic, therapeutic or palliative use or for modifying physiological functions of man and animal.

A drug abuser can undergo different stages of tasting apart from normal lifestyle. Drug abuse can decay normal human senses through deep feelings. It

creates different types of excitement both in the body and mind. Finally, it makes a person passionate to drugs. In the long run the user has to increase the dose day by day.

**Drug abuse has Some Stages.**

- a) **Initial stage (starting):** At first a Person starts to take drug without concerning his body . At the early stage he takes it just normally, and gets the ordinary happiness, which makes him feel better. This is the first of drug abusing. Amateurs are in the group.
- b) **Pre-mature stage (the real test of drug):** In this stage, drugs become a habit, and the abuser wants more. Felling better s/he tries to increase the dosages drugs. It is taken at least 4-5 times a week. This is the primary stage for abusers in becoming addicted.
- c) **Mature stage:** after the pre – mature stage abusers become seriously addicted. They have to take it every day, after a certain period. In maximum of cases it is taken from evening to night time. They forget social protocol, always remain bad tempered and feel they are always in the right. They do not want to hear any advice and count themselves as very aware and competent. Sometimes they feel frustrated and even lose the will to live.
- d) **Decaying stage:** after mature stage most of the abusers stay on the verge of decaying. It means gradually their lives crumble. They can realize how imbalanced they are. They lose taste for food. At this stage they become fully dependent on drug, gradually after a few hours they have to take it, otherwise their body system stops. In that situation the abuser loses human characteristics and behaves like a monster. They have no sense to evaluate good or bad, to enjoy anything, they lose interest in normal male/ female yeamings.

**Types of Drugs Found In Bangladesh:**

There are three types of drugs available in use in Bangladesh.

**1. Opium**

- a) heroin
- b) Phensidyl
- c) Tidijesic
- d) Pethidine
- e) Opium

**2. Cannabis**

- f) Ganja
- g) Chorosh
- h) Bhang

**3. Sleeping pill**

- I) Tranquilizer
- j) Seduxene ( Diazepam )

Drug abuse is a serious illness. Health, finances, relationships, careers all can be ruined. The abuse of drugs & alcohol is by far the leading cause of preventable illnesses & premature death in our society.

**Consequences of Use****Alcohol**

People often drink alcohol during social occasions; it tends to loosen inhibitions. Unfortunately, the recklessness often resulting from excessive

drinking is a leading cause of serious injuries & accidental deaths. In addition, alcohol is the most common cause of preventable birth defects, including fetal alcohol syndrome. Of course, excessive drinking can also lead to alcoholism, an illness that tends to run in families & is often associated with depression. Alcoholism can have devastating effects on health, including serious liver damage, greater risk of heart disease, impotence, infertility, and premature aging.

### **Marijuana**

The most widespread & frequently used illicit drug , marijuana is associated with the following consequences:

Short-term memory loss

Accelerated heartbeat

Increased blood pressure

Difficulty with concentrating & information processing

Lapses in judgment

Problems with perception & motor skills

In addition, years of marijuana use can lead to a loss of ambition & an inability to carry out long-term plans or to function effectively.

### **Stimulants**

Stimulants (for example, cocaine, crack", amphetamines) give a temporary illusion of enhanced power & energy. As the initial elevation of

mood fades, however, a depression emerges. Stimulant abuse can lead to serious medical problems:

Heart attacks-even in young people with healthy hearts

### **Seizures**

### **Strokes**

### **Violent, erratic, anxious, or paranoid behavior**

Cocaine use during pregnancy may result in miscarriages, stillbirths, or low-birth-weight babies who may be physically dependent on the drug & later may develop behavioral or learning difficulties. Excessive crack use can lead to a permanent vegetative state. Long-term amphetamine abuse can result in psychotic effects, such as paranoid delusions & hallucinations.

### **Heroin**

Heroin, which can be smoked, eaten, sniffed, or injected, produces an intense –but fleeting–feeling of pleasure. Serious withdrawal symptoms begin, however, after 4 to 6 hours. Those who inject heroin are introducing unsterile substances into their bloodstream, which can result in severe damage to the heart, lungs, and brain. In addition, sharing needles is one of the fastest ways to spread diseases; it is currently the leading cause of all new HIV & hepatitis B cases.

### **Hallucinogens**

Hallucinogens are drugs such as LSD or the new "designer" drugs that are taken orally & cause hallucinations & feelings of euphoria. Dangers from LSD include stressful "flashbacks" –re experiencing the hallucinations despite not having taken the drug again, sometimes even years later. Excessive use of

ecstasy, combined with strenuous physical activity, can lead to death from dehydration or an exceptionally high fever.

### **Inhalants**

Inhalants are breathable chemicals—for example, glue, and paint thinner or lighter fluid. They are commonly abused by teenagers because they are easy to obtain & because they produce mind-altering effects when "sniffed" these chemicals reach the lungs & bloodstream very quickly & can be deadly. High concentrations of inhalant fumes can cause heart failure or suffocation. Long-term abuse of inhalants can cause permanent damage to the nervous system.

### **Sedatives**

Sedatives are highly effective medications prescribed by physicians to relieve anxiety & to promote sleep. Unfortunately, harmful effects can occur when they are taken in excess of the prescribed dose or without a physician's supervision, such as when they are obtained illegally. Combining sedatives with alcohol or other drugs greatly increases the likelihood of death by overdose.

### **Nicotine**

The U.S. surgeon general has confirmed that nicotine in tobacco products has addictive properties similar in severity to those of heroin. Quitting is difficult because of the unpleasantness of withdrawal, which involves feelings of irritability, frustration, anger, anxiety, insomnia, and depression.

### **Decisions to abuse drugs and the reasons**

The "gateway" theory of drug use holds that exposure to "entry" drugs—notably alcohol, cigarettes, and marijuana—reliably predicts deeper and more



severe drug involvements. Should be incorporated the gateway theory as an integral part of the country's drug policy. Few young people progress from lighter to heavier drug use; in fact, the dominant trend is for young people to reduce illicit drug use and to stabilize drinking with maturity. The gateway theory may actually be counterproductive if we consider that in non-temperance cultures that manage alcohol successfully, alcohol is generally introduced to young people at an early age. Other evidence suggests that moderate-drinking and drug-using young people, even when such behavior is illegal, are better off psychologically and are more likely to make a successful transition to adulthood than abstainers. Overriding all such profiles of moderate and abusive users of drugs and alcohol are social-epidemiologic models which indicate that the best predictors of abusive substance use are social, family, and psychological deprivations that occur independent of supposed gateway linkages.

In brief the reasons determined through research, include:

1. Curiosity and excitement through use
2. Despair and frustration among the youth

Some patients are drug abuser because they try to follow the western culture of drugs and enjoyment of life.

All drug abuser in our country are afraid of social stigma more than the threat from the law.

### **Motivations for Drug Use**

People take drugs for many reasons: peer pressure, relief of stress, increased energy, to relax, to relieve pain, to escape reality, to feel more self-esteem, and for recreation. They may take stimulants to keep alert, or cocaine for the feeling of excitement it produces. Athletes and bodybuilders may take

anabolic steroids to increase muscle mass. Humans have used drugs of one sort or another for thousands of years. Wine was used at least from the time of the early Egyptians; narcotics from 4000 B.C.; and medicinal use of marijuana has been dated to 2737 B.C. in China. But not until the 19th cent. A.D. were the active substances in drugs extracted. There followed a time when some of these newly discovered substances-morphine, laudanum, cocaine-were completely unregulated and prescribed freely by physicians for a wide variety of ailments. They were available in patent medicines and sold by traveling tinkers, in drugstores, or through the mail. The problems of drug abuse were recognized gradually. Throughout the years, the public's perception of the dangers of specific substances changed.

### **Drug abuse and trafficking in Bangladesh**

Drug abuse directly influences the economic and social aspects of a country. There are thousands of addicted people in Bangladesh and most of them are young, between the ages of 11 and 20 from all walks of life. Drug abuses in young Bangladeshis are mainly seen because of reasons like depression. People try to remove depression using drugs as a tool. And this is how they become drug abuser. Failed relationships and broken hearts are also major inducements of drug abuse in young people. Another cause of drug abuse is peer pressure.

Curiosity is a normal tendency in human beings, especially teenagers. Unwanted events and refusal can make one lose confidence resulting into the use of drugs.

Research shows that most people become addicted to drugs due to poverty. Different society has different cultural and religious traditions. In different cultural festivals a common tradition is to take alcohol, cannabis, and other drugs. There are some religious festivals where drugs are vital. Young

people belonging to the higher class of the society take alcohol and other drugs to maintain their status in the friend circles. Day by day they become more addicted to these drugs. Another important cause of drug abuse is the availability of drug. The law enforcement agencies are not being able to stop the drug dealing and trafficking. Unemployment is also another reason why many young people get frustrated and land into depression and eventually uses drugs. Sometimes unemployed people are associated with criminal acts. People take different medicines for different diseases. The long-term use of these medicines can make them dependant on them.

Sometimes young people are motivated by the political people to take drugs. Many political leaders are related to drug trafficking. Long-term disease needs long-term use of medicine. So much so, drugs deter people from living a normal life. Hence say no to drugs! Md.Nurun Nabi (2000)

Drug abuse directly influences the economic and social aspects of a country. In Bangladesh it is a growing national concern. There are millions of drug – abused people in Bangladesh and most of them are young, between the ages of 18 and 30. A new emerging adolescent groups of lower ages ranging from 11 to 17 are turning the table now a days. And they are from all strata of the society. A recent epidemiological survey carried out in the three divisions of Bangladesh shows that the country is going to be transformed into a potential user of drugs with the rapid increase in the number of drug abuser. Bangladesh is situated in the central point between the (Myanmar, Thailand and Laos) and the ‘golden crescent ‘(Pakistan, Afghanistan and Iran) in terms of geographical location. And it is also surrounded by the major drug producing countries of Asia, many of which are strengthening their narcotics legislation and stepping up enforcement measures. Bangladesh with its easy land, sea and air access is becoming a major transit point. In recent years Drug abuse has significantly increased in Bangladesh. This agent of human

devastation has spread its tentacles worldwide and also in our country. Every intelligent and human person in the world society and international organizations such as the UN and WHO are alarmed by the present rate of drug abuse. In our country the regular seizures of stocks of heroin and other hard drugs by the police and narcotics department gives us an indication of the extent of drug abuse in our country. Nowadays nearly ten per cent of outpatients in our hospitals are cases of drug abuse involving heroin, ganja and phensidyl these are generally youths and young men between 15-30 years of age and come from all strata of the society. But there are adolescents below 15 years of age in their early adolescence, and men and women over 30. Hospital surveys show that average age of drug abuser is 22. The drug abuser are students, professionals, businessmen, laborers, rickshawallahs and from other professions. Students are most affected and drugs have caused deterioration in standards of education and students have also given up going to schools and colleges. These drug abusers are turning to various criminal activities, in order to procure drugs.

### **Effects of Substance Abuse**

The effects of substance abuse can be felt on many levels: on the individual, on friends and family, and on society.

People who use drugs experience a wide array of physical effects other than those expected. The excitement of cocaine high, for instance, is followed by a "crash": a period of anxiety, fatigue, depression, and an acute desire for more cocaine to alleviate the feelings of the crash. Marijuana and alcohol interfere with motor control and are factors in many automobile accidents. Users of marijuana and hallucinogenic drugs may experience flashbacks, unwanted recurrences of the drug's effects weeks or months after use. Sudden abstinence from certain drugs results in withdrawal symptoms. For example,

heroin withdrawal can cause vomiting, muscle cramps, convulsions, and delirium. Sharing hypodermic needles used to inject some drugs dramatically increases the risk of contracting AIDS and some types of hepatitis. Because the purity and dosage of illegal drugs are uncontrolled, drug overdose is a constant risk. Many drug users engage in criminal activity, such as burglary and prostitution, to raise the money to buy drugs, and some drugs, especially alcohol, are associated with violent behavior.

The user's preoccupation with the substance, plus its effects on mood and performance, can lead to many problems and poor work performance or dismissal. Drug use can disrupt family life and create destructive patterns of codependency, that is, the spouse or whole family, out of love or fear of consequences, inadvertently enables the user to continue using drugs by covering up, supplying money, or denying there is a problem. Pregnant drug users, because of the drugs themselves or poor self-care in general, bear a much higher rate of low birth-weight babies than the average. Many drugs (e.g., crack and heroin) cross the placental barrier, resulting in addicted babies who go through withdrawal soon after birth, and fetal alcohol syndrome can affect children of mothers who consume alcohol during pregnancy. Pregnant women who acquire the AIDS virus through intravenous drug use pass the virus to their infant.

Drug abuse affects society in many ways. In the workplace it is costly in terms of lost work time and inefficiency. Drug users are more likely than nonusers to have occupational accidents, endangering themselves and those around them. Drug-related crime can disrupt neighborhoods due to violence among drug dealers, threats to residents, and the crimes of the drug abuser themselves. The great majority of homeless people have either a drug or alcohol problem or a mental illness.

### **How People's Values Determine Whether They Become and Remain Drug abuser**

Contemporary theories of drug abuse of all stripes rule out faulty values as a cause of drug abuse. Yet evidence from cross-cultural, ethnic, and social-class research, laboratory study of addictive behavior, and natural history and field investigations of drug abuse indicate the importance of value orientations in the development and expression of addictive behaviors, including drug and alcohol drug abuse, smoking, and compulsive eating. Furthermore, the rejection of moral considerations in addition deprives us of our most powerful weapons against drug abuse and contributes to our current drug abuse binge. The disease myth of drug abuse in particular attacks the assumption of essential moral responsibility for people's drug use and related behavior, an assumption that we instead ought to be encouraging.

"My values were beginning to corrode under the prolonged influence of hard drugs." (Finkle, 1986). The scientific study of drug abuse has strongly opposed value considerations in drug abuse, regarding these as remnants of an outdated, religious-moral model. Behavior therapists, experimental psychologists, and sociologists hold this view in common with disease theorists who have championed the idea that a moral perspective oppresses the addict and impedes progress toward a solution for alcoholism and drug abuse. Many social scientists and others, however, believe the disease approach actually is just another form of the moral model and that "the acceptance of the 'disease' concept ... [has] covertly intensified rigid moralizing (Fingarette, 1985). It has accomplished this by embodying the evil of drug abuse in the use of the substance - in any use of such drugs as cocaine and in any kind of drinking by those with alcohol problems - and by urging abstinence as if it represented a modern scientific and therapeutic invention.

In fact, social researchers frequently bemoan the strong tendencies for both general populations and treatment personnel to continue to see drug abuse in moral terms even as most people ostensibly endorse the fashionable model view of drug abuse as a disease (Orcutt et al., 1980; Tournier, 1985). In other words, as scientists, they wish to stamp out entirely people's continuing tendency to regard drug abuse as a reflection of the addict's moral qualities and to hold people responsible for addictive behavior. The view of the present study on the other hand, is that appetitive behavior of all types is crucially influenced by people's pre-existing values, and that the best way to combat drug abuse both for the individual and the society is to inculcate values that are incompatible with drug abuse and with drug-and alcohol-induced misbehavior.

Scientists have ignored successful, value-based personal and social strategies against drug abuse because of their uneasiness about making distinctions among value systems. Their reluctance is counterproductive and, put simply, wrong on the evidence. There are evidences that a person's or group's values are essential elements in combating drug abuse.

### **Drug abuse as Intentional, or Value-Driven, Activity**

A crucial image of drug abuse behavior is that it is uncontrollable. Otherwise, people would simply cease doing whatever it was that caused them problems or brought about undesired results. Levine (1978) argued that the idea of loss-of-control drinking inaugurated the modern conception of abuse and was first used at the turn of the eighteenth century to explain excessive drinking. In recent years, loss of control of the abuse model has become increasingly popular as an explanation for all sorts of self-defeating and self-destructive behavior (Room, 1985). Still, the concept of loss of control is nowhere more insistently marketed today in the definition of alcoholism, most notably by Alcoholics Anonymous.

To challenge the notion of loss of control, as Marlatt and Gordon (1985) and others have done, is to reorient our thinking about drug abuse in a manner whose impact has not yet been fully explored. To begin with, that abusers often do things they regret and wish they could change does not distinguish their behavior from much ordinary behavior; nor does their desire to reorient the larger pattern of their life and their inability to do so. Drinking alcohol does not inevitably, or even typically, lead to excessive drinking by the alcoholic. Moreover, experiments with alcoholics demonstrate that they drink to achieve a specific state of intoxication or blood alcohol level. In other words, although alcoholics often regret the effects of their drinking, they do regulate their drinking in line with a variety of goals to which they attach more or less value (Peele, 1986).

The failure of loss of control to provide an explanation for chronic overdrinking is now so well established that genetic theorists posit instead that alcoholics inherit special temperaments for which alcohol provides welcome amelioration.

The life study of alcoholism provides good support for the idea of alcoholism as an accumulation of choices. That is, problem drinkers do not become alcoholics instantaneously but instead drink with increasing problems over periods of years and decades (Vaillant, 1983). The development of clinical alcoholism is especially noteworthy because most problem drinkers reverse their drinking problems before reaching this point (Cahalan and Room, 1974).

### **Adolescent development and values**

Adolescence may be defined as a period within the life span when most of the person's physical, psychological and social characteristics are in a state of transition from what they were in childhood to what they will be in adulthood. Simply stated, adolescence is a period of life characterized by



several major changes that bring the person from childhood to adulthood” (Lerner & Galanbos, 1984 p.8). The psychosocial theory of development as set out by Erikson proceeds by stages. The first four occur during infancy and childhood, the fifth stage during adolescence and the last three stages during the adult years (Erikson, 1963). The fifth stage is called Identity versus Identity Confusion. With a newly emerging cognitive structure the adolescent can think about thinking. A sense of identity emerges; a feeling that one is a unique human being, with likes, dislikes, goals and some control of one’s own destiny. The adolescent may suffer more deeply than at any other time in life from a confusion of roles, or Identity confusion. The adolescent may feel the expectation from others to make important decisions yet be unable to do so. Being rebellious, self-conscious or retreating to childishness are characteristic of this time. The adolescent is sexually mature, yet not adequately prepared for parenthood. There is the added pressure to assimilate into an adult pattern of life. According to this theory of development, the adolescent seeks an inner knowledge or understanding of his or herself and attempts to formulate a set of values. The importance of moral development has been referred to by both Piaget and Kohlberg (cited in Cameron and Rychlak, 1985). Both emphasize that early in life children take a very literal view of what is right and wrong, obeying rules without grasping the fundamental reason for them. Moral growth is thought to develop from exposure to moral reasoning that is moderately higher than the person’s current level. Sensing a cognitive conflict or contradiction, the child is challenged to find a solution and make sense of the moral dilemma. These experiences help build a sense of personal mastery and develop a sense of mature judgment in ethical and moral matters. The values that adolescents affirm in their lives are fundamental to their eventual psychological adjustment. Freud (Rappoport, 1972) saw the tendency to moralize, to evaluate and to judge the behavior of self and others as a particularly human tendency.. The strategy assumes that the adolescent already

has set values that only need exploration and clarification. However, this is far from the developmental stage of the adolescent when values are in the process of being formed and integrated, contributing to a stable sense of identity. Values need to be presented to the adolescent in a concrete form, validated and affirmed yet also open to questioning in a safe environment. Teachers may have been taught that challenging a student's expressed values is intrusive, directive or unprofessional (Boxer et al, 1989). Levison and Peterson (cited in Worell and Danner, 1989) suggest that frank, open and directive approaches may be more beneficial and motivating than a reserved approach.

### **A period of psychological up rise in early adolescent and late adolescence**

#### Genetic and environmental factors in late adolescent to early adulthood

Personality traits may be characterized as internal dispositions and tendencies to behave, think, and feel in consistent ways (Kenrick & Funder, 1988). Moreover, personality traits are conceptualized by many to represent stable and enduring patterns of thinking, feeling, and behaving that become increasingly solidified throughout adulthood (Costa & McCrae, 1997). In support of this perspective are findings of increasing rank-order stability across virtually all dimensions of personality from childhood through late adolescence (e.g., Roberts & DelVecchio, 2000).

An alternative perspective is to conceptualize personality traits as developmental constructs that are subject to change and adaptation across the life span (Caspi, Roberts, & Shiner, 2005). Evidence to support this model includes significant mean-level changes for several personality traits during key developmental periods (e.g., Roberts, Walton, & Viechtbauer, 2006). Thus, personality may be aptly described as a dynamic individual difference variable that exhibits both stability and change over the life course. Although this dual nature of personality has been described both conceptually and empirically

(e.g., Block, 1971; Donnellan, Conger, & Burzette, 2007; Roberts & Caspi, 2003; Roberts, Caspi, & Moffitt, 2001), few studies have explored the etiologic contributions to these developmental patterns within a behavior genetic framework.

Early adolescence to late adolescence (“emerging” adulthood; Arnett, 2000) represents a turbulent period of adjustment marked by a host of significant life changes (Hall, 1904). Demographically, individuals undergo a series of closely spaced and formative life events. Psychologically, the significance of these adjustments may run deeper as individuals begin to define their identities and make commitments to various paths and roles in life (Arnett, 2000; Erikson, 1963). In addition, epidemiological studies suggest significant psychological upheaval during this period, as indicated by a peak in the prevalence of internalizing and externalizing disorders (Kessler et al., 2005), as well as a peak in both the prevalence and incidence of criminal offending followed by subsequent declines in early adulthood (Blumstein, Cohen, & Farrington, 1988). Such developmental phenomena highlight the importance of investigating this stage of the life course. One developmental construct that has been linked to these phenomena, and therefore may broaden our knowledge of their underlying mechanisms, is personality traits.

Adolescence, as we saw earlier, is a stage rather than an age. The onset of the biological developments of adolescence can be separated by as much as several years from one boy to another. Yet there are some age-related events that are milestones in a boy's life.

Nearly all adolescent boys. If asked directly and confidentially, will admit having been guilty of offenses of one sort or another: for example, under-age drinking, smoking marijuana, running away from home, petty theft, disorderly conduct, vandalism. A 1998 survey of 20,000 middle- and high-

school students (both boys and girls) showed that 47 percent admitted stealing something from a store in the previous twelve-month period, up from 39 percent in a similar survey in 1966, with a quarter of the high school students saying they had committed store theft at least twice.

Gerald Patterson and his colleagues (1989) have done substantial research into the antecedents of youthful brushes with the law. One common pattern is of a boy growing up in a family beset with much internal conflict, where lax and inconsistent discipline leads to boyish conduct problems, followed by academic failure and rejection by peers in middle childhood, culminating in the boy's joining a deviant peer group in which he is motivated to repeated antisocial behavior like drinking and different kinds drug abuse.

There is a curve to adolescence that gives rise to optimism. At the beginning of puberty, most boys are reasonably obedient sons and schoolboys. As sexual maturation occurs, boys draw away from family intimacy. They experiment with sex, alcohol, tobacco, and perhaps other drugs. They excel in risk-taking. They get jobs. They stay out late and sleep late every chance they get. They buy and wear clothes that irritate their parents. They adorn themselves with fancy haircuts and tattoos. The adults in their lives watch this process with a mixture of anxiety, fascination, and horror. Most of the sons, toward the end of high school, turn back toward more closeness with their families. As they begin to look ahead to college or full-time jobs, they see that family support is indispensable to their futures. Also, they see that they have already won considerable independence; the battle doesn't have to be re-waged every day. They have won space of their own that no one wants to take away from them.

We have, to use Coontz's term, made adolescence too "roleless". We have designed educational structures for teenagers that many find boring,

unlinked to any path to the adult world. We have neglected to give them any significant public space of their own. We have kept extending the amount of education needed to impress hiring institutions almost as a way of keeping late adolescents/young adults from competing in job markets before older adults want them to.

In addition, the facility of certain older teenagers for grasping the complexities of fast evolving technologies such as information science and "ecommerce" terrifies older adults who cannot absorb social and technological change as quickly. They do not feel needed. Why should we be surprised if, in their separate subculture, they treat their boredom and comparative irrelevance with behavior adults don't admire? Indeed, these issues do develop lives of their own. But they must be seen in the context of what we believe adolescence to be. A redefinition of adolescence to give it serious and honored purpose would not fail to affect each of these issues.

#### **Adolescent Development in two categories with cultural variability**

Children go through many changes during the period of rapid developmental growth known as adolescence the characteristics of the "typical" child during each developmental stage from through early and late adolescence. Individual differences in maturation rates, temperaments, and adult and social influences mean that age is not a definitive indicator of where a particular child is along this developmental continuum. Children's progression through these stages is determined not only by biological growth and change, but also by adult expectations and societal contexts.

Adolescence can be a tumultuous time, even when it is unfolding in a healthy manner. For this reason, and because there is so much individual variation in adolescent development, it can be particularly challenging to determine what is "normal" in adolescent development. Although previously

believed to be uniformly a time of turmoil, this view has not been substantiated by large-scale studies. Offer D, Schonert-Reichl KA. (1992) most teenagers progress through this period of life with few obvious behavioral problems. Any discussion of adolescent development should include a definition of adolescence itself. Determining the exact onset and conclusion of adolescent development can be difficult, with complex biologic, psychological, and social paradigms all playing roles. Cultural factors also must be considered in determining the developmental norms of adolescence. Normal development from one cultural perspective may appear aberrant when viewed through the lens of another culture, and in an increasingly multicultural society, such considerations are especially important. For example, an Asian youth who begins to question his parents' values may be viewed very differently by Western versus Eastern cultures. Although the West may view this move as a healthy and normal emotional development, the youth's parents might consider it to be pathologic and dangerous. Cultural differences such as this are generalizations, but keeping these potential differences in mind is extremely important to any clinical consideration of adolescent populations.

Given individual and cultural variability, the most useful definition of adolescence is not by age norms but by the developmental tasks that are achieved during this stage. Developmental processes often are separated into distinct domains, such as physical, cognitive, psychological, and moral development. Although this article follows the same approach, it is important to note that such domains are in constant flux, interact with each other, and do not occur in isolation. For example, the physical changes associated with puberty and their timing have a profound impact on the social and emotional functioning of the adolescent. In addition, the boundaries between developmental domains are not always distinct. For example, physical changes in the brain during adolescence correspond to the development of new

cognitive capabilities that, in turn, are involved in shifts in emotional regulation and processing.

From a biologic perspective, the beginning of adolescence is marked by the onset of puberty. The physical changes of puberty are triggered by increased pituitary sensitivity to gonadotropin-releasing hormone, leading to increased release of gonadal androgens and estrogens. Hormonal changes bring about a process of rapid physical changes in height, weight, body shape, and genital development.

For girls, puberty typically begins between the ages of 8 and 13 years with the development of breast buds. Subsequent sexual development includes additional development of the breasts; enlargement of ovaries, uterus, labia, and clitoris; and thickening of the vaginal mucosa. Tanner described five distinct stages of sexual maturation in girls based on breast development and appearance and distribution of pubic hair. Marshall WA, Tanner JM. (1969) Menarche typically follows 2 to 2 1/2 years after breast bud development, around a mean age of 13 years. On average, boys lag behind girls in most of the noticeable physical changes of adolescence. Testicular enlargement, the first sign of puberty in boys, typically begins around 12 years of age and is followed by development of pubic hair and growth of the penis. Tanner's five stages of sexual maturation in boys are based on the appearance of the pubic hair, penis, and testes. Marshall WA, Tanner JM. (1970) for both boys and girls, a period of rapid growth in height and weight follows the onset of puberty. Growth tends to occur distally in the hands and feet before moving proximally to the arms and legs and finally to the trunk. Linear growth can outpace increased muscle mass and can occur unevenly, contributing to a period of awkwardness experienced by many adolescents. On average, girls reach their peak growth velocity around 12 years of age, about 2 years before boys. The age of onset of puberty and the rapidity with which the changes unfold vary substantially.

Variations in the timing of puberty can have a significant psychological impact on adolescents whose development deviates from the mean. Thus, regardless of the timing, it is important to remain sensitive to how physical development may be affecting the self-esteem and emotional life of every adolescent patient. Adequate sleep is essential to support healthy physical development during adolescence. During puberty, hormonal changes, including changes in melatonin secretion, cause a relative sleep phase delay, with a natural tendency toward later onset of sleep and later waking times. Such biologic changes come at a time of accelerating academic and social demands that may crowd out time for sleep. The healthy drive to connect with a peer group may come into conflict with the adolescent's need for sleep. As adolescents increasingly engage in these activities in the privacy of their rooms, many parents may not be aware of the amount of time their children are spending online instead of in bed.

### **Adolescents Emotional and Social Development**

Erik Erikson is the most influential theorist of emotional development. He conceptualized development as a series of crises during which individuals must negotiate difficult, often conflicting tasks to maintain a developmental trajectory, which he termed the epigenetic model of development. He characterized developmental challenges as binary crises that force the individual to choose a more desirable emotional stance.

Erikson EH. (1980) For example, the developmental task assigned to infancy is described as trust versus mistrust, suggesting that if infants do not learn to trust the world to care for them, they will develop a suspicious and paranoid stance when moving along the developmental trajectory. Erikson looked at adolescence as a period of identity formation and separation from adult caretakers. He refers to this stage as a choice between ego identity



formation and role diffusion, making the case that if adolescents do not form a coherent sense of self and values, they will lack a consistent sense of identity as they progress into adulthood. Theorists such as Blos (1989) have described adolescence similarly as a second separation from adult caretakers, noting that the first separation occurs when the younger child attains the motor and cognitive ability to move away from the parents' constant watch. Theorists such as Noam have argued that early adolescence is less concerned with identity formation and more focused on the development of group cohesion.

Noam G. (1999) has called this theory the psychology of belonging, and he notes that the middle school child who places a high priority on popularity is in the midst of a normal developmental stage. In this sense, proud membership within groups sets the stage for later confidence to move throughout different groups. Thus, according to this model, healthy early adolescence is characterized by identity with specific group values and norms, whereas healthy later adolescence is characterized by increasing comfort with one's capacity to choose among many different groups and to endorse selectively the values that have particular relevance to the individual. These concepts have important clinical ramifications. Younger adolescents are more susceptible to peer pressure as a means of identifying with the group imposing the pressure. Any attempt to counsel younger adolescents must take these considerations into account. Older adolescents, on the other hand, generally respond more readily to challenges to resist peer pressure for the sake of forming their own unique sense of identity.

Development at all stages is not a linear process. Although they may appear aloof, independent, and impervious to adult guidance, adolescents are influenced strongly by the values and attitudes of parents and other trusted authorities. Parents should appreciate that despite attempts at separation, adolescents care deeply about the ideals expressed by close authoritative role

models. Therefore, it is extremely important during this developmental period for adults to open lines of communication and be aware of the values and behaviors they are demonstrating to their youth. Teenagers ultimately are likely to accept and promulgate parental values, although they often arrive at them after going through periods of rebellion and rejection.

During the process of separation from parents, adolescents often look to other adults in their lives to serve as role models, sometimes to their parents' chagrin. Teachers, coaches, and friends' parents frequently serve in this capacity. It is not unusual, particularly during early adolescence, for a teen to romanticize one of these relationships and develop a "crush" on an idealized adult authority figure. In the end, healthy relationships with adults propel adolescent psychological development by facilitating identity formation and separation from parents.

The development of a healthy and stable self-image is one of the major goals of psychological development in adolescence. Poor self-image correlates with many of the major problems that can emerge during adolescence, including difficulties in peer and family relationships, depression, unsafe sex, risky or "acting out" behaviors, poor school performance, and substance abuse. Parents and other authority figures can help foster a positive self-image not only through the example that they set in their own lives, but also through demonstrating acceptance of the adolescent. It is important for the development of a positive self-image by their children for parents to take notice of the positive qualities that they admire in their adolescent children and to express praise for such qualities.

An important psychological aspect of adolescent development involves impulsivity and risk taking. The adolescent's newfound physical maturity, sexual drive, intellectual advances, earning potential, and mobility may lead to

trouble, even in the healthiest, most well-adjusted youth. Experimentation and risk-taking behaviors may include sexual behavior, use of alcohol and substances, and thoughtless behavior, such as going to dangerous neighborhoods late at night. Much of modern thinking about cognitive development in adolescence has its roots in the work of Jean Piaget (1896 to 1980). According to Piaget, adolescence marks a shift from the rule-bound, concrete methods of problem solving during the concrete operations stage characteristic of younger children to the greater capacity for abstraction and flexible problem solving that characterizes formal operations. Among the more exciting developments in the study of human development in recent years has been an increased understanding of the changes that occur in the brain during adolescence. Greater understanding of the biologic processes involved in brain development has spurred new interest in examining the evolution of cognition during this time.

Gogtay N, Giedd JN, Lusk L, et al. (2004) had shown that, such white matter growth is believed to represent fiber growth and myelination of brain pathways, facilitating connections among cortical regions. The process of myelination occurs in a caudal-to-rostral pattern, so pathways originating from sensory and motor regions mature earlier than prefrontal areas associated with executive functions.

The other major finding from longitudinal structural imaging studies of brain changes during adolescence is an apparent decrease in cortical gray matter density in the frontal and parietal lobes by Paus T. (2005). According to Conklin HM, Luciana M, Hooper CJ, Yarger RS. (2007) these findings are of more than academic interest because they suggest that the impulsivity, shortsightedness, and risk-taking behavior often associated with adolescence are biologically driven, at least in part. Thus, measures designed to change adolescents' thinking, such as antismoking campaigns, may not be sufficiently

effective on their own, but need to be bolstered by measures that enforce behavior, such as parental supervision and laws against the sale of cigarettes to minors. Understanding (and modifying) these behaviors requires some understanding of the cognitive, social, and emotional development of the individual.

### **Moral Development**

The study of moral development is somewhat controversial because it places morality under a scientific lens, implying a social and biologic basis for moral behavior. The study of moral development in adolescence is complicated further by this area being more highly variable than other realms. As the developmental theorist Lawrence Kohlberg (1927 to 1987) observed, not every individual reaches the same end. Kohlberg L. (1976); Moral stages and moralization. In: Lickona T, ed. (1976) Kohlberg described six stages of moral development that he grouped into three basic levels. At the pre-convention level, the individual is rooted in a concrete, individualistic perspective, guided by self-interest in following rules to avoid punishment. Kohlberg attests that this is the level of most children younger than age 9 years as well as many adolescents and adult criminal offenders. During adolescence, most people move from the pre-conventional to the conventional level of moral thinking in which moral thinking is guided by the individual's interpersonal relationships and place in society. The individual takes the perspective of others into account, and moral behavior is guided by role obligations and the need to be seen as a good person. It is clear that the shift from the pre-conventional to conventional level is tied closely to both cognitive and social development. Some degree of abstract thinking, the capacity to take the perspective of others, and concern about how one is viewed by peers are prerequisite skills for the level of conventional morality. However, Kohlberg argues that cognitive development is necessary but not sufficient for moral development, and many people who have the

cognitive capability to do so do not advance to the conventional level. Furthermore, Kohlberg suggests that most adolescents and adults remain in the conventional level of morality. According to Kohlberg, the minority of people who progress into the more principle-based post conventional level do so after the age of 20 years. Gilligan C (1984) proposes an alternative view based on caring for others. She said, although ideas about moral development continue to be disputed, it is clear that cognitive, social, and emotional growth in adolescence underlie changes in thinking about morality that help form the basis of a value system to guide the individual through the complexities of adult life.

Adolescence is a complex developmental process that varies substantially, both individually and culturally. Over the past 2 decades, advances in the neurosciences have shed new light on this process, with dramatic biologic changes in the brain underlying dynamic cognitive and psychological shifts that occur during this time. Continued work in this area likely will yield greater understanding of adolescent development.

The experimenter tried here to discuss <sup>the</sup> processes of physical, emotional, social, cognitive, and moral development in adolescence in the above chapters. Tried to know the contributions of major developmental theorists, including Erik Erikson, Jean Piaget, and Lawrence Kohlberg, to the understanding of adolescent development. Describe the relationship between adolescent behavior and recent findings from studies of brain development. And to identify the primary tasks of adolescent development. It is reasonable to discuss about kinds and processes of the measurement of values now.

## **DEVELOPMENT AND OBJECTIVE OF THE STUDY**

### **Statement of the problem:**

The problem of the study was to find out whether value orientations of the drug abusers and non- abusers are significantly similar or different. And their responses towards any value related questions were higher or lesser than their counterparts. And to find out the magnitude and extent of value orientations in different demographical context, like early and late adolescence and urban -rural residential backgrounds.

### **Theoretical Rationale of the Study:**

To answer the question of 'why people drug abuse?' The experimenter believed in all the eleven theoretical explanations made in the following theories except the demonic possession because the theory was regarded as non-scientific and value orientation as personality factor is more important.

Those who believe in demonic possession say that evil spirits, such as Satan, make drug abuser abuse drugs. These people may advise drug abuser to turn to Christianity or other religious for salvation. (Religious solutions to drug problems often prove successful to converts.) If demonic possession causes drug abuse, then spiritual awareness obliges those who have been saved to help the abusers. Thus, this theory can justify social control as well as deviance.

Free will and rational calculation theorists claims that drug abusers freely choose to abuse drugs. These theorists point to the fact that few drug abuser were forced to use drugs and that addict often that they enjoy getting high.

Members of the positive school search for biological and social traits common to drug abuser. The positivists then say that the correlation between

those traits and drug abuse suggests that the folks with those biological and social traits are most likely to become drug abusers.

Social pathologist says that (1) society is like an organism and (2) deviance is like a disease. (Pathology is the scientific study of disease, its causes, processes, development, and consequences). To the social pathologists, deviance comes from a failure of socialization, what politicians call a lack of family values. Thus to social pathologists the cause of drug abuse is the failure of drug abuser to "just say no" to drugs.

The Chicago School and its theory of social disorganization, focused almost exclusively on the deviance of the lower classes and recent immigrants. The University of Chicago, whose professors and students made up the Chicago school. The Chicago school may have downplayed deviance among middle-class and upper-class people, but we should note that poor people suffer disproportionately from the negative effects of deviance. Therefore, the Chicago school focused on Poor deviants because they were fairly easy to study and because they wanted to help those deviants.

According to William Julius Wilson, who argued that the social isolation of inner city blacks makes them unfamiliar with conventional ways of behaving in mainstream America. In Wilson's perspective, people sell and use illegal drugs when those drugs serve as glorified means of making money and having fun, particularly in U.S neighborhoods with high unemployment. It has got its relevance in Bangladesh.

In anomie or strain theory, drug abuse is a form of retreatism caused by a rejection of goals and means of reaching those goals. An implication of this theory is that goals and the means of attaining legitimate success must be available to all to deter deviance.

According to status frustration theory, drug abuse occurs in response to an inability to satisfy the criteria of the dominant (middle-class) status system. Thus, lower-class and working-class people will invent alternative values and status systems. They may invent status systems which give wealthy drug sellers high status, or more likely, they may withdraw from the dominant status system altogether. Status frustration theory is a branch of functionalism or anomie theory.

Cloward's and Ohlin's illegitimate opportunity theory, we would say that people who abuse drugs do so, in part, because they have greater access to drugs than people who do not abuse drugs.

First proposed by IU sociologist Edwin Sutherland, differential association (or learning theory) Learning theory asserts that people learn how to engage in deviance through their association with other deviants. According to this theory, drug abuse occurs because potential abusers hangout with actual abusers, from whom they learn positive associations with drug use.

Control theory posits four basic concepts: attachment, commitment, involvement, and belief. A person's attachment to other people leads to a commitment to those people's ideals. The greater the person's involvement with those ideals is, the greater his or her belief in them will be. From this viewpoint, drug abusers lack attachment to other people, lack commitment to their ideals, lack involvement with mainstream people or ideologies, and lack belief in drug-free people or ideals.

In essence, the proponents of these theories are arguing about the degree and manner in which social constraints and personal choices influence a person's fate. All the theories seem to argue that some deficiency in people's personalities or their environments causes them to engage in deviant behavior.



### Needs of the study

Psychologists broadly agree that drug abuse is among the most alarming situation in present day urban and rural society. This menace engulfing our adolescent children affecting our family life in everything from different types of crimes to economic development. They also tend to agree that we are only at the beginning stages of understanding it. While two individuals or groups may share a set of common values, they may not give equal weight or preference to those values. The two individuals or groups are said to have different value systems, even though they may have many values in common, if their prioritization of values differs, or if there are different exceptions they attach to these values. Groups and individuals who share many values may still wind up in conflict, ideological or physical, with each other, because of the differences in their value systems. People with differing value systems will thus disagree on the rightness or wrongness of certain actions, like abuse or non- abuse of drugs both in the abstract and in specific circumstances. In essence, a value system (if sufficiently well-defined) is a formalization of a moral code. A value system refers to the order and priority an individual or society grants to ethical and ideological values. Although, the most profound influence of values may be through the ways that they influence rules, norms, procedures within a society and in this way structure the everyday life choices for individuals within a society. Individual endorsement of values may some influence in everyday life. There is a dire need for the understanding of the dynamics of the value system and its relation with the drug abuse. And these issues require interdisciplinary, comparative, and culturally sensitive research, which may furnish information useful for the fruitful management of substance abuse through raising moral standard and studying the value system in our diverse societies. This research should help design policies that contribute to the goals of a drug abuse free citizenship for our country.

## **OBJECTIVE OF THE STUDY**

The broad objective of the study was to conduct an empirical investigation on value orientations as related to drug abuse and non-abuse with some demographic dimensions of residential backgrounds and adolescent age groupings. The investigation was done on value orientation special reference to the district of Rajshahi. More specifically the main focus of the study was to explore the patterns of value orientations of early and late adolescents of Rajshahi district as related to drug abuse, non-drug abuse and urban and rural residential backgrounds.

1. To study patterns of similarities and differences in Terminal value orientations of Drug abuser and non- abuser groups irrespective of their residential background and age group.
2. To study patterns of similarities and differences in Instrumental value orientations of abuser and non- abuser groups irrespective of their residential background and age group.
3. To find out the characteristic differences between urban and rural Ss in their Terminal value orientations
4. To find out the characteristic differences between urban and rural Ss in their Instrumental value orientations.
5. To study the similarities and differences between early and late-adolescents in their Terminal value orientations.
6. To study the similarities and differences between early and late-adolescents in their Instrumental value orientations

### **Additional objectives**

7. To study similarity and differences within Drug abuser in value orientations.

8. To study similarity and differences within non- Drug abuser in value orientations.
9. To study patterns of similarities and differences between Drug abuser and non- abuser

### **Hypothesis of the Study**

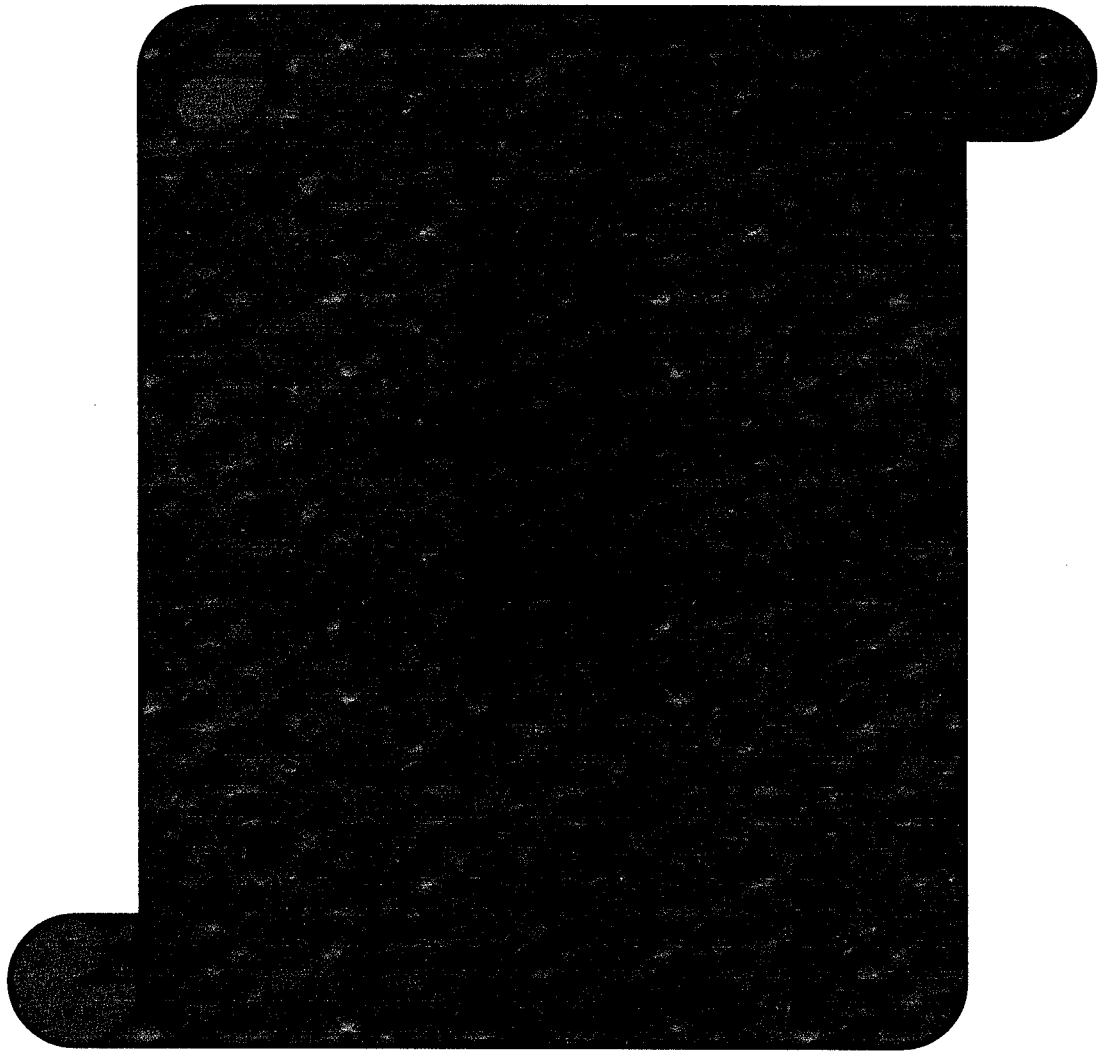
**The main hypotheses were as follows;**

1. Drug abuser respondents would show significantly more positive Terminal value orientations than its abuser counterpart.
2. Non- abuser respondents would show significantly more positive Instrumental value orientations than its Drug abuser counterpart.
3. Urban respondents would show significantly more positive Terminal value orientations than its rural counterpart.
4. Urban respondents would show significantly more positive Instrumental value orientations than its rural counterpart.
5. Early adolescent Subjects would show significantly more positive Terminal value orientations than late adolescent subjects.
6. Early adolescent Subjects would show significantly more positive Instrumental value orientations than late adolescent subjects.

### **Additional hypotheses**

7. Drug abuser of urban and rural origins, early and late adolescents would differ significantly in their terminal value orientations..
8. Drug abuser of urban and rural origins, early and late adolescents would differ significantly in their Instrumental value orientations..
9. Non- abuser of urban and rural origins, early and late adolescents would differ significantly in their terminal value orientations.

10. Non- abuser of urban and rural origins, early and late adolescents would differ significantly in their Instrumental value orientations.
11. Drug abuser and non- abuser urban and rural residential background, early and late adolescents would differ in their terminal value orientations.
12. Drug abuser and non- abuser urban and rural residential background, early and late adolescents would differ in their Instrumental value orientations.



## CHAPTER – TWO

### REVIEW OF RELEVANT LITERATURE

Literature that makes note of addiction and drug abuse goes back to ancient times. Alcohol was used in Egypt since the time of the Pharaohs El-Guebaly N, El-Guebaly A. (1981) and ancient Greeks were already experienced with alcohol abuse and alcoholism Leibowitz JO. (1957), Rolleston JD. (1927). Ancient Greeks were also familiar with cannabis, and myths talk about nepenthes: a mysterious drug against any type of pain Arata L. (2004). Throughout history, the use and abuse of alcohol and drugs has been playing a role in society. In 1929, one of the first scientific papers in the field of addiction was published in the January issue of Science White C. (1931). The paper revealed that a Committee on Drug Addiction was appointed in the USA to study the increasing problems related to Drug Abuse. Their most important goal was to substitute all existing addictive medicinal drugs such as morphine and cocaine by non-addictive alternatives with an equal clinical efficacy. To this extend the Universities of Virginia and Michigan took a leading role in developing and testing a series of new chemical compounds that should replace the addictive drugs. Although the aims of the Committee were very ambitious, and cocaine has been largely banned from the medical profession, a search of the scientific literature reveals only few articles on addiction. In fact, until the end of the 1980s research on addiction resulted in about 100 scientific papers yearly or less, focusing primarily on treatment and prevention. From the 1990s addiction research expanded rapidly.

Until the 1990s, articles on addiction and drug abuse were scattered among the scientific literature. Thereafter the number of Universities and institutes involved in addiction research grew significantly, and currently there are about 30 international peer-reviewed journals devoted to drug abuse and addiction. The number of review papers and met analyses increased as well

during the last decade. To summarize the accumulative number of research papers that is currently emerging, the Journal Current Drug Abuse Reviews aims to publish the highest quality reviews and meta-analyses on all latest advances on alcohol and drug abuse and addiction. The Journal has a multidisciplinary scope and covers all the latest and outstanding developments in neurobiology, neuropsychopharmacology, addiction, behavioral effects, prevention, and treatment strategies on abuse of alcohol and both illicit and prescription drugs. The goal of the Journal is to be a reference source for anyone who wants a systematic overview of the available scientific evidence on topics related to drug abuse and addiction. An inaugural issue comprises a number of superb reviews that are all related to three main topics: alcohol, learning and memory, and adolescence. I will highlight some of these reviews, because they address topics that have been somewhat overlooked by researchers over the last decades. For example, one review discusses the fact that some drinkers never report having an alcohol hangover, whereas this would be expected after a session of heavy drinking. The alcohol hangover is an exciting yet puzzling phenomenon since it remains to be elucidated why these symptoms are present after alcohol and its metabolites (e.g., acetaldehyde) are eliminated from the body. Unlike alcohol intoxication, the pathology of alcohol hangover has received very little scientific attention and studies that have been performed often yield inconclusive results Verster JC, Van Duin D, Volkerts ER, Schreuder AHCML, Verbaten MN. (2003). The lack of scientific interest in the intriguing issue of alcohol hangovers is remarkable, since almost every drinker is familiar with the unpleasant hangover effects that may arise the day after an evening of excessive drinking, and the ways these symptoms may affect performance of (or even participation in) planned activities the day after drinking. The debate on alcohol hangovers will continue until research provides us with a clear view of its pathology. Simple explanations as if hangover is equivalent to dehydration or caused by the presence of

acetaldehyde have proven to be insufficient to explain the general feeling of misery the day after excessive drinking. Hence, although experienced by many drinkers, it is still unknown what causes the alcohol hangover, a fact that is illustrated by the lack of effective hangover cures Pittler MH, Verster JC, Ernst E. (2005). Until the pathology of hangovers is elucidated, the reasons why some drinkers never experience alcohol hangovers will probably remain a mystery. Smoking and drinking remain popular among youth as is experimenting with other drugs. Adolescent drug abuse is a major problem as it may have serious consequences for themselves and those in their environment.

“Values are concepts or beliefs about desirable end states or behaviors that transcend specific situations, guide selection or evaluation of behavior and events, and are ordered by relative importance” (Schwartz & Bilsky, 1987, p. 551). Values represent the main goals that relate to all aspects of behavior (Kluckholm, 1951; Rokeach, 1973; Schwartz, 1992; Smith & Schwartz, 1997). Probably the most popular stream of research on individual values in the past 15 years has been conducted by Schwartz and colleagues (e.g., Schwartz, 1992, 1994; Schwartz & Bilsky, 1987, 1990; Schwartz & Sagiv, 1995). A study of “Social Science Citation Index” listings finds more than 590 quotations from Schwartz (1992) in journals during the period from March 1993 to October 2005. Building on and extending Rokeach’s (1973) work, Schwartz derived a typology of values. Ten types of values were identified as reflecting a continuum of related motivations: ‘self-direction,’ ‘stimulation,’ ‘hedonism,’ ‘achievement,’ ‘power,’ ‘security,’ ‘conformity,’ ‘tradition,’ ‘benevolence,’ and ‘universalism’ (see Schwartz (1992) for a complete description). This continuum gives rise to a (quasi) circumplex structure when presented graphically in a two-dimensional space that classifies value types by their degree of compatibility and conflict (Schwartz, 1992, 1994; Schwartz & Boehnke, 2004; Schwartz & Sagiv, 1995). For example, ‘achievement’ and ‘power’ are situated next to each other. The simultaneous pursuit of these value



types is compatible because both involve intrinsic motivation for self-enhancement. Conversely, 'power' which emphasizes self-enhancement is located opposite to 'universalism' and 'benevolence' which reflect self-transcendence. Simultaneous pursuit of both groups of values would give rise to psychological and social conflict (Schwartz, 1992).

A circumplex representation of data is based on assumptions about the nature of the constructs under investigation (Acton & Revelle, 2004; Larsen & Diener, 1992; Fabrigar, Visser, & Browne, 1997; Pincus, Gurtman, & Ruiz, 1998). The circumplex system was introduced by Guttman (1954), who described it as a "system of variance which has a circular law of order". According to Guttman, "in a circumplex system, variables would be of equal "complexity" (or rank) but would differ among themselves in the kind of content they define". A circumplex structure should meet three assumptions: (1) differences among variables are reducible to differences in two dimensions (the circle as a minimal representation), (2) all variables have equal projections (the constant radius property), and (3) discrete variables are uniformly distributed along the circle's circumference (the equal-spacing property) (Gurtman, 1994; Fabrigar et al., 1997). All three assumptions must be met for a circumplex structure to be confirmed. When the variables are uniformly distributed along the circle's circumference, the model is said to be circulant, and when the variables are not uniformly distributed, the model is said to be quasi-circumplex (Guttman, 1954). Schwartz and Boehnke (2004) mention that Schwartz's value system (SVS) makes no assumption as to whether value types are spaced equally in a circulant model or unequally in a quasi-circumplex model. However, Schwartz (1994) explains that the number of items used to operationalize each value type depends on the breadth of the goal and the values that express this goal (e.g., 8 items for 'universalism,' but only 2 for 'hedonism'), which implies unequal spacing. The structure and content of SVS has received impressive empirical support in research, with 97 samples from 44

countries totaling more than 25,000 respondents (Schwartz, 1992, 1994; Schwartz & Sagiv, 1995). Moreover, SVS has been widely used in studies in psychology (e.g. Feather, 1995; Wilson, 2005), international management (e.g., Egri & Ralston, 2004; Ralston et al., 1999), and marketing (e.g., Grunert & Juhl, 1995; Steenkamp, ter Hofstede, & Wedel, 1999), showing some predictive validity. However, some authors have questioned SVS psychometric properties, pointing out measurement and multicollinearity problems (e.g., Ben Slimane, El Akremi, & Touzani, 2002; Burroughs & Rindfleisch, 2002; Cable & Edwards, 2004; Odin, Vinais, & Valette-Florence, 1996; Olver & Mooradian, 2003; Thøgersen & Ölander, 2002). When using SVS, several authors compute value scores and higher order constructs by averaging items related to particular values (e.g., Feather, 1995; Steenkamp et al., 1999). As a consequence, measurement errors are left out (Hair et al., 1998), decreasing construct reliability and masking discriminant validity and multicollinearity problems (Edwards, 2001; Fischer & Smith, 2004; Peter, Churchill, & Brown, 1993). To the best of our knowledge, none of the studies using SVS tests both its psychometric properties and its circumplex structure. Most empirical tests of the SVS circumplex structure are based on multidimensional scaling (MDS) (Schwartz & Boehnke, 2004 being an exception), which is mainly an exploratory technique (Gurtman & Pincus, 2000; Tracey, 2000; Young, 1987). The main objective of the article is to compare validations of the circumplex structure using one exploratory and two confirmatory data analysis methods, based on a large sample of Swiss respondents. Considered to be universal, the circumplex structure of SVS should be validated for Switzerland whichever exploratory or confirmatory statistical approach is applied (Denison & Fornell, 1990). Previous Tests of Schwartz's Value System Early measurement by Schwartz and Bilsky (1987, 1990) relied on 36 items based on Rokeach's (1973) work (RVS-36) to test the circumplex structure of values. Schwartz (1992) expanded the list of items to

56 (SVS-56) to cover the 10 value types to a greater extent. A 37-item abbreviated version (SVS-37) of this list is sometimes preferred in long questionnaires. Recently, Schwartz et al. (2001) and Spini and Doise (1998) replaced the value item 'detachment' with two items, 'private life' and 'self-indulgence,' to improve the reliability of the scale, bringing the total to 57 items (SVS-57). SVS was also tested using the Portrait Values Questionnaire (PVQ- 29), which is cognitively less complex than the SVS because it presents short verbal portraits of 29 different people (Schwartz et al., 2001). Each portrait describes a person's goals, aspirations or wishes that point implicitly to the importance of a value. Schwartz et al. (2001) used PVQ-29 to provide an independent test of the content and structure of their theory of human values. Furthermore, a Short version of Schwartz's Value Survey (SSVS) has been proposed and evaluated by Lindeman and Verkasalo (2005), which consists in direct rating of the importance of the 10 value dimensions with their respective value items as descriptor.

Previous Empirical Assessments of SVS Content

In a series of multi-national studies using exploratory MDS techniques, Schwartz and colleagues established the content validity of the 10 value types and their circular nature (Bilsky & Schwartz, 1994; Prince-Gibson & Schwartz, 1998; Ros, Schwartz, & Surkiss, 1999; Schwartz, 1992, 1994; Schwartz & Bilsky, 1987, 1990; Schwartz & Sagiv, 1995; Schwartz et al., 2001; Smith & Schwartz, 1997; Struch, Schwartz, & van der Kloot, 2002). Other authors also tested and found some support for Schwartz's values using MDS (Aavik & Allik, 2002; Bilsky & Koch, 2002; Bubeck & Bilsky, 2004; Burroughs & Rindfleisch, 2002; Grunert & Beckmann, 1999; Grunert & Juhl, 1995; Kozan & Ergin, 1999; Lindeman and Verkasalo, 2005). Spini and Doise (1998) and Devos, Spini, and Schwartz (2002) used a combination of MDS at the value item level and exploratory factor analysis (EFA) at the value type level to test the SVS structure. Misplaced items were identified based on MDS. Indices for the 10 value types were then derived, with the remaining items to be used in

EFA. In both papers, a two-dimensional representation of the 10 value types, consistent with Schwartz's theoretical structure, was obtained. However, this two-dimensional representation only accounted for 46% of the total variance. Similarly, Allen and Ng (2003) used EFA on sum scores and reported low reliability.

Gendre, Dupont, and Schwartz (1992) tested the structure of the terminal and instrumental values separately on a Swiss sample (172 respondents), using exploratory factor analysis at the value item level. They identified nine and eight factors respectively, matching Schwartz and Bilsky's (1987) value types relatively well. However, if EFA allows researchers to test the convergent and discriminant validity of a scale (Hair et al., 1998), it remains an exploratory technique unsuitable for formally testing a circumplex structure. Schmitt et al. (1993) used CFA to test the reliability of the SVS, with data collected twice within a six-week interval from the same Israeli sample. They tested the reliability of each value type separately without testing the circumplex structure of the model. Such an approach is inappropriate because it fails to detect specification errors that occur across value dimensions and fails to reject misspecified items (Fornell & Yi, 1992; Kenny & McCoach, 2003).

Furthermore, discriminant validity cannot be evaluated (Kenny & McCoach, 2003). Spini (2003) used multigroup confirmatory factor analyses of unidimensional structural equation models to test the appropriateness of SVS as an instrument for cross-cultural research. His results show acceptable levels of equivalence across cultures for most value types taken separately. However, again, the circumplex structure of the value types was not tested. Few studies have used confirmatory techniques to investigate the SVS structure. Test results are mixed at best. Odin et al. (1996) tested the structure and predictive validity of SVS using CFA based on a representative sample of the French population (2522 respondents). They showed that the model had a poor

structural fit and needed to be respecified. After deleting several items and splitting some values into sub-values, the authors derived a more parsimonious (i.e., with a smaller number of items) model with a better fit. Both the original and modified models had little but significant predictive power as to consumption behaviors. However, the predictive power of the modified model was not significantly greater. Ben Slimane et al. (2002) used CFA to test the SVS structure in Tunisia. The original 10 value-type model fitted poorly even after having deleted 16 items with weak factor loadings or significant cross-loadings. In both the Odin et al. (1996) and the Ben Slimane et al. (2002) studies, the authors did not test the circumplex structure of SVS. Tests of the Circumplex Structure of Schwartz's Value System Tsai and Böckenholt (2002) tested the circumplex structure of SVS using Guttman's (1954) additive circumplex model based on the comparison of the 45 pairs formed on the basis of the combination of the ten value types.

The circular ordering of value types more or less followed the theory with the exception of 'benevolence.' However, a  $\chi^2$  test showed that even the less constrained model fitted poorly, mainly because a larger than expected number of respondents selected the indifference category when comparing two values. Tsai and Böckenholt (2002) formally tested the circumplex structure of SVS, however they could not test the factorial structure of the 56 value items because of the paired-comparisons used to collect the data. In a recent study, Brunso, Scholderer, and Grunert (2004) developed a new approach to test the circumplex structure of SVS, based on the assumption that the correlation pattern between the 10 ordered value types and an external variable can be approximated by a quadratic trend line. This quadratic trend line can then be tested using repeated-measures ANOVA. Based on two large samples from Germany and Spain, they found some support for the circumplex structure of SVS and significant relationships with the dimensions of a food-related lifestyle scale. However, only 30 items from SVS-56 were retained and sum

scores for the 10 value types were used despite low reliability (average Cronbach alphas of .58 and .57). Moreover, the trend line was tested against a quadratic rather than sinusoidal function that would have been more appropriate (Gurtman, 1992; Wiggins, Steiger, & Gaelinck, 1981). Based on the above account of the extant literature, it appears that further testing of the circumplex structure is needed

### **Beliefs, Value Orientation, and Culture**

Hector Betancourt et al (1992) Two experiments were conducted to investigate: (a) the influence of the "subjugation control over nature" value orientation, a dimension of cultural variation, on attribution processes; and (b) the effect of activation of beliefs associated with this value orientation on attribution processes and helping behavior. In Experiment 1, introductory psychology students were classified as either "control" or "subjugation" oriented according to scores obtained from a measure of the value orientation. Results suggest an effect of value orientation on attributions for a behavioral outcome. In Experiment 2, an attribution empathy model of helping behavior was examined in relation to activation of beliefs associated with the "control over nature" value orientation. This model was tested using Bentler's program for the analysis of structural equations. Results show that beliefs interact with empathy to influence helping behavior. Overall, the two studies suggest the importance and feasibility of investigating cultural factors in models of social behavior even when studies are conducted within a single culture.

### **A Conceptual Model of Work Values**

Theorists like Super (1962; 1995), Kluckhohn (1951), Rokeach (1973), and Schwartz and Bilsky (1987) have identified a host of universal human values and work values and parsed the value system into two or more subsystems, classes, or domains. The most widely used value system typology

has been Rokeach's (1973) instrumental versus terminal values distinction that divides the value system into two parts devoted to instrumental or process-oriented values and terminal or goal-oriented values. Recently, Boldero and Francis (2002) proposed that the value system is not composed of exclusive parts and is best modeled as a single, flexible system that is employed to guide present functioning (standard-oriented values) and future-oriented behavior (goal-oriented values). They contended that values can be conceptually classified into two categories according to their role in behavior maintenance and change by determining whether a value is employed as a standard maintaining current behavior (akin to instrumental values) or as a goal or life task (akin to terminal values) guiding behavior toward a desired end-state.

Although, at first blush, the standard- versus goal-oriented value distinction appears to be very similar to the long-standing instrumental versus terminal distinction, the two classifications are fundamentally different. Whereas Rokeach (1973) asserted that the value system has two mutually exclusive categories of values, Boldero and Francis (2002) proposed that any particular value may be employed in two unique ways to maintain present behavior or to direct a sequence of behaviors toward a goal. Essentially, the conceptual difference between standard- and goal-oriented values proposed by Boldero and Francis (2002) is akin to the difference between being and becoming. For a variety of reasons, a person may employ a value to be something quite similar to or different from what they wish to become.

### **A Propositional Model of Work Values Development**

Super (1957; 1990; 1992; 1995), Brown (Brown, 1995; 1996; Brown & Crace, 1996) and others writing in the human values literature (Feather, 1990; Kilby, 1993; Kluckhohn, 1951; Rokeach, 1973; Schwartz & Bilsky, 1987) have clearly stated that values are organized into a dynamic system. Many of these

researchers have supported this theoretical inference with cross-sectional research designs and data that demonstrated a predicted pattern of co-variation between conceptually-related and unrelated values.

The basic proposition of the theory pertaining to the value system (e.g., Kluckhohn, 1951; Rokeach, 1973; Super, 1995) suggests that value reinforcement and suppression are tied to the perceived discrepancy or incongruence between conceptually related values and between a value and an associated experience. Increased discrepancies are presumed to yield increased personal dissatisfaction and this dissatisfaction prompts behavior or value changes toward decreasing discrepancies and thus decreased dissatisfaction or dissonance. Furthermore, development is presumed to be indicated by increased stability and harmony within the value system across time and fewer and smaller discrepancies between conceptually related values and between values and experience. The notions of accessibility, stability, and harmony are often subsumed under the terms values development and crystallization.

Although much work has been done to determine whether or not and to what extent values are structured as a dynamic system (e.g., Schwartz & Bilsky, 1987), only a few published empirical studies have directly tested if and to what extent values function in the fashion of a dynamic system (Rokeach, 1973; Waller, 1994). These studies employed an experimental design and samples of college students to support the system-based proposition that a discrepancy between a preferred state (in this case values) and an actual state (other values or behaviors) prompts a change in either the preferred and/or actual state to decrease the discrepancy. Students who perceived a discrepancy between their values and choices or between their values and the values of their peers modified their values to reduce the discrepancy. This research was, however, limited to testing only one of several presumed mechanisms that promote and maintain the integrity of the value system. Furthermore, no



research has been conducted to determine if the theoretically presumed mechanisms operate in a similar fashion during the high school years.

Findings from the studies are consistent with the research suggesting that the value system is composed of standard- and goal-oriented reflections of the work value system (Boldero & Francis, 2002; Porfeli, 2004) and that these value manifestations are linked to one another through cohesion and discrepancy reduction mechanisms (Porfeli, 2004). They further suggest that the integrity of the value system is maintained by the interactive influence of the cohesion and discrepancy reduction mechanisms. Larger salience discrepancies between standard- and goal-oriented reflections of a work value prompt a shift toward smaller discrepancies which, in turn, prompts a change in the cohesion mechanism toward an inverse relationship between conceptually related values. These findings also suggest that disruptions to the value system that induce a discrepancy between conceptually related values activate the discrepancy reduction and cohesion mechanisms to operate in tandem to restore harmony within the value system across the high school years.

### **The Schwartz Value Survey**

The first instrument developed to measure values based on the theory is now known as the Schwartz Value Survey (SVS; Schwartz, 1992, 2005a). The SVS presents two lists of value items. The first contains 30 items that describe potentially desirable end-states in noun form; the second contains 26 or 27 items that describe potentially desirable ways of acting in adjective form. Each item expresses an aspect of the motivational goal of one value. An explanatory phrase in parentheses following the item further specifies its meaning. For example, 'EQUALITY (equal opportunity for all)' is a universalism item; 'PLEASURE (gratification of desires)' is a hedonism item.

Respondents rate the importance of each value item "as a guiding principle in MY life" on a 9-point scale labeled 7 (of supreme importance), 6 (very important), 5,4 (unlabeled), 3 (important), 2,1 (unlabeled), 0 (not important), -1 (opposed to my values).<sup>13</sup> People view most values as varying from mildly to very important. This nonsymmetrical scale is stretched at the upper end and condensed at the bottom in order to map the way people think about values, as revealed in pre-tests. The SVS has been translated into 47 languages. The score for the importance of each value is the average rating given to items designated a priori as markers of that value. The number of items to measure each value ranges from three (hedonism) to eight (universalism), reflecting the conceptual breadth of the values. Only value items that have demonstrated near-equivalence of meaning across cultures in analyses using multi-dimensional scaling (SSA; Schwartz, 1992, 1994, 2005a) and confirmatory factor analysis (CFA; Schwartz & Boehnke, 2004) are included in the indexes.

### **The Structure of Human Values:**

#### **A Principal Components Analysis of the Rokeach Value Survey (RVS)**

This study investigates the structure of human values by means of a principal components analysis of the Rokeach Value Survey (RVS). Despite sample, cultural and procedural differences, the results of this investigation show substantial agreement with those from Feather's study (1991), which was replicated by the present investigation. Results indicate that one can go beyond the single items of the RVS to a multi-item assessment of the value concept. The scientific study of human values has a long tradition in the fields of psychology and sociology. Originally, values were conceived of as philosophical concepts which were insolubly tied to virtuous living and morality were among the first social scientists who gave the value concept a

more concrete, terrestrial meaning by linking values to ordinary activities such as reading newspapers, watching movies or voting. These authors designed a typology of values in which persons' stable preferences for all kinds of private and societal behaviours were categorized. However, the idea of a typology with fixed values as separate and stable elements, has gradually been abandoned in favour of the notion that each individual creates a very personal and flexible hierarchy out of the values available in culture. Currently, values are conceived of as guiding principles in life which transcend specific situations, may change over time, guide selection of behaviour and events and which are part of a dynamic system with inherent contradictions. This shift in the thinking about the nature of human values has been largely influenced by the work of Milton Rokeach (1973; 1979). Rokeach defined the value concept as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence". The publication of Rokeach's book *The Nature of Human Values* caused a surge of empirical studies which investigated the role of human values in many branches of psychology and sociology. In the last decades, human values have been investigated in divergent scientific domains such as political ideology, e.g. (Rokeach, 1973), or process and outcome of psychotherapy. In these and many other studies the Rokeach Value Survey (RVS), an instrument which was designed by Rokeach to operationalize the value concept, has been used as an instrument for measuring personal and social values. The popularity of the RVS results from the fact that Rokeach's (1973) definition and instrumentation of the value construct is more coherent and psychometrically sound than other instruments currently available. The RVS distinguishes two kinds of values: instrumental, referring to modes of conduct and reflecting behavioral characteristics that are seen as socially desirable and terminal, referring to end states of existence or ultimate modes of living which have been idealized. The RVS has been extensively evaluated in empirical investigations,

more concrete, terrestrial meaning by linking values to ordinary activities such as reading newspapers, watching movies or voting. These authors designed a typology of values in which persons' stable preferences for all kinds of private and societal behaviours were categorized. However, the idea of a typology with fixed values as separate and stable elements, has gradually been abandoned in favour of the notion that each individual creates a very personal and flexible hierarchy out of the values available in culture. Currently, values are conceived of as guiding principles in life which transcend specific situations, may change over time, guide selection of behaviour and events and which are part of a dynamic system with inherent contradictions. This shift in the thinking about the nature of human values has been largely influenced by the work of Milton Rokeach (1973; 1979). Rokeach defined the value concept as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence". The publication of Rokeach's book *The Nature of Human Values* caused a surge of empirical studies which investigated the role of human values in many branches of psychology and sociology. In the last decades, human values have been investigated in divergent scientific domains such as political ideology, e.g. (Rokeach, 1973), or process and outcome of psychotherapy. In these and many other studies the Rokeach Value Survey (RVS), an instrument which was designed by Rokeach to operationalize the value concept, has been used as an instrument for measuring personal and social values. The popularity of the RVS results from the fact that Rokeach's (1973) definition and instrumentation of the value construct is more coherent and psychometrically sound than other instruments currently available. The RVS distinguishes two kinds of values: instrumental, referring to modes of conduct and reflecting behavioral characteristics that are seen as socially desirable and terminal, referring to end states of existence or ultimate modes of living which have been idealized. The RVS has been extensively evaluated in empirical investigations,

Feather, 1991). Most studies which employed the RVS used either: (a) The totals of the RVS terminal and instrumental sub-scales, or (b) The sub-scales which were discriminated by Rokeach as operationalizing personal/ social/ competency/ moral values domains, or (c) The single RVS items. However, in our opinion, these methods have major weaknesses. First, findings established with the broad and generally defined instrumental and terminal RVS sub-scales lack the specificity which is necessary to draw meaningful conclusions from results. Secondly, the theoretical distinction between personal/ social / moral/ competence values domains have received scarce empirical confirmation. Thirdly, the measurement of values by means of single items is questionable since individual differences may reflect variations in linguistic usage rather than variations in underlying constructs. Therefore, it was concluded that the use of a multiple item operationalization of the value concept would be preferable to a single item operationalization, such in order to control for item ambiguity and flexibility of interpretation. The present study was initiated to empirically investigate the structure of human values. Its aim was to evaluate the coherence between the 36 values as specified by the RVS. It was hypothesized that human values do not exist in isolation but cluster in some coherent fashion to values domains with more specific meanings. To this end the RVS items were subjected to a principal components factor analysis followed by an orthogonal rotation varimax.

This research approach was inspired by Feather (1991) who revealed, by means of a principal components analysis, within the intercorrelations of the instrumental values three value domains, which were largely consistent with the motivational domains as described by Feather (1991) self-directed competence, restrictive conformity and pro-social concern. Within the intercorrelations of the terminal values Feather discriminated five value domains: positive affiliation, universal pro-social, mature accomplishment, comfort/ stimulation and security/ salvation. The extent to which results from

the present principal components analysis correspond with those of Feather's (1991) study was evaluated. Note, that the principal components analysis was executed twice, separately for the terminal and instrumental values, since Rokeach (1973) explicitly discriminates between both sets of values. Additionally, this procedure was adopted in order to maximally replicate Feather's (1991) findings, who employed a similar procedure.

### **A functional approach to instrumental and terminal values and the value-attitude-behavior system of consumer choice**

The present studies provide support for a functional approach to instrumental and terminal values and the value-attitude-behaviour system. Study 1 surveyed individuals' human values, the type of meaning to which they prefer to attend in products, and how they choose to evaluate the products. The study found that individuals who favoured instrumental to terminal human values showed a predisposition to attend to the utilitarian meanings of products and make piecemeal judgements. In contrast, individuals who favoured terminal over instrumental values preferred symbolic meanings, affective judgements, and human values in general. Study 2 found that individuals who favoured instrumental to terminal values had stronger instrumental attitudes towards cars and sun-glasses. The results suggest that: psychological functions are not limited to attitudes or human values but span the breadth of the value-attitude-behaviour system; that two such psychological functions are instrumental and expressive; and that instrumental and terminal values serve instrumental and expressive functions, respectively.

### **Cultural Differences in Alcoholism**

A related suggestion is that natural selection has weeded out those susceptible to alcoholism in groups that have a long history of drinking, and

that this elimination of alcoholics in some races accounts for their lower alcoholism rates. Besides displaying a Lysenko-like optimism about the speed of genetic adaptation, this hypothesis neglects important elements in the history of drinking. Aboriginal Indian groups did drink beverage alcohol and therefore were available for a similar racial elimination of alcoholism; moreover, different Indian groups in Latin and North America have had very different experiences with problem intoxication, depending usually upon their relation to Caucasians (MacAndrew and Edgerton, 1969).

Jews, on the other hand, have been known as moderate drinkers since Biblical times - that is, from their first identification as a group distinct from the racially related Semitic populations that surrounded them (Keller, 1970). This analysis strongly suggests that their belief system from the beginning distinguished the Jews from their neighbors. Some theorists have speculated that Jewish moderation stems from the group's perpetual minority status and the premium this has placed on self-control and intellectual awareness (Glazer, 1952). Similar kinds of cultural explanations have been used to account for the notable drinking patterns of other groups. For example, Bales (1946) analyzed frequent problem drinking among the Irish as a reflection of a world view that is at once flamboyant and tragic. Room (1985) points out that Indian groups lack a value for self-control that would inhibit excessive drinking or drunken misbehavior.

Maloff et al. (1979) summarized the results of decades of social-scientific observations of cultural drinking styles and other consumption practices in detailing cultural recipes for moderation. One rather remarkable element in cultural recipes for moderate consumption is illustrated by the cases of Jewish and Chinese-American drinking. As described by Glassner and Berg (1984:16), "Reform and nonpracticing Jews define alcoholism in terms of psychological dependency and view suspected alcoholics with condemnation

and blame." In other words, Jews guarantee almost universal moderation by explicitly rejecting the major contentions of the disease theory of alcoholism, including a belief in biological causation and the need for a nonpunitive attitude toward habitual drunkenness. Jews instead strongly disapprove of drunken misbehavior and ostracize those who do not conform to this standard of conduct.

The Cantonese Chinese in New York City, as described by Barnett (1955), employed a similar approach in disapproving of and applying powerful group sanctions to those who do not control their drinking. These people simply refused to tolerate loss-of-control drinking. As a part of his study, Barnett examined police blotters in the Chinatown district of New York. He found that, among 17,515 arrests recorded between 1933 and 1949, not one reported drunkenness in the charge. Are these Chinese suppressing alcoholism or simply its overt manifestations? Actually, since drunken arrest is a criterion for alcohol dependence in DSM III, its elimination automatically eliminates a central element of alcoholism. All this is academic, however. Even if all these Chinese accomplished was to eradicate drunken misbehavior and violence in a crowded urban area for 17 years, their model is one America as a whole could emulate with great benefit. This Chinese case study stands in stark contrast to that of an Ojibwa Indian community in northwest Ontario studied by Shkilnyk (1984). In this community, violent assault and suicide are so prevalent that only one in four die of natural causes or by accident. In one year one-third of the children between five and fourteen were taken from their parents because the parents were unable to care for the children when almost continuously drunk. This village was marked by a "cycle of forced migration, economic dependence, loss of cultural identity, and breakdown in social networks" (Chance, 1985, p. 65) that underlay its self-destruction through alcohol. At the same time, the people of this tribe had an absolute belief that alcoholism was a disease they could not control. The title of this work, "A poison stronger than



love," comes from a village resident who declared "The only thing I know is that alcohol is a stronger power than the love of children."

Can somebody seriously recommend converting Chinese or Jewish populations to the conception of alcoholism as an uncontrollable disease - one that is not indigenous to their cultures? What might we expect from such a conversion? MacAndrew and Edgerton (1969) surveyed cultural differences in attitudes toward alcohol in relation to drinking patterns. Their primary finding was that drunken comportment took a specific form in each society, a form that often varied dramatically from one cultural setting to another. Societies accepted that drunkenness led to certain behaviors and, not surprisingly, had a high incidence of such behaviors - including violence and alcoholic crime. In other words, societies have varying notions of both the degree and the results of loss of control caused by drinking, differences with major consequences for behavior. Similar differences in the belief that alcohol causes misbehavior have also been found to hold for individuals within American culture (Critchlow, 1983).

### **Denial of Social Forces in Addiction**

The measurement of social variation in the addictive and appetitive behaviors often achieves an order of magnitude comparable to that Vaillant found between Irish- and Italian-American drinking styles. For example, in the case of obesity, Stunkard et al. (1972) found low-socioeconomic-status (SES) girls were nine times as likely to be fat by age 6 as high-SES girls. Is there a cultural bias against such social-scientific findings compared with results that are seen to indicate genetic or biological causality? If some biological indicator were found to distinguish two populations as well as ethnicity does in the case of alcoholism or SES does in the case of childhood obesity for women, the

discovery would surely merit a Nobel Prize. Instead, in our society, we ignore, minimize, and deny socially based findings.

In other words, rather than Jews denying their alcoholism, the alcoholism movement is practicing massive denial of social factors in alcoholism. We commonly read reviews of the literature which declare that research findings with regard to social differences run exactly counter to standard wisdom in the field. Thus, "The stereotype of the typical 'hidden' female alcoholic as a middle-aged suburban housewife does not bear scrutiny. The highest rates of problem drinking are found among younger, lower-class women ... who are single, divorced, or separated" (Lex, 1985:96-97). Unemployed and unmarried women are far more likely to be alcoholics or heavy drinkers (Ferrence, 1980). Why are such findings regularly denied? In part, middle-class women (like Betty Ford) are eagerly sought as alcoholism patients because of their ability to pay for therapy and because their prognosis is so much better than that for lower-SES or derelict women.

Perhaps also in America this denial comes from a pervasive ideology that minimizes class distinctions. It is seen as an additional and unwarranted burden to the oppressed to announce that low-SES women are far more likely to be obese (Goldblatt et al. 1965), that low-SES men are far more likely to have a drinking problem (Cahalan and Room, 1974), and that the greater likelihood for lower-SES people to smoke has become increasingly pronounced as more middle-class smokers quit (Marsh, 1984). In general, social class is correlated with people's ability and/or willingness to accept and act upon healthful recommendations. The health belief model finds that health behaviors depend on the person's sense of self-efficacy, the value the person places on health, and the person's belief that particular behaviors really make a difference to health outcomes (Lau et al. 1986).

The alternative to discussing such issues in terms of values is usually to ascribe addiction, alcoholism, and obesity to biological heritage. But what are the consequences of believing, as Vaillant (1983) claimed (with so little evidence), that low-SES people are more often alcoholic because their parents' alcoholism has propelled them downward economically and socially, and that they harbor a biological inheritance likely to perpetuate this trend? What should we make of the high incidence of alcoholism, Drug Abuse, cigarette smoking, and obesity among black Americans? Should we believe they have inherited these tendencies, either separately or as one global addiction factor? This thinking offers little chance for improving the lot of those who suffer the worst consequences of addiction.

In addition to less secure values toward health, lower socioeconomic status seems to be associated with the failure to develop effective strategies for managing consumption. The best illustration of this is the presence of high abstinence and abuse levels in the very same groups. In the United States, the higher a person's SES, the more likely a person is both to drink at all and to drink without problems (Cahalan and Room, 1974). Low SES and minority racial status make people both more likely to abstain and more likely to require treatment for alcoholism (Amor et al., 1978). It is as though, in the absence of a confident way of drinking, people strive to avoid alcohol problems by not drinking at all. This strategy is highly unstable, however, because it depends mainly on the person's ability to remain outside drinking or drug-using groups throughout his or her lifetime.

It seems often that the secrets of healthful behavior are limited to those who already possess them. Many middle- and upper-middle-class people appear to gain this knowledge as a birthright, even when they endorse disease theories of alcoholism. Despite Vaillant's (1983) emphasis on the uncontrollable nature of alcohol abuse, an illustration accompanying the Time

magazine piece on Vaillant's book showed the Vaillant family taking wine with a meal. The caption read: "Wine is part of the meal on special occasions for the Vaillants and Anne, 16, and Henry, 17. 'We should teach children to make intelligent drinking decisions'" ("New Insights into Alcoholism," 1983:64). In his book, Vaillant (1983:106) advised that "individuals with many alcoholic relatives should be ... doubly careful to learn safe drinking habits," although he nowhere discussed how this is to be done.

The anomaly marks the triumph of the very values and beliefs that have regularly been shown to lead to addiction; it is a stunning case of bad values chasing out good. The explanation for this perverse triumph starts with the success of a majority of people with the worst substance abuse problems in converting the majority population to their point of view. For example, Vaillant (1983) explained how several alcoholics educated him about alcoholism, thereby reversing the point of view he previously held (Vaillant, 1977) and placing him in conflict with most of his own data. This triumph of bad values is due also to the dominance of the medical model in treatment for psychological problems in the U.S. - and especially the economic benefits of this model of treatment, residual superstitions about drugs and the tendency to convert these superstitions into scientific models of addiction (Peele, 1985), and a pervasive sense of loss of control that has developed in this country about halting drug abuse.

### **Variations of Addiction**

Modern models of addiction have consistently overestimated the amount of variance in addiction accounted for by the chemical properties of specific substances (Peele, 1985). Although popular prejudice continues to uphold this view, no data of any sort support the idea that addiction is a characteristic of some mood-altering substances and not of others. For example, among the

many fundamental re-evaluations caused by examining narcotics use among Vietnam veterans was the finding that heroin "did not lead rapidly to daily or compulsive use, no more so than did use of amphetamines or marijuana" (Robins et al., 1980:217-218). A related finding was:

Heroin does not seem to supplant the use of other drugs. Instead, the typical pattern of the heroin user seems to be to use a wide variety of drugs plus alcohol. The stereotype of the heroin addict as someone with a monomaniacal craving for a single drug seems hardly to exist in this sample. Heroin Abuser use many other drugs, and not only casually or in desperation. Drug researchers have for a number of years divided drug users into heroin Abuser versus polydrug users. Our data suggest that such a distinction is meaningless. (Robins et al., 1980:219-220)

Cocaine use is now described as presenting the same kind of lurid monomania that pharmacologists once claimed only heroin could produce; again, the explanation presented is in the "powerful reinforcing properties of cocaine" which "demand constant replenishment of supplies" (Cohen, 1985:151). Indeed, "if we were to design deliberately a chemical that would lock people into perpetual usage, it would probably resemble the neurophysiological properties of cocaine" (Cohen, 1985:153). These properties demand that those who become dependent on the drug "continue using [it] until they are exhausted or the cocaine is depleted. They will exhibit behaviors markedly different from their precocaine lifestyle. Cocaine-driven humans will relegate all other drives and pleasures to a minor role in their lives" (Cohen, 1985:152).

Seventeen percent of 1985 college students used cocaine in the previous year, 0.1% of 1985 students used it daily in the previous month (Johnston et al., 1986). Former college students who used the drug for a decade typically

remained controlled users, and even those who abused the drug showed intermittent excesses rather than the kind of insanity Cohen described (Siegel, 1984). Perhaps the key to these subjects' ability to control cocaine use is provided by research by Johanson and Uhlenhuth (1981), who found that members of a college community who enjoyed and welcomed the effects of amphetamines decreased their usage as it began to interfere with other activities in their lives. Clayton (1985) pointed out the best predictors of degree of cocaine use among high school students were marijuana use, truancy, and smoking, and that even the very few people in treatment reporting cocaine as their primary drug of choice (3.7%) regularly used other drugs and alcohol as well.

These data indicate that we need to explore the user - particularly the compulsive user - for the key to addiction. Robins et al. (1980) constructed a Youthful Liability Scale for abuse from demographic factors (race, living in the inner city, youth at induction) and problem behaviors (truancy, school dropout or expulsion, fighting, arrests, early drunkenness, and use of many types of illicit drugs) that preceded drug users' military service, and that predicted use of all types of street drugs. Genetic-susceptibility models based on individual reactions to given drugs are unable to account for simultaneous misuse by the same individuals of substances as pharmacologically diverse as narcotics, amphetamines, barbiturates, and marijuana in the Robins et al. (1980) study or cocaine, marijuana, cigarettes, and alcohol in the Clayton (1985) analysis. Istvan and Matarazzo (1984) summarized the generally positive correlations among use of the legal substances caffeine, tobacco, and alcohol. These relationships are particularly strong at the highest levels of usage: for example, five out of six studies Istvan and Matarazzo cited have found 90% or more of alcoholics to smoke.

The relationships among negative health behaviors and addiction are not limited to correlation among drug habits. Mechanic (1979) found smokers were less likely to wear seat belts, while Kalant and Kalant (1976) found users of both prescription and illicit amphetamines suffered more accidents, injuries, and untimely deaths. Smokers have 40% higher accident rates than nonsmokers (McGuire, 1972). From the standpoint of these data addiction is part of a panoply of self-destructive behaviors some people regularly engage in. Drunk drivers turn out to have more accidents and worse driving records than others even when they drive sober (Walker, 1986), suggesting that drunk driving is not an alcohol problem but one of drunk drivers' generally reckless and antisocial behavior. The disease model and behavioral theories both have missed the extent to which excessive and harmful substance use fits larger patterns in people's lives.

We have disarmed ourselves in combating the precipitous growth of addictions by discounting the role of values in creating and preventing addiction and by systematically overlooking the immorality of addictive misbehavior. In this way, scientists and treatment personnel contribute to the loss of standards that underlies our surge in addiction and criminal behavior by addicts. The steps we take - as in fighting the importation of drugs and introducing routine drug-testing - are exactly the opposite of the steps we need to take of creating more positive values among our drug-using young and holding people responsible for their drug use and other behavior

### **Rural-Urban Differences in Substance use**

Briddell, L. O. (2009) Surveys of incarcerated offenders and arrestees consistently report high rates of both alcohol and drug use in this population. This drug-crime connection has highlighted the need to learn more not only about drug treatment effectiveness, but also about drug treatment utilization.

While studies have begun to examine drug treatment utilization, most of these studies have been based on urban substance abusers. Little is known about the extent to which urban and rural substance abusers may be different in terms of treatment utilization. This study, therefore, examines differences between urban and rural drug use patterns and treatment utilization among chronic drug abusers to determine whether, and in what ways, rurality may affect substance abuse and treatment seeking. The study examines these issues in a group of chronic drug users who were incarcerated at the time of the study. Findings show significant differences in drug use and treatment utilization of urban and rural offenders. Chronic drug abusers from rural and very rural areas have significantly higher rates of lifetime drug use, as well as higher rates of drug use in the 30 days prior to their current incarceration than chronic drug abusers from urban areas. Nonetheless, being from a very rural area decreased the likelihood of having ever been in treatment after controlling for the number of years using and race. While problem recognition appears to explain much of the effect of very rural residence on treatment utilization for alcohol abuse, the effects of being from a very rural area on seeking treatment for drug abuse remain statistically significant even after controlling for several other variables. The findings point to the importance of providing culturally appropriate education to very rural communities on the benefits of substance abuse treatment and of providing substance abuse treatment within the criminal justice system.

#### **Transition from late adolescence into early adulthood.**

The transition from adolescence to adulthood offers a unique opportunity to study the most salient processes that shape the development of personality (Caspi & Moffitt, 1993). Longitudinal studies of this transition indicate distinct patterns of stability and change for several dimensions of personality (e.g., Block, 1971; Donnellan et al., 2007; McGue, Bacon, &



Lykken, 1993; Roberts et al., 2001; Robins, Fraley, Roberts, & Trzesniewski, 2001; Stein, Newcomb, & Bentler, 1986; Stevens & Truss, 1985). Further, such patterns of stability and change can be operationalized in multiple ways with each index of change revealing a unique perspective on personality development during emerging adulthood. A critical limitation to the literature is that virtually no studies have assessed the relative genetic and environmental contributions to stability and change in personality during the transition into adulthood. One exception to this is a longitudinal twin study by McGue et al. (1993) on personality development in early adulthood (see also Dworkin, Burke, Maher, & Gottesman, 1976). Using the MPQ, the authors found rank-order stability to be largely genetic (on average, 83% of the stable variance was due to genes) with rank-order change primarily due to environmental influences and error. Notably, significant genetic influences on rank-order change were also observed for several MPQ scales although these contributions were modest relative to the environmental contributions to change. Conceptually, these findings as a whole have been interpreted with reference to a "set-point" model in which the environment may produce short-term variations in one's personality, but genetic factors primarily give rise to stable baselines to which individuals eventually return (Lykken & Tellegen, 1996).

Given that individuals are continuing to develop psychologically and neurobiologically (Segalowitz & Davies, 2004) during this period, it is conceivable that genetic factors may also contribute to rank-order change during emerging adulthood. Such findings would suggest that personality, like other developmental processes, is partly regulated by the unfolding of genetic processes over time, which become expressed during key developmental periods.

### **Stability and Change in Personality Traits from Late Adolescence to Early Adulthood: Longitudinal Twin Study**

There were two broad objectives in the present study. First, similar to Roberts et al. (2001) and Donnellan et al. (2007), we examined stability and change in personality from late adolescence to early adulthood using (a) an epidemiological sample of both men and women, (b) employing a varied set of analytic procedures, and (c) using a model of personality that can afford an assessment of stability and change at both broad and specific levels of the trait hierarchy. Congruent with the literature, we expected a pattern of normative change indicative of growth and maturity (i.e., mean-level declines in Aggression, Alienation, Stress Reaction; mean-level increases in Control, Harm Avoidance, Achievement, Social Potency). Second, as a means of extending prior research, we explored genetic and environmental contributions to rank-order stability and change in personality from late adolescence to early adulthood. Based on McGue et al. (1993), we expected stability to be more genetically mediated and change to be primarily environmental. However, given the ongoing psychological and neurobiological development during this period, it was hypothesized that both genetic and environmental contributions to rank-order change would be observed.

In a previous study, we used a subset of MPQ items to explore the development and etiology of two dimensions of psychopathic personality from late adolescence to early adulthood (Blonigen, Hicks, Krueger, Patrick, & Iacono, 2006). Fearless Dominance (composed of items primarily from Social Potency, Stress Reaction, and Harm Avoidance) remained stable at the mean level, whereas Impulsive Antisociality (composed of items primarily from Aggression, Alienation, and Control) exhibited mean-level declines. Using the same sample, the present study, in contrast, examined patterns of stability and change in the full range of normal personality using all MPQ primary scales

and higher-order factors. Thus, the present study may reveal patterns of stability and change that were not the focus of our prior investigation.

Participants included same-sex male and female twins from the Minnesota Twin-Family Study (MTFS). The MTFS is an ongoing population-based longitudinal study of reared-together twins and their parents (Iacono, Carlson, Taylor, Elkins, & McGue, 1999). The primary objective of the MTFS is to examine the etiology of substance use disorders and related syndromes from a developmental, behavior genetic perspective. The present study utilized data collected from a cohort of adolescent twins born between the years 1972 and 1978 (for males) and 1975 and 1979 (for females). All twins were identified via Minnesota public birth records and recruited for participation the year the twins turned 17 years old. The MTFS located over 90% of all twin pairs born during the above-mentioned target years; 83% of all eligible families agreed to participate. No significant differences were observed between parents of participating and nonparticipating families with regard to self-reported rates of psychopathology or SES (Iacono et al., 1999). The final sample is representative of the Minnesota population on key demographic variables including ethnicity and SES (Holdcraft & Iacono, 2004).

The sample size consisted of 626 complete pairs of monozygotic (MZ) and dizygotic (DZ) twins following completion of the age 17 intake assessment (Women:  $n_{MZ} = 223$ ,  $n_{DZ} = 114$ ; Men:  $n_{MZ} = 188$ ,  $n_{DZ} = 101$ ). This ratio of MZ to DZ twin participation reflects an overrepresentation of MZ compared to DZ twins in the population from which the sample was drawn (Hur, McGue, & Iacono, 1995), as well as a slightly greater likelihood of agreement to participate in MZ twins. Zygosity was determined by obtaining separate reports from parents and MTFS staff regarding the physical resemblance between twins and comparing this information to an algorithm using ponderal and cephalic indices and fingerprint ridge counts to assess twin similarity. In the

event in which these estimates did not agree, a serological analysis was performed.

It was a longitudinal-biometric study examining stability and change in personality from ages 17 to 24 in a community sample of male and female twins. Using Tellegen's (in press) Multidimensional Personality Questionnaire (MPQ), facets of Negative Emotionality (NEM) declined substantially at the mean and individual levels, whereas facets of Constraint (CON) increased over time. Furthermore, individuals in late adolescence who were lowest on NEM and highest on CON remained the most stable over time, whereas those exhibiting the inverse profile (higher NEM, lower CON) changed the most in a direction towards growth and maturity. Analyses of gender differences yielded greater mean-level increases over time for women as compared to men on facets of CON and greater mean-level increases for men than women on facets of Agentic Positive Emotionality (PEM). Biometric analyses revealed rank-order stability in personality to be largely genetic, with rank-order change mediated by both the nonshared environment (and error) as well as genes. Findings correspond with prior evidence of a normative trend toward growth and maturity in personality during emerging adulthood.

Collectively, the biometric findings suggest that genetic effects are more prominent for rank-order stability, whereas both environmental and genetic factors contribute to rank-order change in personality during the transition into adulthood.

The studies used longitudinal-biometric design to investigate personality development from late adolescence to early adulthood. There were, objectives of two-fold: (1) examine patterns of stability and change in personality; (2) explore the genetic and environmental contributions to rank-order stability and change in personality. With a few exceptions, findings were consistent with

predictions. Test-retest correlations suggested that, relative to one another, individuals remain stable on all dimensions of personality from late adolescence to early adulthood. Conversely, significant normative changes were observed for several traits over this period and connoted a pattern of growth and maturity. Furthermore, individuals exhibiting the most reliable change appeared the most "immature" at age 17 (highest on facets of NEM, lowest on facets of CON), whereas individuals evincing minimal or no reliable change appeared the most "mature" at age 17 (lowest on facets of NEM, highest on facets of CON). Biometric findings were consistent with predictions in that rank-order stability was primarily a function of genes, whereas rank-order change owed largely to environmental effects. However, for all scales, there were significant genetic contributions to rank-order change, suggesting that genetic innovation may work in concert with environmental influences to promote personality development during the transition into adulthood.

We observed several noteworthy similarities and differences between the present findings and prior studies of personality development across this period. Given the similarities in sample, methodology, and measurement, we will focus on similarities and differences between the present study and that of Roberts et al. (2001) and Donnellan et al. (2007). Regarding their convergence, rank-order stabilities in the present study were comparable to Roberts et al. (2001) and Donnellan et al. (2007) as well as the literature as a whole (e.g., Roberts & DelVecchio, 2000). Of greater interest, however, are the congruent mean-level findings across all three studies. Specifically, parallel declines and increases on NEM and CON, respectively, suggest a normative pattern of psychological growth and maturity during the transition into adulthood. Interestingly, in comparison to Roberts et al. (2001), substantially larger mean-level changes were observed in both the present study and by Donnellan et al. (2007), with effect sizes from these studies more than twice as large as was

found in the Dunedin sample. All told, the present findings appear to reaffirm the maturity principle of personality development (Caspi et al., 2005).

The present findings were also consistent with Roberts et al. (2001) and Donnellan et al. (2007) with respect to the effect of maturity on personality development as the most mature individuals changed the least during the transition into adulthood. This link between maturity and stability raises questions as to the precise mechanisms underlying this association. Roberts and Caspi (2003) posited that maintenance and commitment to an identity may facilitate personality stability. That is, individuals who have a clearer conception of "who they are" in adolescence may be less likely to seek out novel contexts that contrast with their personalities and press for a change in behavior, or they may simply choose social roles that align with their self-concept. Alternatively, if we assume all individuals aim for a high level of psychological maturity, the maturity-stability link may reflect the fact that early maturing individuals have already reached "adult" personality functioning and have less impetus for change, as well as face fewer external pressures to change (e.g., from romantic partners, demands of the workplace). Clearly, an examination of which perspective accounts for the robust link between early maturation and personality stability deserves further inquiry.

Despite their general accord, there were notable differences between our findings and Roberts et al.'s (2001). For example, Agentic-PEM remained stable over time in the present study but exhibited a large mean-level increase in the Dunedin sample. This difference appears to be attributable to Social Potency as the findings for Achievement were fairly comparable across the two studies. In addition, we observed significant mean-level changes for Stress Reaction and Harm Avoidance that were not observed by Roberts and colleagues (2001). With regard to these two scales, this "inconsistency" could be construed as consistent with the overarching conclusions of Roberts et al.

(2001). That is, normative declines in one's propensity to be worried or anxious combined with a normative increase in one's avoidance of dangerous and risky ventures connotes a level of emotional stability that is essentially on par with previous descriptions of the maturity principle (Caspi et al., 2005). Moreover, similar declines in Stress Reaction were reported in Donnellan et al. (2007) as well as other longitudinal studies of young adulthood (McGue et al., 1993; Robins et al., 2001).

The lack of a mean-level increase for Social Potency is somewhat surprising as such changes have been observed in prior investigations (e.g., Helson & Kwan, 2000; Roberts et al., 2006). In contrast, McGue et al. (1993), utilizing a different sample of twins from Minnesota, found no mean-level change in Social Potency, and Donnellan et al. (2007), using a sample from Iowa, observed moderate mean-level decline for this scale. This suggests the possibility of national or cultural differences between the Midwestern and Dunedin samples. Alternatively, given that mean-level change may also reflect historical processes shared by a population, the discrepancies in question could represent cohort differences across these samples. Although further conjecture would be purely speculative, disentangling the nature of this difference is another intriguing area for future investigation.

The inclusion of both male and female participants was valuable in allowing us to explore gender differences in personality and personality development during the transition into adulthood. Consistent with prior research, including the Roberts and DelVecchio (2000) meta-analysis, men and women exhibited comparable rank-order stability across all dimensions of personality. In terms of mean-level differences, women were higher in late adolescence and early adulthood on all facets of CON as well as Social Closeness and Stress Reaction, whereas men were higher at both time points on facets of Agentic-PEM as well as Alienation and Aggression. From the

perspective of gender differences in personality change over time, women increased significantly more than men on facets of CON—a finding consistent with Roberts et al. (2001) and Donnellan et al. (2007) and indicative of a greater rate of maturity in women during the transition to early adulthood. Conversely, men increased at a greater rate than women on both facets of Agentic-PEM. However, this interaction was not significant for the Achievement scale. Men and women did not differ significantly in their rate of decline on any facets of NEM and thus appear to be maturing comparably with respect to their experience of negative affect (see Kirk et al., 2000). Of note, Roberts et al. (2006) in their meta-analysis of mean-level change found little support for gender differences in personality development over time. However, these authors examined gender as a moderator of personality change across the life course, which may have obscured relatively smaller and significant gender differences during specific periods of development.

Our use of the genetically informative twin sample to disentangle genetic and environmental contributions to rank-order stability and change in personality. Although a handful of behavioral genetic studies have examined personality development in adulthood (e.g., Johnson, McGue, & Krueger, 2005; McGue et al., 1993; Pedersen & Reynolds, 1998; Viken, Rose, & Koskenvuo, 1994), virtually no such studies have been conducted during the critical transition from adolescence into adulthood (but see Dworkin et al., 1976). In seeking to address this gap in the literature, the present study found rank-order stability to be primarily attributable to genetic influences, whereas rank-order change was largely mediated by the nonshared environment and error. In observing this same pattern in their sample, McGue et al. (1993) suggested that the influence of the environment on personality development may be short-lived relative to the enduring influence of genes. Although consistent with the aforementioned “set-point” model (Lykken & Tellegen, 1996; but see Lucas, 2007), this conclusion does not preclude the possibility



that environmental factors influence personality stability via gene-environment correlations (i.e., individuals seeking out or eliciting experiences consistent with their genetic endowments; Scarr & McCartney, 1983).

Despite the predominance of the nonshared environment on rank-order change, significant genetic contributions to change were observed for all MPQ scales in the present sample—a finding also observed by McGue and colleagues (1993). Moreover, we should reiterate that these effects were measured as residual variance in the present study and are therefore confounded with measurement error. It is plausible that after correcting for this error variance, the impact of genetic factors on rank-order change may be comparable to the impact of the environment during this period. Notably, this finding does contradict past claims as to the limited significance of genetic contributions to change beyond childhood (e.g., Eaves & Eysenck, 1976; Eaves, Eysenck, & Martin, 1989; Loehlin, 1992). For example, Eaves and colleagues (1989) previously asserted that there is little evidence to support the notion of innovative genetic effects at different junctures in adulthood (see also Gillespie, Evans, Wright, & Martin, 2004). However, the transition into adulthood may represent an exception to this case, given the extensive psychological and neurobiological development that marks this period. Consequently, the dearth of behavioral genetic studies on this formative developmental period may have overstated the prominence of the environment to personality change. In conjunction with prior research (McGue et al., 1993), the current findings suggest that genetic factors may be a salient contributor to rank-order change in personality during the transition into adulthood. Fundamentally, such influences may represent the unfolding of genetic processes over time, which become expressed in response to transactions with the environment.

Beyond the implications for this particular developmental period, the current design represents an important first step in resolving discrepancies between various developmental theories of personality described in the literature (e.g., Baltes, Lindenberger, & Staudinger, 1998; Kogan, 1990). Among the more prominent theories are trait and interactional models. Trait models are noted for their conception of personality as “temperaments” that are underpinned by constitutional (genetic) factors and relatively uninfluenced by the environment beyond mere trait expression (McCrae et al., 2000). Conversely, other scholars (Roberts & Caspi, 2003) espouse interactional models, which stress the importance of transactions between traits and contexts throughout the lifespan. According to this model, both genetic and environmental factors contribute to stability and change in rank order on personality traits through a series of transactions between individuals and their social milieu.

The findings of both genetic and environmental contributions to rank-order change ostensibly support a dynamic, interactional model of personality development. However, it is difficult to infer what developmental processes are operating, given that genetic contributions to change may reflect both the unfolding of genetic processes over time as well as gene-environment interactions and correlations (i.e., person-environment transactions). For example, social roles related to work, marriage, or parenting can exert a considerable influence on developmental trajectories in personality (Hogan, 1996) and psychological well-being (see Galambos, Barker, & Krahn, 2006). Such influences, however, may be interactional, such that individuals actively select and shape their environments, which serves to accentuate preexisting dispositions (Roberts, Caspi, & Moffitt, 2003). Conversely, an individual's personality may become modified as he or she responds to contingencies that accompany new social roles (Sarbin, 1964) or receive feedback from others about themselves (i.e., symbolic interactionism; Stryker & Statham, 1985). The

present biometric analyses are somewhat limited in their ability to test the more nuanced hypotheses offered by these developmental theories. Accordingly, future studies must build upon the present findings and incorporate gene-environment interaction and correlational models (Purcell, 2002) so as to delineate the mechanisms underlying stability and change in personality. Nevertheless, the present study is an important first step in the incorporation of biometric evidence into studies of personality development during emerging adulthood and suggests that rank-order change in personality during this period is not simply a function of the environment.

### **Work values system development during adolescence**

Work values stability, change, and development can be appreciably reduced to a living system model (Ford, 1994). This theoretical model includes discrepancy-reducing and cohesion-amplifying mechanisms that interact to govern the change in standard- and goal-oriented work values over time (Boldero & Francis, 2002). Employing longitudinal data from a sample of adolescents ( $n = 1010$ ) spanning the 9<sup>th</sup> through the 12<sup>th</sup> grades, the results demonstrate that the value system develops in a theoretically predictable fashion during the adolescent period. Discrepancy reduction and cohesion mechanisms interact to either maintain or increase the integrity of and harmony between standard-oriented values associated with high school part-time work experiences and goal-oriented work values related to anticipated career-oriented work during adulthood. Exploratory analyses suggest that adolescents' educational expectations influence the relative salience of standard- and goal-oriented work values and the discrepancy reduction process linking the two over time.

Although researchers have investigated the role of human values in vocational aspirations, choice, and development for more than 70 years (Dukes,

1955), our understanding concerning the development of work values has typically been limited to the use of cross-sectional data and by a small number of studies that have employed longitudinal data spanning more than two years of life (Cotton, Bynum, & Madhere, 1997; Johnson, 2001; Skorikov & Vondracek, 1997). Whereas Deci and Ryan (1985) and Eccles and colleagues (e.g., Eccles & Wigfield, 2002) have placed a great deal of emphasis on motivation in its intrinsic and extrinsic forms to understand, among other issues, academic performance during adolescence, this study seeks to examine a more durable and regulatory aspect of the motivation construct across the high school years, namely the value system.

Within vocational psychology, Super (e.g., 1957., 1990 ., 1992 ., 1995) has developed theory and conducted an extensive program of empirical research (Super, 1962, 1973, 1995; Super & Mowry, 1962; Super & Sverko, 1995) to demonstrate that work values play a critical role in career choices and career development processes alongside interests, needs, and the self-concept. Likewise, Brown (1996) has asserted that the work value system changes and develops through transactions between the person and the environment and that these transactions variably reinforce or suppress particular values. Moreover, work values presumably govern experience, yet experiences may serve to modify the salience of values over time (e.g., Brown & Crace, 1996; Rokeach, 1973). Both, Super and Brown identified the development of an accessible and stable value system as a critical milestone during the course of vocational development that supports the development of career aspirations and assists in career choice making and the transition from school to work.

The present study combines theoretical work from the human values (Boldero & Francis, 2002; Kluckhohn, 1951; Rokeach, 1973; Schwartz & Bilsky, 1987) and work values (Brown, 1995, 1996; Brown & Crace, 1996; Super, 1995) literatures with living systems (Ford & Lerner, 1992) and

developmental systems theory (Ford & Lerner, 1992) to create and test a conceptual and propositional model of the work value system. The conceptual model suggests that work values act as durable (Hechter, 1993), yet changing and self-constructing (Ford, 1994), preferences that can be classified into standard- and goal-oriented work value analogues (Boldero & Francis, 2002). Standard-oriented work values serve as preferences engaged with immediate work opportunities and demands while goal-oriented values serve as preferences engaged with career-oriented behaviors and choices directed toward long-term career outcomes. The propositional model suggests that standard- and goal-oriented values are dynamically engaged with one another (Boldero & Francis, 2002) as parts of a human value system (Schwartz & Bilsky, 1987), which is a self-constructing part of a larger living and self-constructing human organism (Ford, 1994) that is embedded within multiple contexts (Ford & Lerner, 1992). Combining the conceptual and propositional model yields a theoretical model of the work value system as being composed of two value subsystems defined on the basis of present- and future-oriented demands and opportunities and engaged with one another in a dynamic fashion such that present-oriented values and behaviors and future-oriented values and behaviors dynamically influence one another across time.

### **Drug Abuse as the Failure of Children to Develop Prosocial Values**

Jessor and Jessor's (1977) pioneering work emphasized a kind of nonconformity dimension in predicting both drug and sexual experimentation. This factor seems rather too global, in that it confuses personal adventurousness with antisocial alienation (not to dismiss the possibility that adolescents can confuse these things). Pandina and Scheul (1983) constructed a more refined psychosocial index on which drug and alcohol-abusing adolescents showed high scores, but on which "a large proportion of student moderate users did not display problematic or dysfunctional profiles". Further

explorations in this area of research have indicated at least three interesting and potentially related dimensions associated with drug and alcohol abuse:

1. **Alienation.**

Adolescents who abuse a range of substances are more isolated from social networks of all kinds. At the same time (perhaps as a result), they associate with groups of heavy drug users that reject mainstream institutions and other involvements connected with career success and accomplishment (Kandel, 1984; Oetting and Beauvais, this issue). Individual orientations in part precede the selection of group association, although group involvement then exacerbates individual inclinations in this direction.

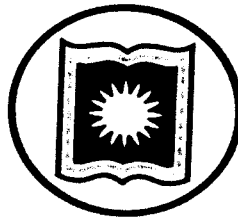
2. **Rejection of achievement values.**

Jessor and Jessor found that absence of achievement values strongly predicted drug use. In the Monitoring the Future study of the class of 1980, Clayton (1985) pointed out, second to marijuana use in predicting extent of cocaine involvement was truancy. Clayton speculated it was unlikely that cocaine involvement preceded truancy in these data, and thus the absence of a commitment to school attendance was a condition for drug abuse. Lang (1983) provided a summary of data indicating an inverse relationship between achievement values and substance abuse.

3. **Antisocial aggressiveness and acting out.**

A relationship between antisocial impulsiveness or aggressiveness and alcoholism has been repeatedly noted. MacAndrew (1981) reported 16 studies showing a higher (in some cases much higher) than eighty percent detection rate for clinical alcoholics through the MAC scale of the MMPI. The highest factor loading for the scale was "boldness," interpreted as "an assertive, aggressive, pleasure-seeking character," an example of "factor loadings that

**A STUDY ON VALUE ORIENTATIONS AS  
RELATED TO DRUG ABUSE AMONG URBAN  
AND RURAL MALE ADOLESCENTS**



*A Thesis Submitted to the Department of Psychology  
University of Rajshahi for the Degree of Master of Philosophy  
in Psychology*

**By  
Md. Hasanuzzaman Chowdhury**

Under the supervision of  
**Dr. Syed Mohammad Ziauddin  
Professor of Psychology**

**DEPARTMENT OF PSYCHOLOGY  
UNIVERSITY OF RAJSHAHI  
BANGLADESH  
June 2010**

make alcoholics resemble criminals and delinquents" (MacAndrew, 1981:617). MacAndrew (1981) in addition noted five studies of clinical drug abusers that showed similarly high detection rates according to the MAC scale. MacAndrew (1986) has found a similar kind of antisocial thrill-seeking to characterize women alcoholics.

The MAC scale and similar measures are not measuring the consequences of alcohol and drug abuse. Hoffman et al. (1974) found the MAC scores for treated alcoholics were not significantly different from those the same subjects showed on entering college. Loper et al. (1973) also detected higher Pd and Ma scores on MMPI responses (indicators of sociopathy, defiance of authority, et al.) in college students who later became alcoholic. This finding is reinforced by similar results Jones (1968) obtained with young respondents through use of Q sorts.

These findings are so well established that the battle is to claim them for different domains of explanation. Genetic models of alcoholism now regularly incorporate the idea of the inheritance of impulsive, delinquent, and criminal tendencies. Tarter and Edwards (this volume), for example, postulated that impulsivity is the central element in inheritance of alcoholism. I have elsewhere summarized grounds for caution about such genetic models (Peele, 1986b). The crucial issue is the relationship between addiction as antisocial misbehavior and socialization processes and social values. Cahalan and Room (1974) found alcohol abuse was strongly related to antisocial acting out, but their data clearly identify this as a social phenomenon found among particular groups. The question pose in this study is whether we see it as within our cultural control to minimize through social learning the expression of uninhibited aggression, sensation-seeking, and disregard for social consequences that characterize addiction.



### **Correlates of Adolescent Drug Use by Gender and Geographic Location**

Richard E. Johnson and Anastasios C. Marcos (1988) examined the correlates of self-reported lifetime use of alcohol, marijuana, amphetamines, and cocaine within a sample of almost 7,000 high school sophomores in Arizona and Utah. Correlates of drug use (including parental attachment, religious attachment, educational attachment, conventional values, and drug-using friends) showed very similar patterns by gender, with some interesting differences by location.

According to Briddell, Laine.( 2009) Rates of substance use among adolescents have changed significantly over the past decades and now appear to be decreasing. Not surprisingly, substance use is most prevalent among 12th graders and least prevalent among 8th graders. Though these patterns hold true for urban and rural adolescents, there are differences between the groups. Among 8th graders, rural youth have higher rates of use than urban teens, while rural 12th graders are just reaching the levels of use of urban youth. I will be using data from the Monitoring the Future study to examine the patterns of substance use for urban and rural 8th, 10th, and 12th graders over the past decade. In addition to identifying patterns of use for urban and rural adolescents, I will attempt to identify factors that account for the differing patterns of use. It may be that rural substance use is explained by the same factors as urban drug use, and rural youth have more of whatever it is that leads to use when they are younger; that is, urban and rural adolescents have different rates of use because they are different from one another. Alternatively, it could be that youth in both areas are similar, but certain factors influence substance use more or less in different areas and at different ages. I will be examining variables based on three basic theoretical perspectives (routine activities, differential association, and social bonding) that I expect to

influence substance use, and to account for the urban-rural differences in rates of use.

**Stability and Change in Personality Traits From Late Adolescence to Early Adulthood: A Longitudinal Twin Study**

Daniel M. Blonigen, Marie D. Carlson, Brian M. Hicks, Robert F. Krueger, and William G. Iacono, conclude by addressing limitations and future directions for the present research. First, although the magnitude of the normative changes in the present study were for several scales nearly twice as large as was found by Roberts et al. (2001), the reasons for these differences are ambiguous. While this disparity could represent cohort or cultural differences between the Minnesota and Dunedin (New Zealand) samples, both studies also differ in the versions of the MPQ they employed. In the Dunedin study, participants completed a modified, 177-item version of the MPQ (Form NZ) consisting of a two-choice response format, whereas the Minnesota sample completed a 198-item version with a four-choice response format. Thus, the disparity in magnitude could conceivably reflect a measurement artifact rather than legitimate cohort or cultural differences. While this may not be a limitation per se, it still must be noted that the present investigation cannot definitively ascertain the nature of this difference. Nevertheless, the convergence in the pattern of mean-level change across the two samples is reassuring and suggests that maturity is the normative developmental trend during emerging adulthood.

A second limitation was our reliance on a single self-report measure of personality. Although the MPQ has considerable advantages in that its structure provides both bandwidth and fidelity in the assessment of the personality trait hierarchy, it is still subject to the same rater and method biases inherent in self-report measures. Furthermore, it is important to note that reliance on a single

method of assessment in behavioral genetic studies of personality development limit the ability to disentangle true nonshared environmental effects on rank-order change from measurement error. Indeed, evidence from Riemann and colleagues (1997) using self- and peer reports suggest that nonshared environmental effects on personality may be overestimated relative to genetic influences when using self-report alone. On one hand, this lends credence to the significance of genetic contributions to rank-order change in the present study, given that we could not parse nonshared environmental effects from error. However, this issue remains as a serious limitation in contemporary biometric studies of personality development due to the potential bias in estimating genetic and environmental parameters. It is imperative that future studies use a multi method approach to create latent factors free of measurement-specific variance in order to index stability and change in personality more precisely at both phenotypic and biometric levels of analysis.

Third, the current study, although comprehensive in many regards for a longitudinal design, was confined to two time points. Hence, the present analyses are limited in their ability to model nonlinear patterns of change as well as their ability to examine biometric contributions to individual differences in developmental trajectories. As a consequence of this latter point, it should be reiterated that the biometric results only pertain to stability and change in the etiologic contributions to the variance of these traits and cannot attest to the biometry of the mean- or individual-level changes. Future studies would be well served to utilize other methodological techniques (e.g., growth curve models) to decipher the relative contributions of genes and environments to individual-level changes in personality during the transition into adulthood (Neale & McArdle, 2000).

In sum, the present findings further validate the maturity principle as the normative trend in personality development during the formative transition into

adulthood. From here, it will be interesting to explore the mechanisms that mediate and moderate these developmental patterns. Genetically informative designs may prove invaluable in this process by elucidating the genetic and environmental factors and their transactions over time that is most salient during this period. Moreover, the transition into adulthood is marked by several important developmental phenomena (e.g., identity formation, peaks in mental illness, desistance in criminal activity). The study of personality development and its etiologic underpinnings could potentially broaden our knowledge of these phenomena that highlight the transition from adolescence to adulthood.



## CHAPTER-THREE

### METHOD AND PROCEDURE

The present study conducts an empirical investigation of value orientations of comparison groups (Abuser and non-addicts) with respect to residential background (urban and rural) and age groupings (early and late adolescent). The study emphasizes the value orientations of Abuser and Non-abuser and its relation with demographic variables like, urban-rural residential backgrounds and age groupings. Hence, special care was required for measuring the value orientation of the respondents. It is to be pointed out that most of the studies about value orientations are meager as compared to attitude scale constructions. The study utilized value inventory rating methods. The lack of this kind of approaches prompted the present study.

The concept of measuring value is found in many areas including social psychology and the Social Sciences; they can be complex and difficult to measure and there are a number of different measuring instruments that have been developed to assess value. In order to establish the methodology of this research it is first necessary to clarify the term value.

### SAMPLE

#### Background and characteristics of the sample settings

The sample was selected from the inhabitants of the district of Rajshahi in Bangladesh. The samples were purposive in nature. As the inhabitants are clustered around different urban and rural areas of the districts of Rajshahi. Stratified samples as Abuser and non-addicts, were taken by randomization

from both urban and rural areas of the district. Comparable Abuser and Non-abuser were selected from the same villages of rural and urban areas.

Random samples, from both groups' respondents were stratified as urban and rural and early and late adolescent Ss. Their age range was between 11-20 years. Addict respondents and non-addict group were randomly selected from two separate groups having urban and rural origins from the district of Rajshahi. Urban and rural were selected accordingly. They were also equally divided according to group like addict and non-addict Ss, residential background as urban and rural and on age groupings like early and late adolescent. Thus the addict respondents and non-addict group of samples were comparable in respect of residential background and age grouping. A total of 320 Subjects were used in the study equally divided into addict respondent's non-addict Group. The sample was selected using a criteria questionnaire developed for this purpose.

Two samples, the addict and the non-addict were utilized for the collection of data in the present investigation. Addict groups of Ss belonged to diverse in Rajshahi district of Bangladesh. The addict Ss from Rajshahi district. Having moderate to extreme religious beliefs and they were from hindu, muslim and other faith, having conservative and radical attitudes towards life and action. The addict sample was stratified and randomized, as urban-rural residential backgrounds, and early-late adolescents of age groups. Rajshahi. Urban addict subjects were from kajla, talaimari, ponchoboti, kedormour alupatti, kumarpara, shahebbazar, dargapara, park area, bulonpur, court area, hatemkha area of Rajshahi district. Urban non-addict subjects where from talaimari, alupatti, kumarpara, shahebbazar, dargapara, park area, rajshahi govt. college area, new govt. degree college area, seroil govt. high school area of Rajshahi district. Rural addict subjects were from yousufpur, baduria, moktarpur, natonpara, ukil fari, khalipapara, sardah college area, jakhorpur,

thanapara, charghat bazaar, fakirpara, miapur, meramatpur, kakramari, satalpara, gopalpur, babupara, pirojpur, mirgang barashipara bagha thana area . Rural non-addict subjects were from yousufpur, natonpara, ukil fari, khalipapara, jakhorpur, thanapara, charghat bazaar, fakirpara, miapur, meramatpur, kakramari, gopalpur, babupara, pirojpur. The educational qualification of both the samples ranged from primary level to honors first year. (Class five to H.S.C pass) They were worker, service boy, and students. Peasants and unemployed early and late adolescents.

The sampling and data collections were lasted only 10 months. Started on 04<sup>th</sup> February and completed on 20<sup>th</sup> November 2009. The sample was selected using a criteria questionnaire developed for this purpose.

#### **Adoption of Criteria Questionnaire**

Selection of sample is an important step in any scientific study. With the end in view of selecting the representative sample, the investigator thought it appropriate to develop/adopt a criteria questionnaire that would contain the salient characteristics of Addict respondents and non-addict Group. Addict and non-addict Ss, irrespective of the variation in caste and creed, were selected for the present study. Keeping in view of the characteristics of addict and non-addict, the investigator found it appropriate to use a representative questionnaire reflecting their views in the present study. Hence the investigator adopted two Criteria Questionnaires (CQ1 and CQ2). This form of CQ1 and CQ2 is given in the appendix A1 and A2. Along with CQ1 and CQ2, the subjects were asked to fill up a bio-data form. This bio-data form was used to meet the criteria of groups (addict/ non-addict), urban-rural residential background and early-late adolescent of age groups. The bio-data form is given in appendix B. For further understanding of subject's knowledge of values or



value system, a "Value Related Questionnaire" was applied on the Ss and given in appendix C.

### **Sample Selection**

Before application of Criteria Questionnaire, the bio-data form was administered on 160 addict respondents and 160 non-addict respondents. They were of urban and rural and early adolescent and late adolescent subjects of Rajshahi districts. In selecting the peoples, the investigator interviewed each subject separately. A two pronged questionnaire method was used. The subjects were interviewed on the basis of following questionnaires. These are as follows: CQ1; this was "Drug Addiction-Self Diagnosis". CQ2; "Drug Addiction-Other Person's Diagnosis".

In both CQ1 and CQ2 if Ss answered "Yes" to three or more of the questions, then there is good chance that the person the investigator cared about had a drinking or drug problem. If the Ss answered "Yes" to any five, the chance was even greater. A yes to three or more questions by the Ss in both CQ1 and CQ2 were selected as addicts. And below that criterion in both CQ1 and CQ2 cases were selected as non-abusers. But mixed cases were discarded from the sample as un-acceptable.

Thus subjects were identified as addict and non-addict, urban and rural residential background and early adolescent and late adolescent of age group on the basis of self-assessment of the subjects. Following this procedure of assessment 160 addict respondents were selected among them 80 addict respondents were urban 80 rural. They were also divided into early adolescent 40 Ss and late adolescent 40 Ss. Similarly non-addict Group of 160 Ss were equally divided into 80 urban 80 rural Ss. For their residential background they were also divided into early adolescent 40 Ss late adolescent 40 Ss. Criteria Questionnaire was administered on these pre-selected respondents.

The subjects were contacted individually in their homes or places of residence. The investigator requested them to fill up the questionnaire as accurately as possible. For those who were weak in understanding the author asked personally and their oral responses were recorded in black and white. The instructions and items to the questionnaire were in appendix A1 and A2. The English version of the instruction is given below.

“Here you will find some questions about your personal choice of abuse and non-abuses of drugs. You are requested to make an accurate and sincere response to each question. Please attempt each question. Thank you for your co-operation”.

As soon as the questionnaires were collected from the addict and non-addict, scrutiny was done for each subject separately.

Following the method of elimination 160 subjects were selected as addict group suited to the criteria set. Among them 80 were urban and 80 were rural. In each category 40 were early adolescent residents and 40 were late adolescent age group of Rajshahi district. Similarly, 160 subjects were selected as non-addict group. 80 of them were urban and 80 were rural Ss. Again in each category 40Ss were early adolescent and 40 Ss were late adolescent age groups. Thus the stratified random procedure was used for the selection of subjects in the present study. The break-up of sample of the present study is given in the following table.

### **Design of the Study**

A 2x2x2 factorial design having two levels of group compositions (addict vs. non-addict and two levels of residential background (urban vs. rural) and two levels of Age group (early adolescent vs. late adolescent) was utilized.

Total number of the sample was (N=320). Number of the each cell group was (N=40).

**Table - 1: Showing break-up of sample in each cell.**

	Drug abuser		Non-abuser		Total
	Urban	Rural	Urban	Rural	
Early adolescent	40	40	40	40	160
Late adolescent	40	40	40	40	160
<b>Total</b>	80	80	80	80	320

Thus the study utilized two samples. One sample was composed of addict subjects and the other was composed of non-addict subjects. The sample having subjects of addict and non-addict, heterogeneous socio-economic status, lower range of age differences and educational backgrounds were preferred for the study. The study was on adolescents marginally divided into early and late only. Thus sample was appropriate for the study.

### **Selection of Instruments**

#### **Measures of value orientations**

#### **Adoptation of Rokeach's value inventory**

In order to assess different of value orientations of the Ss, a bengali version (Zia,et.al,1988)of Rokeach's value inventory (1967,1973) form D was used. Rokeach used this inventory in order to assess human values. The inventory contained 20 'Terminal' and 20 'Instrumental' values. The reliability

co-efficient of the Bengali version with the original scale was .72. The split-half reliability of the inventory of Bengali version was .86.

Two sub-tests were administered simultaneously on the same subject.

### **Operational definition of the dimensions of value**

**Personal:** They can be personal, held by an individual and applicable only to an individual, or they can be communal or societal, defined by and applying to a community or society. Communal value systems may be legal codes or take on the force of law in many societies.

**Internally consistent:** They can be internally consistent, where the broader ideological values derive logically as natural consequences of the particulars of fundamental ethical values, and where values do not contradict each other, or they can be inconsistent. Although ideally a value system ought to be consistent, quite often this is not the case in practice.

**Idealized:** They can be idealized value systems (ideal representations of an individual's or group's value prioritizations) or realized value systems (how such a value system is manifested in reality, in the actions and decisions of the individual or group). Idealized value systems tend to be absolute, in that they are codified as a strict set of proscriptions on behavior, while realized value systems contain conditional exceptions that are rules to resolve collisions between values in practical circumstances.

### **Rokeach value**

The most frequently cited definition of what constitutes a human value (psychologically defined) is offered by Rokeach (1973) as an "enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of

existence". Rokeach argued that, considered together, values form value systems where a value system is "an enduring organisation of beliefs concerning preferable modes of conduct or end-states of existence along a continuum of importance" (1973). Thus the importance of different values should co-vary with the importance of others in the value system. Human values are strongly prescriptive in nature and form the core around which other less enduring beliefs are organised. As such they are important in a range of other processes. For example, the formation of specific attitudes is theoretically predicated upon more general values. Rokeach's conceptualisation of values, and the conceptualisation of a finite set of values as the foundation for an infinite set of attitudes continues to be a focus of research (e.g., Allen, Ng & Wilson, 2002; Allen, Wilson, Ng & Dunne, 2000; Barnea & Schwartz, 1998; Braithwaite, 1997, 1998; Schwartz, 1992; Thannhauser & Caird, 1990).

### **Instrumental vs Terminal Values**

The present studies would provide support for a functional approach to instrumental and terminal values and the value-attitude-behavior system. The study found that individuals who favored instrumental to terminal human values showed a predisposition to attend to the utilitarian meanings of products and make piecemeal judgments. In contrast, individuals who favored terminal over instrumental values preferred symbolic meanings, affective judgments, and human values in general. Again, it was found that individuals who favored instrumental to terminal values had stronger instrumental attitudes towards cars and sun-glasses. The results suggest that: psychological functions are not limited to attitudes or human values but span the breadth of the value-attitude-behavior system; that two such psychological functions are instrumental and expressive; and that instrumental and terminal values serve instrumental and expressive functions, respectively.

### **Value Inventory**

A comprehensive list of value items and a self-reporting, rating scale designed to measure aspects of personality makeup.

Value inventory has 3 senses:

1. a detailed list of all the value items in stock
2. a collection of resources
3. Making an itemized list of variables or values on hand

A questionnaire that is scored to yield a profile of the particular traits or characteristics that makes up the respondent's personality. A value inventory, used with normal persons, in which emphasis is upon ethical or moral values.

### **Advantages of value inventory**

Skill and tools to measure value orientations for a knowledge of a person's internal structure of personality (i.e value system). To find out the relation of the substance abuse and value orientations in our country needs a tool like rokeach's value inventory. A long contact with drug substances may lead a person to be demoralized and shred some of his moral or ethical values. The test could provide the present status of a person with addiction or non-addiction. A proper research could find out the determinants of their differences.

Hence a study of value orientations necessarily involves a measurement of value orientations between Abuser and Non-addicts. The primary novelty of the present study was that it was designed to corroborate the value orientation and its relations with drug abuse in the framework of self reports in a rating scale. Hence it was thought Appropriate to develop a methodology based a

rating scale. Thus the Choice of the variables and the scales developed and used Kept into account the appropriateness for the sample utilized. The present chapters therefore, describe firstly Sample and characteristics, sample setting: secondly Development and description of the measures used and finally the procedure for data collection.

### **Procedure of Data Collection**

The present study utilized the Terminal and Instrumental value Inventory, for the collection of data in the investigation. Therefore, measures were administered to each of the 320 subjects separately. There was no time gap between administrations of the scales. This was done for avoiding temporal changes of the subjects in their value orientations.. All the subjects were collected from the same districts of rajshahi having marginal educational status .The subjects were contacted individually. Addict subjects were contacted through addict agents. Non-Addict subjects were contacted through Non-Addict agents. The investigator himself approached the Non-Addict subjects individually. Urban subjects were approached through urban agents. There were, however, problems in data collection. It was very difficult to make rapport with the Non-Addict as well as Urban subjects. They were not easy to convince. Sometimes they refused to fill up the questionnaire. In such cases the investigator took help of their friends so that they could realize the need of the research purpose.

### **Administration of the Tests**

The investigator administered three measures for collection of data in the present study. The administration of each test was done as follows:

### Terminal value inventory

The administration of this inventory was done on the same subjects along with Terminal value inventory with no laps of time. That was a simultaneous process of rating. The test contained 20 items for the Terminal values. The test was administered on pre-selected sample of Abuser subjects (N = 160) and Non-abuser subjects (N=160). The inventory was approached by the author and his trained agents to the Ss of Abuser and Non-abuser groups with proper instructions. In this test the Ss were asked to rate each value items by choosing a single digit number starting from 1-9 according to his preference on the particular item. There were oral communications between subjects and the author or his selected persons in this study. A proper rapport was established prior to each interview. The inventory contained 20 items and each subject was required to give his response by putting a (√) mark on any one of the array of nine alternative numbers given against each item. Thus, the responses of the Ss ranged from lower 1 to higher 9 point. The instruction for the inventory was as follows: (English Version).

“Following you will find some items about ethical or moral values. Please think carefully about the items individually and express your orientations about the concepts contained in the statement by rating the items beginning from one up to nine by a (√) mark on any one-of the nine alternatives given against each item. There is no right or wrong answers. You are required to give your response according to your best choice and preference you hold against the item. Please listen to me. Let us begin. There is no time limit. Thank you for your active co-operation.”



### Instrumental value inventory

The administration of this inventory was done on the same subjects along with Instrumental value inventory with no laps of time. That was a simultaneous process of rating. The test contained 20 items for the Instrumental values. The test was administered on pre-selected sample of Abuser subjects (N = 160) and Non-abuser subjects (N=160). The inventory was approached by the author and his trained agents to the Ss of Abuser and Non-abuser groups with proper instructions. In this test the Ss were asked to rate each value items by choosing a single digit number starting from 1-9 according to his preference on the particular item. There were oral communications between subjects and the author or his selected persons in this study. A proper rapport was established prior to each interview. The inventory contained 20 items and each subject was required to give his response by putting a (√) mark on any one of the array of nine alternative numbers given against each item. Thus, the responses of the Ss ranged from lower 1 to higher 9 point. The instruction for the inventory was as follows: (English Version).

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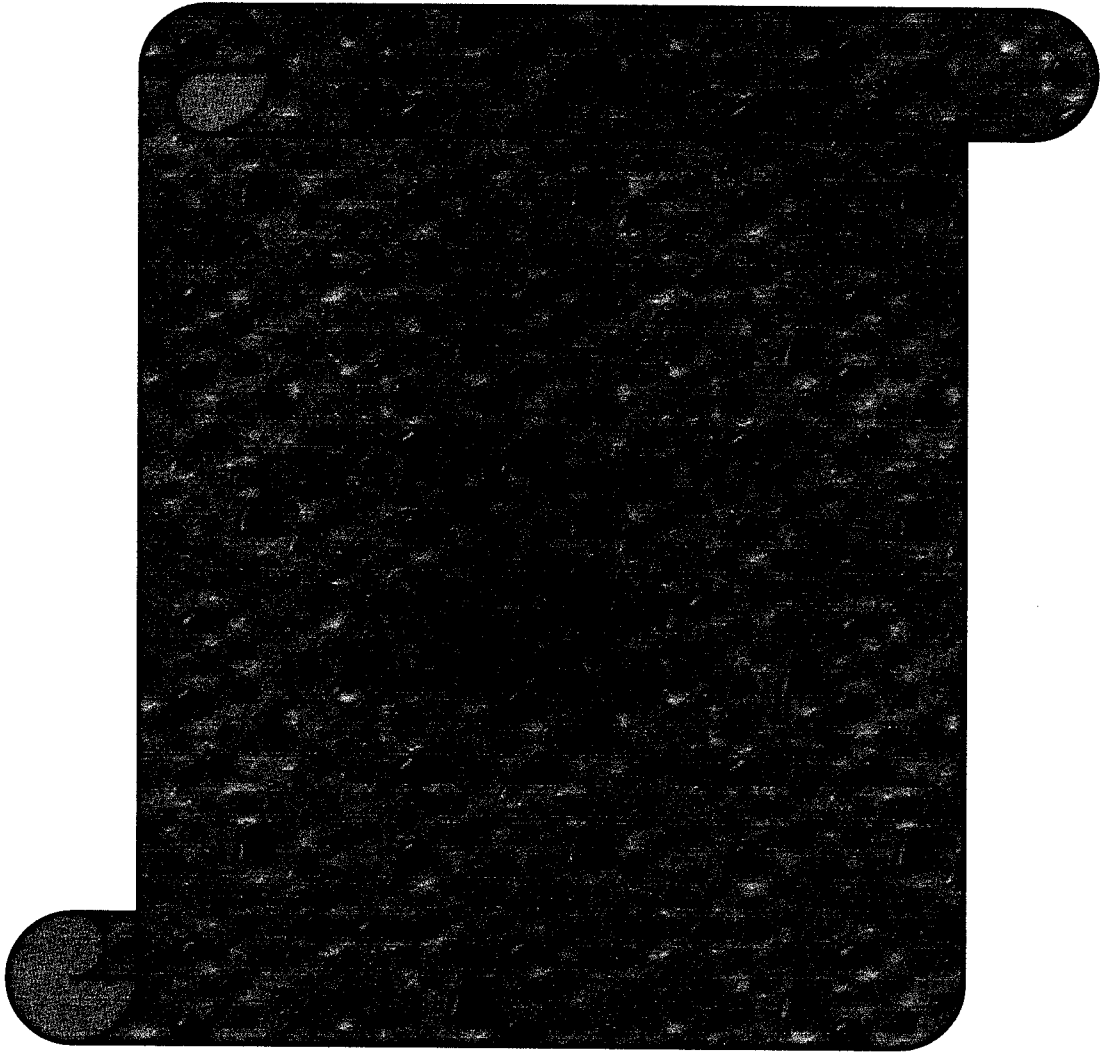
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## CHAPTER-FOUR

### RESULTS AND INTERPRETATION

The analysis of results and its interpretations. In the computation of results, the analysis of the present chapter contains variance and t-tests were used. The analysis of results is presented in two parts. In the first part a factorial ANOVA using 2 x 2 x 2 factorial design was applied on the scores of values of Terminal and Instrumental the anova was conducted separately. In each computation a 2 x 2 x 2 factorial design involving 2levels of Group composition (Drug abuser vs. Non- abuser) 2levels of Residential background (Urban vs Rural) and 2 levels of Age groups (Early-adolescent group vs Late-adolescent group) were used. The method of scoring, the arrangement of data for anova and brief interpretations of the findings are given separately for each analysis of the measures reported. In the second part, t-test was computed on the scores of Terminal and Instrumental values. The purpose of this analysis was to study within-group and between-group comparisons of Drug abuser – Non- abuser ,Urban-Rural and Early adolescent-Late adolescent dimensions. Finally, a summary of main findings is given for an overall view of the results.

#### **PART 1 :**

#### **FACTORIAL ANOVA**

In this section factorial ANOVA was carried out on the scores of Terminal values and Instrumental values.

### Terminal values

The scores on Terminal values were tabulated accurately for the analysis of data. The data were analysed by computing Analysis of Variance. In this analysis, a factorial design was used. Thus a 2 x 2 x 2 factorial design involving 2 levels of Group composition (Drug abuser vs. Non-abuser) 2 levels of Residential background (Urban vs Rural) and 2 levels of Age groups (Early-adolescent group vs Late-adolescent group) were utilized for the collection of data. A high score was indicative of higher Terminal values and lower scores was indicative of lower Terminal values. The highest possible score in this scale was 180 and the lowest possible score was 20. The Ss were asked to give their response on a 9 point scale ranging from a value of one to nine (1-9). A higher score indicated higher Terminal value orientation and a lower score indicated lower terminal value orientation. The highest possible score in this scale was  $(20 \times 9) = 180$  and the lowest possible score was  $(20 \times 1) = 20$ . Accordingly it was assumed that scores above mid-point (100) were indicative of higher Terminal value orientation, while the scores below mid-point were regarded as lower Terminal value orientation.

**Table 2:** Contains the summary of factorial ANOVA involving Group composition (Drug abuser vs Non-abuser), Residential background (Urban vs Rural), and Age groups (Early-adolescent vs Late adolescent) on the scores of Terminal values. The results indicated that main effect for Group composition and Residential background were statistically significant. The main effect for age group was found statistically non-significant. Three way interaction involving Group composition, Residential background and Age Group was statistically Non-significant.

**Table 2:** Showing summary of factorial ANOVA involving Group composition, Residential background and Age group on the scores of Terminal value orientation.

Source of variance	S.S	df	MS	F	P
<b>Group composition (A)</b>	7136.89	1	7136.89	10.65	0.001220
<b>Residential Background (B)</b>	8790.26	1	8790.26	13.12	0.000340
<b>Age group(C)</b>	1210.06	1	1210.06	1.81	0.179461
<b>AB</b>	574.26	1	574.26	0.86	0.354438
<b>AC</b>	843.52	1	843.52	1.26	0.262493
<b>BC</b>	26.94	1	26.94	0.04	0.841608
<b>ABC</b>	105.47	1	105.47	0.16	0.689423
<b>Within Cell (experimental error)</b>	214471.32	320	670.22		
<b>Total</b>	233158.72	327			

$p^* < 0.05$

$p^{**} < 0.01$

However, two-way interactions involving Group composition and Residential background, Group composition and Age group and Residential background and Age group were found statistically Non-significant.

## Main Effect

### Group Composition

The result of ANOVA (Table 2 ) reported significant main effect for Group composition (F, 1/320 ,10.65,P < 0.01).

**Table 3:** Showing overall mean scores and significant mean difference on Group Composition (N=160). On the scores of Terminal values.

<b>Group Composition</b>	<b>Mean</b>	<b>S D</b>	<b>t-value</b>	<b>Level of Significant</b>
<b>Drug abuser</b>	129	19.0	-5.18	0.01
<b>Non - abuser</b>	138	13.6		

Note : df = 159

The results (table 3 ) indicated that regardless of Residential background and Age group Non -addict Ss expressed sig-nificantly higher Terminal value orientation as compared to the Drug abuser group of Ss (t-value = -5.18 , df 159 , P < 0.01 ). Thus, it appears that Drug abuser Ss (M = 129 have shown weaker orientation towards Terminal values as related to Non- abuser group of Ss (M = 138 ). In other words,the values like 'Terminal'one is more important to the non- abusers than their Addict counterpart. It seems to play a vital role in day to day social life. The Drug abuser Ss are revealed as less attracted to the Terminal value orientation, in doing thinks or taking major decissions in their lives.

### **Residential Background**

The results (Table 2 ) showed significant main effect for Residential background (F, 1/320 ,13.12,  $p < 0.01$ ).

**Table 4:** Showing overall mean scores and significant mean differences on Residential Background (N=160) . On the scores of Terminal values.

<b>Residential Background</b>	<b>Mean</b>	<b>S D</b>	<b>t-value</b>	<b>Level of significance</b>
<b>Urban</b>	139	16.8	5.80	0.01
<b>Rural</b>	128	15.9		

Note : df = 159

The significant main effect on Residential background indicated that regardless of Group composition and Age group, Residential background emerged as an important factor in the study of value orientations. It was found that Urban Ss showed rated significantly higher orientation for Terminal values in comparison to Rural Ss (t-value =5.80, df=159,  $P < 0.01$  ). The results seem to indicate that Urban Ss are socialized and educated on different aspects of moral values in their Urban life.As a result, Urban Ss (M = 139) expressed significantly higher Terminal value and Rural Ss (M = 128 83.39) expressed comparatively lower in the same direction.

**Age group:**

The results (table 2) indicated a Non-significant main effect for Age group ( F,1/320,1.81 P =n.s).

**Table 5** :Showing overall mean scores and significant mean differences on Age group (N = 160). On the scores of Terminal values.

Age Group	Mean	S D	t-value	Level of significance
Early adolescent	135	16.7	0.448	n.s
Late adolescent	135	16.2		

Note : df = 159

The results (table 5) showed that irrespective of Group Composition and Residential background the Ss, Age group was not found to account for differences in value orientations. The overall mean scores showed that the Ss with Early adolescent

(M = 135) expressed Non significant Terminal value preferences (t-value 0.448,df =159, P=n.s) as compared to the Ss with Late adolescents (M=135). This finding was indicative of the fact that Early adolescent Ss are equally exposed to value related activities and socialization process for them are eventually be the same in our present day social set up. The Ss of Late adolescent age groups, who are not differentially exposed to social teachings and social, moral and ethical norms as related to the Early adolescents, contributed nothing to make a difference in their value orientations. It seems to indicate that value orientations remained un-affected by the marginal age differences between the two groups.



### Group composition x Residential background x Age group

The results ( table 2 ) indicated that a three-way Interaction representing Group composition x Residential background x Age group ( $F_{1/320} = 1/312 = 0.16$ ,  $P = n.s$ ) was statistically Non- significant. Thus the results reported above are moderated through the analysis of three-way interaction.

**Table 6:** Showing cell means and significant mean differences various conditions of three-way interactions representing Group composition x Residential background x Age group ( $N=40$  In each cell) on the scores of Terminal value.

		Mean	S D	t-value							
				a	b	c	d	e	f	g	h
AUE	a	140	18.7		2.19*	3.84**	5.13**	0.641	0.637	1.44	1.70
AUL	b	131	17.9			1.59	2.95**	3.11**	3.18**	1.22	0.803
ARE	c	125	16.4				1.46	5.04**	5.17**	3.26**	2.68*
ARL	d	119	17.1					6.46**	6.61**	4.86**	4.21**
NUE	e	142	14.5						0.238	2.55*	2.76**
NUL	f	142	13.6							2.63*	2.83**
NRE	g	135	10.9								0.453
NRL	h	134	13.2								

Note :  $p^* < 0.05$ ,

$p^{**} < 0.01$

The results (table 6 ) indicated that in case of Addict Group Composition, it was found that Urban early adolescent Ss showed significantly higher Terminal value orientations ( $t = 2.19$ ,  $df = 39$ ,  $P < 0.05$  ) as compared to Urban late adolescent Ss. Urban early adolescent Ss also differed significantly ( $t = 3.84$ ,  $df = 39$ ,  $P < 0.01$  ) Rural early adolescent Ss. And expressed higher Terminal value orientations. Again, Urban early adolescent Ss expressen significantly higher Terminal values ( $t = 5.13$ ,  $df = 39$ ,  $P < 0.01$ ) than the Rural late adolescent Ss. Urban late adolescent Ss showed significantly higher Terminal value orientations ( $t = 2.95$ ,  $df = 39$ ,  $P < 0.01$ ) as compared to Rural late adolescent Ss.

However, no significant mean difference was found in value orientations between Addict urban late adolescents Vs. Rural early adolescents and also between Addict rural early adolescents Vs. Addict rural late adolescents. Thus an inspection of mean scores showed that Urban late adolescents Ss ( $M = 131$ ) and Rural early adolescents Ss ( $M = 125$ ) showed highest preference in Terminal value orientations followed by Rural early adolescents Ss ( $M = 125$ ) and rural late adolescents Ss ( $M = 119$ ).

The pattern of Terminal value orientation Ss has effected interaction. The interaction is plotted in Figure 1.

### Terminal Values

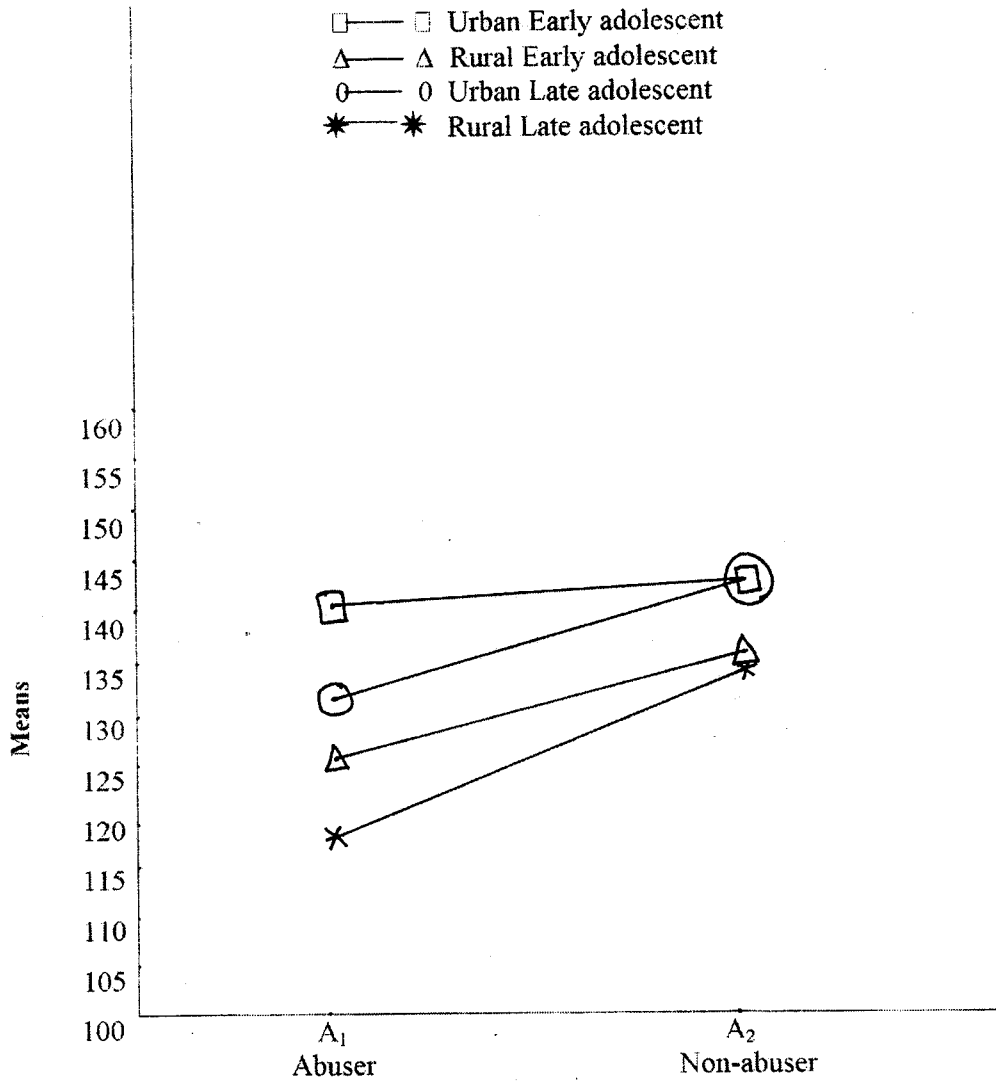


Fig-1: Showing differences on various conditions of three-way interactions representing Group composition, Residential background and Age group on Terminal value orientations.

Regarding Non addict Group composition the results (Table 6 ) showed that Urban early adolescent Ss exhibited significantly higher Terminal value orientations ( $t = 2.55, df = 39, P < 0.05$ ) as compared to Rural early adolescents Ss. Again Urban early adolescent Ss expressed significantly higher Terminal value orientations ( $t = 2.76, df = 39, P < 0.01$ ) as compared to Rural late adolescent Ss. As well as Urban late adolescent Ss exhibited significantly higher Terminal value orientations ( $t = 2.63, df = 39, P < 0.05$ ) as compared to Rural early adolescent . Again Urban late adolescent Ss expressed significantly higher Terminal value orientations ( $t = 2.83, df = 39, P < 0.01$ ) as compared to Rural late adolescent Ss.

No significant mean differences were found between Non-abuser Urban early adolescents Vs. Urban late adolescents and Rural early adolescents vs Rural late adolescents. An inspection of mean scores showed that Urban early adolescents Ss ( $M = 142$ ) showed significantly highest value orientations in comparison to Rural early adolescents ( $M = 135$ ) Ss. Rural late adolescents ( $M = 134$ ).

It appears from the results ( table 6 ) that Urban addict groups early and late adolscents differ significantly in their Terminal value orientations. Early adolscent addict groups of urban and rural differ significantly in their Terminal value orientations. Late adolescent addict groups of urban and rural differ significantly in their Terminal value orietations. Early adolescents non-addict groups of urban and rural Ss differ significantly in their Terminal value orientations. Late adolescent addict groups of urban and rural Ss differ significantly in their Terminal value orientations.

## Terminal value orientations

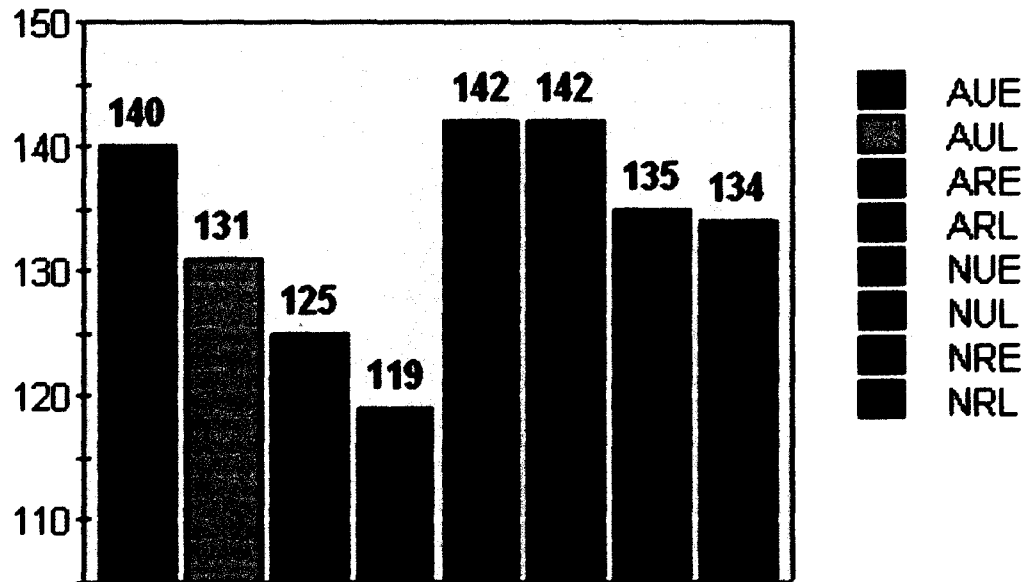


Fig-2: Histogram representing within group comparison of Abusers and Non-abusers along the means of Terminal value orientations.

### **For between group**

The results (table 6 ) indicated that in case of Addict vs Non-addict Group Composition, it was found that Non addict urban early adolescent Ss showed significantly higher terminal value orientations ( $t = 3.11$ ,  $df = 39$ ,  $P < 0.01$  ) as compared to Addict urban late adolescent Ss. Non-addict urban late adolescent Ss also differed significantly ( $t = 3.18$ ,  $df = 39$ ,  $P < 0.01$  ) Addict urban late adolescent Ss. and expressed higher terminal value orientations.

Again, Non addict urban early adolescent Ss expressen significantly higher terminal values ( $t = 5.04$ ,  $df = 39$ ,  $P < 0.01$ ) than the Addict rural early adolescent Ss. Non-addict urban late adolescent Ss showed significantly higher terminal value orientations ( $t = 5.17$ ,  $df = 39$ ,  $P < 0.01$ ) as compared to Addict rural early adolescent Ss. Non-addict rural early adolescent Ss expressen significantly higher terminal values ( $t = 3.26$ ,  $df = 39$ ,  $P < 0.01$ ) than the Addict rural early adolescent Ss. Non-addict rural late adolescent Ss showed significantly higher terminal value orientations ( $t = 2.68$ ,  $df = 39$ ,  $P < 0.05$ ) as compared to Addict rural early adolescent Ss.

Again Non-addict urban early adolescent Ss showed significantly higher terminal value orientations ( $t = 4.46$ ,  $df = 39$ ,  $P < 0.01$ ) as compared to Addict rural late adolescent Ss. Non addict urban late adolescent Ss showed significantly higher terminal value orientations ( $t = 6.61$ ,  $df = 39$ ,  $P < 0.01$ ) as compared to Addict rural late adolescent Ss. Non-addict rural early adolescent Ss showed significantly higher terminal value orientations ( $t = 4.86$ ,  $df = 39$ ,  $P < 0.01$ ) as compared to Addict rural late adolescent Ss. Non-addict rural late adolescent Ss showed significantly higher terminal value orientations ( $t = 4.21$ ,  $df = 39$ ,  $P < 0.01$ ) as compared to Addict rural late adolescent Ss.

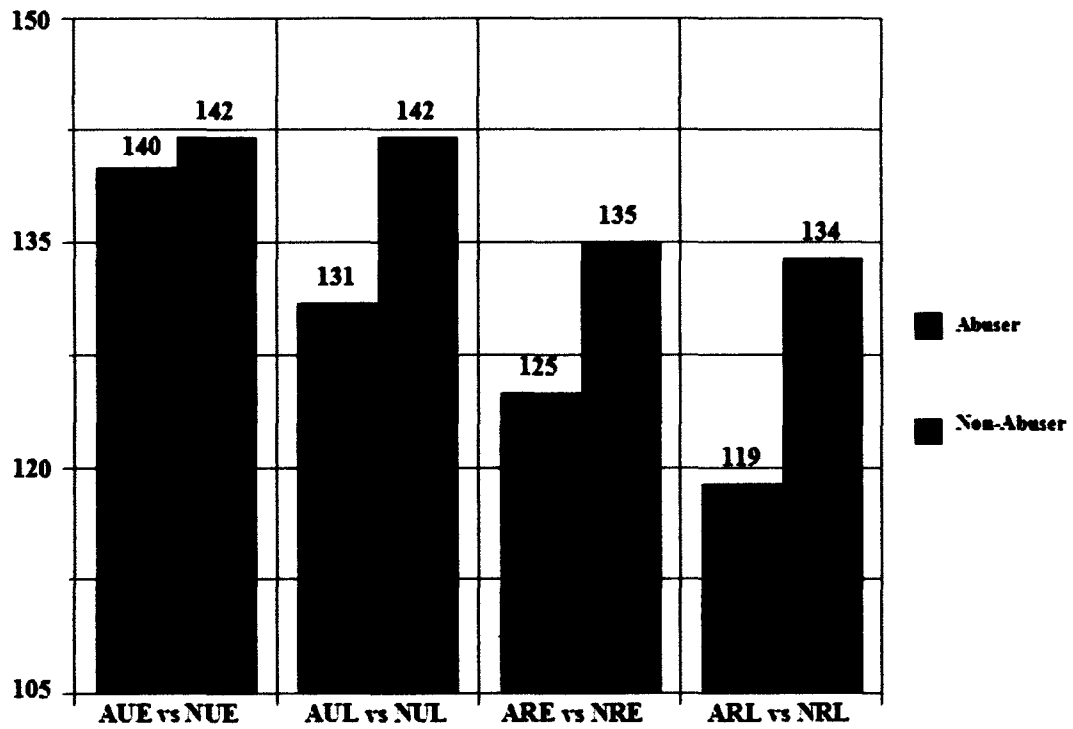
**Terminal value orientations**

Fig-3: Histogram representing between group comparison of Abuser and Non-abuser along the means of Terminal value orientations.

### Instrumental Values

Instrumental Values scale was administered on the same Ss. The data were properly and accurately tabulated for computing analysis of variance. In this analysis, a factorial design was utilized. Thus a 2 x 2 x 2 factorial design involving 2 levels of Group Composition (Drug abuser /non abuser), 2 levels of Residential Background (urban / rural) and 2 levels of Age Group (Early adolescent/Late adolescent) were used. A higher score indicated higher instrumental value orientation and a lower score indicated lower instrumental value orientation. The highest possible score in this scale was  $(20 \times 9) = 180$  and the lowest possible score was  $(20 \times 1) = 20$ . Accordingly it was assumed that scores above mid-point (100) were indicative of higher instrumental value orientation. While the scores below mid-point were regarded as lower instrumental value orientation.

**Table 7:** Showing summary of factorial ANOVA involving Group Composition, Residential Back Ground and age group on the scores of Instrumental values

Source of variance	SS	df	MS	F	P
Group Composition (A)	1571.72	1	1571.72	2.25	0.134600
Residential Background (B)	13013.28	1	13013.28	18.63	<.0001
Age group (C)	1554.26	1	1554.26	2.22	0.137218
A B	1845.38	1	1845.38	2.64	0.105188
A C	1046.94	1	1046.94	1.5	0.221572
B C	270.74	1	270.74	0.39	0.532744
A B C	22.55	1	22.55	0.03	0.862600
Within Cell (Experimental error)	223565.12	320	698.64		
Total	242889.99	327			

$P^* < 0.05$

$p^{**} < 0.01$



The results (table 7 ) reported the summary of factorial ANOVA involving Group Composition , Residential Background and Age group on the scores of Instrumental Values. Although, it was found that the main effects for Group Composition and age group were non-significant, but the main effect for residential group was found significant. A three-way interaction representing Group Composition, Residential Background and Age group was statistically non-significant. However, two-way interactions involving Group Composition and Residential Background ,Group Composition and Age Group and Residential Background and Age Group were found non-significant.

### **Main Effect**

#### **Group Composition**

The ANOVA results (table 7) showed significant main effect for group composition ( $F, 1/320 = 2.25, n.s$  ) on the scores of Instrumental values

**Table 8:** Showing overall mean scores and significant mean difference for group composition (N=160) on the scores of Instrumental values

Group Composition	Mean	S D	t-value	Level of significance
Drug abuser	135	19.6	-2.32	0.05
Non- abuser	139	14.7		

Note : d f = 159

The results (table 8) showed that regardless of residential background and age group ,non-addict Ss expressed significantly more instrumental values ( $t = -2.32, df = 159, P < 0.05$ ) as compared to Drug abuser Ss.

It seems to indicate that non-addict Ss ( $M = 139$  ) exhibited their liking and rated instrumental values higher. Drug abuser Ss, ( $M = 135$ ) on the other hand, are found to appear as lower rater of instrumental values. In a word, Non-abuser and Abuser are differentially related in case of instrumental values.

Drug abuser Ss tend to move away from values like instrumental one while non addict tried to held up some instrumental values stayed together. Thus Drug abuser and non- abusers Ss are definitely distinguished on instrumental value orientation.

### **Residential background**

The results (table 7) showed significant main effect for Residential background ( $F, 1/320 \ 1/327=18.63, P< 0.01$ ).

**Table 9:** Showing overall mean scores and significant mean difference for Residential background (N=160) on the scores of Instrumental values

<b>Residential background</b>	<b>Mean</b>	<b>S D</b>	<b>t-value</b>	<b>Level of significance</b>
<b>Urban</b>	143	17.1	7.13	0.01
<b>Rural</b>	130	15.2		

Note : d f = 159

Regardless of Group Composition and age group residential background, the results indicated that urban Ss expressed significantly more instrumental values,

(  $t = 7.13, df = 159, P < 0.01$  ) as compared to rural Ss. In other words, rural Ss

(  $M = 130$  ) exhibited lower order of instrumental value orientation as compared to the urban ( $M=143$ ) counterpart.

### Age group

The results ( table 7. showed non-significant main effect for Age group ( F, 1/320 = 2.22 ,n.s)

**Table 10** : Showing overall mean scores and significant mean difference for Age group(N= 160) on the scores of Instrumental values inventory.

Age Group	Mean	S D	t-value	Level of significance
Early adolescent	139	18.3	2.31	0.05
Late adolescent	135	16.2		

Note : d f = 159

Although the main-effect for age group was found non-significant, the results showed that (table10) irrespective of group composition and residential background of the Ss, age group was found to account for value orientation. The results revealed that early adolescent Ss expressed significantly more instrumental values ( t = 2.31, df = 159, P < 0.05) as compared to late adolescent Ss. An inspection of mean scores showed that early adolescent Ss (M=139) exhibited higher orientation. late adolescent Ss(M=135 ),on the otherhand, showed a tendency to move away from instrumental values.

### Interaction Effect

#### Group Composition x residential backgroundx age group

The results ( table 7 ) indicated that a three-way interaction representing Group Composition, residential background and age group was statistically non-significant (F, 1/327 = 0.03, P = n.s ).The results ( table 11 ).

**Table 11 :** Showing cell means and significant mean differences on various conditions of three-way interactions representing Group Composition x Residential Background x Age Group (N=40 in each cell) on the scores of Instrumental value

		Mean	S D	t-value							
				a	b	c	d	e	f	g	h
AUE	a	148	18.2		2.32*	4.82**	7.04**	0.859	1.94	3.96**	3.51**
AUL	b	139	18.2			2.43*	4.47**	1.46	0.795	1.28	0.824
ARE	c	129	17.2				1.91	3.94**	3.73**	1.52	1.99
ARL	d	122	14.5					6.10**	6.45**	3.92**	4.44**
NUE	e	145	18.2						0.927	2.97**	2.52*
NUL	f	142	12.1							2.61*	2.02*
NRE	g	134	12.8								0.560
NRL	h	136	12.8								

Note : P\* < 0.05,

P\*\* < 0.01

### For within group

The results (table 11 ) indicated that in case of Addict Group Composition, it was found that Urban early adolescent Ss showed significantly higher terminal value orientations ( $t = 2.32$ ,  $df = 39$ ,  $P < 0.05$  ) as compared to Urban late adolescent Ss. Urban early adolescent Ss also differed significantly ( $t = 4.82$ ,  $df = 39$ ,  $P < 0.01$  ) Rural early adolescent Ss. and expressed higher terminal value orientations. Again, Urban early adolescent Ss expressen significantly higher terminal values ( $t = 7.04$ ,  $df = 39$ ,  $p < 0.01$ ) than the Rural late adolescent Ss. Urban late adolescent Ss showed significantly higher terminal value orientations ( $t = 2.43$ ,  $df = 39$ ,  $P < 0.05$ ) as compared to Rural early adolescent Ss. Again, Urban late adolescent Ss expressen significantly

higher terminal values ( $t = 4.47$ ,  $df = 39$ ,  $P < 0.01$ ) than the Rural late adolescent Ss.

However, no significant mean difference was found in value orientations between addict rural early adolescents Vs. rural late adolescents. Thus an inspection of mean scores showed that rural early adolescents Ss ( $M = 129$ ) and rural late adolescents Ss ( $M = 122$ ) showed highest preference in instrumental value orientations. The pattern of Instrumental value orientation Ss has effected interaction. The interaction is plotted in Figure 2.

### Instrumental Values

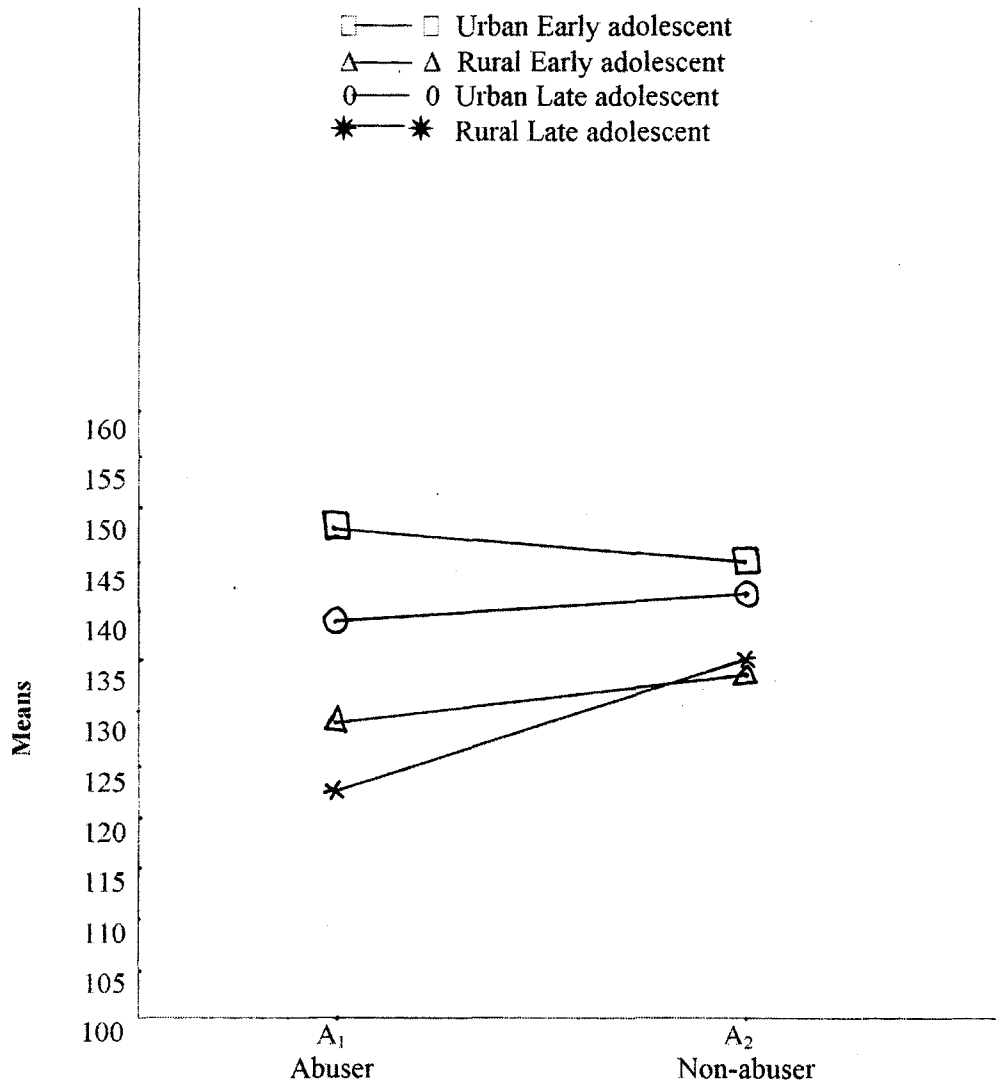


Fig-4: Showing differences on various conditions of three-way interactions representing Group composition, Residential background and Age group on Instrumental value orientations.

Regarding Non addict Group Composition the results (Table 11 ) showed that Urban early adolescent Ss exhibited significantly higher terminal value orientations ( $t = 2.97, df = 39, P < 0.01$ ) as compared to Rural early adolescents Ss. Again Urban early adolescent Ss expressed significantly higher terminal value orientations ( $t = 2.52, df = 39, P < 0.05$ ) as compared to Rural late adolescent Ss. As well as Urban late adolescent Ss exhibited significantly higher terminal value orientations ( $t = 2.61, df = 39, P < 0.05$ ) as compared to Rural early adolescent . again Urban late adolescent Ss expressed significantly higher terminal value orientations ( $t = 2.02, df = 39, P < 0.05$ ) as compared to Rural late adolescent Ss.

No significant mean difference was found in value orientations between Non-abuser urban early adolescents Vs. urban late adolescents and Rural early adolescents vs rural late adolescents . Thus an inspection of mean scores showed that urban early adolescents Ss ( $M = 145$ ) and urban late adolescents Ss ( $M = 142$ ) showed highest preference in instrumental value orientations. Rural early adolescents Ss ( $M = 134$ ) and rural late adolescents Ss ( $M = 136$ ) showed highest preference in instrumental value orientations.

It appears from the results ( table 11 ) that urban addict groups of early and late adolescents differ significantly in their instrumental value orientations. Early adolescent addict groups of urban and rural differ significantly in their instrumental value orientations. late adolescent addict groups of urban and rural differ significantly in their instrumental value orientations. Early adolescents non-addict groups of urban and rural Ss differ significantly in their instrumental value orientations. Late adolescent addict groups of urban and rural Ss differ significantly in their instrumental value orientations.

## Instrumental value orientations

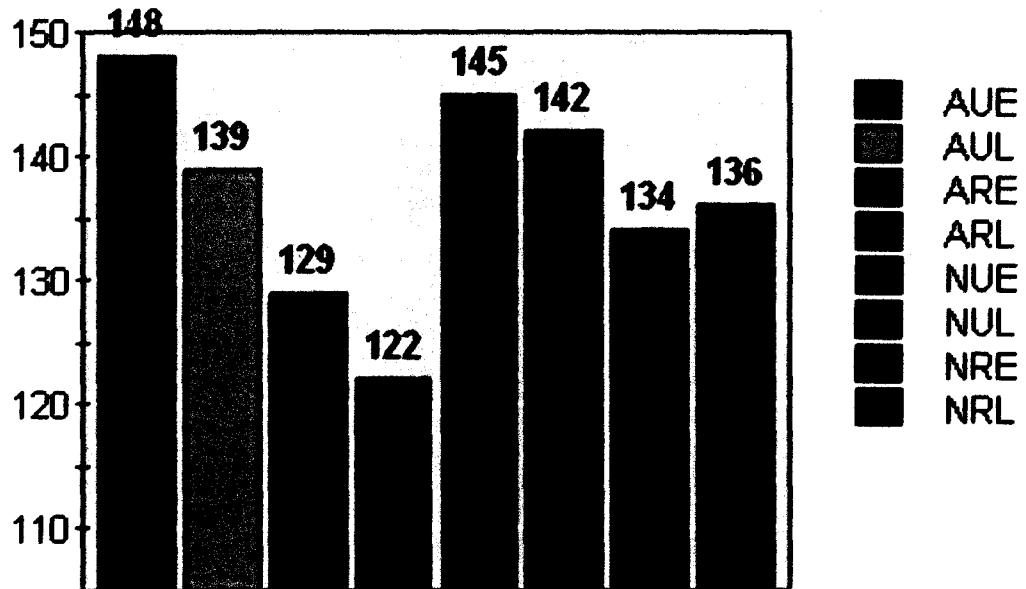


Fig-5: Histogram representing within group comparison of Abusers and Non-abusers along the means of Instrumental value orientations.



**For between group**

The results (table 11 ) indicated that in case of Addict vs Non-addict Group Composition, it was found that Addict urban early adolescent Ss showed significantly higher terminal value orientations ( $t = 3.96, df = 39, P < 0.01$  ) as compared to Non addict rural early adolescent Ss. Addict urban early adolescent Ss also differed significantly ( $t = 3.51, df = 39, P < 0.01$  ) Non-addict rural late adolescent Ss. and expressed higher terminal value orientations.

Again, Non-addict urban early adolescent Ss expressen significantly higher terminal values ( $t = 3.94, df = 39, P < 0.01$ ) than the Addict rural early adolescent Ss. Non-addict urban late adolescent Ss showed significantly higher terminal value orientations ( $t = 3.73, df = 39, P < 0.01$ ) as compared to Addict rural early adolescent Ss. Again, non- abusers urban early adolescent Ss expressen significantly higher terminal values ( $t = 6.10, df = 39, P < 0.01$ ) than the Addict rural late adolescent Ss.

Non- abusers urban late adolescent Ss showed significantly higher terminal value orientations ( $t = 6.45, df = 39, P < 0.01$ ) as compared to Addict rural late adolescent Ss. Non-addict rural early adolescent Ss showed significantly higher terminal value orientations ( $t = 3.92, df = 39, P < 0.01$ ) as compared to Addict rural late adolescent Ss. Non- abusers rural late adolescent Ss showed significantly higher terminal value orientations ( $t = 4.44, df = 39, P < 0.01$ ) as compared to Addict rural late adolescent Ss.

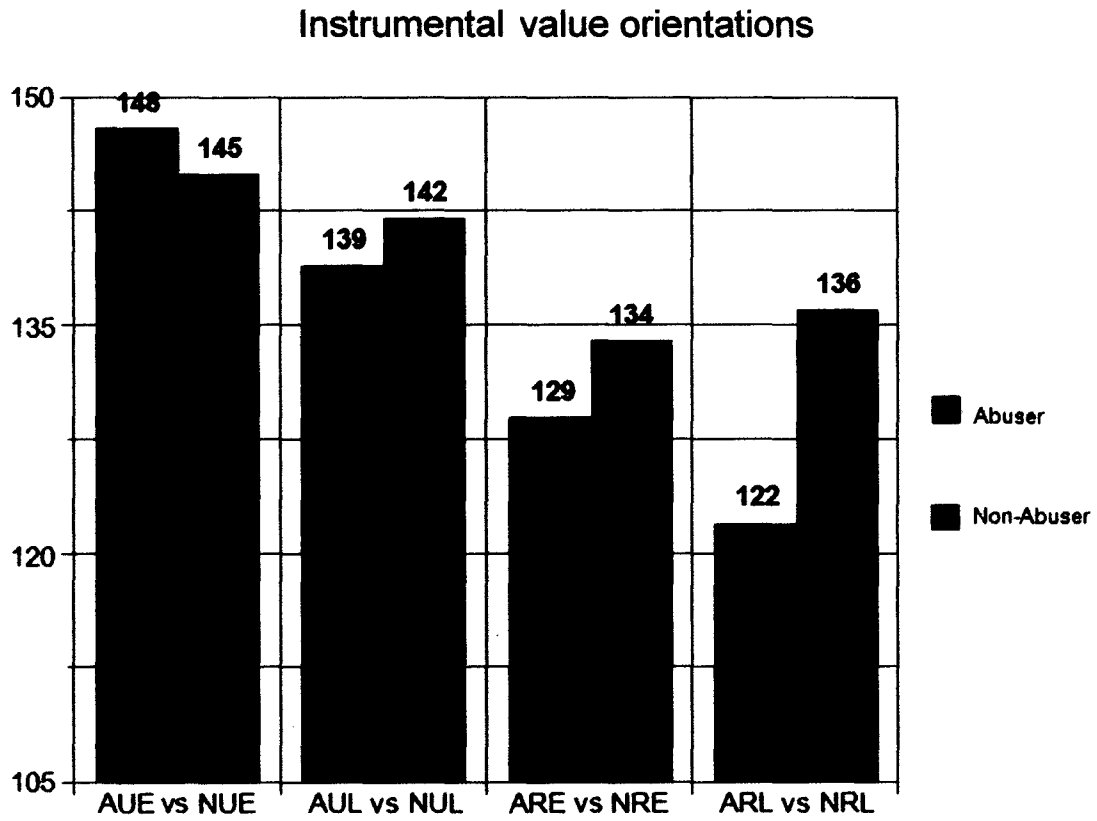


Fig-6: Histogram representing between group comparison of Abuser and Non-Abuser along the means of Instrumental value orientations.

## **Summery of the Main Findings**

### **Terminal values**

- a. The main effects of Abuser and Non-abuser Group Composition for Terminal Values was statistically significant.
- b. The main effects Urban and Rural Residential Background for Terminal values was found statistically significant.
- c. Regardless of Residential background and Age group Non-addict Ss expressed sig-nificantly higher Terminal value orientation as compared to the Addict group of Ss.
- d. It was found that Urban Ss showed rated significantly higher orientation for Terminal values in comparison to Rural Ss.
- e. A three-way Interaction representing Group composition, Residential background and Age group was statistically Non- significant incase of Terminal Value orientations..

### **Instrumental values**

- f. The main effects of Urban and Rural Residential Background for Instrumental Values was found statistically significant.
- g. Regardless of residential background and age group, non addict Ss expressed significantly more instrumental values than their Abuser counterpart.
- h. Regardless of Group Composition and age group residential background, the results indicated that urban Ss expressed significantly more instrumental values than the rural Ss.
- i. Early adolescent Ss expressed significantly more instrumental values as compared to the late adolescents group.
- j. A three-way interaction representing Group Composition, residential background and age group, in case of Instrumental values, was found statistically non-significant.



## CHAPTER –FIVE

### DISCUSSION AND CONCLUSIONS

The study focused on value orientations of different respondents grouped as drug abuser /non abuser, urban/rural and early/late adolescents . These different group compositions, with its two levels of existence, were treated as independent variables in this study. The three factors having two levels for each factor, brought about a 2x2x2 factorial design for the study. Rokeach's ( 1973) value inventories were administered on a sample of 320 respondents .two inventories or sub-tests were used for the measure of value orientations adolescent groups having both urban and rural residential backgrounds. A purposive sample from the district of Rajshahi, Bangladesh was selected. The sub-tests were consisting of 20 "Terminal" and 20 "Instrumental" values. The respondents rated the value in 9 point scales. The main objective of the study was to find out the similarities and differences in value orientations of drug abuser and non-abusers and its relation with their residential background and age groupings.

For the felt need of the study was for the fact that, the two individuals or groups are said to have different value systems, even though they may have many values in common, if their prioritization of values differs, or if there are different exceptions they attach to these values. Groups and individuals who share many values may still wind up in conflict, ideological or physical, with each other, because of the differences in their value systems. People with differing value systems will thus disagree on the rightness or wrongness of certain actions, like abuse or non- abuse of drugs both in the abstract and in specific circumstances. In the result sections of the study revealed;

A 2x2x2 factorial ANOVA yielded results favourable towards major hypotheses. Like,

Drug abuser respondents would show significantly more positive Terminal value orientations than its abuser counterpart. Non-abuser respondents would show significantly more positive Instrumental value orientations than its Drug abuser counterpart. Results supported other additional hypotheses also. The main effects in case of 'terminal' values showed a significant differences between the levels group compositions as drug abusers and non-abusers, levels of residential backgrounds like urban and rural. In cases of terminal value orientations, the main effects between the two levels of the two factors was found statistically significant. The main effects in case of 'Instrumental' values showed a significant differences between the levels group compositions, as drug abusers and non-abusers, levels of residential backgrounds, like urban and rural, levels of age group like, early and late adolescents. In cases of Instrumental value orientations, the main effects between the two levels of the three factors was found statistically significant.

Drug abuse among adolescents is an emerging public health and social problem in Bangladesh. Though majority of the adolescents come out of this period relatively unharmed, some of them fall prey to the curse of drug abuse and drug abuse that disadvantage them for the rest of their lives. However, if preventive health education and behavior modification programmes are to be effective, 'an under-standing of current prevailing behaviours, attitudes and subjective norms is required' Bassen-Engquist K, Parcel GS. (1992). This will help set enlightened life-style patterns in them because 'teenagers are ready to change if they perceive that the reasons to change outweigh the reasons not to change' Prochaska Jo, DiClemente CC, Norcross JC. (1992)

We can summarize the main features of the conception of basic values implicit in the writings of many theorists and researchers E.g., Allport 1961; Feather, 1995; Inglehart, 1997; Kohn, 1969; Kluckhohn, 1951; Morris, 1956; Rokeach, 1973. as follows:

Values are beliefs. But they are beliefs tied inextricably to emotion, not objective, cold ideas. Values are a motivational construct. They refer to the desirable goals people strive to attain. Values transcend specific actions and situations. They are abstract goals. The abstract nature of values distinguishes them from concepts like norms and attitudes, which usually refer to specific actions, objects, or situations. Values guide the selection or evaluation of actions, policies, people, and events.

Voice, a union for education professionals in the Bangladesh, is decrying the absence of parental training in the children they are called upon to teach. They say that children are no longer learning moral values at home, and that the lack of discipline is making the classroom an unruly place where teaching anything is becoming more difficult.

Value activation. Values affect behavior only if they are activated (Verplanken & Holland, 2002). Activation may or may not entail conscious thought about a value. Much information processing occurs outside of awareness. The more accessible a value, i.e., the more easily it comes to mind, the more likely it will be activated. Because more important values are more accessible (Bardi, 2000), they relate more to behavior. Value-relevant aspects of situations activate values. A job offer may activate achievement values and a car accident may activate security values. If it is a high-priority value, it may then lead to behavior.

Values as a source of motivation. People's values, like their needs, induce valences on possible actions (Feather, 1995). That is, actions become more attractive, more valued subjectively, to the extent that they promote attainment of valued goals. High-priority values are central to the self-concept. Sensing an opportunity to attain them sets off an automatic, positive, affective response to actions that will serve them. Sensing a threat to value attainment

sets off a negative affective response. This often occurs without our consciously weighing alternative actions and their consequences. For example, people who suffer economic hardship and social upheaval attribute more importance to power and security values than those who live in relative comfort and safety (Inglehart, 1997).

People's age, education, gender, and other characteristics largely determine the life circumstances to which they are exposed. These include their socialization and learning experiences, the social roles they play, the expectations and sanctions they encounter, and the abilities they develop. Thus, differences in background characteristics represent differences in the life circumstances that affect value priorities.

The best predictors of abusive substance use are social, family, and psychological deprivations that occur independent of supposed gateway linkages.

Scientists have ignored successful, value-based personal and social strategies against drug abuse because of their uneasiness about making distinctions among value systems. Their reluctance is counterproductive and, put simply, wrong on the evidence. There are evidences that a person's or group's values are essential elements in combating drug abuse

Contemporary theories of drug abuse of all stripes rule out faulty values as a cause of drug abuse. Yet evidence from cross-cultural, ethnic, and social-class research, laboratory study of addictive behavior, and natural history and field investigations of drug abuse indicate the importance of value orientations in the development and expression of addictive behaviors, including drug and alcohol drug abuse, smoking, and compulsive eating. Furthermore, the rejection of moral considerations in addition deprives us of our most powerful weapons against drug abuse and contributes to our current drug abuse binge.



The disease myth of drug abuse in particular attacks the assumption of essential moral responsibility for people's drug use and related behavior, an assumption that we instead ought to be encouraging.

"My values were beginning to corrode under the prolonged influence of hard drugs." (Finkle, 1986). The scientific study of drug abuse has strongly opposed value considerations in drug abuse, regarding these as remnants of an outdated, religious-moral model. Behavior therapists, experimental psychologists, and sociologists hold this view in common with disease theorists who have championed the idea that a moral perspective oppresses the addict and impedes progress toward a solution for alcoholism and drug abuse.

Adolescence may be defined as a period within the life span when most of the person's physical, psychological and social characteristics are in a state of transition from what they were in childhood to what they will be in adulthood. Simply stated, adolescence is a period of life characterized by several major changes that bring the person from childhood to adulthood" (Lerner & Galanbos, 1984 p.8). The psychosocial theory of development as set out by Erikson proceeds by stages. The first four occur during infancy and childhood, the fifth stage during adolescence and the last three stages during the adult years (Erikson, 1963).

The values that adolescents affirm in their lives are fundamental to their eventual psychological adjustment. Freud (Rappoport, 1972) saw the tendency to moralize, to evaluate and to judge the behavior of self and others as a particularly human tendency.. The strategy assumes that the adolescent already has set values that only need exploration and clarification. However, this is far from the developmental stage of the adolescent when values are in the process of being formed and integrated, contributing to a stable sense of identity.

Values need to be presented to the adolescent in a concrete form, validated and affirmed yet also open to questioning in a safe environment.

Little is known about the extent to which urban and rural substance abusers may be different in terms of treatment utilization. This study, therefore, examines differences between urban and rural drug use patterns and treatment utilization among chronic drug abusers to determine whether, and in what ways, rurality may affect substance abuse and treatment seeking. The study examines these issues in a group of chronic drug users who were incarcerated at the time of the study. Findings show significant differences in drug use and treatment utilization of urban and rural offenders. Chronic drug abusers from rural and very rural areas have significantly higher rates of lifetime drug use, as well as higher rates of drug use in the 30 days prior to their current incarceration than chronic drug abusers from urban areas. Nonetheless, being from a very rural area decreased the likelihood of having ever been in treatment after controlling for the number of years using and race.

Development at all stages is not a linear process. Although they may appear aloof, independent, and impervious to adult guidance, adolescents are influenced strongly by the values and attitudes of parents and other trusted authorities. Parents should appreciate that despite attempts at separation, adolescents care deeply about the ideals expressed by close authoritative role models. Therefore, it is extremely important during this developmental period for adults to open lines of communication and be aware of the values and behaviors they are demonstrating to their youth. Teenagers ultimately are likely to accept and promulgate parental values, although they often arrive at them after going through periods of rebellion and rejection.

According to Conklin HM, Luciana M, Hooper CJ, Yarger RS. (2007) these findings are of more than academic interest because they suggest that the

impulsivity, shortsightedness, and risk-taking behavior often associated with adolescence are biologically driven, at least in part. Thus, measures designed to change adolescents' thinking, such as antismoking campaigns, may not be sufficiently effective on their own, but need to be bolstered by measures that enforce behavior, such as parental supervision and laws against the sale of cigarettes to minors. Understanding (and modifying) these behaviors requires some understanding of the cognitive, social, and emotional development of the individual.

Theorists like Super (1962; 1995), Kluckhohn (1951), Rokeach (1973), and Schwartz and Bilsky (1987) have identified a host of universal human values and work values and parsed the value system into two or more subsystems, classes, or domains. The most widely used value system typology has been Rokeach's (1973) instrumental versus terminal values distinction that divides the value system into two parts devoted to instrumental or process-oriented values and terminal or goal-oriented values.

Findings from the studies are consistent with the research suggesting that the value system is composed of standard- and goal-oriented reflections of the work value system (Boldero & Francis, 2002; Porfeli, 2004) and that these value manifestations are linked to one another through cohesion and discrepancy reduction mechanisms (Porfeli, 2004). They further suggest that the integrity of the value system is maintained by the interactive influence of the cohesion and discrepancy reduction mechanisms. Larger salience discrepancies between standard- and goal-oriented reflections of a work value prompt a shift toward smaller discrepancies which, in turn, prompts a change in the cohesion mechanism toward an inverse relationship between conceptually related values. These findings also suggest that disruptions to the value system that induce a discrepancy between conceptually related values activate the

discrepancy reduction and cohesion mechanisms to operate in tandem to restore harmony within the value system across the high school years.

The present studies provide support for a functional approach to instrumental and terminal values and the value-attitude-behaviour system. Study 1 surveyed individuals' human values, the type of meaning to which they prefer to attend in products, and how they choose to evaluate the products. The study found that individuals who favoured instrumental to terminal human values showed a predisposition to attend to the utilitarian meanings of products and make piecemeal judgements. In contrast, individuals who favoured terminal over instrumental values preferred symbolic meanings, affective judgements, and human values in general.

### **Recommendations**

The authors believe that adolescents' struggle to develop and drive towards autonomy underpins the reasons why they do and do not abuse drugs.

The first focuses should be on mutuality and the need to have fulfilling relationships based on shared values/orientations to meaning.

The second focuses should be on the need to develop the capacity to reason and the consequent evaluation of behaviour in relation to self and others.

The third focuses should be on the need to develop the capacity to be able to live life in one's own context. The development of the third factor is hindered by the marginalization that adolescents experience which may be acute amongst Bangladeshis in this study because of their minority status, disadvantaged circumstances .

The study findings could inform the planning and development of such approaches which are culturally appropriate for inner city Bangladeshi

adolescents. Initiatives for Bangladeshi adolescents on the appropriate value orientations and/or techniques for combating negative emotions. Initiatives for Bangladeshi boys could focus on increasing the availability and range of options for shared enjoyable endeavour and socializing with a common purpose, which allow them to construct time and prevent them from getting bored and keep themselves away from drugs.

The present study has certain limitations that need to be taken into account when considering the study and its contributions.

### **Limitations of the study**

1. No other psychometric measurement instruments on value orientations have been constructed since the dominating research approach has focused on gathering qualitative data.
2. The second limitation has to do with the extent to which the findings can be generalized beyond the cases studied. The number of cases is too limited for broad generalizations. It encompasses a single district of rajshahi among 64 districts of Bangladesh.
3. Further empirical evaluations, however, are needed to replicate the findings in different contexts and surroundings.
4. Criticism can also be presented concerning the way the theories are applied in this study. The theoretical base of this study can be described as being fragmented as it includes such a wide variety of different perspectives
5. A comparison of the collected sample with the selected sample who did not take part could not be made. Thus, the collected sample may not represent the population
6. Furthermore, the representativeness of the sample in terms of ethnicity and gender may not be assessed because the population distribution was unknown.

7. Lastly, time and budget limitations made it impractical to assess how narrative-based processing might have influenced participants' long-term thinking over multiple months or years.

Despite the study limitations, they provide dense data concerning Bangladeshi teenagers' attitudes to drug abuse/non-abuse from which findings have been developed that may be transferable to similar contexts.

### **Future Studies**

This study highlights the need for additional investigations which examine the meanings other adolescents associate with drug abuse and non-abuse. To determine whether the gender differences not identified in this study are significant. To include other adolescents such as ethnic women teenagers living in similar circumstances.

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**APPENDIX**  
**(Bio-Data Form)**

**ব্যক্তিগত তথ্য সম্পর্কিত প্রশ্নমালা**

- ক) আপনি কি মাদকদ্রব্যে আসক্ত? :হাঁ / না
- খ) নাম :
- গ) বয়স :
- ঘ) লিঙ্গ:
- ঙ) তারলণ্যের পর্যায়: প্রথম পর্যায়/শেষ পর্যায়
- চ) শিক্ষাগত যোগ্যতা (নিজের):
- ছ) শিক্ষাগত যোগ্যতা (পিতার):
- জ) শিক্ষাগত যোগ্যতা (মাতার):
- ঝ) পেশা (নিজের):
- ঞ) পেশা (পিতার):চাকুরী/ব্যবসা/কৃষি/অন্যান্য
- ট) পেশা (মাতার):চাকুরী/ব্যবসা/কৃষি/অন্যান্য
- ঠ) আর্থ-সামাজিক অবস্থা: আপনি নিজেকে নিম্নবিত্ত/মধ্যবিত্ত/উচ্চবিত্ত বলে মনে করেন?
- ড) বাৎসরিক আয় (নিজের):
- ঢ) বাৎসরিক আয় (পিতার):
- ণ) বাৎসরিক আয় (মাতার):
- ত) পরিবারে মোট বাৎসরিক আয়:
- i) চাকুরী থেকে আয়:
- ii) ব্যবসা থেকে আয়:
- iii) জমি থেকে আয়:
- iv) অন্যান্য উৎস থেকে আয়:
- থ) আপনার বাসস্থানের অবস্থান(যেখানে আপনি অধিক সময় কাটিয়েছেন):  
গ্রাম/শহর/শিল্প এলাকা/অন্যান্য
- দ) আপনার নিজ জেলার নাম:
- ধ) বৈবাহিক অবস্থান: বিবাহিত/অবিবাহিত
- ন) পরিবারের ধরন: একক পরিবার/যৌথ পরিবার
- প) পারিবারিক অবস্থান: ভগ্ন পরিবার/সুগঠিত পরিবার
- ফ) আপনার পরিবারের মোট সদস্য সংখ্যা কত?:
- ব) আপনার ভাই-বোনের সংখ্যা কত?:
- ভ) আপনি ভাই-বোনদের মধ্যে কততম?:
- ম) জাতীয়তা: বাংলাদেশী/অবাংলাদেশী
- য) স্থায়ী ঠিকানা:
- র) বর্তমান ঠিকানা:

## মূল্যবোধ সম্পর্কিত প্রশ্নমালা

নিম্নলিখিত প্রশ্নগুলি আপনাকে আপনার মূল্যবোধ সম্পর্কে চিন্তা করতে সাহায্য করবে। আমি আপনার কাছ থেকে যা জানতে চাইবো আপনি তা আমাকে নিঃসঙ্কোচে বলবেন কোন দ্বিধা বা দ্বন্দ্ব জড়াবেন না।

- ১। আপনার জীবনের কোন বিষয়টিকে আপনি অতীব মূল্যবান মনে করেন / কোন বিষয়কেই না।
- ২। মরে যাওয়া বা মৃত্যু সম্বন্ধে আপনার অনুভূতি কি? আছে / কিছই ভাবিনা।
- ৩। জীবনটা সর্বদায় যত্নে সংরক্ষণ করতে হবে বা বাঁচিয়ে রাখতে হবে বলে আপনি বিশ্বাস করেন? হ্যাঁ / না।
- ৪। বন্ধুর বিয়েতে যাওয়ার কথা দিয়ে শেষ মূহুর্তে কাজ ফেলে যাওয়া অসম্ভব দেখে কি করবেন? আপনি কি অসুস্থতার অজুহাত দেখিয়ে কাজ ফেলে বন্ধুর বিয়েতে যাবেন? হ্যাঁ / না।
- ৫। আপনার এক বন্ধু/সহকর্মী আপনার পাওনা দশ টাকার বদলে পাঁচ পয়সা, দশ পয়সার কয়েন দিল। আপনি কি তা গ্রহণ করবেন? হ্যাঁ / না।
- ৬। একটি সরকারী ভবনের ভিতর থেকে আপনি বের হচ্ছেন, দেয়ালের এক কোণে একটি ছাতা পড়ে আছে দেখতে পেলেন। আপনি কি সেটা তুলে নেবেন? হ্যাঁ / না।
- ৭। মনে করুন আপনি গাড়ী চালিয়ে অনেক রাতে বাড়ি ফিরছেন। ট্রাফিক মোড়ে পৌঁছে দেখলেন লাল বাতি জ্বলে আছে কিন্তু রাস্তায় কোন গাড়ী কিংবা লোকজন নেই এমনকি ট্রাফিক প্রলিশও নেই। আপনি কি সবুজ বাতির জন্য অপেক্ষা করবেন? হ্যাঁ / না।

যদি পরীক্ষক তিন অথবা এর অধিক প্রশ্নের “হ্যাঁ” উত্তর পান, তাহলে বুঝতে হবে, যে ব্যক্তির কথা এখানে ভাবা হচ্ছে তার মূল্যবোধ সম্পর্কে ধারণা আছে।

## মাদক ও মাদকাসক্তি- স্বনির্ধারণী

### নিজেকে নিম্ন লিখিত প্রশ্ন করুণঃ

১. মাদক বা নেশাদ্রব্য সেবনে তোমার কাজের সময় কি কমে যায়? হাঁ / না।
  ২. মাদক বা নেশাদ্রব্য সেবনে তোমার পারিবারিক জীবন কি বিষময় হয়েছে? হাঁ / না।
  ৩. অন্য লোকের সঙ্গে মেলামেশায় তোমার সংকোচ বা লজ্জার কারণেই কি তুমি মাদক বা নেশাদ্রব্য সেবন করছো? হাঁ / না।
  ৪. মাদক বা নেশাদ্রব্য সেবনের ফলে তোমার সুনামের উপর কোনরূপ প্রভাব পড়েছে কি? হাঁ / না।
  ৫. মাদক বা নেশাদ্রব্য সেবনের ফলে তুমি অর্থনৈতিক কষ্টে ভুগছো কি? হাঁ / না।
  ৬. যখন তুমি মাদক বা নেশাদ্রব্য সেবন করছো তখন তুমি অসৎ সঙ্গীর কাছে এবং নোংরা পরিবেশে যাচ্ছো কি? হাঁ / না।
  ৭. মাদক বা নেশাদ্রব্য সেবন তোমাকে তোমার পরিবারের মঙ্গল সাধনের কাজে দায়িত্বহীন করে তুলেছে কি? হাঁ / না।
  ৮. যখন থেকে তুমি মাদকাসক্ত বা নেশাগ্রস্থ হয়ে পড়েছো তখন থেকে তোমার উচ্চাকাঙ্ক্ষা হ্রাস পেয়েছে কি? হাঁ / না।
  ৯. প্রতিদিন একটা নির্দিষ্ট সময়ে তুমি মাদক বা নেশা জাতীয় দ্রব্য সেবনের প্রতি টান অনুভব কর কি? হাঁ / না।
  ১০. প্রতিদিন সকালে কি তুমি মাদক বা নেশাদ্রব্য চাও? হাঁ / না।
  ১১. মাদক বা নেশাদ্রব্য সেবনের ফলে তোমার ঘুমের ব্যাঘাত হয় কি? হাঁ / না।
  ১২. যখন থেকে তুমি মাদক বা নেশাদ্রব্য সেবন করছো তখন থেকেই তোমার কর্মদক্ষতা হ্রাস পেয়েছে কি? হাঁ / না।
  ১৩. দুর্ভিক্ষ বা সমস্যা থেকে মুক্তি পাবার জন্য মাদক বা নেশাদ্রব্য ব্যবহার কর কি? হাঁ / না।
  ১৪. তুমি একা একাই মাদক বা নেশাদ্রব্য ব্যবহার কর কি? হাঁ / না।
  ১৫. মাদক বা নেশাদ্রব্য ব্যবহারের ফলে তোমার কখনও কোন স্মৃতিভ্রম হয়েছিল কি? হাঁ / না।
  ১৬. কখনও কি কোন ডাক্তার তোমাকে মাদক বা নেশাদ্রব্য ব্যবহারের জন্য তোমার চিকিৎসা করেছিল? হাঁ / না।
  ১৭. তোমার আত্মবিশ্বাস বাড়ানোর জন্য তুমি মাদক বা নেশাদ্রব্য ব্যবহার কর কি? হাঁ / না।
  ১৮. মাদক বা নেশাদ্রব্য ব্যবহারের কারণে তুমি কি কখনও কোন প্রতিষ্ঠান বা হাসপাতালে ছিলে? হাঁ / না।
  ১৯. মাদক বা নেশাদ্রব্য ব্যবহারের কারণে তোমার ব্যবসা বা কাজকর্ম ভুল হয়ে যায় কি? হাঁ / না।
- তিন অথবা অধিক প্রশ্নে হাঁ বাচক উত্তর নেশাগ্রস্থতা বা অপব্যবহার ইঙ্গিত করে এবং সংশোধনী বা চিকিৎসার পদক্ষেপ নেওয়ার প্রয়োজন বলে অনুভূত হয়।

এই প্রশ্নমালা জন হপকিন্স হসপিটালস্ বালটিমোর, ম্যারিল্যান্ড এর সৌজন্যে প্রস্তুতকৃত।

## নির্দেশাবলীঃ

পরীক্ষক যদি মনে করেন নির্ধারিত প্রার্থীকে সমস্যা সম্বন্ধে জানার জন্য অন্য লোকের নিকট হতে, যেমন বন্ধু, সঙ্গী, পরিবারের মস্তব্য ইত্যাদি প্রয়োজনীয় তথ্য সংগ্রহের প্রয়োজন। তবে নিম্নের নির্ধারিত প্রশ্নগুলির উত্তর সেটা পূর্ণ করতে পারে এবং নানারূপ সঙ্কেহ দূর করবে। প্রতিটি প্রশ্নের উত্তর হাঁ বা না না যে প্রকাশ করুন/(কর)।

### মাদক ও মাদকাসক্তি-পরিনির্ধারণীঃ

১. ছেলেটি যখন মাদক বা নেশাদ্রব্য গ্রহন করছে তখন আপনি মৌখিক অথবা শারীরিক নিপীড়নের ভয়ে তার কাছে যেতে ভয় পান কি?
২. আপনি কি ছেলেটির মাদক বা নেশাদ্রব্য গ্রহনের ব্যপারে দৃষ্টিভঙ্গা করেন?
৩. ছেলেটি আপনার কাছে মাদক বা নেশাদ্রব্য না গ্রহনের প্রতিজ্ঞা ভঙ্গ করেছে কি?
৪. ছেলেটি মাদক বা নেশাদ্রব্য গ্রহনের সময় যে ধরনের আচরণ করে তাকে কখনও আপনি ক্ষমার চোখে দেখেছেন কি?
৫. ছেলেটির মাদক বা নেশাদ্রব্য গ্রহন, আপনার মনে অপরাধের অনুভূতি জাগায় কি?
৬. ছেলেটির মাদক বা নেশাদ্রব্য গ্রহন করা নিয়ে আপনি কি উদ্বেগ বা উৎকর্ষায় ভোগেন?
৭. ছেলেটির মাদক বা নেশাদ্রব্য গ্রহন করার পরে কি আপনি তার সঙ্গে গাড়িতে চড়ে কোথাও যেতে ভয় পান?
৮. ছেলেটির মাদক বা নেশাদ্রব্য গ্রহন করা সম্বন্ধে কারো কাছে কি কোনদিন মিথ্যা বলেছেন?
৯. ছেলেটির মাদক বা নেশাদ্রব্য গ্রহনের ফলে তাকে মাদকাসক্তির অধ্যায় থেকে বাঁচার জন্যে অসুস্থতার কথা বলে, তাকে সামাজিক নিন্দা থেকে বাঁচাবার চেষ্টা করেছেন কি?
১০. ছেলেটির মাদক বা নেশাদ্রব্য গ্রহন করাকে নিয়ে আপনি কি কোনদিন বামেলায় জড়িয়ে পড়েছিলেন?

যদি পরীক্ষক তিন বা এর অধিক প্রশ্নের 'হাঁ' উত্তর পান, তাহলে বুঝতে হবে, যে ব্যক্তির কথা এখানে ভাবা হচ্ছে তার মাদকাসক্তি বা নেশা জাতীয় দ্রব্য গ্রহনের সমস্যা আছে। যে কোন ৫টি প্রশ্নের উত্তর যদি 'হাঁ' হয়, তাহলে সম্ভাবনাটি আরও গুরুতর। এবং যদি 'হাঁ' উত্তর সাত(৭) অথবা এর অধিক হয়, তাহলে বুঝতে হবে ঐ ব্যক্তির সাহায্য করার প্রয়োজন রয়েছে।

## “রকিচের মূল্যবোধ পরিমাপ অভীক্ষা”

### (Terminal Values: প্রান্তীয় মূল্যবোধ)

‘এই গবেষণার মূল লক্ষ্য হলো লোক সম্পর্কে এমন কিছু জানা যেগুলো তাদের জীবনে “অত্যন্ত প্রয়োজনীয় অথবা মোটেই প্রয়োজনীয় নয় বলে বিবেচিত হয়। নিবে আপনি ৪০টি মূল্যবোধ সম্পর্কীয় শব্দের একটি তালিকা শুনতে পাবেন। এগুলো সম্পূর্ণরূপে সঠিক অথবা সম্পূর্ণরূপে ভ্রান্ত এমন নয়। অনুগ্রহ পূর্বক প্রত্যেকটি শব্দ মনোযোগ সহকারে শুনুন এবং শুনে জানান প্রত্যেকটি শব্দ আপনার জীবনে কতটুকু গুরুত্বপূর্ণ। আপনার মতামত প্রকাশের জন্য একটি ১ থেকে ৯ পর্যন্ত বিস্তৃত মানক (স্কেল) কল্পনা করুন। “১” এর অর্থ হলো বিষয়টি আপনার জীবনে মোটেই গুরুত্বপূর্ণ নয়। অপরপক্ষে, “৯” এর অর্থ হলো বিষয়টি আপনার জীবনে সবচেয়ে অধিক গুরুত্বপূর্ণ। অন্য কথায় বলা চলে, সংখ্যাটি যত বেশী হবে বিষয়টি ততই বেশী গুরুত্বপূর্ণ বলে আপনার কাছে প্রতীয়মান হবে। সূত্রাং আপনার মতামতের জন্য প্রত্যেক শব্দের পাশে দেয় ডানের ঘরে আপনার মতামতের গুরুত্ব অনুযায়ী নির্দিষ্ট সংখ্যাটি ( যেমন ১, ২, ৩, ৪, ৫, ৬, ৭, ৮, ৯ এদের যে কোন একটি) বলুন।’

১	স্বাচ্ছন্দময় জীবন	একটি সমৃদ্ধ জীবন	
২	উদ্বেজনাময় জীবন	একটি উদ্দীপনা, কর্মময় জীবন	
৩	সম্পাদনের চিন্তা	দীর্ঘস্থায়ী অবদান	
৪	বিশ্ব শান্তি	যুদ্ধ এবং দ্বন্দ্ব মুক্ত	
৫	সৌন্দর্যময় জগত	শিল্পকলাগত ও প্রাকৃত সৌন্দর্য	
৬	সমতা	ভ্রাতৃত্ব, সবার জন্য সমান সুযোগ-সুবিধা	
৭	পারিবারিক নিরাপত্তা	প্রিয় ব্যক্তিদের প্রতি আদর যত্ন	
৮	স্বাধীনতা	আত্ম নির্ভরশীল, মুক্ত ইচ্ছা	
৯	সুখ	প্রসন্নতা	
১০	অভ্যন্তরীণ সামঞ্জস্য বিধান	অন্তর দ্বন্দ্বের মুক্তি	
১১	পরিপক্ক ভালবাসা	জৈবিক এবং আত্মিক নৈকট্যতা	
১২	জাতীয় নিরাপত্তা	আক্রমণ প্রতিরোধ ব্যবস্থা	
১৩	আনন্দ	আনন্দদায়ক ও অবসরময় জীবন	
১৪	মুক্তি	বিপদমুক্ত, স্বাশত জীবন	
১৫	আত্মসম্মান	নিজের যোগ্যতার মূল্য দেওয়া	
১৬	সামাজিক স্বীকৃতি	শ্রদ্ধা, প্রশংসা	
১৭	প্রকৃত বন্ধুত্ব	ঘনিষ্ঠ সহযোগিতা	
১৮	বিজ্ঞতা	জীবন সম্পর্কে পরিপক্ক জ্ঞান	
১৯	সমদৃষ্টি	স্ত্রী/পুরুষ তার অবদানের জন্য সমানুপাতিক হারে বন্ডিত পুরস্কার প্রাপ্তি	
২০	ক্ষমতা	কতক এবং প্রধান্য অর্জন যা অন্যকে প্রভাবিত করতে পারে	

## “রকিচের মূল্যবোধ পরিমাপ অভীক্ষা”

## (Instrumental Values: সহায়ক মূল্যবোধ)

‘এই গবেষণার মূল লক্ষ্য হলো লোক সম্পর্কে এমন কিছু জানা যেগুলো তাদের জীবনে “অত্যন্ত প্রয়োজনীয় অথবা মোটেই প্রয়োজনীয় নয় বলে বিবেচিত হয়। নিম্নে আপনি ৪০টি মূল্যবোধ সম্পর্কীয় শব্দের একটি তালিকা শুনতে পাবেন। এগুলো সম্পূর্ণরূপে সঠিক অথবা সম্পূর্ণরূপে ভ্রান্ত এমন নয়। অনুগ্রহ পূর্বক প্রত্যেকটি শব্দ মনোযোগ সহকারে শুনুন এবং শুনে জানান প্রত্যেকটি শব্দ আপনার জীবনে কতটুকু গুরুত্বপূর্ণ। আপনার মতামত প্রকাশের জন্য একটি ১ থেকে ৯ পর্যন্ত বিস্তৃত মানক (স্কেল) কল্পনা করুন। “১” এর অর্থ হলো বিষয়টি আপনার জীবনে মোটেই গুরুত্বপূর্ণ নয়। অপরপক্ষে, “৯” এর অর্থ হলো বিষয়টি আপনার জীবনে সবচেয়ে অধিক গুরুত্বপূর্ণ। অন্য কথায় বলা চলে, সংখ্যাটি যত বেশী হবে বিষয়টি ততই বেশী গুরুত্বপূর্ণ বলে আপনার কাছে প্রতীয়মান হবে। সুতরাং আপনার মতামতের জন্য প্রত্যেক শব্দের পাশে দেয় ডানের ঘরে আপনার মতামতের গুরুত্ব অনুযায়ী নির্দিষ্ট সংখ্যাটি (যেমন ১, ২, ৩, ৪, ৫, ৬, ৭, ৮, ৯ এদের যে কোন একটি) বলুন।’

১	সামাজিক ন্যায় বিচার	নিরপেক্ষতা, ভেদাভেদ শুরু	
২	আকাংখা	কঠোর পরিশ্রমী, অভিলাষী	
৩	উদার মন	মুক্তমন	
৪	যোগ্য	কার্যক্রম ফলপ্রসূ	
৫	প্রসন্ন চিত্ত	প্রফুল্ল, উল্লসিত	
৬	পরিছন্ন	সজীব, অপরিষ্কার নয়	
৭	সাহসী	আত্মবিশ্বাসে বলিয়ান	
৮	ক্ষমাশীল	অপরকে ক্ষমা করার ইচ্ছা	
৯	সহায়ক	অন্যের মঙ্গলের জন্য কাজ করা	
১০	সৎ	ঐকান্তিক বিশ্বাসী	
১১	কল্পনা প্রবণ	অসাধ্যসাধন, সৃজনশীল	
১২	স্বাবলম্বী	স্বনির্ভর, স্বয়ংসম্পূর্ণ	
১৩	বুদ্ধিজীবী	বুদ্ধিমান, চিন্তাশীল	
১৪	যৌক্তিক	সামঞ্জস্যপূর্ণ, যুক্তিসংগত	
১৫	স্নেহশীল	মমতাময়, কোমল	
১৬	অনুগত	কর্তব্য পরায়ন, সশ্রদ্ধ	
১৭	নম্র	বিনীত, সদাচারী	
১৮	দায়িত্বশীল	নির্ভরযোগ্য, আস্থাশীল	
১৯	আত্ম সংযমী	স্বনিয়ন্ত্রিত, আত্মশাসিত	
২০	আত্ম সংকল্প	নিজের গন্তব্য নিজেই নির্ধারণ করার ক্ষমতা	