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## Sense of Life Meaningfulness in Drug Addicts

*...looking at the sun, the Moon, the stars,  
we experience the mystery of our life,  
the riddle of existence.  
(Twardowski 2010, p. 10)*

**Abstract:** The article presents research results on the assessment of changes taking place in the existential sphere (the sense of life meaningfulness) in persons addicted to drugs and subjected to therapy. The research was conducted at the MONAR Addiction Prevention and Treatment Clinic in Lublin. 25 patients of the Clinic aged 17 to 58 were examined. The control group in the first part of the study on the sense of life meaningfulness were people without addictions. In the second part of the study, during research on the differences in the level of addiction and the sense of life meaningfulness in addicted persons from various therapeutic and social rehabilitation centers, the control group was composed of patients from the MONAR Center in Głuskowo. A diagnostic survey was used applying the drug abuse screening test based on ICD-10 criteria and the Purpose in Life Scale (PIL). The level of the sense of life meaningfulness in people addicted to drugs was determined on the basis of the study results. The conducted analysis of empirical study results revealed that people who are strongly addicted to drugs demonstrate a lower sense of life meaningfulness.

**Key words:** Drug addiction, sense of life meaningfulness, life meaningfulness.

## Introduction

Many people ask themselves about the meaning of their life and existence in the world. It seems to be one of the most important things that a person can ask

themselves. People fulfilled in their personal, social and professional life see the meaning of their existence more often, have a sense of power and control over their own destiny. It is a totally different matter when it comes to dysfunctional individuals, struggling with problems in various aspects of life – psychological, social, economic or professional.

The article focuses on the problem of drug addiction, that is why disorders associated with existential meaning were described with the problem of addiction in mind. One should remember, however, that the problem of a reduced sense of being in the world affects not only those who function in a self-destructive manner but also those whose life and development function properly. The question about the meaning of existence concerns every human being, and it seems completely natural and normal if we take into account the unique nature of the human being.

When discussing toxicomania, a good place to start would be the definition of this undoubtedly pathological social phenomenon. Czesław Cekiera understands “toxicomania” as the excessive use and addictive abuse of medicaments, for purposes other than therapeutic, and use of natural or synthetic narcotic and non-narcotic substances (1985, pp. 48–49).

In 1950, the World Health Organization (WHO) defined toxicomania as all kinds of addictive use of narcotics, assuming that “it is a state of periodic or chronic intoxication that harms the individual and society, caused by repeated use of a narcotic or a stimulant (natural or synthetic)”. It also listed the characteristic symptoms of toxicomania, which included: the compulsion to take the given substance or agent, obtaining it through all possible means, the compulsion to gradually increase the dose, and mental and physical dependence on the given agent or substance (Cekiera 1985).

The phenomenon of taking drugs is of interest to researchers both from the realm of pedagogy as well as medicine and psychology. Each of these fields uses its own nomenclature regarding this phenomenon, but the WHO Expert Committee prefers the name “toxicomania” as the most general, accurate and providing the best characteristic of the addiction syndrome.

The most popular term used in Polish education and school system practice is, however, “narcotism”, which refers to all sorts of toxicomania. In this context, narcotism means “knowingly introducing toxins into the body in order to achieve a narcotic state” (MOIW Report, 1986).

What are drugs and why are they so dangerous? Pierre de Parcevaux defines a narcotic as a substance affecting the functioning of the brain, perceived as pleasure or arousal by the individual. A narcotic can be both a natural and a synthetic substance that affects the body and leads to behavioral changes and a subjectivization of feelings. The uncontrolled use of a given agent for non-medical purposes, resulting in a state of good mood, can lead to addiction (Parcevaux 1995, p. 72).

The issue of addiction also affects Poland. According to the National Report on Combating Narcotism from 2013, due to the growing number of people seeking help at Addiction Treatment Centers as a result of the chronic use of cannabis products, it is recommended to develop and popularize a treatment offer that would be adequate to the needs of this group of patients (e.g. the “Candis” program).

In 2012, research conducted under the Gambling Problems Resolving Fund concerning the behavioral addiction problem also included a number of questions related to the use of psychoactive substances. The research was conducted in April 2012 by the Center for Social Opinion Research on a representative nationwide sample of respondents aged above 15. The main aim of the project was to investigate the extent of the pathological phenomenon which is the use of illegal toxic substances. An attempt was also made to identify the degree of consumption of illegal psychoactive substances.

The discussed research showed that 13.7% of the respondents had contact with the toxic agents, and the most common agent used were cannabis products (12.2%). Four times lower results were reported in respondents declaring amphetamine use (2.9%). Slightly more than 1% of the respondents admitted they had contact with ecstasy. Similar results were obtained for hallucinogens (both hallucinogenic mushrooms – 1.0% and LSD – 0.8%). Furthermore, it was also proven that men are more prone to using psychoactive substances than women, and this trend is noted both in the case of experimentation and first initiation of narcotic use and in the case of using drugs in the year preceding the research. 17.9% of the men declared the use of marijuana or hashish, among women this percentage was 7.8%. The situation is similar in terms of amphetamine use – men (4.5%) use it three times more often than women (1.4%). Higher rates of use among men were also recorded with regard to hallucinogenic drugs, cocaine, and anabolic steroids. When analyzing the age of the respondents, the highest percentage was found among the experimenting persons in the 25–34 age group (“POLAND” Report 2013, pp. 5–11). These results are not high; however, the sole fact of the presence of narcotic substances in public life seems unsettling to us, and this problem requires firm remedial action.

Narcotism is a dangerous phenomenon and it affects human life. Over the past years, there has been a growing interest in drug addiction, which is linked to an increase in the number of addicts. When discussing the topic of narcotism, it is important to focus on issues such as the sense of freedom and sense of existence, the maintenance of abstinence, the consequences of taking toxic substances, including deficits in the area of psychosocial functioning, and personality disorders.

Drug use can have a negative impact on the well-being of a person, the overall mood of a person, and the sense of the meaningfulness of their existence. The meaning of life is a difficult phenomenon to define due to the variations in

its perception. For Kazimierz Obuchowski, the meaning of life is a need “typical of an adult human being – they cannot function normally without it, they cannot utilize all their abilities to the maximum extent; this satisfaction consists of justifying one’s own sense of being in a certain way, setting out a clear, practical and acceptable way of acting” (Obuchowski 1983, p. 203).

Persons struggling with addiction problems may exhibit abnormalities in this area of functioning, which this research was trying to prove.

Understanding and accepting the meaning of one’s own existence is very difficult. To realize how much effort a human has to put into realizing the meaning of their existence, one needs to realize the fact that the meaning of life does not accompany man since birth, but it is a peculiar form of self-consciousness one needs to seek, and which can be found over time and through personal experience. Discovering the meaning of existence often involves experiencing moments of doubt, helplessness, and anxiety.

The concept of “life meaning” is a difficult term to define unequivocally. Disputes about the accuracy of the terminology of this phenomenon date back to ancient times. The human is a unique being, and their decisions regarding their life path are also unique. We realize the meaning of life at the moment of discovering why and what we live for, what we want to be, what our aspirations are, what actions should we take to make our lives satisfying, just and joyful. In Alfred Adler’s opinion, the meaning of life is “not an individual concept that gives the individual a sense of their own effort. It is the right to live, an obligation to act for the benefit of others”. In the author’s opinion, the main goal of an individual’s action should be to strive for unreal and unattainable perfection. We can only aim for this purpose within the society in which we function, thereby contributing to the improvement of this community (Adler 1986, p. 10).

The issue of developing an unambiguous terminology of the concept of the meaning of human life is connected with the multitude of feelings, experiences, the individuality of experiences and personality diversity characterizing each human being. Humans, as unique beings, are characterized by complexity and originality, that is why it is so hard to formulate a definition for the meaning of life that would reflect every individual.

## **Methodology of own research**

The research used a quantitative model with a diagnostic survey procedure. In science, the diagnostic survey procedure is defined as: “a manner of gathering knowledge about the structural and functional attributes and the dynamics of social phenomena, the opinions and views of selected groups, intensification and direction of development of certain phenomena and all other phenomena without institutional localization based on a specially selected group representing

the general population, in which the phenomenon is observed” Pilch 2001, p. 80, Pilch and Bauman 2001).

The main objective of own research was the attempt to assess the changes in the existential sphere (sense of life meaningfulness) in persons addicted to drugs and undergoing therapy. Such an objective results in following the main research problem: what is the relationship between the sense of life meaningfulness (in persons addicted to drugs) and drug addiction, if there is any?

In response to the main research problem, the following working hypothesis was formulated; there is a negative correlation between the distinguished variables, which indicates that the higher the level of drug addiction, the lower the sense of life meaningfulness in the respondents.

In addition, the following detailed research questions were posed;

1. What are the differences in the sense of life meaningfulness of the patients compared to the control group, if there are any?
2. What are the differences in the level of drug addiction of patients from different MONAR social rehabilitation and therapeutic centers, if there are any?
3. What is the relationship between the sense of life meaningfulness and the symptoms of addiction in the studied patients, if there is any?

The working hypothesis was formulated for the main research problem since the question includes the relationship between the variables. The other questions were diagnostic and descriptive in their nature. No detailed hypotheses are provided for such questions.

The following research tools were used in the studies:

- a) Drug addiction screening test based on ICD-10 criteria;
- b) Purpose in Life Scale (PIL) developed by J.C. Crumbaugh and L.T. Mahoiick in Prężyna’s adaptation.

## **Study group and area of research**

On the basis of the information obtained from the patients, a description was prepared of the studied addicts taking into account the basic sociological and pedagogical categories. The research was conducted on a group of 25 patients of the MONAR Addiction Treatment Clinic. Men accounted for 80% of the respondents, the percentage of women was 20%. The majority of the respondents are aged 25–35 (40%), and the smallest group is aged 36 or more (24%). The vast majority of patients come from the city (88%), while only 12% of the patients come from rural areas. The highest number of people declared vocational education (36%), primary education and secondary education (28%), while only a few persons had a tertiary education (only 8%). The vast majority of the respondents have no family (76%). More than half are divorced or separated (56%), while 20% of the patients studied have a complete family. Most of the respondents are

from an incomplete family (60%). The material condition of the family was described by a large number of the persons as average – 28%, insufficient – 20%, while only 12% described it as good. In the studied group of drug addicts, more than half did not receive treatment at a stationary center (60%), 40% of the respondents had such experience.

The research was conducted at the MONAR Addiction Prevention and Treatment Clinic in Lublin. 25 people aged 17 to 58 were examined. The respondents were drug addicts at various stages of therapy.

The selection of the respondents was deliberately random. A specific facility where drug addicts are treated was deliberately selected.

## Interpretation of the results obtained

### The level and the characteristics of the sense of life meaningfulness of the patients studied

The PIL questionnaire was used to assess the selected characteristics of the sense of life meaningfulness in the patients studied. It enables to evaluate the following syndromes: life goals, the meaning of life, affirmation of life, self-assessment, assessment of one's own life, freedom and responsibility, and attitude towards death. The respondents selected the statements closest to their own beliefs from a 7-point scale. Due to the varying number of questions in the individual characteristics, the arithmetic means were divided by their number, and the result was written in the parentheses in the columns.  $M_1$  and  $M_2$ . The results in the parentheses in the columns  $M_1$ ,  $M_2$  inform about the level of the examined characteristics. The control group consisted of adult non-addicts. The information obtained in this way was listed in table 1.

Table 1. The level of the sense of life meaningfulness in patients compared to people without a drug problem

Attributes	Patients		Control group		$M_1 - M_2$
	$M_1$	$SD_1$	$M_2$	$SD_2$	
Affirmation of life	31.36 (3.92)	8.80	40.24 (5.03)	9.23	-8.88**
Sphere of self-acceptance	11.08 (3.69)	4.44	15.40 (5.13)	3.03	-4.32**
Sphere of sense of purpose	11.64 (3.88)	4.26	16,00 (5.33)	2.83	-4.36**
Sphere of sense of freedom	9.20 (4.6)	2.71	9,68 (4.84)	3.98	-0.48**

Attributes	Patients		Control group		$M_1 - M_2$
	$M_1$	$SD_1$	$M_2$	$SD_2$	
Sphere of assessment of the future	8.72 (4.36)	2.61	11,12 (5.56)	2.47	-2.40**
Sphere of attitude towards death	8.68 (4.34)	2.23	10,20 (5.10)	1.94	-1.52**

Explanations:  $M$  – arithmetic mean;  $SD$  – standard deviation;  $M_1 - M_2$  – difference of the arithmetic means; \*\*  $p < 0.01$ .

Source: own research.

The respondents assessed the statements based on a 7-point scale. The higher the result, the higher the level of the assessed characteristics. The data gathered in the table show that there is a large difference between the mean results in the groups studied.

Persons addicted to drugs had the most disorders in terms of self-acceptance ( $M_1 = 3.69$ ) and sense of purpose ( $M_2 = 3.88$ ). In the sphere of self-acceptance, the difference between the results of the patients and the persons from the control group was 1.44, while in the sphere of affirmation of life – 1.45.

Such results attest to the fact that MONAR patients are less likely to accept themselves than non-addicts, as is the case with the sense of purpose, where the addicts' results were ( $M_1 = 3.88$ ), and in the case of the persons in the control group ( $M_2 = 5.33$ ).

When it comes to the sphere of assessment of the future, the addicts had a higher than average result ( $M_1 = 4.36$ ), as did the respondents from the control group ( $M_2 = 5.56$ ). It can be said that addiction does not affect the level of assessment of the future in the general view of the sense of life meaningfulness. The difference between the arithmetic means in this sphere was 1.20.

The studied patients scored below the average in the case of the level of life affirmation ( $M_1 = 3.92$ ), while the subjects in the control group had an average score ( $M_2 = 5.03$ ). The difference of the arithmetic means in this sphere was 1.11.

This means that patients of the center have a little more pessimistic attitude towards life than people without drug problems.

In the other spheres – sense of freedom and attitude towards death – the differences in the arithmetic means are not as great as those discussed above. Among the spheres mentioned, the highest mean difference was in the sphere of sense of purpose ( $M_1 - M_2 = 1.45$ ), and it was slightly lower in the sphere of self-acceptance ( $M_1 - M_2 = 1.44$ ) and in the sphere of assessment of the future ( $M_1 - M_2 = 1.20$ ).

The value of standard deviations was also assessed. The highest variability in the patient group's results was observed in the affirmation of life assessment ( $SD_1 = 8.80$ ), and the lowest in the sphere of attitude towards death ( $SD_1 = 2.23$ ).

The analysis of the results of the control group allows to state that non-addicts achieving high results in the sphere of assessment of the future ( $M_2 = 5.56$ ) and sense of purpose ( $M_2 = 5.33$ ) assess their own future in a more positive manner and are more aware of the objectives in their life than addicts. People in the control group also accept themselves to a greater extent ( $M_2 = 5.13$ ).

In all of the spheres, i.e. affirmation of life, self-acceptance, sense of purpose, sense of freedom, evaluation of the future and attitude towards death, both the patient group and the control group vary in terms of results. This means that the groups are not uniform, homogeneous, and the examined individuals have a varied level of the described characteristics.

The statistical significance of the difference between the means in the compared groups was also assessed. It turned out that the differences are significant in the following scales:

- affirmation of life ( $p < 0.01$ );
- self-acceptance ( $p < 0.01$ );
- sense of purpose ( $p < 0.01$ );
- sense of freedom ( $p < 0.01$ );
- assessment of the future ( $p < 0.01$ ), and
- attitude towards death ( $p < 0.01$ ).

The presented calculations indicate that the patients are characterized by a significantly low level of the above-mentioned characteristics of the sense of life meaningfulness. Thus it can be stated that in contrast to non-addicts, the respondents reveal characteristics such as: lack of self-acceptance associated with low self-esteem and lack of proper self-perception, deficit in sense of purpose, low sense of freedom and independence, deficits in the sphere of proper assessment of the future and a high level of tolerance in the attitude towards death.

## **The level and the symptoms of the patients' addiction**

An ICD-10 screening test based on the diagnostic criteria for substance dependence – International Classification of Diseases and Disorders – was used to measure the level and symptoms of addiction.

The ICD-10 screening test was used to assess addiction in the following areas: drug cravings, loss of control, drug withdrawal syndrome, change in tolerance to drugs, progressive neglect of behavior and interests not related to drug use, using drugs despite the obvious knowledge regarding their harmful effects on the body.

The comparative group in the study were patients of MONAR in Głskowo addicted to psychoactive drugs. The respondents answered the questions by marking answers on a dichotomous scale: “yes” or “no”. Due to the varying number of symptoms of addiction in the individual scales, the arithmetic means were divided by their number, and the result was written in the parentheses in the columns.



$M_1$  and  $M_2$ . The level of addiction is determined on the basis of the means in parentheses. The results calculated in this manner are listed in the table below.

Table 2. The level of drug addiction of patients from different social rehabilitation and therapy centers

Symptoms of addiction	Patients		Control group		$M_1 - M_2$
	$M_1$	$SD_1$	$M_2$	$SD_2$	
I. Drug cravings	4.92 (0.82)	1.15	5,09 (0.85)	1.15	-0,17 ni
II. Loss of control	4.92 (0.82)	1.15	5,28 (0.88)	0.99	-0.36 ni
III. Withdrawal syndrome	8.04 (0.73)	1.90	7.91 (0.72)	2.66	0,13 ni
IV. Changes in tolerance to drugs	3.16 (0.79)	0,90	2,50 (0.63)	1.14	0.66*
V. Progressive neglect of behavior and interests not related to drug use	4.88 (0.70)	1.42	4,75 (0.68)	1.87	0,13 ni
VI. Using drugs despite the obvious knowledge regarding their harmful effects on your body	2.60 (0.65)	0.96	2,19 (0.55)	1.26	0,41 ni
In general	28.52	5,03	27,72	6,63	0,80

Explanations: \*  $p < 0.05$ .

Source: own research.

According to the data presented in the table above, the mean associated with the addiction in the group of patients was the highest in the drug cravings module ( $M_1 = 0.82$ ), loss of control module ( $M_1 = 0.82$ ) and the “withdrawal syndrome” module ( $M_1 = 0.73$ ).

In the control group, the highest mean was recorded in the loss of control module ( $M_2 = 0.88$ ) and drug cravings module ( $M_2 = 0.85$ ), and the withdrawal syndrome module ( $M_2 = 0.72$ ). The difference in the area of drug cravings between the studied patients group ( $M_1 = 0.82$ ) and the control group ( $M_1 = 0.85$ ) was  $-0.03$ , in the case of loss of control ( $M_1 - M_2 = -0.06$ ); in contrast, in the withdrawal syndrome module it was ( $M_1 - M_2 = 0.01$ ).

The lowest mean score was recorded in the series of questions about drug use despite obvious knowledge about their harmful effect on the body, while in the group of patients the mean response was ( $M_1 = 0.65$ ), whereas in the control group it was ( $M_2 = 0.55$ ). The difference between the means was 0.1 points ( $M_1 - M_2 = 0.1$ ).

The second part of the screening test, the average response in which was the lowest in the group of patients, involved progressive neglect of behavior and

interests not related to drug use. In the patients from the first group, the mean response was ( $M_1 = 0.70$ ), in respondents in the comparative group the lowest mean was in the responses to change in drug tolerance ( $M_2 = 0.63$ ).

The assessment of the difference in means shows that the group of patients is characterized by a higher level of addiction compared to the control group, both in the overall result and in most of the screening test modules, excluding the first module concerning drug cravings, where the control group scored higher ( $M_1 - M_2 = -0.17$ ), and excluding the second module referring to loss of control, where the difference of the means was (difference =  $-0.36$ ).

The standard deviation values for individual groups were also assessed. In both of them, the highest value was reported for the withdrawal syndrome ( $Sd_1 = 1.90$  and  $Sd_2 = 2.66$ ). The presented value demonstrates uniformity, a homogeneity of the results in both groups.

After analyzing the statistical differences between the means in the compared groups, there were no significant dependencies between the level of drug addiction in patients from different MONAR social rehabilitation and therapy centers, except for the fourth module concerning tolerance to drugs:  $p < 0.05$ . Thus, it can be stated that the studied patients received a higher score compared to the individuals from the center in Głuskowo, which means they demonstrate a higher level of addiction in the area of tolerance to narcotics. This may be related to the variety and type of psychoactive substances taken, which are highly addictive.

### **The sense of life meaningfulness of patients differing in the level of their addiction**

The last part of the analysis of the empirical material included an attempt to verify the working hypothesis, which assumed that there is a negative correlation between the level of drug addiction and the sense of life meaningfulness in patients.

For this purpose, the studied group of patients was divided into two subgroups. In the first, there were people characterized by a higher level of addiction according to the ICD-10 scale and a low sense of life meaningfulness, while in the second group, there were people with a lower level of addiction according to the ICD-10 scale and a higher sense of life meaningfulness.

Due to the varying number of symptoms of addiction in the individual scales, the arithmetic means were divided by their number, and the result was written in the parentheses in the columns.  $M_1$  and  $M_2$ . The information calculated in this way is presented in the table no. 3.

According to the data from the above table, in terms of the sense of life meaningfulness, patients with varying levels of addiction, group 1 patients had the highest results in module II concerning loss of control ( $M_1 = 0.95$ ), whereas in group 2 – in module I – drug cravings and II referring to the loss of control ( $M_2 = 0.73$ ).

Table 3. The sense of life meaningfulness of patients differing in the level of their addiction

Characteristics of the addiction	Group 1		Group 2		$M_1 - M_2$
	$M_1$	$SD_1$	$M_2$	$SD_2$	
I. Drug cravings	5.40 (0.90)	0.97	4.40 (0.73)	1.18	1ni
II. Loss of control	5.70 (0.95)	0.48	4,40 (0.73)	1.18	1.30**
III. Withdrawal syndrome	9.50 (0.86)	1.58	7,07 (0.64)	1.44	2.43***
IV. Changes in tolerance to drugs	3.70 (0.93)	0.48	2,80 (0.70)	0.94	0.90**
V. Progressive neglect of behavior and interests not related to drug use	5.70 (0.81)	1.25	4,33 (0.62)	1.29	1.37*
VI. Using drugs despite the obvious knowledge regarding their harmful effects on your body	3.30 (0.83)	0.82	2,13 (0.53)	0.74	1.17***
In general	33.30 (0.90)	5.50	25,13 (0.68)	6.77	8.17***

Explanations:  $M$  – arithmetic mean;  $SD$  – standard deviation;  $M_1 - M_2$  – difference of the arithmetic means; \*\*  $p < 0.01$ ; \*\*\*  $p < 0.001$ .

Source: own research.

The group of patients with a higher than average level of addiction and a lower sense of life meaningfulness (group 1) had the lowest score in the area of progressive neglect of behavior and interests not related to drug use ( $M_1 = 0.81$ ). In group 2, where patients with lower than average levels of addiction and a higher sense of life meaningfulness were identified, the lowest mean scores were recorded in the series of questions about drug use despite obvious knowledge about their harmful effect on the body ( $M_2 = 0.53$ ).

The studied groups differed the most in the sphere of the “withdrawal syndrome” ( $M_1 - M_2 = 2.43$ ) and the progressive neglect of behavior and interests not related to drug use – the difference between the means was 1.37 points ( $M_1 - M_2 = 1.37$ ).

The standard deviation values for the studied groups were also assessed. In both groups, the highest value was reported for the withdrawal syndrome ( $Sd_1 = 1.58$  and  $Sd_2 = 1.44$ ).

A statistical assessment of the differences between the means was performed. Significant differences were found in the assessment of the following dimensions of addiction:

- withdrawal syndrome ( $p < 0.001$ );
- using drugs despite the obvious knowledge regarding their harmful effects on the body ( $p < 0.001$ );

- loss of control ( $p < 0.01$ );
- change of tolerance to drugs ( $p < 0.01$ );
- progressive neglect of behavior and interests not related to drug use ( $p < 0.05$ ).

The group with the higher sense of life meaningfulness is characterized by a significantly lower level of addiction in terms of:

- the withdrawal syndrome;
- using drugs despite the obvious knowledge regarding their harmful effects on the body
- loss of control,
- change in tolerance to drugs;
- progressive neglect of behavior and interests not related to drug use.

It turned out that the patients from group 1 (with a low sense of life meaningfulness) are characterized by a statistically higher level of addiction when compared to the patients with a high sense of life meaningfulness, and the research hypothesis that read: “there is a negative correlation between the distinguished variables, which indicates that the higher the level of drug addiction, the lower the sense of life meaningfulness in the respondents” was confirmed. Highly addicted persons have a lower sense of life meaningfulness.

Drug addicts subjected to therapy begin to see the world and the future in an objective way, learn to exercise their power, and feel it is adequate to set goals for themselves and consistently execute them. Unfortunately, strong addiction has a negative effect on the sense of life meaningfulness of an individual. Most people start taking psychoactive drugs when they reach adolescence (18–22 years of age) when they are particularly susceptible to an identity crisis. It is therefore very likely that before taking drugs for the first time the studied patients also exhibited symptoms of decreased levels of life satisfaction, treating drug use as a form of relaxation.

Drugs reduce the level of life satisfaction also for psychosocial reasons. Addicts identified with social pathology begin to hate themselves and intentionally seek self-destruction, not only due to shame but also because of guilt, humiliation, and self-disgust. Their value systems are also shaken, and life has no expectations for them, leading to apathetic or depressive states. The absence of an existential goal seems to be one of the main reasons for the occurrence of suicidal thoughts.

## **Conclusions of the research**

Drug addiction is a problem affecting a vast multitude of people, it is a destructive action leading to carnage not only in the physical but also psychological and psychosomatic sphere. Drug addiction affects both people with a strong and striking personality as well as those withdrawn, introverted, having various psy-

chological, personality and family problems. Toxicomania can develop in people from the so-called upper reaches of the society (educated, with a high socio-economic status), having families and children, as well as single people or people from dysfunctional backgrounds.

Probably most addicts are people with various internal deficits. They exhibit difficulties in functioning in the broadly understood community and in personal life. They are unable to solve their problems independently and effectively. Such people are also characterized by lower self-esteem and may exhibit dysfunction in the perception of reality and of themselves.

A very important determinant of proper functioning is the level of sense of life meaningfulness that turned out to be lower among the examined patients with a high level of addiction compared to those with lower levels of drug addiction.

When deciding to conduct the study on the sense of life meaningfulness in patients treated at the MONAR center, the goal was to find out if there was any correlation between the degree of addiction and the sense of life meaningfulness.

The research was conducted in March 2014 in the MONAR Addiction Prevention and Treatment Clinic in Lublin. The majority of the respondents were men (80%), the percentage of women was 20%. The main purpose of this study was an attempt to assess the level of sense of life meaningfulness and the symptoms of addiction in patients of the MONAR Therapeutic Center and the correlations between them. The research material was developed carefully, which made it possible to provide reliable answers to the formulated research problems and detailed hypotheses.

The obtained research material allowed to gather information on the various spheres of life of the subjects and allowed to compare the attitudes and beliefs of the addicted patients.

This research analysis certainly does not reflect all the potential research results and does not present all the conclusions that could be made for example by analyzing subsequent, individual interviews.

The relationship between addiction and sense of life meaningfulness is strong. Before they began using drugs and developed an addiction, the respondents had probably also been characterized by a lower level of life satisfaction or at least had had a problem in perceiving it in a positive manner. It is possible that at that time of their lives their only "positive" aspect was drug use and the moment of intoxication itself.

Drugs lead to lies, degradation, ruin, both in physical health and in the moral and psychological aspects of man. Addicts subjected to therapy begin to consciously and adequately perceive themselves and the environment in which they existed. They perceive how much they have addicted their lives, themselves and their loved ones to the necessity of using drugs. Probably a feeling of shame, a sense of a peculiar "degradation", guilty conscience associated with harming

oneself and others result in highly addicted people having a lower sense of the meaningfulness of their existence.

The research hypothesis: “there is a negative correlation between the distinguished variables, which indicates that the higher the level of drug addiction, the lower the sense of life meaningfulness in the persons surveyed” was confirmed in the study conducted. Highly addicted persons have a lower sense of life meaningfulness.

## Literature

- [1] Adler A., 1986, *Sens życia*, PWN, Warsaw.
- [2] Cekiera C., 1985, *Toksykomania*, PWN, Warsaw.
- [3] Obuchowski K., 1983, *Psychologia dążeń ludzkich*, PWN, Warsaw.
- [4] Parcevaux P., 1995, *W obliczu narkomanii. Nowe spojrzenie*, WAM, Kraków.
- [5] Pilch T., Barman T., 2001, *Zasady badań pedagogicznych. Strategie jakościowe i ilościowe*, Wydawnictwo Akademickie “Żak”, Warsaw.
- [6] Podgórecki A., 1976, *Zagadnienia patologii społecznej*, PWN, Warsaw.
- [7] Twardowski J., 2000, *Nie tylko o jeżach. Myśli i opowieści o przyrodzie*, PIW, Warsaw.

## Reports:

- [8] MOIW, 1986, *Informacja Statystyczna dot. rozmiarów niedostosowania społecznego dzieci i młodzieży w roku 1985*; Warsaw.
- [9] “POLAND” 2013, *New Development, Trends and in-depth information on selected issues*, Centrum Informacji o Narkotykach i Narkomanii, Warsaw.