To the Graduate Council:

I am submitting herewith a dissertation written by Mark Holder Barnes entitled "Drug Experience Preferences among Chemically Dependent Adolescents: Interpersonal Correlates, Family Dynamics, and Narcissistic Development." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements of the degree of Doctor of Philosophy, with a major in Psychology.

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DRUG EXPERIENCE PREFERENCES AMONG CHEMICALLY DEPENDENT ADOLESCENTS: INTERPERSONAL CORRELATES, FAMILY DYNAMICS, AND NARCISSISTIC DEVELOPMENT

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Mark Holder Barnes

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DEDICATION

For Jim, who made this work necessary and possible,
but could not see its completion.

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ABSTRACT

This project set out to articulate the various categories of drug experiences preferred by chemically dependent adolescents, and to explore the possibility that such preferences are related to intrapsychic, interpersonal, and familial dynamics. Phenomenological interview data was analyzed thematically and correlations were sought with MMPI and Leary Interpersonal Check List scores, and with ratings of family style. The phenomenological inquiry yielded a set of distinct experiential categories and clinically useful information suggesting varying motivational, developmental, and interpersonal factors in adolescent drug abuse. The objective test data showed trends that were consistent with those suggested by the phenomenological data, but did not allow for statistically significant correlations in this study.

PREFACE

Although I did not realize the tremendous importance of their contributions in the areas of addiction research, theory, and treatment until after my clinical internship at The Cambridge Hospital had concluded, I was nevertheless incredibly fortunate to be a part of lectures, case conferences, and informal discussions with Edward Khantzian, Margaret Bean-Bayog, John Mack, Howard Shaffer, and Michael Levy, as well as numerous others who had worked closely with George Vaillant and the late Norman Zinberg. This extraordinary group of clinicians within the Harvard Medical School Department of Psychiatry represents the cutting edge of psychoanalytically informed inquiry into the nature and treatment of the addictions, and has been most influential in the development and organization of my own perspective, as expounded in this project.

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CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

The relationship between personality and addiction to mood-altering substances has been investigated from a variety of different perspectives. The most common approach could be characterized as the search for the "addictive personality" -- that is to say, some set of traits which characterize and distinguish the chemically dependent person from others. As alcoholism has been the most widespread addiction* in western cultures, and the popularity -- even the awareness -- of alternative substances has been a relatively recent development, it is alcoholism which has received the most attention from researchers.

Early psychiatric formulations of alcoholism and drug addiction (Freud, 1955; Abraham, 1960; Rado, 1933) tended to focus on the erotic aspects -- the recreation of a regressive and pleasurable state and the associated libidinal presses. Later explanations, foreshadowing the shift in psychoanalytic thinking from classical drive theory to ego-adaptational models, incorporated the relief of tension

* By the word "addiction", this author will be referring only to chemical dependency, and not -- as is currently the fad in popular literature -- to all sorts of compulsive behaviors (i.e. "shopping addiction").

and distress as a motivational factor in substance abuse (Fenichel, 1945; Wikler and Rasor, 1953; Rado, 1957). However, the compelling nature of the euphoric qualities of abused substances continued to be emphasized, especially with the ascendance of learning theory in psychiatric thought (Wikler, 1968, 1971).

Theorist's attempts to integrate advances in genetic, physiological, behavioral, developmental, family systems, and ego-psychological perspectives with the traditional psychoanalytic understanding of alcoholism resulted in comprehensive and sophisticated accounts of the alcoholic's personality, attending to a wide variety of etiological factors and sustaining influences, as well as the intricate matrix of personality traits (Tahka, 1966; Blane, 1968; Ewing, 1980; Milkman and Shaffer, 1985). Recent psychoanalytically oriented studies, reflecting the increased attention to object relations models of development and psychopathology, have generally concluded that addicts suffer from borderline and/or narcissistic character pathology, a product of multiple complex interactions between variables both internal and external to the individual; chemical dependency is understood as a manifestation or symptom of such pathology (Adams, 1978; Hartocollis and Hartocollis, 1980; Forrest, 1983; Levin, 1987; Shedler and Block, 1990). Other studies, while not explicitly defining addictions as types of narcissistic pathology, have described an

intimate connection between narcissistic issues such as identity, self-esteem, shame, a sense of inadequacy and worthlessness, and the addict's development of a reliance upon chemicals (Blatt et al., 1984; Viney et al., 1985; Treece and Khantzian, 1986).

Each of the above approaches involved the application of an existing general theoretical model of personality to the particular problem of addiction in an effort to conceptualize the associated behaviors and intrapsychic and interpersonal dynamics. Alcoholics and drug addicts have typically been characterized in the psychodynamic literature as orally dependent, passively and resentfully entitled, depressed, and impulsive, as making prominent use of projection, denial, and withdrawal to manage anxiety in the context of a very low tolerance for frustration, as having sociopathic and self-defeating tendencies, and as unstable in their self-esteem and interpersonal relationships. This is the general profile of the substance abuser, described with considerable consistency from study to study (Blum, 1966). Specialized cross-sectional inquiries have identified other attributes of alcoholics and addicts, such as impaired perceptual and self-other differentiation (Gilbertson, 1984; Spero, 1987), increased risk-taking (Adlaf and Smart, 1983), identifiable response sets on standard psychological instruments (Loper et al., 1973), and the

idealization of passive hostility and dependence (Cohen, et al., 1971). Longitudinal studies have identified personality and behavioral antecedents of adult addiction, such as high levels of guilt and undercontrolled antisocial activity as a child (Jones, 1968, 1971; Vaillant, 1983).

Much research has focused on the family dynamics associated with alcoholism and drug dependence, most often in terms of how these might contribute to the development of addiction in the developing child. Chemically dependent individuals have consistently been found to have had seriously disturbed relationships with one or both parents, and felt rejected, abandoned, attacked, and/or ignored as children. Often, at least one parent was absent. Perhaps most importantly, the child/adolescent did not find a replacement among teachers, family members, neighbors, or other quasi-parental figures for the parent(s) who was either missing or experienced as aversive or disappointing (Blane, 1968; McCord, 1972; Lieberman, 1974; Craig and Brown, 1975; Sullivan and Fleshman, 1976). Impairments in self-care arise as a function of these disturbances in parent-child relations; the parental care is internalized inadequately or in a distorted way -- or truly inadequate care is internalized without corrective modification (Khantzian, 1986).

In addition to the above sorts of deprivations, which presumably provide fertile ground for the resentful enti-

tlement and poor self-image of the alcoholic and addict, overprotection and premature responsibility have also been found to characterize the childhoods of some addicts, and likely contribute to the poor frustration tolerance and control strivings often cited as aspects of their character (Zimberg, 1985). The families of alcoholics and addicts have frequently been found to provide grossly deficient structure, in terms of clear behavioral expectations for the children, and are pervaded by ambivalence and prohibitions against strong affect (McCord, 1972; Huberty, 1975). This lack of structure, along with covert dependency-promoting dynamics within the family system, conspire to delay and block the normal psychological individuation of the developing child. Drug abuse allows for a sort of pseudo-autonomy (actually rebellion against the overt dictates of authority), while precluding the self-discovery and development of competencies necessary for genuine self-direction and self-reliance (Stanton, 1978; Spotts and Shontz, 1985). This is precisely the sort of conflictual relationship with parental figures -- struggling over issues of identity, autonomy, and individuation -- which is described in the etiology of character disorders.

It is important to note, too, how the alcohol and drug sub-cultures structure and organize the life of the chemically dependent person, providing a prefabricated and

powerful identity (albeit a negative one), and a social network which requires little interpersonal skill to join and utilize -- acceptance and interactions are based primarily on the possession of the desired substances and a shared resentment toward the established order (Collum and Pike, 1976). Peer relationships come to substitute (inadequately) for parental relationships, and offer the chance for a heightened sense of separation and autonomy, without actually decreasing the alcoholic's or addict's reliance upon family members for basic necessities.

One study (Swain et al., 1989) concluded that peer relations were by far the most important factor in an adolescent's decision to use drugs, and found little evidence to support the presence or contribution of emotional distress. While peer influence is certainly a significant factor in the development of addiction, the overwhelming majority of the evidence supports the notion that addiction is motivated primarily by the desire to modify the experience of painful affect. The study in question here appears to be fundamentally flawed, in that it relied upon a self-report of emotional distress; a highly consistent finding in the literature cited throughout this review is the tendency for the alcoholic and addict to deny, minimize, and even split off from awareness, problematic affect.

Even with the plethora of data and dynamic hypotheses regarding the chemically dependent individual's personali-

ty, and the relative consistency of experimental findings, the description of the typical alcoholic or addict does not isolate him or her very clearly in comparisons with other psychiatric diagnostic entities. There are other sorts of depressed, dependent, and undersocialized people who share so many of the traits identified as characterizing the typical alcoholic or addict that it is difficult, if not impossible, to distinguish the psychiatric patient from the chemically dependent patient on the basis of personality characteristics alone. An accurate account of the individual's drug and alcohol use is always necessary, and the diagnostician must rely upon an operationalized definition of chemical dependency based on concrete behavior, such as one finds in the Diagnostic and Statistical Manual of Mental Disorders III-R (American Psychiatric Association, 1987), rather than a specific constellation of characterological factors.

Also, personality trends found through an analysis of group differences (i.e. addicts versus sociopaths) are not necessarily present in each individual case, and even if the individual under examination exhibits the normative alcoholic profile in the course of a personality assessment, the diagnosis is still dependent upon the presence or absence of a significant history of problematic alcohol and/or drug use -- which is in turn a function of both

internal personality dynamics and external factors such as the availability of alcohol, the relative facilitation of social settings, etc...

Given the diversity of personality styles and behavioral features possible within the broad spectrum of characterological pathology, as outlined by general descriptions of the borderline and narcissistic disorders of which chemical dependency appears to be a function, it is not surprising to find that research has produced only a fairly global and often overlapped (by other diagnostic categories) set of descriptors for the typical chemically dependent individual.

The isolation of an "addictive personality" is further complicated by the frequent co-existence of both a substance abuse disorder and a major psychiatric disorder, such as Major Depression, Bipolar Disorder, or Schizophrenia (Hospital and Community Psychiatry, October 1989 - a collection of articles on the dually diagnosed patient). One recent study (Regier et al., 1990) found that 37% of the alcoholics and 53% of the drug addicts in the catchment area studied had a comorbid mental disorder. Questions inevitably arise about the primacy of one disorder or the other; is the addict's depression the cause or consequence of his or her addiction? Clearly a case can be made for either side, and a reverberating circuit model, with each contributing to and intensifying the other, is virtually

unavoidable in the final analysis; the interaction between an addict's personal pathology and the pathology within his or her family system represents yet another such vicious cycle (Meyer, 1986). If one understands substance dependence as a manifestation of character pathology, than the notion of comorbidity -- both in terms of psychiatric disorder and disturbed family relations -- is implicit from the start.

Some theorists have argued that there is no such thing as a "typical alcoholic", and that the apparent congruence between alcoholics is actually a function of the consistency of the effects alcohol dependence has on people's lives, no matter what their premorbid personality and circumstances, especially when one considers the redundance of environmental consequences which result in alcoholics seeking, or being placed in, treatment -- where they have most often been studied (Barnes, 1979). Many have concluded that addiction (in the case of either alcoholism or dependence upon other drugs) is not a unitary disorder, and have explained the globality of "the addictive personality" as a result of overinclusive categorization (Vaillant, 1983). A variety of different typologies for alcoholism have been proposed (Knight, 1937; Jellinek, 1960; Blane, 1968; Winokur et al. 1971). These have been based on differences in concrete behavior patterns and/or the con-

stellation of co-existing psychiatric symptoms. Other studies have attempted to identify different types of alcoholics and addicts based on trends discovered in their psychological test scores (Nerviano and Gross, 1983; Morey et al., 1984; Alfano et al., 1987; Hervera, 1988; Blatt and Burman, 1990). While some of these studies yielded important and useful distinctions between groups of alcoholics or addicts, the resulting sub-categories sometimes lack theoretical coherence and are no more effective at contrasting the alcoholic or addict from other psychiatric populations than the more general description. In fact, the sub-categories are sometimes identified by their similarities with other nosological entities (i.e. the "paranoid-alienated" variant of alcoholism).

Another way in which the broad population of addicts has been segregated and analyzed is by their preferred drug. Users of a variety of specific substances have been examined for differences in their respective personalities (usually isolated variables), but with only sparse and fragmented findings (Henriques et al., 1972; Crain et al., 1975; Austin and Lettieri, 1976; Trevithick and Hosch, 1978). While more coherent results have been obtained when personality was investigated in relation to the <u>class</u> of drug preferred, instead of to specific substances (Kern et al. 1986), the results are still comprised of isolated differences that are not readily organized into a compre-

hensive understanding of drug dependence. There are also arguments against this approach based on suspicions that the "drug of choice" concept is a misleading construct. Some contend that drugs are chosen on the basis of their availability and fashion, that few if any addicts have an exclusive favorite, and that the supposedly "preferred" drug is often not the one used most frequently (Hartford, 1978; Keyser and Smith, 1978). Nevertheless, substance preference has been important in the minds of the over one thousand alcoholics and addicts interviewed by this author over the past five years, and still seems to be a promising area of inquiry, especially in terms of the subjective meaning of the alcohol or drug use for the alcoholic or addict.

In this author's opinion, Khantzian and Schneider (1985) present the best integrated and most coherent model for understanding the "drug of choice" phenomenon and its relationship to personality variables. Citing the work of Glover (1956), who asserted that drug use was an adaptive and progressive activity for the addict in that it protected him or her from more regressive, paranoid-sadistic behaviors and psychosis, as the foundation for their perspective, they have arrived at a "self-medication" theory of drug and alcohol abuse. This takes into account not only the symbolic meaning of the substance (as did Glover),

but also the pharmacological effects of the different drug classes. Their idea, based on extensive work with this population, is that the alcoholic or addict is making use of the substance as a means of treating underlying psychiatric problems and/or unbearably painful feeling states arising out of deficiencies in self-care and need satisfaction capabilities. These overwhelming affective experiences produce ego disintegration without the ameliorative effect of the drug, and different classes of drugs are better suited for the management of different types of problematic affect. They divide drugs into three categories. "Energizing" drugs, such as amphetamines or cocaine, offset depression, and related feelings of boredom, emptiness, and inertia. "Releasing" drugs, such as alcohol, barbiturates, and anxiolytics, have a disinhibiting effect, and offset anxiety about unacceptable impulses and longings. Controlling/stabilizing drugs, primarily the narcotics, serve to assuage and manage intense rage and the associated impulsivity, destructiveness, and sense of futility.

Still, the "drug of choice" paradigm is problematic in that it does not take into account the mediation of personal experience. Anyone who has ingested a mood-altering substance on more than one occasion realizes that the effect of the very same chemical can be quite different depending upon ones mood, company, surroundings, and expec-

tations. In addition to these changeable variables, ones characterological structure provides yet another influence and limitation on the experience of the substance being used. All of these factors are crucial in the individual's experience of being "high" at any given time (Zinberg, 1975). And it is the subjective experience of this multi-component "high", rather than the substance's strict pharmacogenic effect, that determines a person's like or dislike of the drug being used (Wieder and Kaplan, 1969). In this author's search of the literature, only one study was found which took these factors into account fully while investigating the phenomenon of drug use; Norman Zinberg (1974) interviewed heroin and MDA users about their immediate experiences while they were using their drugs in their own familiar settings.

It seems likely that different people, suffering from different sorts of psychological distress and with different constellations of ego-strengths, histories, and environments would prefer different sorts of drug-induced states, with the actual substance used being a secondary consideration related to cost, availability, etc... It has already been hypothesized that different diagnostic entities use drugs for different reasons (Alterman, 1985). Otto Kernberg (1975) suggests this from the standpoint of characterological pathology in his book Borderline Condi-

tions and Pathological Narcissism:

> The effects of drugs and alcohol vary, I think, according to the underlying intrapsychic structures of the individuals involved.
>
> A patient with a depressive personality structure may experience, under the influence of alcohol, a subjective sense of well-being and elation which he interprets unconsciously as a reunion with a lost, prohibiting, and now forgiving parental image which had caused the unconscious sense of guilt and depression. The combination of elation and depression, of expansiveness and mourning in depressive personalities under the influence of alcohol may illustrate the working through in fantasy of the sense guilt, the need to repair the relation with the object, and the celebration of the re-encounter with it. In contrast, for many borderline patients, drug intake activates a sense of well-being and goodness that represents the split off "all good" self- and object-images and permits the denial of "all bad" internalized object relations, thus permitting an escape from intolerable guilt or sense of internal persecution. In the case of narcissistic personalities, alcohol or drug intake may constitute a predominant mechanism to "refuel" the pathological grandiose self and assure its omnipotence and protection against a potentially frustrating and hostile environment in which gratification and admiration are not forthcoming. (p. 222)

The idea that the drug-induced state is somehow fundamentally complementary to the pathological distress of the alcoholic or addict, and that the sober and intoxicated states are experientially discontinuous, has been used as yet another reason for the previously discussed problems encountered in isolating the addictive personality (Zimberg, 1985). What the alcoholic or addict was like would be very different depending upon which state he or she was

assessed in, or describing in a self-report. Whereas classical psychoanalytic theory understood alcohol as a "solvent" for the superego (dissolving inhibitions), more recent theorists -- informed by American object relations theory -- have come to view alcohol and other drugs as solvents for the ego, in that they dissolve the barriers erected in the vertical splitting used defensively by character disordered individuals in response to early traumatic experiences. The disavowed dependency needs, split off in an effort to modulate anxiety about vulnerability to loss, attack, and shame, can be allowed back into awareness -- often to the dramatic exclusion of the usual counter-dependent bravado. Hence, the frequent observations of family members that the alcoholic is only able to show tender feelings while intoxicated. The reverse can also be true, with a normally mild-mannered -- even contrite and rigidly overcontrolled -- individual suddenly gaining access to otherwise unconscious rage and impulsive hostility while intoxicated. (Khantzian, E.J. - personal communication, Cambridge, Mass. 1991.)

In this author's own work with chemically dependent adults and adolescents, he developed an intuitive sense that a relationship exists between an individual's personality type and his or her drug of choice -- mediated by that individual's own experience of that drug. While there

is little in the literature so far to support the notion, this relationship has been intuited by others in the field with whom this author has conferred. However, no one known to this author has been able to clearly articulate this commonly suspected relationship, except anecdotally for individual patients; the larger trends remain mysterious. It still seems reasonable, though, that persons with differing characterological make-ups would find optimal gratification in different types of chemically induced experiences, and that -- if one takes into account individual differences in the experience of intoxicants -- this relationship between personality and drug experience preference ought to be discoverable.

As adolescent development is a special interest of this author, and he had extensive access to a population of adolescent alcoholics and addicts, it was this group that came to be the focus of the present study. Research in the area of adolescent addiction seems to be especially important, as adolescent chemical dependency has been an increasingly prevelant problem for individuals, families, and society at large (Smart, 1980). Also, interest in the relationship between personality factors and adolescent addiction has apparently been minimal; in an extensive literature search, this author was able to find only 16 articles on this subject published in major psychiatric and psychological journals since 1974.

While exploring the relationship between personality and drug experience preferences in an adolescent population, attention to interpersonal (including familial), intrapsychic, and maturational factors are especially important, since so much is in flux as the adolescent struggles through the transition from child to adult within the context of a family system. Characterological pathology is especially cogent here, as the second round of separation-individuation -- in many ways mirroring the initial metamorphosis in the first several years of life -- is pushed into motion by multiple internal and external maturational pressures.

This study is an effort to examine several key aspects of the personality type - drug experience preference relationship in a population of chemically dependent adolescents. First, what are the naturally emergent categories of drug experience for these persons? Second, are there correlations between the categories of experience these individuals prefer and their respective personality types (the latter being defined by interpersonal style); if so, how are these correlations arranged? Additionally, how might an adolescent's familial dynamics, which are intimately involved in individual personality development, be related to that person's attraction to a particular type of drug experience?

An open-ended, relatively unstructured interview focusing on the adolescent's experience of the favorite "high" state, combined with an objective measure of personality, was judged to be the most promising of the practically feasible methods for answering the questions raised above. Leary's Interpersonal Checklist (Leary, 1957), augmented by the Minnesota Multiphasic Personality Inventory, was chosen because it provides a fairly global, yet sophisticated, description of intrapyschic and interpersonal dynamics. (The author had no illusion of being able to succeed where everyone else has failed in developing a concise and distinctive profile of the substance abuser, but did try to avoid the opposite problem -- compiling a few fragmented differences on isolated personality variables that were difficult to integrate into a reasonably comprehensive theoretical framework.) Simple categorization of family style, based upon the assessment of a family therapist, was judged to be the most concise means of gathering information about the subjects' families.

CHAPTER II

METHODOLOGY

A total of 125 subjects were selected from Peninsula Psychiatric Hospital's inpatient Youth Chemical Dependency Unit and Peninsula Village outdoor residential treatment facility (both located in Louisville, TN). The selection criteria were a) the subject had been diagnosed as chemically dependent, b) the subject was judged by his or her treatment staff and this author as adequately intact and cooperative for the purposes of this study, and c) the subject gave his or her consent to be a part of this study.

Procedures Involving Subjects Directly

First, a Minnesota Multiphasic Personality Inventory and a Leary Interpersonal Check List were administered to each subject. The combination of these two psychometric tests allowed the plotting of coordinates for each subject on Leary's circumplex model of interpersonal styles. Several sets of coordinates were plotted for each subject, including a) public presentation of self, b) private perception of self, c) basic intentionality, d) ideal-self, e) perception of mother, and f) perception of

father.

Second, each subject was interviewed, using a loosely structured line of questioning, regarding their "drug experience preference" (DEP). After a brief discussion of the objective facts of their use (i.e. what substances, how long, how frequently), the following standard introduction was given. "Different people have different sorts of experiences when they get high. Now I want you to pretend that I don't know anything about being high, and tell me what it was like for YOU when you got high -- and not just any sort of high, but the high you liked best." From this point, the subject was allowed to construct a free-form description with minimal structure from the interviewer (only requests for clarification and encouragement to elaborate).

Once the subject had completed his or her description of the preferred drug experience, the following question was asked. "What was it like for you when you could not get anything to use?" In this way, the subject provided the ground against which the drug experience was figural, thereby often clarifying vagaries in the original description. For instance, a subject who described his drug experience preference in diffuse and globally positive terms, went on to say that without drugs he was withdrawn, shy, and had difficulty talking to other people in a social

context. The interviewer was then able to ask specifically "And this is different when you are high?", and obtain a clearer understanding of the qualities which were most important in the DEP. Actually this was rarely necessary, and the subjects' descriptions of their experiences when deprived of their substances of abuse were most often the simple opposite of their DEP.

Third, each subject's family therapist was asked to provide a simple rating of the subject's family dynamics. There were four options for these descriptions: "enmeshed", "disengaged", "dysfunctionally mixed", and "adaptively cohesive". (See appendix for a sample of the rating form.). To allow some measure of reliability for these ratings, a "second opinion" was obtained from another therapist who had some meaningful contact with the patient's family. These two ratings were compared for agreement, though the patient's own family therapist's rating was used for the purposes of the correlational analysis in the case of disagreements.

Procedures Involving the Data Collected

Of the 125 subjects originally selected, 90 provided a minimally adequate DEP interview and a seemingly valid response set on at least one of the two objective instruments. (See Appendix for demographics.) Within the final

90, 18 of the MMPI's were either incomplete or appeared to be invalid. Since Leary's levels of public presentation and basic intentionality are derived from MMPI scores, 18 of each of those were also missing. Missing or apparently invalid scores for the other Leary levels were as follows: level of private self-perception, 3; level of ideal-self, 5; level of maternal perception, 4; and level of paternal perception, 6. These "holes" in the data were judged insignificant for the sample, and merely taken into account when mathematical calculations were performed.

The above procedures yielded several types of data on the individual subjects. First, each produced an MMPI profile and fell into one of Leary's categories of interpersonal functioning with regard to his or her public presentation of self, private perception of self, basic intentionality, and ideal-self (except, of course, those few whose protocols were incomplete and produced only a sub-set of these). Second, each described a drug experience preference. The entire pool of DEP responses was subjected to a thematic analysis as follows.

First, subjects using adjectives and adjectival phrases in their DEP descriptions which were similar in meaning were grouped together. Each of these groups was then characterized by a phrase which captured the common idea found throughout the individual descriptions. The

entire pool of DEP responses was then sorted again, according to which phrase best described each subject's description. During this process, finer criteria were established for each category, in order to make decisions about equivocal DEP's. Six identifiable categories emerged at the end of this second round of analysis. These six categories were comprehensive enough to encompass the entire range of DEP's, and were distinct enough in comparison to one another to allow reasonably clear membership assignment in the third round of DEP sorting.

Upon consideration of the six categories in their final form, two divergent supraordinate trends were recognized. These two trends, which will be discussed in the Results section, each involved three of the six DEP Categories. They will be referred to as the two "Major" DEP Categories or Groups, while the original six will be referred to as the "Minor" DEP Categories or Groups. During the fourth DEP sorting, the subjects' descriptions could easily be assigned to the two Major DEP Groups, since their criteria were far more general than, and based upon commonalities found within, the six Minor DEP Categories.

To minimize the idiosyncratic quality of the thematic analysis, the data was reviewed in consultation with colleagues who had expertise in adolescent psychology and/or addictions and/or phenomenological research. Also, to establish some measure of reliability for the grouping of

subjects within DEP Categories, a person previously unacquainted with this study but familiar with qualitative research was instructed with regard to respective characteristics of the six Minor DEP Categories and performed his own sort of the interview data. The concordance of this second grouping with the first was then examined. (In the case of discrepancies, the original category assignment was used as the basis for the analyses in this study.)

And finally, each subject was identified as a member of a type of family by an independent rater, and provided some information as to his or her perception of the parents' interpersonal styles in terms of Leary circumplex coordinates for each.

Once the above data was collected, chi square analyses were performed to determine the presence or absence of significant correlations between the emergent DEP Categories and the subjects' a) public presentations of self, b) private perceptions of self, c) ideal-selves, d) basic intentionalities, d) maternal perceptions, e) paternal perceptions, and f) family types. T-tests were also performed to determine the likelihood that different group means on the objective testing suggested significant differences between the groups.

CHAPTER III

RESULTS

Drug Experience Preference Categories

Although they were actually recognized secondarily, the two Major DEP Categories will be described first in the interest of presentation clarity; proceeding from the general to the specific is an easier route to take in this instance.

Approximately 60% of the subjects interviewed preferred drug induced states which had in common as a fundamental characteristic the attenuation of negative aspects of their experience of the external world. This was achieved through the indiscriminate obliteration of awareness, the selective alteration of perception, or the minimization of concern. The remaining 40% of the subjects interviewed described their favorite "high" as involving some type of expansive, self-accentuating experience, either via simple mood elevation, an increase in the level of available energy (or a decrease in inhibition against acting on impulses), or a sense of enhanced power or status.

The two Major DEP Categories described were derived on

the basis of shared higher order aspects of two sets of three Minor DEP Categories. These have already been suggested in the above descriptions of variants within the primary categories. Within the World-Attenuating group, the three sub-categories will be referred to as Oblivion-Seeking, Reality-Escaping, and Mellowing. Within the Self-Accentuating group, the three sub-categories will be referred to as Elation-Seeking, Activating, and Superiority-Seeking. (Inter-rater reliability quotient for the six Minor DEP Groups = .84.)

World-Attenuating Category One: Oblivion-Seeking

Subjects in the Oblivion-Seeking category made up approximately 16% of those interviewed. Their DEP descriptions involved the extensive destruction of organized perception and memory such that the subjects were rendered essentially unable to process in any sensible manner information about the world around them (including both memories and currently available sensory data). Sometimes these cognitive changes were accompanied by motor impairment and decreased arousal. Some excerpts of typical descriptions of this generally incapacitated state follow below:

"Everything gets slower and harder to understand -- things get real strange...", "You get drowsy and unable to

move...", "You don't think or feel...", "...numb all over...can't focus on any one thing...", "...can't talk straight...", "just in a daze -- don't know nothing [sic]...", "...wipes out my memory about everything...", "...disoriented and confused...real hard to figure out stuff", "You're just basically all fucked up."

The figural experience of these subjects when they were unable to gain access to their intoxicants tended to be characterized by irritability, agitation, frustration, and aggression, and several of the subjects reported ongoing aggressivity while "high".

World-Attenuating Category Two: Reality-Escaping

Subjects in this category made up approximately 23% of those interviewed. Their DEP descriptions involved the selective removal of negative experiences or the alteration of perception (often involving hallucinations and/or derealization), and further differed from the Oblivion-Seeking group in that they had pleasant and interesting experiences while "high" instead of merely blotting out organized awareness indiscriminately. Many spoke of leaving their problems behind, and of transforming the boring and mundane into the fascinating and fantastic. Below are some quotes that typify this altered state of consciousness:

"...took all my problems away...", "...makes simple

things incredibly interesting -- you can watch a candle for hours and hours and think it's the most interesting thing you've ever seen", "You get very peaceful and just think about whatever you're looking at and you think it holds all the secrets of the world", "...feels like I'm flying and nothing can touch me -- I'm away from all the violence, all peaceful...", "It's like being in a different world -- I could escape the things I didn't like", "You feel like everything is great, everything is positive...you're happy about everything you see", "...more aware of sensations, drifting away from reality, you get altered visuals and see things that aren't there...", "...lose sense of time -- aware, but everything's in a dream", "...things are confusing but beautiful."

The figural experience of these subjects when deprived of their intoxicants tended to be characterized by boredom, irritability, anxiety, and isolation, and some described open rebellion and violent aggressivity.

World-Attenuating Category Three: Mellowing

Approximately 21% of the subjects interviewed fell into this category. Their DEP descriptions involved the induction of relaxation and decreased arousal/anxiety, secondary to a reduction in the perceived importance of

negative elements in their environment. These subjects are distinguished from the two other World-Attenuating sub-groups by the fact that they do not so much lose an awareness of their problems and frustrations, but simply do not find those things so troubling while "high". They were able to make the world around them less intensely negative or experientially farther away, and thereby achieve a state of relative calm. The following excerpts typified this sub-group's descriptions of their pleasantly detached state:

"I felt carefree and mellowed out...", "...it lightens your brain -- eases your mind about the things around you", "laid-back...just watch things happen and nothing really matters", "nothing can make you mad anymore", "I could deal with life without becoming too emotional".

When unable to make use of their intoxicants, these subjects tended to experience vague discomfort, heightened anxiety, and some irritability.

Self-Accentuating Category One: Elation-Seeking

Subjects in this category made up approximately 6% of those interviewed. While many subjects in other categories described positive affective tones in their preferred drug-induced states, only these subjects' descriptions were dominated by simple euphoria. They were also the most

consistent in describing their drug use as a a communal event -- it was invariably done in a group. The quotes below are characteristic of these subjects' reports:

"...light-headed...on top of a cloud...real happy, you can't stop smiling...", "You laugh a lot", "...giggling, being silly with friends."

There were no identifiable trends in this sub-group's description of their figural experience without drugs, except that anger and aggression were notably absent from their experiences when unable to gain access to their intoxicants.

Self-Accentuating Category Two: Activating

Those subjects whose DEP descriptions fit this category made up approximately 17% of the total sample. Their preferred states of intoxication were characterized by increased arousal and energy levels and/or a lowering of inhibitions normally in place; the net result in either case was a heightened sense of freedom and increased level of activity. Some typical excerpts from their accounts follow below:

"I didn't care what I did or said, I just went ahead and did it", "...easier to do things -- it relieves the sense of responsibility", "hyper, happy, excited, jumpy",

"...makes me want to get out and do things", "I can talk to other people a lot easier [sic]."

These subjects tended to report experiences of anxiety, social isolation, worries about other people's opinions of them, disappointments in themselves, and vegetative symptoms of depression when they were unable to make use of their intoxicants.

Self-Accentuating Category Three: Superiority-Seeking

Approximately 18% of the subjects interviewed described their preferred drug-induced experiences as being characterized by heightened self-esteem, a sense of dramatically increased competence or efficacy (immediate or potential), and/or a feeling of invincibility. Some quotes that exemplify this state of enhanced self-perception follow below:

"...no problems in the world because you're the best -- nobody can mess with you because you're number one", "You feel like you're more capable of doing anything", "...on top of the world, able to do anything", "...felt cared about, like nobody could do anything bad to me...don't need anybody", "...feeling of power, like you're in control", "...got a lot of power -- not scared of anything", "...feel better about myself, I can pick myself back up", "I could take care of all my problems...willing

to take on anything", "...no one else mattered but me...", "...you can fight and you think you're invulnerable", "...I felt superior to other people."

Not surprisingly, feelings of depression, worthlessness, shame, and rejection were the most common figural experiences for the members of this sub-group when they were unable to gain access to their intoxicants.

Personality Test Scores

As the narrative descriptions provided below can easily become confusing without reference to the figures from which they were derived, the respective frequency distribution graphs, MMPI profiles, and Leary circumplexes have all been clearly labeled and provided in the Appendices.

MMPI Data

The MMPI profile derived by averaging the scores of all the subjects who completed that test is consistent with the set of characteristics commonly ascribed to adolescents in general and disturbed adolescents in particular. It is also consistent with the general description of the "addictive personality". Their MMPI scores describe them as

oriented against established social conventions (girls a little more so than boys) and rather confused, alienated, and action-oriented (these latter three applying to boys a little more so than girls). An integrated interpretation of such a profile would likely make reference to identity instability as well. The subjects also tended to be interpersonally sensitive and wary, and perhaps a bit dramatic and dysphoric.

It should be noted that the standard adult norms (validated on a population age 16 and above) were used in scoring the MMPI's for all subjects, regardless of age. There were three reasons for this. First, it was not practical to use alternate norms with a large subset of the subject population because their profiles were already plotted according to the adult norms and the original data was no longer available for rescoring; it would have confused matters to use adolescent norms on only part of the population. Second, the adult norms have been found to provide more clinically accurate descriptions of the members of this population by the psychologists working in the facilities from which the samples were drawn. And third, since this study involves comparisons between similarly examined pathological groups instead of between pathological groups and a normative control, any anomalies arising from the use of adult norms are held constant across groups by using the same norms for all.

Comparisons between the two Major DEP Groups in terms of MMPI scores yielded only very minor variations, and did not reveal significantly different profiles. The T-score averages for the two Major DEP Groups differed by only a few points across all 13 scales, and were quite consistent with the profile derived from the total sample averages. However, it was noteworthy that, when differences were present, the World-Attenuating group consistently scored higher than the Self-Accentuating group (with the exception of Scale 0), suggesting that they may, as a group, be slightly more deviant or pathological.

When the average T-scores for the six Minor DEP Groups were compared, more total variation was present, in largest part due to the average scores of the relatively tiny Elation-Seeking group, as its scores were inherently less representative of the larger population. However, what discrepancies existed (ranging from only 3 to 12 T-scores when the Elation-Seeking group was ignored) did not significantly alter the general shape of the profiles compared to that derived from the averages of the total sample; all of the T-score differences were well within a single standard deviation of the respective averages for the total sample. The six Minor DEP Groups were, however, significantly different from one another on several dimensions.

Three pairs of similar profiles were found: the Supe-

riority-Seeking group and the Elation-Seeking group, the Reality-Escaping group and the Mellowing group, and the Activating group and the Oblivion-Seeking group. Least pathological, at least according to the MMPI, were the Superiority-Seeking and Elation-Seeking groups, with only Scale 4 above a T-score of 70, suggesting generally intact psychological functioning and interpersonal relations somewhere in the normal range. The two differed noticeably in terms of their levels of energy and social engagement, though, with the Superiority-Seeking group scoring higher on both.

The second pair evidences at least a moderate level of pathology; the Reality-Escaping and Mellowing groups both have Scales 4 and 8 above a T-score of 70. This profile suggests that, along with the narcissistic pathology represented by the Scale 4 elevations common to all three pairs (see Discussion section), this group experiences a significant degree of alienation and tends to perceive and understand things in significantly idiosyncratic ways. The two profiles differed primarily in their degree of disidentification with societal convention, with the Reality-Escaping group scoring substantially higher (Scale 4 T-score above 80).

The third pair produced the most pathological scores of all. Scales 4, 8, and 9 were above a T-score of 70 for both the Oblivion-Seeking and Activating groups, with the

latter having Scale 7 above 70 as well, and the former very close to having the same. Hence, these subjects would be described much like the second pair, with the addition of high levels of impulsivity and anxiety-driven activity and agitation. The Oblivion-Seeking group showed a higher tendency toward suspiciousness and withdrawal than did the Activating group.

Leary Data

Composite Leary profiles were derived for the total sample and each of the DEP Groups using two different methods. First, mean DOM and LOV scores were obtained to allow the plotting of average circumplex coordinates for each level of personality in each group. This yielded profiles (referred to below as "mean profiles") which were representative of all members of the group under consideration, including its most extreme and aberrant members (aberrant in the sense that their coordinates were quite atypical within their group). Second, profiles for each group were derived using only the frequency of octant membership for each level of personality; these "modal" analyses (referred to below as "frequency profiles") did not take into account the extremity of scores within octants, nor were they sensitive to the aberrant minorities

within groups. "Modal" appears in quotations because this was not strictly a matter of selecting the single octant in which the most subjects accumulated. Instead, what was considered relevant was clearly identifiable trends toward a particular octant, or in some cases a set of octants. If there was not a readily noticeable frequency curve leading up to and then down away from a particular octant or set of octants on a frequency distribution graph, no inference was drawn from the frequency data and the mean profile for the group under consideration was considered the most appropriate measure of central tendency. If, however, there was a clear trend toward a particular octant or set of octants on a frequency distribution graph, but this was not reflected in the respective mean profile, both were considered relevant; inferences might even be drawn primarily from the frequency profile, since it would be more likely to capture important nominal trends.

The mean profile for the total group of subjects is basically congruent with its frequency profile. This population of chemically dependent teenagers tended to present themselves in public -- nearly unanimously -- as powerful, autonomous, and in control (I-S mean and mode both in Octant 1). Their private self-perceptions were commonly characterized by a sense of competitiveness, along with prominent aggressivity and strivings for dominance; the mean suggested the first of these (II-S mean in Octant

2), but all three were favored by frequency (II-S modes in Octants 1, 2, and 3). Angry self-assertion against others and cynical distrust were by far the most common primary underlying motivations, with the mean residing squarely in the octant of the former (III-MM mean in Octant 3), although the latter was endorsed slightly more often (III-MM mode in Octant 4). Subjects tended to characterize their ideals as skeptical and wary (V-ID mean in Octant 4), and gave a noteworthy paucity of votes for the very characteristics they attributed to themselves (Octants 1, 2, and 3), either by public presentation (I-S) or private perception (II-S). Subjects' perceptions of their mothers evidenced a strong tendency to fall within three of the four "power octants" (II-M modes in Octants 8, 1, and 2), both peaking in terms of membership frequency and averaging in the same octant (1) as their own public self-presentation (though the dominance scores for mother were generally less extreme than those for self). Second only to the public self-presentations in terms of uniformity of response were the subjects' perceptions of their fathers; they were seen as similar to their own self-perceptions in quality (II-F both peaked and averaged in Octant 2), but as more intensely competitive and dominant than themselves.

Comparisons between the two Major DEP Categories using the Leary mean profiles revealed only fairly small differ-

ences between each other, and between either of them and the average profile for the total subject population. However, it is noteworthy that all of the Self-Accentuators' coordinates deviate from those of the World-Attenuators in roughly the same direction. At every level of personality, the Self-Accentuators' presentations, perceptions, or motivations were more aggressive and/or competitive, as though the World-Attenuators' scores had been shifted toward the boundary between Octants 2 and 3 on the circumplex. Also, when there were differences on the Leary scores, the World-Attenuators were consistently more extreme (further from the center). Just as with the MMPI, more extreme scores suggest more severe pathology.

Comparisons between the two Major DEP Groups using the frequency distributions yielded somewhat more pronounced differences, all of which were in directions consistent with the mean data. Therefore, the summary of the "modal" differences which follows will suffice for both the mean and frequency distribution comparisons, with notes regarding the mean data where relevant.

Both Major DEP Groups showed the same dramatic trend toward presenting themselves publicly as powerful, autonomous, and in control (I-S in Octant 1), with neither group having a single member in the "submissive octants" (4, 5, 6, or 7). World-Attenuators and Self-Accentuators showed clear differences in self-perception, with the former

tending to see themselves as powerful, autonomous, and in control, or responsible and caregiving (II-S modes in Octants 1 and 8), while the latter tended to view themselves as more competitive (II-S mode in Octant 2). The two groups were also split in terms of primary underlying motivations, with the World-Attenuators showing a trend toward more distrust, skepticism, and fearfulness (III-MM mode in Octant 4), and the Self-Accentuators showing a trend toward more angry self-assertion and aggressivity (III-MM mode in Octant 3).

Ideals for the World-Attenuators varied a great deal and were spread across the submissive lower half of the circumplex, extending up into the more powerful, responsible, caregiving octant (8). Their mean scores reflected a trend toward an ideal that was modest and submissive (V-ID mode in Octant 5). The Self-Accentuators were more in agreement, tending to characterize their ideals as fairly submissive, like the World-Attenuators, but more angry and anti-affiliative, making them skeptical, distrustful, and fearful (V-ID mean and mode in Octant 4).

Descriptions of mother varied, too, with the World-Attenuators showing a strong trend toward a maternal perception characterized by dominance and control (II-M mean and mode in Octant 1). The Self-Accentuators tended to describe their mothers as competitive (II-M mean and mode

in Octant 2). Descriptions of father were consistent between the two groups; both tended to see their fathers as competitive (II-F means and modes in Octant 2). However, the Self-Accentuating group was more consistent in this respect; the World-Attenuating group had a significant number of members who described their fathers as dominant and controlling (II-F in Octant 1).

Similar comparisons between the six Minor DEP Categories revealed remarkable homogeneity in many respects. There were, however, a handful of differences between groups that warrant attention. These will be described by Personality Level instead of by group in order to simplify contrasts. (See the Discussion section for more comprehensive and integrated group to group comparisons.)

On Level I-S, all Minor DEP Groups peaked sharply (in terms of membership) in Octant 1 except for the Elation-Seeking group, which peaked in Octant 2. Whereas the other groups nearly unanimously present themselves publicly as powerful, autonomous, and in control, the members of the Elation-Seeking group may tend to present themselves as more competitive and perhaps more irritable; the Elation-Seeking group is so small, however, that nothing can be said with certainty about them regarding this slight difference.

On Level II-S, the Superiority-Seeking group shows a unique and dramatic membership peak in Octant 2. While all

of the Minor groups' average coordinates on this level fell in Octant 2 except for the Mellowing group, which was close to the Octant 1 - Octant 2 border in Octant 1, the other groups' coordinates were dispersed through a larger area of the circumplex. The Mellowing and Reality-Escaping groups had their membership peaks in Octant 1, while the rest of the groups showed membership plateaus in Octants 1, 2, and 3. This suggests that, while members of the Superiority-Seeking group are by far the most likely to consider themselves primarily competitive, all of the groups tend to consider competitiveness a figural aspect of their personality, with autonomy strivings and, to a much lesser extent, aggressivity also being prominent among their self-descriptions.

On Level III-MM, the Reality-Escaping group's membership shows a dramatic and unique peak in Octant 4, suggesting that they are by far the most likely group to be motivated by fearful suspiciousness. Next in terms of the sharpness of their membership peaks are the Activating and Mellowing groups, which peak quite distinctly in Octant 3, implying that they are most likely to be driven by hostile resentment. The other groups plateau around Octants 3 and 4, leaning in the directions of the Major groups to which they belong (see Major DEP Group trends above).

On Level V-ID, the six Minor DEP Groups showed the

greatest intra-group diversity in terms of octant membership; conclusions drawn on the basis of frequency peaks seem unlikely to be meaningful. The coordinates based on their average scores, however, reveal some important trends. All of the groups fell among the passive/submissive octants, but were spread out across the affiliative axis. The Superiority-Seeking group showed the strongest tendency to ascribe to an aggressive ideal, though it remained in Octant 4 along with the Activating and Mellowing groups; all three could be described as idealizing wariness and skepticism. The Elation-Seeking and Reality-Escaping groups had their averages in Octant 5, and could be described as tending to idealize modesty and self-sacrifice. The Oblivion-Seeking group's average scores were the most affiliative of the six; those subjects tended to describe their ideal as docile and passively dependent.

On Level II-M, the Superiority-Seeking and Activating groups showed membership peaks and average coordinates in Octant 2 (mothers seen as competitive), while all other groups fell in Octant 1 (mothers seen as autonomously controlling) for both measures of central tendency. The Elation-Seeking group was noticeably closer to the center of the circumplex, but again, it is difficult to make much of that, given that group's tiny size. As with the ideals, the average coordinates were fairly even in terms of dominance scores (excluding the Elation-Seeking group), but

were spread out along the affiliative axis. The Energizing/ Disinhibiting group tended to describe their mothers as the most aggressive, while the Mellowing and Reality-Escaping groups tended to describe their mothers as more affiliative.

On Level II-F, the six groups were nearly as homogeneous on both measures of central tendency as they were on Level I-S. Fathers were very consistently described as competitive, with autonomously controlling descriptions ranking second for all groups in terms of membership except for the Oblivion-Seeking group, which showed an insignificantly higher frequency in that Octant (1). Also, the Mellowing group's average coordinates fell in Octant 1, right against the Octant 1 and Octant 2 boundary. Within Octant 2, the Elation-Seeking and Reality-Escaping groups had the most extreme average coordinates.

Family Rating Results

Family Ratings for the overall sample seem to reflect the difficulty raters (inter-rater reliabillity quotient = .82) had in assigning families to either of the two primary pathological types more than anything else; the assignment "Pathologically Mixed" was by far the most frequently made (49%). Of the two primary pathological

types, "Disengaged" was more frequently assigned (30%) than was "Enmeshed" (19%). Only two families were considered to be adaptively Cohesive (2%). Neither of the two Major DEP Groups differed significantly from the general profile of the sample.

Among the six Minor DEP Groups, the distributions of Family Ratings corresponded to the general profile of the sample as a whole, with the Reality Escaping group showing the most dramatic peak in the pathologically mixed category. However, two unique trends were observed. Within the Oblivion Seeking group, the number of Disengaged families rose above the number of Pathologically Mixed families. And, within the Mellowing group, the number of Enmeshed families rose above the number of Disengaged families.

Statistical Analysis

The following summary of the results of an exhaustive analysis of the data by Chi-Square and T-test methods is provided in the interest of future research only; the differences which proved to be statistically significant are not particularly meaningful in the current study because of their extremely limited scope. Differences between any two Minor DEP Categories on single variables do not add much to the understanding of the character of the different sub-groups. Had differences been significant

between the two Major DEP Categories, or had the Minor DEP Categories evidenced significant differences which allowed them to be identified separately on the basis of a particular variable, much more could be stated with confidence about the nature of the different groups. Such results turned out to be impossible to obtain from this subject pool, primarily because of the relatively small number of members within each group. As this study placed no predetermined limitation on the number of categories at the beginning, there was no way to predict what total number of subjects would be necessary to produce large enough groups to make statistical comparisons reasonably easy and meaningful. Future research using the DEP Categories will need to involve larger samples.

Chi-Square Analyses

Chi-Square analyses were attempted in an effort to detect significant contrasts between both Major DEP Categories and between all possible combinations of Minor DEP Categories in terms of their relative frequency distributions across Leary Octants for each level of personality tested. The results are essentially uninterpretable because of the large number of open cells in every analysis table producing "significant" results.

T-Tests

A MANOVA test of the separate MMPI scales determined that significant differences between the Minor DEP Categories were most likely on Scales 4 ($P < .050$) and 9 ($P < .016$). All possible combinations of Minor DEP Categories were then compared on these dimensions and the following contrasts were found to be significant using two-tailed T-tests.

Minor DEP Categories Compared	Confidence Level for Contrast on Scale 4
Activating vs. Superiority-Seeking	$P < .028$
Activating vs. Mellowing	$P < .028$
Reality-Escaping vs. Superiority-Seeking	$P < .023$
Reality-Escaping vs. Mellowing	$P < .024$

Minor DEP Categories Compared	Confidence Level for Contrast on Scale 9
Activating vs. Superiority-Seeking	$P < .044$
Activating vs. Elation-Seeking	$P < .027$
Activating vs. Mellowing	$P < .021$
Activating vs. Reality-Escaping	$P < .006$
Elation-Seeking vs. Oblivion-Seeking	$P < .025$

Despite the fact that a MANOVA test of differences in Leary DOM and LOV scores within personality levels across Minor DEP Categories produced no significant results, all possible contrasts were tested using two-tailed T-tests.

Minor DEP Categories Compared	Leary Score	Confidence Level for Contrast
Activating vs. Superiority-Seeking	I-S DOM	P < .048
Activating vs. Elation-Seeking	I-S DOM	P < .017
Activating vs Mellowing	I-S DOM	P < .006
	II-M LOV	P < .038
Activating vs. Reality Escaping	II-M LOV	P < .043
	II-F DOM	P < .035
Reality-Escaping vs. Superiority-Seeking	II-F DOM	P < .037
Reality-Escaping vs. Mellowing	II-F LOV	P < .041
Superiority-Seeking vs. Oblivion-Seeking	V-ID LOV	P < .011

T-tests comparing the Leary DOM and LOV scores of the two Major DEP Categories found no significant contrasts.

CHAPTER IV

DISCUSSION

At the outset of this project, the hypothesis to be considered was two-fold. First there was the phenomenological question, what are the categories of drug experience? This was based on an assumption that there were identifiable categories, and was answered by the thematic analysis and the DEP Categories which emerged from that. The second question, whether people with different personalities tend to prefer different sorts of drug experiences, remains unanswered by the correlational analysis; the assumption that personality style and drug experience preference covary cannot be confirmed on the basis of this study, as meaningful relationships were not found between the DEP Categories and the personality test scores. While the current project does not prove that there is no relationship between an addict's preferred drug experience and his or her personality type, neither does it provide any conclusive support for this notion that seemed so plausible. What is to be made of this?

The first possible explanation is that the expectation that different personality types seek different sorts of experiences through their drug use is simply erroneous,

despite any subjectively compelling quality it may have. The different categories of preferred drug experiences may be a function of something other than personality -- say, level of education or verbal IQ, for instance -- and reflect a person's articulateness instead of something central to his or her character structure. A potential weakness in this explanation, however, is that the relative level of articulation of experience increases with developmental level, as percepts, thoughts, and feelings become more highly differentiated; one might expect that a more verbally articulate individual who can make finer discriminations among experiences would likely also be more developmentally advanced than someone for whom experiences remained fairly blurred and undifferentiated. But then again, having an articulated awareness of experience is not exactly the same as putting such into words. It is noteworthy that there were no trends in DEP Group membership with increasing age, and hence, presumably increasing educational level and cognitive sophistication.

Another null hypothesis possibility is that the way a person describes his or her drug experience reflects transient shifts in his or her perspective and is not stable over time. In other words, the same person, interviewed on different days, might fall into a variety of different DEP Categories, whereas personality is by definition a more trait-like, less state-like phenomena. There are a few

problems with this explanation, too, however. One might expect there to be as much variation on the self-report personality tests as there would be in the interview data, and yet those have been found to provide meaningful information that is influenced, but not completely controlled, by transient states of mind. Also, it is noteworthy that there were no statistically significant differences in terms of DEP distributions across any of the demographic variables, including the subject's placement in the acute-care inpatient unit versus the long-term residential treatment center. This suggests that the addicts' perceptions of their drug experiences do not shift in some sort of organized way as they progress further into treatment. The casual observations of treatment staff questioned about this are in accord with the notion that how individual addicts talk about the actual experiences they had while taking the drugs tends to be reasonably consistant over time, although they may become less enamored of the previously enjoyable qualities and include more realistic accounts of the negative aspects of their use.

A second possible explanation for the lack of statistically significant results is not some fundamental flaw in the original hypothesis, but a problem in instrumentation. The personality variables utilized by the MMPI and Leary may simply not be the same or the most important personali-

ty variables which account for characterologically meaningful differences in drug experience preferences. It could be that the personality tests chosen segregate the sample along a cross-section at some angle oblique to the plane cut by the phenomenological data, thus resulting in a comparison between "apples and oranges". The Leary was chosen as the primary instrument because of the globality of its diagnostic product; on any one level, the subject fell into a singular descriptive category. This was thought to be preferable logistically over a complicated array of multiple variables, which would be quite cumbersome at best in making comparisons of the different DEP Categories. It may be that less global tests might ferret out the seeming differences which inspired the current project, albeit at the cost of more extensive statistical analysis and perhaps even more fragmented results. Another option might be to use clinical diagnoses, arrived at on the basis of multiple tests and/or other criteria (i.e. interview or historical data), as the global personality measure, but then the problems with inter-rater reliability which are notorious in such subjective ratings would have to be addressed.

A third explanation for the lack of statistically significant results could be the result of the logistic limitations inherent in an exploratory study such as this one. Without a predetermined number of DEP Categories

going in, it was impossible to know how many subjects would be needed to achieve the minimally adequate numbers of subjects within the different cells. The Chi-Square analyses were often impossible because of the paucity of subjects in certain cells.

And finally, the validity of the Leary testing may be highly questionable for the population under study. While all of the subjects were screened for blatant non-compliance, and any MMPI data that did not meet standard validity scale requirements was discarded, subjects' self-reports on the Leary were difficult to assess in this regard. There were some which were clearly marked in an oppositional and invalid manner (i.e. none or all items endorsed, or the same items endorsed for every category), and there were some which showed some sort of misunderstanding of the instructions or accidental mishandling of the materials such that the results were uninterpretable. There is no way to tell if some of the profiles which were actually used included more subtle defiance or error. After all, the vast majority of the subjects diagnosed as addicts in this study also received an Oppositional-Defiant or Conduct Disorder diagnosis, and many were reading well below what one might expect for someone of the subject's age because of a learning disability or lack of investment in school.

As for the absence of any statistically significant

correlations between DEP Categories and family ratings, one problem could have been the provision of the all-too-compelling "Dysfunctionally Mixed" category, which allowed raters to avoid making difficult discriminations as to whether enmeshment or disengagement was really more figural in the subject's family. Obviously, the same possibility that the original hypothesis is simply in error is just as real here as with regard to the personality test data, and addicts's preferences for different types of drug experiences may be unrelated to this particular aspect of family life.

Now, given that no meaningful statistically significant correlations were found between the subjects' drug experience preferences and their personality types, what results of this study can be offered as a contribution to the understanding of the topic of adolescent substance abuse and addiction?

The initial goal of differentiating categories of drug experience was achieved, and despite the lack of supporting evidence from the MMPI and Leary regarding global personality differences between the members of these different categories, the phenomenological data does suggest motivational and personality differences between the groups. Each DEP Group will now be examined in the light of its

experiential testimonies, with a very brief review of whatever test result trends stood out in the cursory group to group comparisons made without statistical analysis. While the test result differences cannot be said to "prove" personality differences between groups because of their lack of statistical significance, they are curiously enough in line with some of the expectations aroused by the phenomenological data and a psychodynamic understanding of adolescent substance abuse and addiction, and are therefore interesting to note.

The Two Major DEP Groups

The most prominent theme among the experiential states preferred by the World-Attenuating group was the eradication or minimization of aversive external stimuli. Such stimuli seemed to be understood as hopelessly beyond more conventional means of coping, such as interpersonal transactions or what are generally thought of as higher level defensive operations involving some harnessing of anxiety and channeling of energy in the direction of reality-based mastery efforts. World-Attenuators seem to be seeking detachment from impossible pressures and/or dangers, without a sense of hopefulness regarding the potentially ameliorative properties of interpersonal relatedness. At most,

they may want to engage the world from an emotionally detached position of control, or strike out against the world in a fit of rage, but the notion that they might feel better in some sort of constructive contact with another person is absent from their descriptions of what they want their drugs to make happen for them.

The desire for self-sufficiency seems to be figural, and yet there is something left unaddressed by that term. These addicts appear to want control over their own unmanageable anxieties and distance from the painful/distressing aspects of reality, but they want these in the form of a womb-like sensation of isolated security wherein they are connected to a reliable and effective source of comfort (their drug) that is also independent of articulated interpersonal relationships. Paradoxically, this state has qualities of both the most detached self-absorption and the most undifferentiated merger, and could be thought of as paradigmatic of very primitive states of psychological symbiosis.

It is striking that, in the case of every test score group mean difference, the World-Attenuators' mean score was more pathological; their MMPI scores were farther from the normative mean, and their Leary scores were farther from the more flexible, versatile, and adaptive center. It would be interesting to know if these adolescents were more out of control, less well adapted, and/or in greater sub-

jective distress prior to their admission, and to know if their families displayed a greater degree of dysfunction.

Relative to the Self-Accentuating group, the World-Attenuators were more identified with their mothers' control and less identified with their fathers' competitiveness; World-Attenuators tended to describe themselves as more dominant and caretaking, rather than endorsing the more competitive stance of the Self-Accentuators (more on the latter below). It would not be surprising to find that these adolescents were struggling to fill some position of quasi-parental responsibility within their families, and -- of course -- failing to meet such impossible expectations. It would also not be surprising to discover that these families exhibited the most erratic boundary management, with both inappropriate invasions and precipitous abandonments being common. (Could this account for the preponderance of "Dysfunctionally Mixed" family ratings?)

In families wherein the child attempts to, or is expected to, assume caretaking responsibilities vis-a-vis the parent (i.e. soothing a depressed parent or managing the destructiveness of an impulsive parent), the generational boundaries are certainly blurred. The parentified child is necessarily confused regarding his or her worth, power, and competence, having received conflicting messages; on the one hand the child concludes that his or her

own needs are bad and to be rejected in the service of others, while simultaneously developing grandiose notions of his or her mastery potential as the needed caretaker of a previously omnipotent (in the child's perception/imagination) adult.

Still, the parentified child must constantly run up against his or her profound limitations as a child, and without the necessary structure and developmental support to achieve phase-appropriate levels of mastery. The child can neither become the adult he or she is trying to be, nor attend adequately to the multiple interpersonal, academic, and self-regulatory tasks of childhood. With the increased environmental demands of adolescence and the ominous vista of encroaching adulthood, the more damaged and inadequate parentified children begin to deteriorate behaviorally and cognitively; the impossible pressures they have struggled to manage finally overwhelm them, and they must resort to some means of anxiety management involving retreat.

It is noteworthy that the World-Attenuators most often showed a paranoid underlying motivation according to the Leary, whereas the Self-Accentuators were most often resentful in orientation. The World-Attenuators were also more likely to endorse a submissive, receptive ideal, whereas the Self-Accentuators tended to idealize a more wary and suspicious ideal. This would certainly fit with the idea that the World-Attenuators were feeling hopelessly

inept at coping with the frightening pressures they faced, had little hope of obtaining adequate assistance from others, and yet continued to long for a life of passive gratification (the childhood they never had?). Their self-presentation as "in control" appears to arise out of fears and anxieties about the dangerous chaos in which they feel immersed. It would also come as no surprise to find that these adolescents had more often been the victims of physical abuse or other destructive means of coercion and initiative undermining. These adolescent's submissive ideal may represent the incorporation of a parental wish for compliance to the point of extensive self-compromise and self-alienation.

The Self-Accentuating group preferred drug induced states that involved the enhancement of their own positive experience of themselves. And, in further contrast to the World-Attenuating group, this self-enhancement was characterized by an implicit -- if not explicit -- engagement with others. In the case of the Activating and the Superiority-Seeking groups, the relational context is readily apparent; the former were often relieved of social inhibitions or propelled toward greater initiative and involvement with others (albeit sometimes hostile involvement), while the latter's quest for superiority requires by definition others to which one can compare oneself. In the

case of the Elation-Seekers, the interpersonal aspect is more concrete, in that they preferred unanimously to pursue euphoria with a group of others, whereas the other categories showed no clear trends toward either group or solitary use. (This statement is based on data collected as a part of the introductory interview, and was not covered in the Results section.)

It seems that the Self-Accentuators have some hope regarding engagement (even if that engagement is hostile and/or competitive), but are in need of some sort of boost, either to their mood or self-image, before they can move toward others. Somehow they have concluded that they are not "good enough" to have much hope of successful engagement without self-improvement. Even though they show a more overt preoccupation with self relative to the World-Attenuators, they are paradoxically more interpersonally oriented as well. This seems to represent a more differentiated experience of self and other, and suggests that each is known to have both positive and negative manifestations. The goal appears to be keeping the self as positive as possible with the idea that the world of others will respond more favorably as a result. And it is not just a matter of others "leaving you in peace", as with the World-Attenuators, but rather there is something desirable that the other has to offer, whether that is pleasurable company, admiration, or the potential for conquest.

This sense that the other has something valuable to give suggests that these adolescents may have received relatively more satisfying nurturant attention (and/or perhaps more developmentally counterproductive indulgence) from their caregivers. They are still quite disappointed and resentful, however, and are not able to initiate/sustain engagement without some extra measures, such as the use of their intoxicants, to get over the hurdle of the associated apprehension. In terms of histories, one might guess that the Self-Accentuating group may have been subjected to more verbal abuse, rather than the physical abuse hypothesized in the case of the World-Attenuators, and perhaps more indifference than the invasion and abandonment hypothesized for the World-Attenuators.

Whereas both groups appear to see themselves in negative ways, the World-Attenuators experience the aversive aspects of the external world as in the most urgent need of management; the most figural "badness" exists outside the self. The Self-Accentuators, in contrast, are most interested in managing the "badness" which is internal and integral to their sense of themselves. The World-Attenuators seem to have a less hopeful, less differentiated, and more fearful interpersonal orientation than do the Self-Accentuators. These contrasts are not unlike those associated with Melanie Klein's (1957) paranoid-schizoid and

depressive positions, the latter being more developmentally advanced and involving a greater capacity for internalization and a decreased reliance upon externalization. Obviously, it is not as simple as the World-Attenuators are paranoid and the Self-Accentuators are depressed -- both groups are likely more paranoid and more depressed than "normal" adolescents, but these relative contrasts do appear to be meaningful.

Also suggesting somewhat greater psychological maturity is the Self-Accentuators' greater tendency to identify with their fathers, rather than their mothers (this was reversed in the case of the World-Attenuators). During adolescence, there is normally some shift in the child's emotional investments from mother to father (for both sex children), as the dependency of childhood is gradually relinquished in favor of ever greater initiative-taking and autonomy. Typically, mothers are viewed as the providers of nurturance, while fathers' traditional role is the provision of structure. The difference between the World-Attenuators' and Self-Accentuators' parental identifications suggests that the latter as a group may have progressed a little further in the normal adolescent movements toward increased responsibility and self-reliance.

The notion that the Self-Accentuators are most concerned with managing poor self-esteem is supported by their tendency to present themselves in a competitive manner on

the Leary. Self-aggrandizing bravado is a simple reversal of troublesome self-doubt, and designed to win the admiration, acceptance, or perhaps even the fearful awe, of others. The fact that their underlying motivation was most often characterized by resentment may be a function of multiple experiences of humiliation and disappointment. Their idealization of wariness and suspicion might be understood as reflecting their desire to avoid further humiliation and disappointment, although they may repeatedly find themselves in such states because of their hopefulness (relative to the other group -- compared to normal adolescents, both groups would likely appear quite cynical).

Whereas the image of a parentified child faced with impossible tasks was suggested by the characterization of the World-Attenuating group, the Self-Accentuating group brings to mind the image of a child who has experienced more direct shaming. The parentified child experiences failure in the context of his or her efforts to manage the aversive affects of the parents, as well as in the context of normal mastery pursuits. These failures are painfully self-evident, whether they are pointed out by others or not. They seem likely to result in a different sort of shame, however, than the experience of failure by a child who cannot achieve perfection in age-appropriate mastery

tasks.

In the case of the parentified child's failing to prop up or control a dependency figure, failure means that both the self and the environment -- which is ulitmately relied upon for support -- fail. In the case of the "imperfect" child who has internalized unrealistic expectations for his or her own success and fails to meet these, failure is only failure of the self and not of the environment also -- others can still be looked to for support, although accumulated resentments may distort the character of the connections sought. The child who feels shame over having not been able to achieve unrealistic goals for success may develop a compensatory grandiosity different from the unbridled grandiosity resulting from the lack of generational boundaries in the parentified child. The compensatory grandiosity is a defensive maneuver, whereas the unbridled grandiosity is more of a developmental arrest, the child having not had the sort of gradual frustrations necessary to tame and modify infantile omnipotence.

The Six Minor DEP Groups

The Oblivion-Seekers

Based on what this group hopes to accomplish with its drug use, the indiscriminate obliteration of organized awareness, one might assume that they are the most hopeless and desperate of the whole sample. They seem to want something, anything, to JUST STOP THE PAIN of their existence. Presumably, this group is trying to adapt and function with the least well developed psychological resources (i.e. impulse control, frustration tolerance, judgment, affect modulation, reality testing), and/or may have had the most severely traumatic histories. Reality is so aversive for them and/or their ability to cope is so grossly inadequate relative to the challenges of life, that any articulated awareness is potentially a source of overwhelming anxiety. It is as though there were a pervasive disturbance in the development of the normal and adaptive repressive barrier, precluding the minimally adequate management of tension so necessary to the individual's progress toward increased competence in virtually all spheres.

As this sort of basic psychological structure is essentially an internalized version of the external structure provided for the child during early development, it seems quite likely that these adolescents' families are

among the most chaotic and unpredictable in their caregiving practices, and that these children somehow missed other extrafamilial opportunities to attach themselves to a constructive and available quasi-parental figure (i.e. an interested teacher). There is also the possibility that some more acute, yet equally damaging and psychologically disruptive, event(s) is responsible for the chronic inner turbulence these subjects tend to experience without their intoxicants, although this sort of scenario has seldom been found among the patients treated at the facility where the current study took place.

Several test results involved a noticeable contrast between this and the other groups. Their collective MMPI profile was a member of the most pathological pair. Within that pair, the Oblivion-Seekers were more suspicious and withdrawn. At the same time, their Leary scores showed them to idealize a docile and passive-dependent position (despite their controlling/autonomous self-presentation). It does not involve a big leap of imagination to think of these addicts as seeking the eradication of what little differentiation has developed in their lives, perhaps most cogently in terms of their increasing distance from the moments of gratifying merger in the oral-receptive position once known -- if erratically -- in their own infancy, and, to a decreasing degree, through early childhood. This

group's drug experience preference may represent the most primitive longings for a return to a thoroughly undifferentiated state, and the attempt to reverse or flee the maturational pressures which increasingly impinge upon them as adolescents.

The Oblivion-Seekers have for the most part given up hope of achieving this sort of union with a real human being -- numerous disappointments, both those that are inevitable in an imperfect world and those that might be deemed extraordinarily tragic and/or inexcusable by mainstream society, have "proven" to the Oblivion-Seekers that the interpersonal avenue is a dead end. And indeed, it is certainly true that no real relationship can provide a return to the womb, not even thoroughly infantilizing ones. Nor would such be satisfying anyway, given the maturational drives with which virtually all adolescents struggle to keep pace, the stakes being a large portion of their self-esteem. But drugs provide a reliable means of achieving the sensation of undifferentiation, and in a context of antisocial activity that also provides an illusory sense of autonomy and independence. The autonomy is really only rebellion, and the independence is only transient -- the adolescent's continued abandonment of mastery efforts ensures his or her ongoing dependence upon a series of caregivers. In a way, both the self-presentation and the ideal -- which seem initially to be quite incongruous --

are equally well served by the drug solution. And, to give the adolescent some credit, he or she has in fact discovered and mastered a technique of anxiety-modulation, albeit at the cost of his or her entrance into the mainstream of society and the truncation of his or her further psychological development.

Certainly the points made above about the Oblivion Seeker's understandable preference for an external, controllable, reliably gratifying object over an unpredictable, uncontrollable, unreliable, potentially devastating attachment to another person for meeting their anxiety-regulation needs applies to the other World-Attenuating groups as well. It is, however, apparent in the starkest relief in the case of the Oblivion-Seeking group.

One other note regarding this group's relative lack of experiential differentiation: they were the only group in which the perceptions of mother and father peaked in the same octant, suggesting a lack of differentiation in their experience of their parents.

The Reality-Escapers

This group is on a quest for impersonal distraction (i.e. entertaining visual hallucinations) to assist them in the avoidance of negative affect. They are the most disi-

dentified from the conventional world, and are out to create an alternative reality wherein their infantile idealism can be preserved without challenge or disappointment. They are simultaneously the most romantic and one of the most cynical groups in the sample, sustaining unrealistic hopes by rejecting and fleeing the disappointment-riddled world of the mundane. Much of "regular" life for these adolescents is apparently either too actively aversive to tolerate, or too unexciting to keep them from falling into the problematic (angering, frightening, or depressing) awareness of their disappointments, failures, losses, and injuries.

Whereas the Oblivion-Seekers seemed to find any articulated and organized awareness troublesome, the Reality-Escapers are interested in preserving and enhancing their fantasy life, sometimes with very intricate organization (i.e. in the case of elaborately detailed hallucinogenic experiences), but most often with a simple modicum of differentiation and coordination of the perceptual elements (i.e. a flame perceived as fascinatingly mystical, but with only very vague and diffuse notions of what is mystical about it). One might conclude that this group's repressive barrier is somewhat more intact than that of the Oblivion-Seekers, and that an at least partially compartmentalized fantasy world has developed wherein a haven from pain can be found. The goal of the drug use seems to be to either

completely seal off the imaginary realm with the imaginer in it, or infuse the entire sphere of awareness with the qualities of the imaginary realm.

Despite this increased degree of internal structure, the desired state remains autistic. The attempt to create an alternative reality, while temporarily effective in the modulation of anxiety and negative affect, is still highly maladaptive and results in the same poor developmental prospects as described for the Oblivion-Seekers. One might think of the Reality-Escapers' motivation as a perversion of the natural drive toward creative mastery. What is missing in their solution -- as opposed to constructive efforts to minimize negative aspects of the world around us and maximize the positive -- is the ability/willingness to engage others within the constraints of consensually derived reality. Their rigidly idiosyncratic perspectives preclude cooperative efforts toward mastering problems, the vast majority of which simply cannot be addressed by oneself in isolation -- except through fantasy resolution, which is no resolution at all in the face of real-world developmental challenges.

The idiosyncratic nature of these adolescents' perspective is both a cause and a consequence of their alienation from the conventional world. Their enthusiastic disidentification from the established order is fueled by

their many disappointments and resentments vis-a-vis the dependency and authority figures in their lives. Their refusal to engage the world on its terms, keeps them in an antagonistic yet thoroughly dependent position.

The Reality-Escapers were a member of the moderately pathological pair of MMPI profiles. While they seem to have been able to internalize a bit more structure than the Oblivion-Seekers, they still lack the level of organization necessary to make use of their resources in progressing toward adult competencies. Their Leary scores characterize them as invested in presenting themselves as autonomous and in control, while idealizing submission. Perhaps this represents a paradox similar to that found in the case of the Oblivion-Seekers. But, instead of it being a matter of pretending to be independent while longing to be dependent, it is more a matter of pretending to be in control while longing for someone to take control, and provide them with enough consistency and structure to allow them to make better use of their resources and move forward in their development. If so, this would indeed be a small step up developmentally from the Oblivion-Seekers, as the focus would have shifted from passive gratification to more active mastery.

As with the other World-Attenuating groups, the biggest single problem seems to lie in the aversion to engagement, at least cooperative engagement. Their primary

underlying motivation of fearfulness, as per their Leary scores, sustains their investment in the retreat from the world of potentially constructive, yet often tedious and painfully difficult, interaction with others to the world of hyper-dramatic imagination. These adolescents' histories seem likely to have been slightly less chronically traumatic than the Oblivion-Seekers', allowing the development of somewhat more organized cognition in the form of a fantasy world to which they could retreat during times of acute distress. This defensive maneuver requires more and more "help" (i.e. from the fantasy-enhancing drugs) in order for it to effectively modulate distress via distraction as the multiple and increasingly intense stresses of adolescence accumulate.

The Mellowers

Longings for comfort, soothing, and distance characterize this group's orientation toward drug use. Again, the desire for disengaged self-sufficiency is prominent, and the use of drugs to modulate anxiety is finally explicit (rather than implicit, as it has been in the World-Attenuating groups examined thus far). There is not much more to say about this group that has not already been addressed in the section on the Oblivion-Seekers; the

Mellowers might be thought of in some ways as a less extreme version of that group. Their ability to tolerate an organized awareness of the negative aspects of their lives is significantly better developed, however, as long as they can "self-medicate" the anxiety that is associated with their problems. This suggests that they are less overwhelmed to begin with. Rather than a gross and pervasive failure of the repressive barrier, an internal boundary, the Mellower's seem to have a highly permeable internal/external boundary and are easily overstimulated by external stimuli. (This internal/external boundary is most likely highly permeable in the case of the Oblivion-Seekers too, it is just that the interior/interior repressive barrier problems are more figural).

The Mellowers exhibit the most organized and conventional perspective on the world around them (among the World-Attenuating groups); they know both that they have problems and what many of those problems are -- they are simply without a clue as to what to do about them, feel terribly inadequate in the face of the challenges accumulating in their lives, and have too little faith in others to reach out for assistance with either the mastery tasks or emotional distress with which they are having such difficulty coping. The best they can manage to do is attenuate the anxiety to a level which allows them to merely survive the hassles of another day.

This group is in the moderately pathological pair of MMPI profiles, along with the Reality-Escapers, but shows a much lower level of disidentification vis-a-vis conventional societal standards than did that group. They are still quite confused and alienated, however, and their maladaptive coping strategy -- as with the other groups -- interferes extensively with their pursuit of age-appropriate mastery.

Whereas the two other World-Attenuating groups presented a fairly stark paradox in the split between their respective self-presentations and ideals (Leary scores), this group's combination of the familiar self-presentation as autonomous and in control and an ideal in the wary and skeptical octant is a little more straightforward, especially when understood in the light of the resentful underlying motivation. The image that emerges from this configuration is one of an irritable, frequently overstimulated child who is invested in decreasing others' interpersonal involvement (experienced as invasive) and/or minimizing the threat of impersonal environmental stimuli that might have been managed for him or her by dependency figures in a more optimal arrangement. It is also possible that some of these adolescents were actually quite overprotected early in their lives, and now lack the frustration tolerance to cope with the mounting challenges of development, especial-

ly problematic as adulthood -- with its decreased possibilities for dependency -- looms ever larger on the horizon. In any of these scenarios, the most likely pattern of interaction between child and caregivers seems to be one of intermittent, intense involvement which does not match the child's needs for the creation of a "holding environment", to use Winnicott's (1960) term.

The Elation-Seekers

This group is the most difficult to comment on of all the six Minor DEP Categories. Their descriptions of their preferred drug experience were among the most vague, and they have the fewest members by far. The Elation-Seekers preferred many of the same visceral pleasures and sensations of mood elevation and expansion endorsed by members of other groups, but without any of the more specific experiential qualities that give the other categories their distinct characters. These adolescents share some aspects in common with all three of the World-Attenuating subgroups. Like the Oblivion-Seekers, the desired state has a very diffuse and undifferentiated quality. As with the Reality-Escapers, the theme of pleasurable entertainment is present, albeit more implicitly. And, like the Mellowers, their desired state involves an essentially passive existence, albeit more lively and engaging. If laughter and

euphoria are the result or manifestation of an acute and dramatic reduction in anxiety, the Elation-Seekers may have even more in common with the Mellowers. Nevertheless, the subjects in this group earned their place among the Self-Accentuators because their descriptions focused on an enhanced experience of themselves, rather than some altered experience of the world around them.

The Elation-Seekers' collective MMPI profile is one of the two least pathological, suggesting that they are apt to be among the best adapted of this sample of addicts. If so, this may account for their small numbers -- Elation-Seekers may less frequently require, or be identified as needing, the comprehensive structure and attention of inpatient or residential treatment. Another possibility is that these adolescents were simply very inarticulate, and could not specify their experiences to a degree which would allow their placement in one of the other five categories; the seperate-entity status of this category may not actually be warranted.

In comparison with the Superiority-Seekers, who account for the other half of the least pathological pair of MMPI profiles, the Elation-Seekers appear to be much less active, more avoidant, more resentfully disidentified with societal conventions, and perhaps more alienated from their bodies. Given this group's lack of consistency in their

descriptions of what it was like to be without their intoxicants, it is difficult to know what they were hoping to displace with the drug-induced state. However, it may be that these adolescents experience a sort of unarticulated sense of discomfort with themselves, possibly a very vague yet almost palpable self-consciousness, which interferes with their engagement with others. These addicts may feel that unless they are happy and pleasantly entertaining company, they will be rejected or ignored by others. It is interesting that they present themselves on the Leary as the most aggressively competitive group, while subscribing to the most affiliative ideal among the Self-Accentuators (and are second only to the Oblivion-Seekers in this regard among the World-Attenuators). The present study offers too few clues to resolve this paradox, but it may have something to do with a sort of jealous desire for attention.

Clearly, this group, with its uniform pattern of drug use in the context of a friendly group, displays the openness to engagement which forms a dividing line between the World-Attenuators and the Self-Accentuators. While the drug use produces a euphoria of its own, this takes place in the context of at least some superficial involvement with other people, and the shared experience of elation appears to be an important aspect of the preferred drug-induced state.

One might conjecture that these adolescents experi-

enced themselves as somehow unappreciated within the family except as they might serve to promote a positive affective tone. Hence, they expect that such is necessary for engagement with peers (especially as self-doubts run rampant in adolescence), and also find that the depression associated with their low self-esteem can be offset by the chemical intervention.

The Activators

This group is composed of two different types of subjects, who get the same net result by way of complementary means. One seeks to increase the energy with which they meet the world, the other seeks to attenuate the inhibitions that keep them from putting into action the impulses they already have. The end product is a more active and engaging individual who is freer/more likely to move toward others. Based on the fact that this is their goal, the members of this group seem likely to include the relatively higher functioning overcontrolled addicts (higher functioning in the sense of having achieved a greater capacity for delay than the other groups, overcontrolled in the sense that they are more likely to heed internalized prohibitions while sober). Their inhibitions may stem from a variety of sources, such as low self-confi-

dence, fear of retaliation, confusion, and/or ambivalence. This group would also seem most likely to contain the more vegetatively depressed addicts, who have difficulty mustering any enthusiasm for the activities of daily living AND feel like there is something undesirable about that -- their inactivity is ego-dystonic for them, whereas within some of the other groups, the depressed and lethargic adolescent may be relatively more content with his or her passivity and withdrawal.

The Activating group member seems to be longing for increased engagement with the world, and has found that he or she has an easier time effecting this in a drug-induced state. He/she is hopeful about attachment, and feels that the other has something positive to give, but avoids pursuing such either because of shame and self-doubt, worries about rejection or exploitation, or fear that the other will react in a hostile way toward neediness, or because he or she has clamped down on aggressive impulses to the extent that motivation in general has ebbed. The latter is apt to characterize the vegetatively depressed adolescent who feels his or her anger is either so unlikely to elicit an attentive response that it is not worth the effort, or that his or her rage is so dangerous that he or she must protect others from its destructive fury.

The Activating group has one of the two most pathological MMPI profiles (along with the Oblivion-Seekers). This

does not jive instantly with the characterization of them so far as self-conscious, inhibited, and/or lethargic adolescents who want to be more involved with the world around them. This characterization is especially incongruent with the elevated Scale 9 score, which suggests a high level of activity. How might the fairly straightforward implications of the phenomenological data be reconciled with the undeniably dramatic yet apparently conflicting MMPI results? The present study offers no conclusive answer here, but a strong possibility is that these addicts have been able to achieve a fairly high degree of success, subjectively, in their drug-produced reversal of what are essentially depressive, avoidant, and obsessive symptoms. If so, then as they completed the MMPI they would be answering questions about how they usually were. Most of the addicts interviewed for this study had been getting intoxicated most of the time during an average week. Hence, the Scale 9 elevation could reflect their most often experienced, drug-induced state of high energy, and the expansive mood which would accompany the reduction in social anxiety. And, it should be kept in mind that these adolescents are indeed hopeful -- even excited -- about engagement, with or without their intoxicants.

The Leary scores for this group which warrant some attention include their resentful underlying motivation,

probably a function of multiple disappointments in attachment (which have not been so pervasive or intense as in the case of the World-Attenuators), and their wary ideal, likely emerging from the desire to avoid future disappointments and humiliation. They are also one of only two groups to describe their mothers most often as competitive.

The image that emerges from the data produced by this group is that of an adolescent who has received a substantial amount of nurturant attention (or at least indulgence), accompanied by fairly chronic criticism and unrealistic demands, without adequate support for the development of the abilities necessary to achieve the expected goals (that might have been possible with some age-appropriate assistance). The most important difference between these adolescents and the Oblivion-Seekers, who were also hypothesized to have experienced high levels of hostility from their dependency figures, seems to be the degree to which the child's hope of becoming that which the other would accept has been crushed. In the case of the Oblivion-Seekers, little or no hope is left. In the case of the Activating group, there remains some notion (perhaps quite grandiose) that -- with improvement -- the self has the potential to meet the other's expectations and be accepted and gratified. Until then, and perhaps as a substitute for that end or an escape from the frustations involved, these addicts' drug use allows them to pursue

engagement (primarily with peers) and its gratifications (at least in a superficial and fleeting manner) prior to achieving the improvement they feel is a prerequisite for the approval, appreciation, and support of their caregivers.

The Superiority-Seekers

This group of addicts is most interested in propping up their failing self-esteem; in this sense, they are similar to the other two Self-Enhancing groups. But, rather than simply bringing themselves "up" to the level of others (in terms of either mood or activity) in order to facilitate engagement, the members of this group are out to surpass, and in many cases conquer, others. The engagement they seek is intensely competitive and often enthusiastically hostile.

The Superiority-Seekers seem to be trying to reverse extremely intense feelings of worthlessness, self-loathing, and helplessness. One might guess that these adolescents have suffered the most profound humiliations and contempt, and that their own sense of mastery potential has been thoroughly undermined. They appear to be substituting a sensation of hyper-competence -- perhaps even a return to infantile grandiosity -- for genuine mastery efforts (at

least outside the realm of physical violence, wherein they may have achieved some significant "successes"). What organization they can muster likely requires an external aggressive focus -- an enemy or target of conquest -- to facilitate the rallying of cognitive and emotional resources. This is a more overtly destructive version of the oppositionality which provides the Reality-Escapers with an illusory sense of autonomy. The Superiority-Seekers are not satisfied with self-control, and want to exercise direct, tangible control over others. While control over sources of gratification (i.e. dependency figures) is implicit in other categories, it may be effected by masochistic means (helpless incompetence evokes caretaking responses from others) and it has less of an overtly aggressive quality (although resentful entitlement may be prominent). The Superiority-Seekers' brand of control is explicit, and excercised from a position of power.

Now, compared to the other Minor DEP Groups, the description of the Superiority-Seekers' given above places them among the most disturbingly pathological; given the accounts of violent aggressivity they gave in their interviews, they are certainly among the most dangerous and destructive. Yet their collective MMPI profile was the most benign, even within the least pathological pair. How can this be reconciled?

The most compelling answer is that these adolescents

have achieved some degree of cognitive sophistication which allows them to operate within societal norms when this is strategic. This is analogous to the case of the savvy paranoid who can easily avoid such self-revealing responses as marking TRUE on a question asking if he or she thinks other people are out to get him or her. It may be possible that savvy psychopaths can minimize their Scale 4 scores, that they do not exhibit high Scale 8 scores because they have had to acquire a sensitivity to and facility with societal conventions as a means to their self-serving ends and have little sense of alienation because of their lack of emotional investments in others, and that they do not show elevations on Scale 9 because they have achieved some capacity to focus and delay their aggressive impulses -- their antisocial behaviors may be more premeditated and disciplined.

As one would expect for this group, the Superiority-Seekers showed a dramatic tendency to present themselves as competitive on the Leary. While their ideal fell within the wary/suspicious octant along with most of the other groups, it was by far the most aggressive in quality. And, like the Activating group, they tended to experience their mothers as competitive; this may well be related to the more overt and figural self-esteem deficits found in these two groups.

DEP Group Continuums

In the discussions above of the Major and Minor DEP Groups, several gradients have emerged. They are only vaguely definable, and are far from any sort of quantifiability that might allow ordinal ratings. However, they are sufficiently identifiable to warrant attention here.

The first gradient was noticed in the raw data of the results; it was the three levels of pathology seen through the lens of the MMPI in the examination of the Minor DEP Groups. To review, the Oblivion-Seeking and Activating groups showed the most severe and extensive pathology, the Reality-Escaping and Mellowing groups exhibited a moderate level of pathology, and the Elation-Seeking and Superiority-Seeking groups produced the least pathological profiles. Can these test-based pairings be related to any particular qualities inferred in the comprehensive examination of the different groups?

The only factor which seems to covary with the MMPI scores is the level of distressed agitation experienced by the group members. The Oblivion-Seekers, apparently distressed about everything around them, are appropriately paired with the Activating group, who seem to be quite desperate to make up for some deficit in themselves. The Reality-Escaping and Mellowing groups appear to experience a bit less urgency, and while unhappy and anxious, are less

inclined to take active, drastic measures. The Elation-Seekers and Superiority-Seekers appear to be the most content (or perhaps resigned) in their respective adaptations. Although they must use drugs to achieve the state which they desire, they may be the most satisfied with the results and the lifestyle built around this compensatory activity.

The two other gradients, which emerged in the discussions of the different groups, were the relative articulation of experience (proposed as both a possible confounding variable and an integral part of the characterological differences among the groups) and the degree to which the different groups were oriented toward or away from engagement with the world. The latter seemed to coincide with the two Major DEP groupings, with the World-Attenuators seeking their own removal from the aversive realities that impinged upon them from the outside -- interpersonal relations presumably being the medium of these negative experiences. The Self-Accentuators, on the other hand, were trying to offset some deficit in themselves so as to facilitate or optimize their engagement with the world by improving their desirability and confidence.

The articulation gradient coincides roughly with the progression within each Major DEP Group taken as the convention in organizing the present work. Throughout these

writings, the World Attenuators have been dealt with in the following order: Oblivion-Seeking, Reality-Escaping, Mellowing. The Self-Accentuators have been treated in this order: Elation-Seeking, Activating, Superiority-Seeking. In both Major DEP Groups, the Minor DEP Groups have been arranged from least to most articulated descriptions of experience. The Oblivion-Seekers and Elation-Seekers give the vaguest and most diffuse description of their respective preferred drug experiences. Self-other and other-other differentiations are entirely absent, and the sensations which dominate are the most visceral.

The Reality-Escaping and Activating groups' descriptions of their preferred drug experiences included substantially more differentiations. Specific activities and detailed perceptual phenomena were noted, and there were a wider variety of desired possibilities within the basic frameworks of the respective categories. Self-other distinctions were clearly evident, although other-other distinctions were often not made.

The Mellowers and Superiority-Seekers both demonstrated the clearest self-other differentiation (at least as a goal); they each sought an explicit separation from others, although they differed markedly in how they accomplished this -- the Mellowers retreated, whereas the Superiority-Seekers were involved with others in such a way as to heighten the contrast between themselves and those they

looked down upon. External and/or other-other differentiations were at least rudimentarily present, with the Mellowers maintaining an awareness of their various problems and the Superiority-Seekers segregating others into a hierarchy relative to themselves.

The articulation gradient may have the greatest implications for developmental level, if one understands psychological development as a process of increasing differentiation of experience. This notion sometimes runs aground in the comparison, say, of the diffuse awareness of a neurotic hysteric and the sharply detailed world of a paranoid schizophrenic; obviously there is more to development than just increasing differentiation. The engagement gradient seems most likely a function of historical factors and individual temperament, as the interaction of these two seems likely to have the greatest effect on ones hopefulness about attachment. The MMPI gradient seems to reflect the relative subjective adequacy of adaptation, although the scores all seem deceptively low given that these adolescents are by and large grossly out of control behaviorally, failing in virtually every aspect of life, and able to achieve the most tenuous of interpersonal connections at best. Nevertheless, within the context of the adolescent drug sub-culture, some are better able to achieve a measure of organization, satisfaction, and contentment than are

others. It is not surprising to find implications that the most effectively psychopathic and the most diffusely affective groups would be the best adapted within the drug-culture lifestyle.

Narcissistic Aspects of Addiction

Moving from the specific to the general, what might be the contribution of the examination of the different Major and Minor DEP Groups to the understanding of the phenomena of adolescent chemical dependency? First, it should be noted that the segregation of the sample into discreet, non-overlapping categories was a contrived operation designed to tease out various elements of the drug experience. In the thematic analysis of the interview data, there were often descriptions from a single individual which contained aspects of more than one DEP Category, and the subject was placed in a group based on which aspects seemed to be primary (i.e. most figural or redundant) within the account. So, the discussion of any one of the DEP Groups includes elements that apply to other groups as well, although perhaps peripherally.

The most salient issue among the sample as a whole could be described as the quest for narcissistic equilibrium. Stolorow and Lachman (1980) in their book entitled The Psychoanalysis of Developmental Arrest, define "narcissis-

tic" activities as those that serve to maintain or improve the structural cohesion, temporal stability, and/or positive affective coloring of the self-representation. With this fairly broad concept of narcissism, it is possible to conceptualize the various dynamics which emerged in the examination of this sample of adolescents as aspects of narcissistic development. Understanding the addict's dependence upon a substance as a self-object phenomena, the use of a narcissistic tool of sorts, can be helpful in organizing both theoretical notions of addiction and informing treatment strategies. Jerome Levin (1987) has applied this model in just such a way in his book, The Treatment of Alcoholism and Other Addictions: A Self-Psychological Approach. But what has been observed in the examination of these adolescents that can be placed in a conceptual framework of narcissistic development?

One of the most fundamental aspects of narcissistic development in adolescence is the resurgence of strivings toward increased separation, individuation, and differentiation vis-a-vis the parental dependency/authority figures (and many of their surrogates, such as teachers, police officers, etc...). Greater autonomy is sought by the adolescent as he or she develops interests and values that are not necessarily congruent with those of the established order of the home. Identifications with peer groups at

least superficially overshadow the identifications with parental authority that supported the relative compliance of latency. This is the case in normal development, with a reasonably intact family and benign childhood history. For the adolescent addict, the process of individuation -- the creation/definition of the self -- has been problematic, most likely throughout life, and especially as he or she begins to deal with the increased pressures of both his or her own maturational strivings and the external world's demands that he or she competently assume approximations to adult responsibility.

Without the sort of internal structure (i.e. cognitive organization, affect modulation, frustration tolerance) which would allow an adolescent to coordinate his or her efforts in constructive ways toward the increased mastery necessary to progress toward adulthood in an age-appropriate fashion, the adolescent remains unable to achieve genuine autonomy and adaptive self-reliance, at least not as defined by mainstream culture. Certainly the adolescent addict has achieved a type of self-reliance, a type of mastery, and a type of autonomy, but these do not serve him or her well in the face of the requirements of independent living.

The addict's self-reliance is more accurately counter-dependence -- a paranoid and grandiose perversion of adult self-reliance in which others' assistance is experienced as

injurious to self-esteem; it is a sign of ones unacceptable weakness, neediness, and vulnerability. The mastery these adolescents have achieved is not the self-regulation that provides a fundamental sense of confidence, but rather a method of managing anxiety and negative affect which requires an external object in what might be considered a sort of transitional operation. The adolescent addict has not internalized environmental structure and the presence of helpful others in such a way as to be able to call upon interior resources for soothing or bolstering. In most cases, the environmental structure was grossly inadequate or erratically present, and those to whom the adolescent might look for soothing were not reliably available, vacillated from infantilization to sadistic control, neglect, or invasion, and/or were too consistently aversive a presence to idealize and identify with, although much of the negative presence may well have been incorporated in the adolescent's less conscious, self-defeating, self-destructive motivational dynamics and self-loathing. The substance of abuse functions as a concretely internalizable, reliably effective (for the most part), and controllable alternative to the disappointing and/or aversive dependency/authority figure(s). The adolescent thereby achieves at least some means of managing anxiety and negative affect (i.e. the shame and/or terror of incompetence), whereas the alterna-

tive might be overwhelming distress and disintigration of the self-representation -- at least without environmental contingencies strategically arranged to assist the adolescent with his or her psychological deficits.

Given his or her lack of a clear sense of direction (even in comparison to the state of indeterminate identity common in adolescents), the closest thing to autonomy the addict can achieve is oppositionality vis-a-vis caregivers and the established social order, and in the extreme, wantonly destructive, impulsive-ridden antisocial behavior. (As mentioned previously, the vast majority of adolescents receiving a substance dependency diagnosis at the facilities where the present study took place, received a diagnosis of either Oppositional-Defiant Disorder or Conduct Disorder as well.) The addict's negative experiences with dependency and/or authority figures have produced an intense conscious disidentification (strong undercurrents of identification -- maladaptive as they may be -- can still be found), and the conventional perspective, with its rules, values, and payoffs, is devalued and opposed with enthusiasm. The drug sub-culture is replete with images of degraded and degrading authority figures and insidiously evil dependency figures. Good and evil are turned upside down, with the dark forces of opposition held in highest esteem. Nihilistic anarchy is the favorite ideology.

Alienation from society is glorified, and its pain is

ameliorated to some extent by involvement with like-minded others. Social affiliation is based on something other than interpersonal competence; ones status as a person from whom drugs can be obtained, ones idealizability as an uncompromising rebel, and ones contribution of excitement (and even danger) to the group are among those characteristics for which one might be esteemed within the drug culture. The entry fee is simple and universally easy, however -- one just has to use and have the most rudimentary control over ones aggression -- at least focusing it outside present company -- to be welcomed in. Interpersonal relationships are necessarily quite superficial, as the whole idea of using substances is to avoid the shameful, painful realities of ones life, and genuine intimacy is impossible without reality based self-disclosure.

Because the addict's pseudo-autonomy is achieved without the mastery of age-appropriate developmental tasks, it perpetuates his or her dependency upon others for basic needs. The drug use itself is ultimately self-destructive in this regard, since it results in an ever-widening gap between the level of competence achieved by the adolescent and the expectations of the world for someone of his or her ever-increasing age. The adolescent addict feels both grandiosely entitled and utterly worthless. The former can occur as easily in the context of chronic infantilization

as massive deprivation, and the latter can be a function of chronic and sadistic humiliation, traumatic loss, or even a parental figure's idealization of the child beyond his or her capacity to fulfill the associated expectations. In other words, there are a variety of different paths to the same end state of unstable, discontinuous self-worth.

The continuing dependence of the adolescent upon others is often a matter of intense resentment on both sides. The dependency figure experiences the child as too needy and demanding, while the child experiences the dependency figure as arbitrarily withholding and unreasonable in attaching expectations to the supplies provided. The reader will remember the passive ideal common to all of the DEP Groups, and the wary and resentful underlying motivations which appeared most frequently. As with the frustrations that are simply a normal aspect of mastery efforts, momentary lapses in emotional gratification can be experienced as injurious assaults upon the addict's self-esteem. Hence, their desire to be free of the dependency relationships which keep them vulnerable to further disappointment, distress, and rage is easily understood. This desire is only half of a pair of highly conflictual strivings that keeps the adolescent addict in a state of emotional turmoil -- they are both anxious to strike out as an autonomous individual, and yet are also desperate to regain a position of perfected passive dependence and avoid the challenges of

leaving childhood and becoming an adult. This is a characiture of the normal adolescent conflictual feelings regarding the relinquishing of the fully dependent status of childhood (Kaplan, 1986).

All of the dynamics discussed above are familiar to any student of general characterological psychopathology. And, not surprisingly, diagnoses of Borderline Personality Disorder and Narcissistic Personality Disorder are very common among the adolescents receiving a substance dependency diagnosis at the facilities where the present study was conducted. It may well be that the Major DEP Groups represent trends toward one or the other of these diagnoses, with the World-Attenuators tending to be Borderline Personality Disorders and the Self-Accentuators tending to be Narcissistic Personality Disorders. (schizoid, avoidant, paranoid, dependent, hystrionic, and antisocial features can be found among the members of both DEP Groups.) This distinction between borderline and narcissistic character pathology is made on the relative differentiation of self and other found in the two groups. The theme of boundary-free merger with an indistinct source of passive gratification is prominent among the World-Attenuators. While it is true that they are overtly seeking a sort of distance from the cares of the world, they are also implicitly invested in moving toward a fetal relationship in some

alternative reality -- they are not attenuating all worlds, just the real one, in which they have struggled since leaving a state of perpetual fusion with a maternal presence (perhaps since birth). In the case of the Self-Accentuators, self-other boundaries are more distinct, although the desire for a connection with others who are experienced as vitally necessary to the support of ones own self-esteem is readily apparent; this is the classic use of others as self-objects described by the self-psychology school (Kohut and Wolf, 1978).

Implications for Assessment and Treatment

The treatment of addiction can be approached in at least two broadly defined ways. There is the disease model (Jellinek, 1960) approach of traditional recovery programs typified by Alcoholics Anonymous; these often downplay personality differences between people in the interest of clarifying and elaborating the aspects of addiction common to all members of the group, and thereby promoting a group identification and facilitating intra-group confrontation, disclosure, and encouragement. "Why's" are less important than "what's" in ones self-examination and efforts to change, and are often seen as distracting from the most important issues in recovery -- the maintenance of sobriety and development of alternative coping strategies. The

addiction is the problem, "character flaws" are a function of the addiction, and not vice versa. However, it is more than just interesting to note the ways in which the A.A. aproach is uniquely suited to the narcissistic needs of the alcoholic, such as the merger with an idealized other and the cultivation of a sense of personal transcendence (Mack, 1981). A.A. is also quite effective at offsetting many of the self-care ego deficits of the alcoholic (Khantzian, 1981).

In contrast stands the traditional psychodynamic approach which is very concerned with the "why's" of behavior, and conceptualizes the addiction as a symptom of more general characterological pathology. Interventions may be focused on the characterological issues and not directly address the substance abuse. People in either camp tend to view the other camp with suspicion, and complain that the most important aspect of the addict's problem is naively left unaddressed by the alternative approach.

Certainly, this controversy shall not be resolved by the present study. Nor are the opposing sides as clear cut as they have been characterized here and as they used to be -- there seems to be some movement from both sides toward the middle. Traditional individual psychodynamic psychotherapists are gaining an increased appreciation of the need to address the active practice of an addiction as an

issue of the therapeutic frame -- concretely self-destructive behavior cannot be ignored in the interest of purely exploratory work, and there seems to be an increasing appreciation for the value of involvement in a formal program of recovery, with its extensive support network. People involved in the traditional recovery approach appear to be more interested in integrating a psychologically-minded perspective into their efforts, and are developing an appreciation of the ways such can allow for a more effectively tailored approach to different types of people. (These observations of trends in the field are based on the writer's personal communications with other practitioners in addiction treatment in Tennessee, Connecticut, and Massachusetts.)

The present study (having been designed by someone serving as a psychological consultant to chemical dependency programs leaning more toward the traditional AA model) speaks more to the value of appreciating characterological differences between addicts, although some of the characteristics they hold in common have also been addressed. So, how might an understanding of the various DEP Groups be helpful in the development of treatment strategies?

First, in the phase of initial assessment, an addict's status as a member of a Major and Minor DEP Group would have to be ascertained. It is a very easy addition to make in the course of an evaluation interview to simply ask the

patient to describe what it was like for him or her to be "high" in the way he or she liked best. Even with a few auxiliary queries (i.e. asking what it was like when they were deprived of their intoxicants) to clarify the DEP when necessary, the process is quick and fairly straightforward. Then, given the knowledge of the new patient's membership in a Major and Minor DEP Group, certain expectations emerge regarding his or her response to different treatment interventions, and these may be included in the data which informs the planning of such.

The distinction of being a member of one or the other Major DEP Group has the greatest implications for treatment. For instance, while the provision of consistent and prosocially oriented structure, with predictable, reasonable, and constructive behavioral contingencies, is a fundamental part of the inpatient or residential treatment of adolescent addicts in general, it is apt to have a different goal, meaning, and value for the members of the two different Major DEP Groups. Behavioral limits and consequences serve to tame the grandiosity of the more figurally narcissistic Self-Accentuators, and promote a focus on the incongruence between their expansive sense of potential and the reality of their incompetence. Involvement in the treatment community means giving up special status, tolerating the shame associated with others' and ones own recog-

nition of ones limitations and failures, and getting down to the painful and often tedious work of genuine mastery. In the case of the World-Attenuators, programmatic structure serves to facilitate improved cognitive organization, ameliorate the anxiety associated with chronic and severe environmental chaos, and make explicit the means of acquiring interpersonal support. Involvement in the treatment community means facing the vulnerability to further attack, giving up the cynicism that had been effective in protecting against the acute pain of disappointment, and struggling to achieve increased control over ones impulsivity.

The most effective way to involve -- and maintain the investments of -- the different Major DEP Groups in treatment is also likely to vary. Possibly the most challenging hurdle the World-Attenuators have to face in the initial phases of treatment is the aversive reaction to non-drug-mediated engagement with others. Without significant attachment, effective treatment cannot take place. Yet the World-Attenuators are oriented away from attachment, expecting it to ultimately be aversive in most any reality-based form. It is therefore of the utmost importance to emphasize in their treatment the diffuse attachment to the community, downplaying individual connections (which can quickly become frighteningly intense, given the self-other boundary problems of this group), and focusing on the abstract and diversified connection to the supportive

community at large. The attachment is thereby diffused and more easily tolerated, and the desire to spoil, test, and/or flee the engagement can be addressed in a less personal and less threatening manner. Frustrations, and the negative affects provoked by such in this group, need to be understood in terms of a distress about survival capability, whereas issues of shame are likely to be most important in the Self-Accentuators' experience of same.

The Self-Accentuators are apt to respond most favorably to the opportunity to connect with some sort of Promethean figure, who will assist them in acquiring the mastery they lack. These addicts are likely to be better able to tolerate and benefit from adjunctive individual psychotherapy than are the World-Attenuators. However, with some adolescents -- especially in programs where the provision of individual attention is unusual -- this may be contraindicated by the potentially disruptive sense of special status that may result. Even in a thoroughly group-oriented program, however, the Self-Accentuators are apt to form special connections (at least in their own private experiences) with specific caregivers who have a more heroic presence.

As for treatment outcome predictions, neither group appears to have a distinct advantage. The Self-Accentuators could be quicker to idealize and attach, but soon

after may be just as much quicker to devalue and flee. The World-Attenuators may find the increased organization of the treatment program a tremendous relief, but then become overwhelmed by the urgent desire for impersonal distraction (i.e. a return to their old, dangerous lifestyle) in the midst of painful memories and feelings which have more opportunity to emerge into awareness in the relative calm of the treatment milieu.

A note on male/female differences is warranted based on the MMPI data; this also has some relevance to the three MMPI profile pairings among the Minor DEP Groups. The greater degree of disorganization (represented by the relatively higher elevations on the psychotic (right) side of the profile) of the boys suggests that they may be more responsive to treatment efforts earlier, because their character structure is "looser" and more flexible. Their lack of internal structure makes them more malleable, but it also means that chronic difficulty maintaining gains in treatment is likely. The more focal pathology of the girls suggests that, while they may be harder to reach initially because of the crystallized quality of their bitter resentments, they have developed more internal structure, and will be better able to sustain improvements in their psychological functioning.

What more might be said about the Minor DEP Groups, regarding their relative differences in treatment, is

rather obvious, given the previous discussion of their respective features. One would expect the Oblivion-Seekers to be the most disorganized and least resourceful, and require the most time in low-stimulation settings and activities. The Reality-Escapers seem likely to need the most direction toward a focus on reality constraints, and the most confrontation of their idealistic expectations of the world. The Mellowers may need the most encouragement to take initiative, and require extensive assistance breaking down tasks and problems into manageable pieces. The Elation-Seekers may become the most depressed and withdrawn. Interpersonal anxiety is apt to dominate the experience of treatment for the Activators, and issues of shame and/or squelched anger are likely to be figural. And finally, one would expect the Superiority-Seekers to require the most confrontation and interpretation of their competitive efforts within the community (in an inpatient, group, or residential setting) or within the transference (in an individual therapy setting).

Suggestions for Future Research

A number of the questions and problems noted at the beginning of this section could be addressed fairly easily. First, in order to rule out verbal articulateness as a

confounding variable, verbal IQ's or other measures of language proficiency could be held constant in comparisons between other variables, or considered in a factor analysis as a possible contributor to the main effects. Second, in order to rule out transient shifts in the experiential descriptions, subtle test/retest checks could be made using periodic questionnaires with embedded items related to the preferred drug experience. Third, and also necessary for the first suggestion above, a much larger sample would have to be used in order to have enough subjects to facilitate a more profitable statistical analysis. Fourth, the use of a different measure of personality style, as discussed at the beginning, might be tried, perhaps using a tightly operationalized system of diagnosis which would capture the figural issues of the subject's presenting problem at the time of his or her entrance into treatment, and the degree of behavioral pathology prior to admission. Related to this, but also possibly a differentiating variable in its own right, is the abuse/trauma history of the subject. It may be that certain events such as physical or sexual abuse, early loss of a parent, etc... might be related to the addict's drug experience preference.

A fundamental shift in methodology might be attempted, moving from the test results to the DEP interview data. In the present study, subjects were assigned to DEP Groups first, and the test data was then analyzed on the basis of

those assignments. It might be useful to try to segregate the sample according to different personality test score patterns, and then analyze the relative mixtures of DEP Categories within each of the test-derived groups, or arrive at new categories which captured the experiential qualities most salient in the various test-derived groups. Also, a different system of rating a subject's DEP could be used in which he or she could accumulate points on an array of DEP Categories, resulting in a more elaborate and diversified classification of their experience (i.e. a high loading on Mellowing, with lesser loadings on Oblivion-Seeking and Activating). Such a design would require the restructuring of the phenomenological interview so that the questions did not attempt to narrow down the experience to its most important element, or it might even be accomplished by means of a checklist containing commonly reported adjectival phrases from the different DEP Categories.

A longitudinal study of the different DEP Groups, involving an examination of their respective responses to different aspects of treatment or different treatment approaches may be useful in clarifying and elaborating the treatment expectations suggested earlier.

Sex differences within DEP Groups may be a fruitful area for exploration. In addition to the male/female MMPI profile differences noted earlier, this author noticed a

couple of other interesting contrasts. While they were beyond the scope of the present study, it seemed likely that valuable inferences might be drawn on the basis of the variations in group composition (some groups' memberships were disproportionate with regard to sex), and on the basis of break downs of the Leary data into male and female results for each DEP Group. The latter was performed for the Level III-MM scores because the coordinates for that level are derived differently for the two sexes. Variations in the mean scores were sometimes substantial, and prevented the use of group means on that level (frequency distribution data sufficed for the purposes of the present work). Because the resulting 12 groups were so small, it was impossible to interpret their differences with any confidence, but with a larger sample, important contrasts in the orientations of males and females in the same group might be revealed.

Finally, it may be interesting to take more notice of the actual drugs used by the subjects. Although it was one of the main premises of the current study that the experience of the intoxicant was more likely to vary with personality type than with the drug's chemical composition, and this factor was systematically ignored here, some of the Minor DEP Categories are so strongly suggestive of different classes of drugs (i.e. Reality-Escapers might prefer hallucinogens, Mellowers anxiolytics, Activators stimulants

or alcohol) that it would be surprising to find no correlation whatsoever between DEP Category and type of intoxicant preferred. The research of Khantzian and Schneider (1985) cited in the introduction certainly points in this direction. However, the fact that the same substances can produce widely varrying experiences, and that different substances can be used to achieve roughly the same effects, still seem likely to confound such correlations.

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APPENDICES

APPENDICES

A note on the graphs that follow. In addition to the standard charts for the MMPI and Leary test results, three types of graphic data representation are provided in the appendices: area graphs, bar graphs, and line graphs. While the latter two should be readily interpretable by any reader, the area graphs may be confusing without a little orientation. The upper edge of the figure represents the total of all groups involved. The various widths of the different shaded areas within the figure represent the proportion of that total contributed by each respective group at the different points along the horizontal axis.

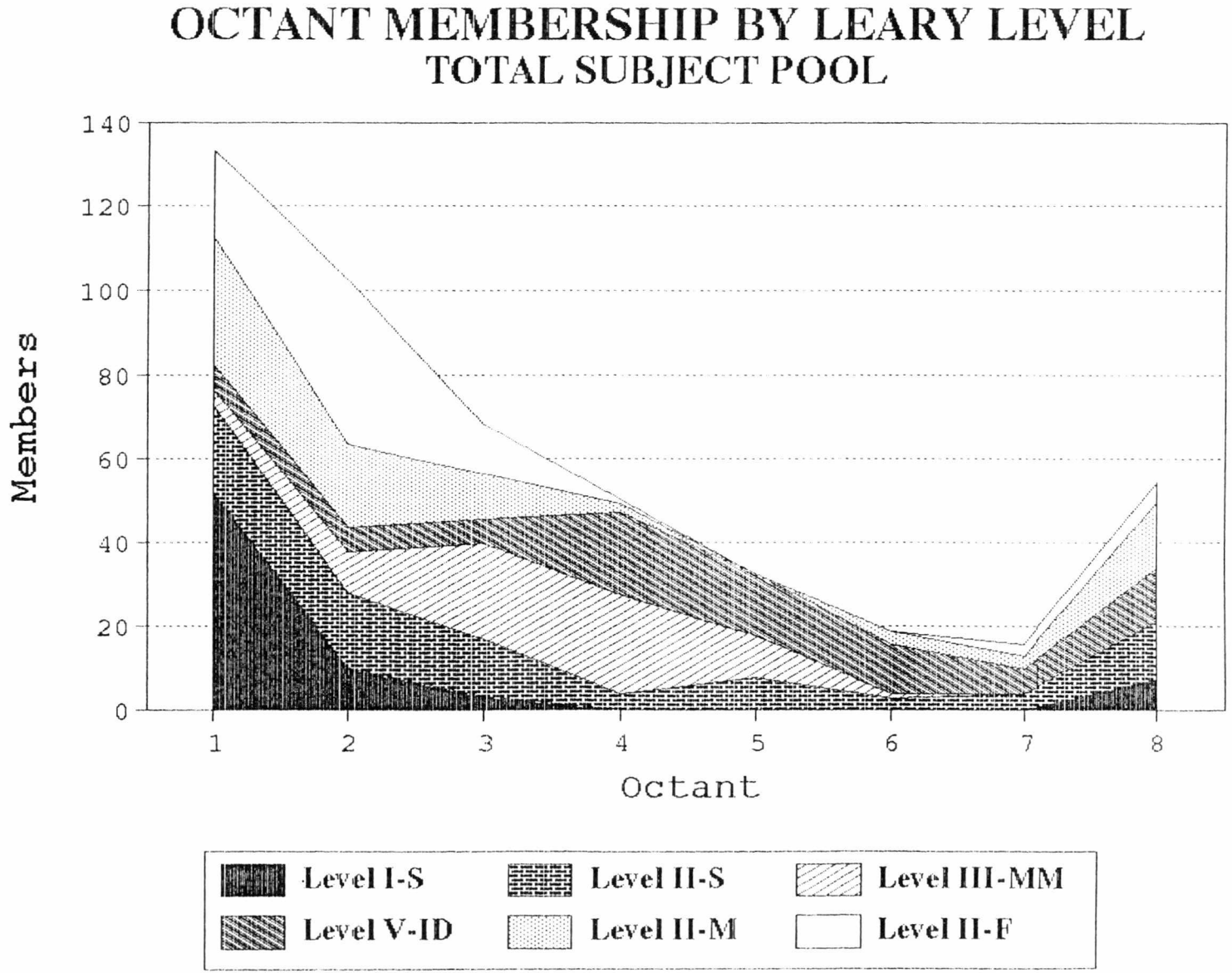
Also, the reader should note that some graphs depict actual numbers of group members, while others depict percentages of group membership; this is specified along the vertical axis of each graph.

APPENDIX A: Subject Pool Demographics

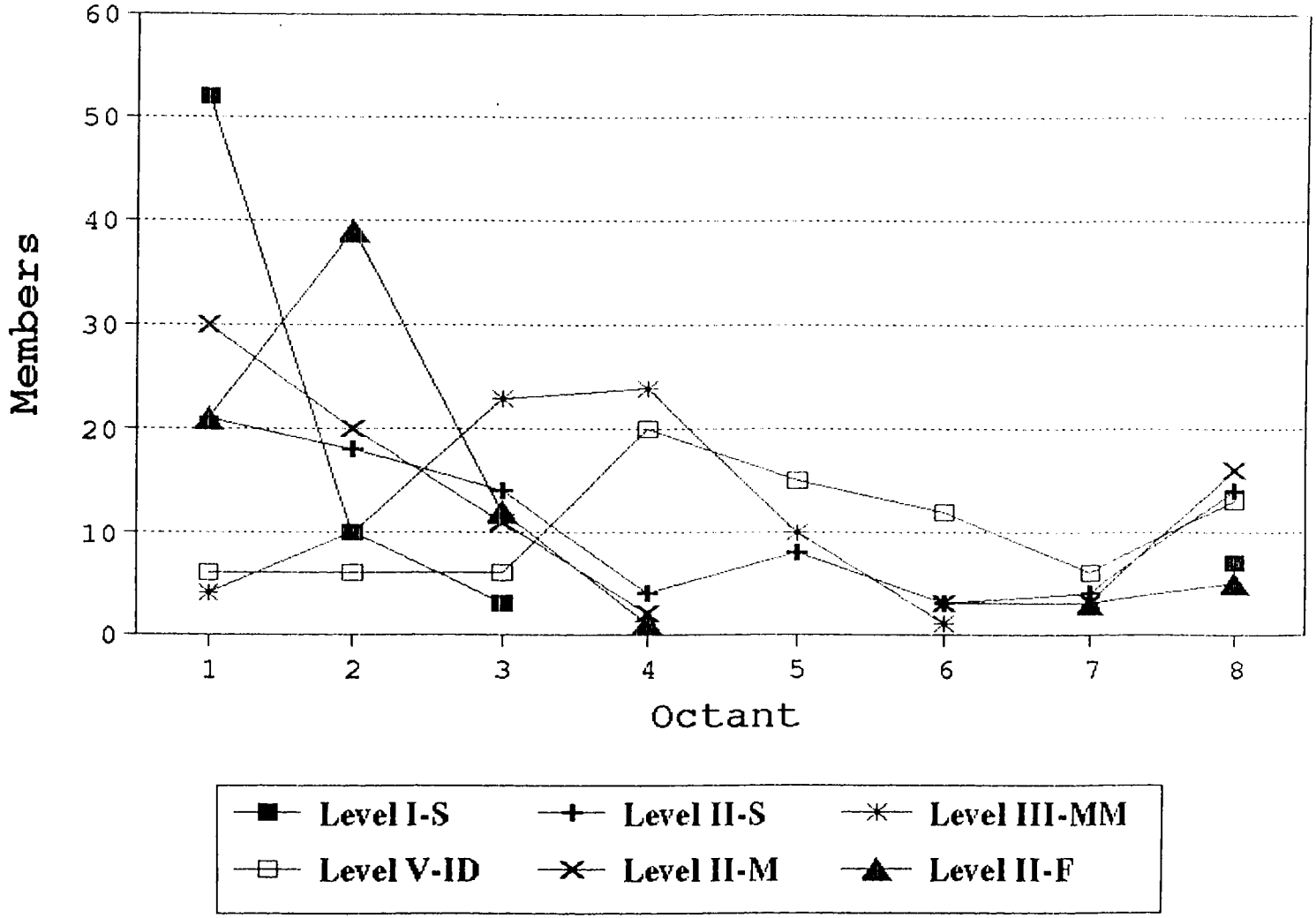
A total of 90 subjects participated in the current study. All were receiving treatment for chemical dependency at one of two facilities, either the Youth Chemical Dependency (YCD) acute inpatient unit of Peninsula Hospital or the long-term residential Peninsula Village treatment facility, both located in Louisville, Tennessee, and drawing from a wide variety of socioeconomic strata throughout the eastern Tennessee, southern Kentucky, and western North Carolina regions. The subject pool had the following composition:

Demographic Group	Number / Percentage of Subjects
Male	55 / 61%
Female	35 / 39%
White	80 / 89%
Black	10 / 11%
Age 13	4 / 4%
Age 14	12 / 13%
Age 15	23 / 26%
Age 16	26 / 29%
Age 17	24 / 27%
Age 18	1 / 1%
YCD	43 / 48%
Peninsula Village	47 / 52%

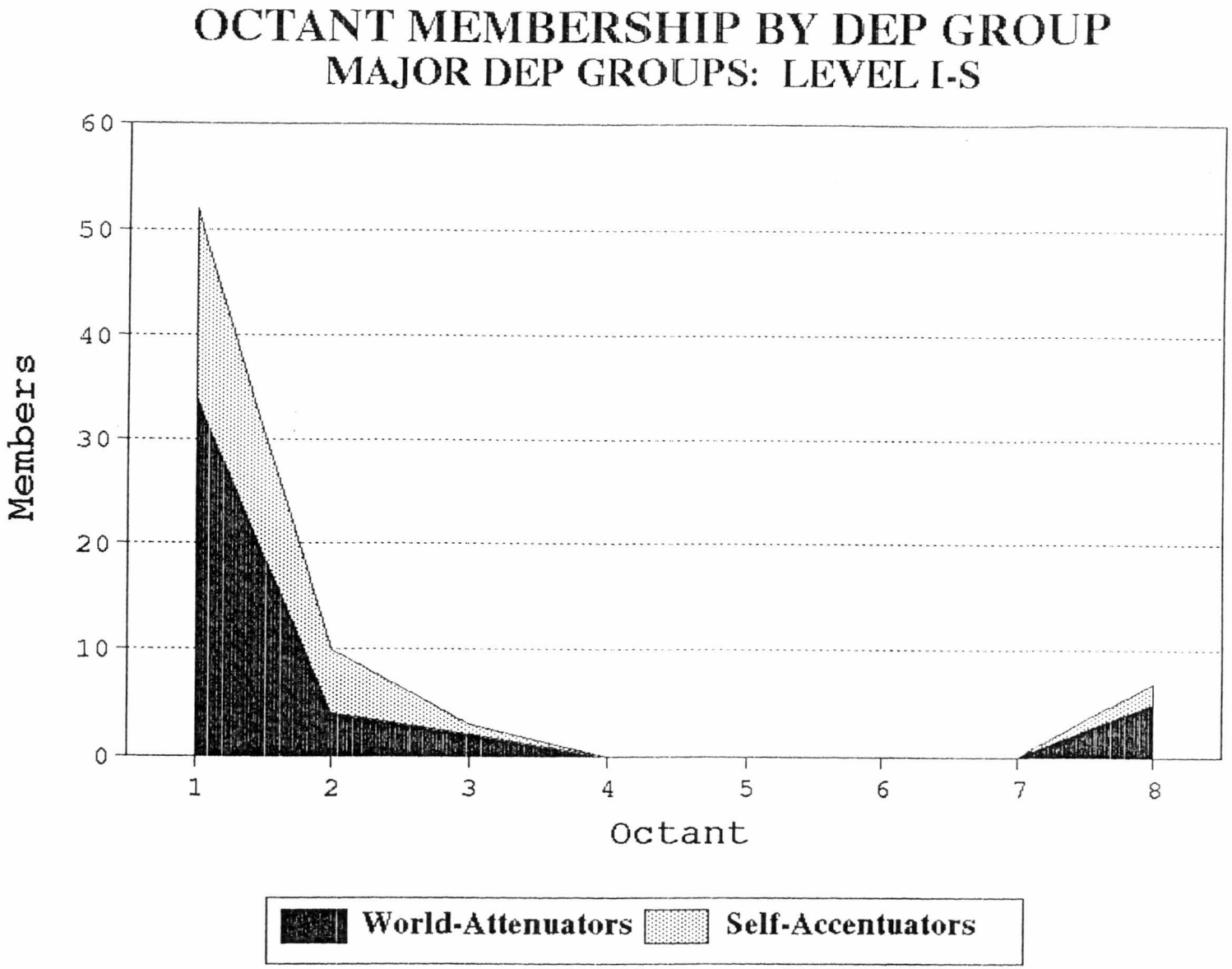
APPENDIX B: Octant Membership by Leary Level for the Total Subject Pool

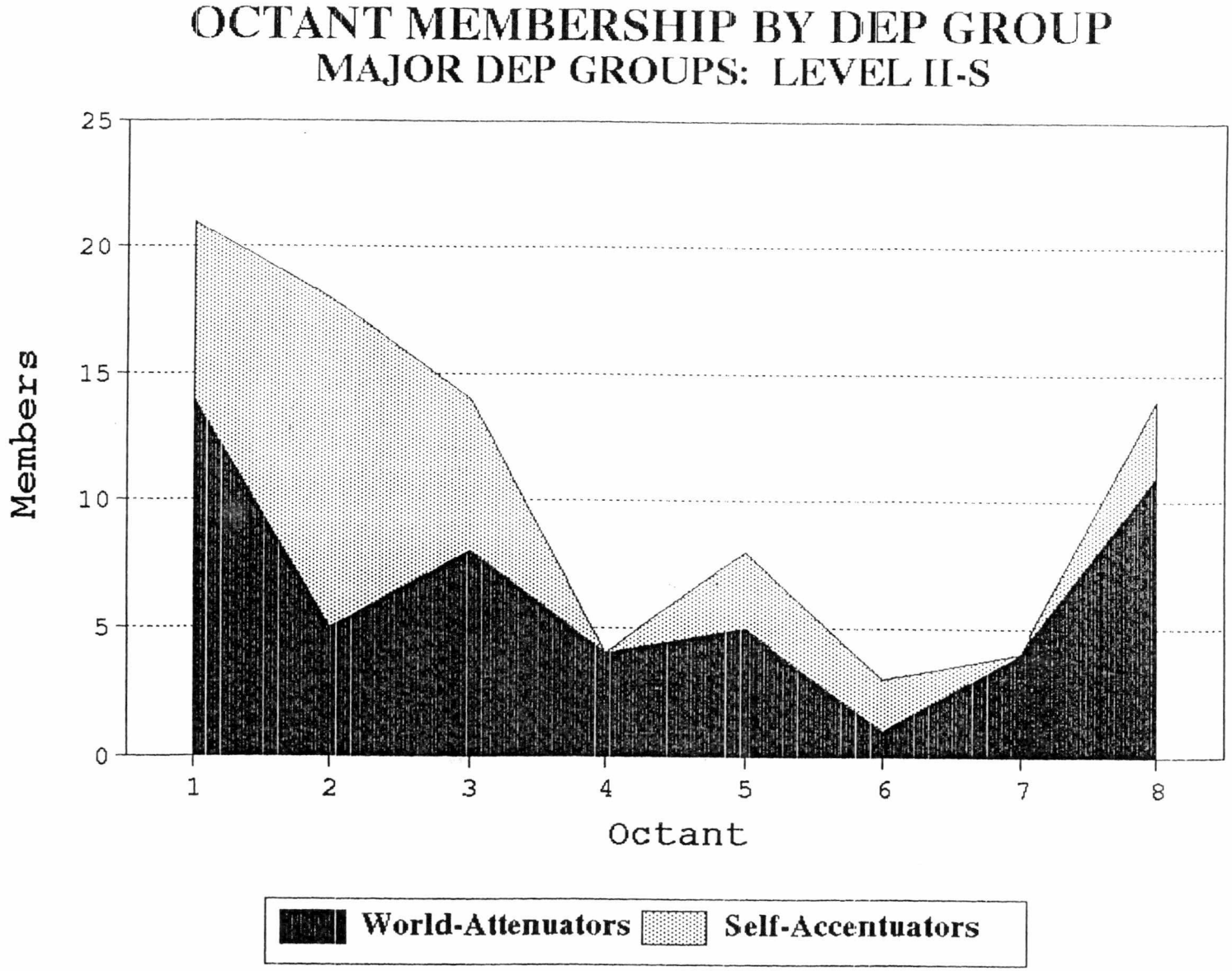

OCTANT MEMBERSHIP BY LEARY LEVEL
TOTAL SUBJECT POOL
Members
140
120
100
80
60
40
20
0
1
2
3
4
5
6
7
8
Octant
Level I-S
Level II-S
Level III-MM
Level V-ID
Level II-M
Level II-F

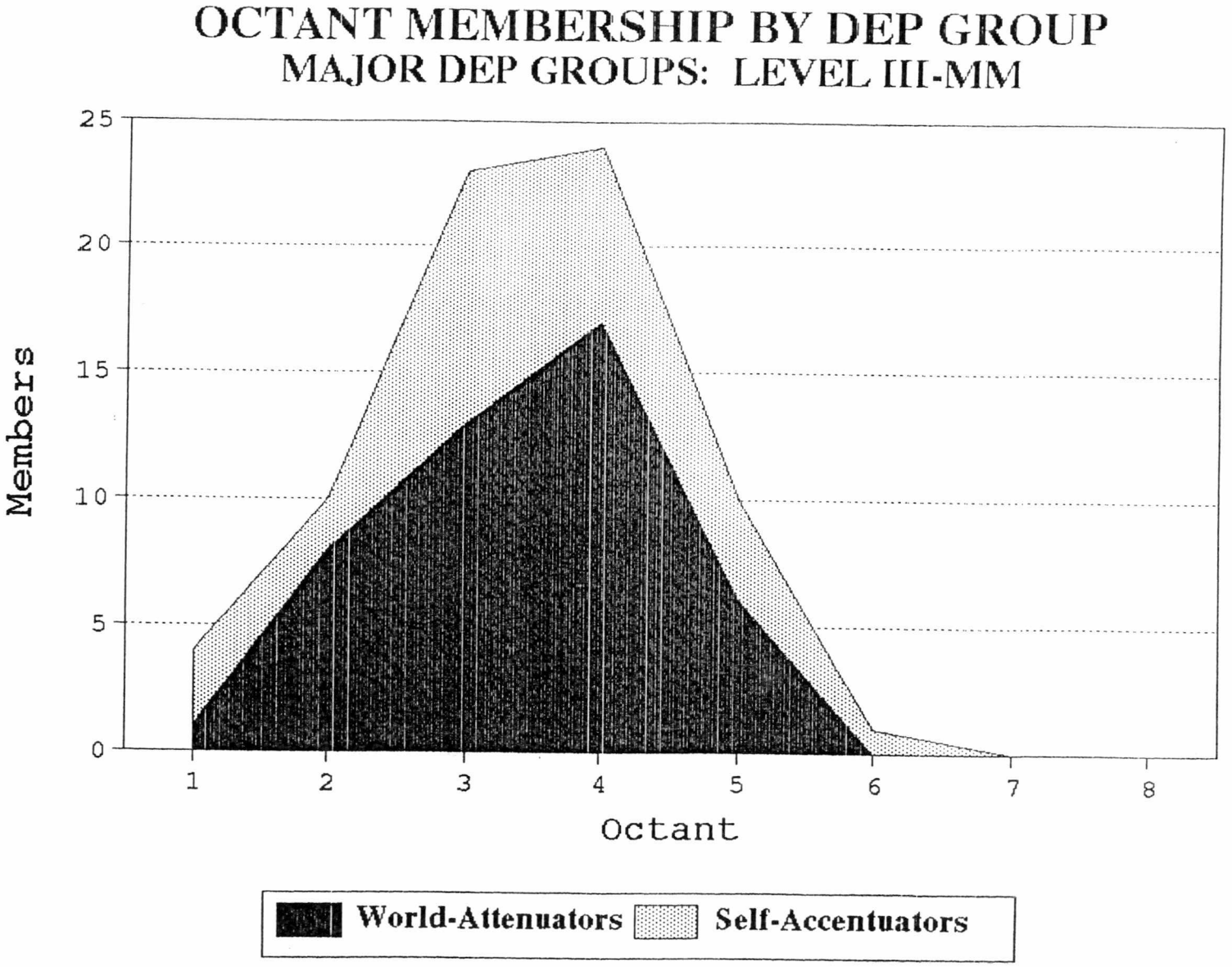
OCTANT MEMBERSHIP BY LEARY LEVEL
TOTAL SUBJECT POOL



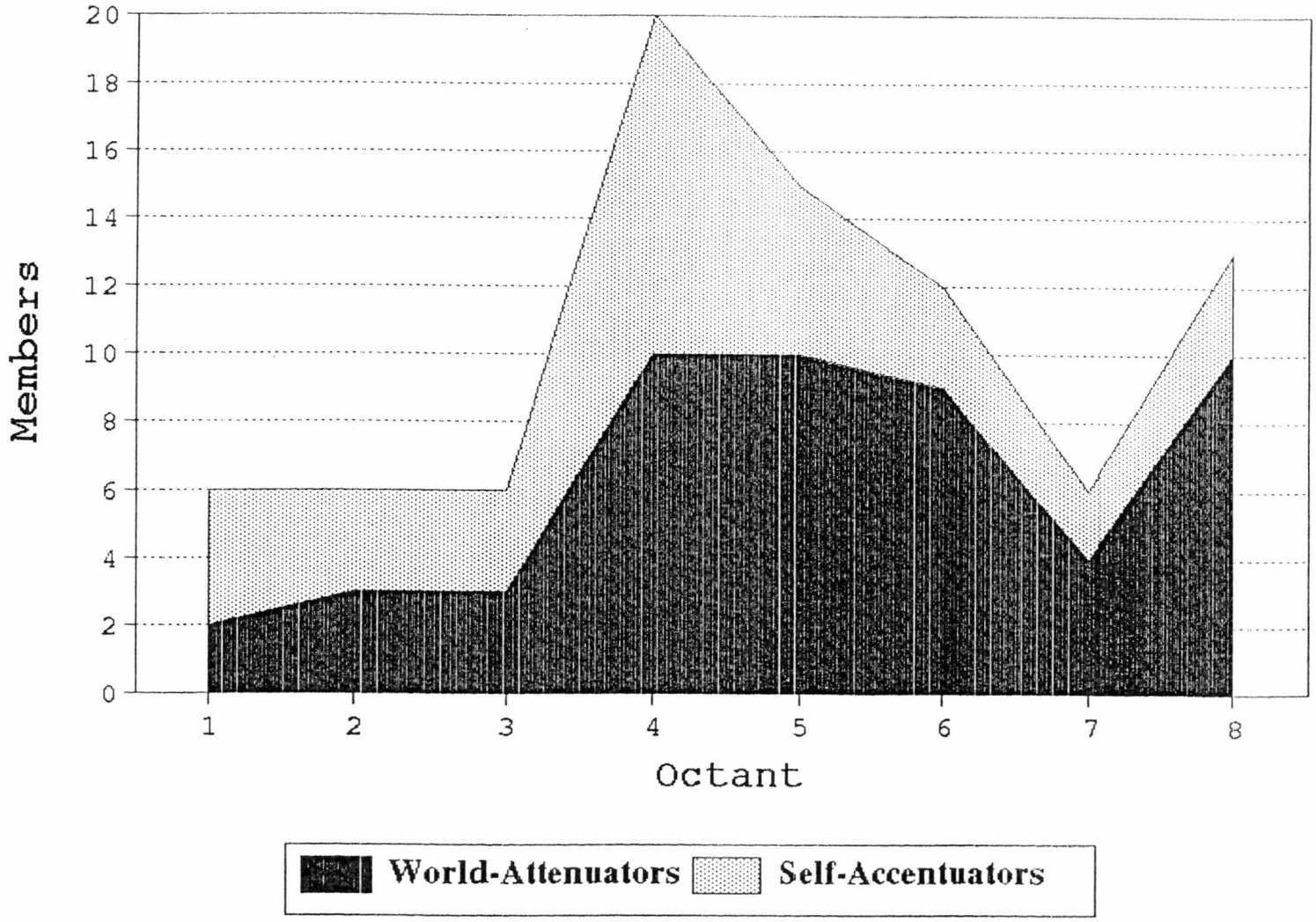
APPENDIX C: Octant Membership by DEP Group

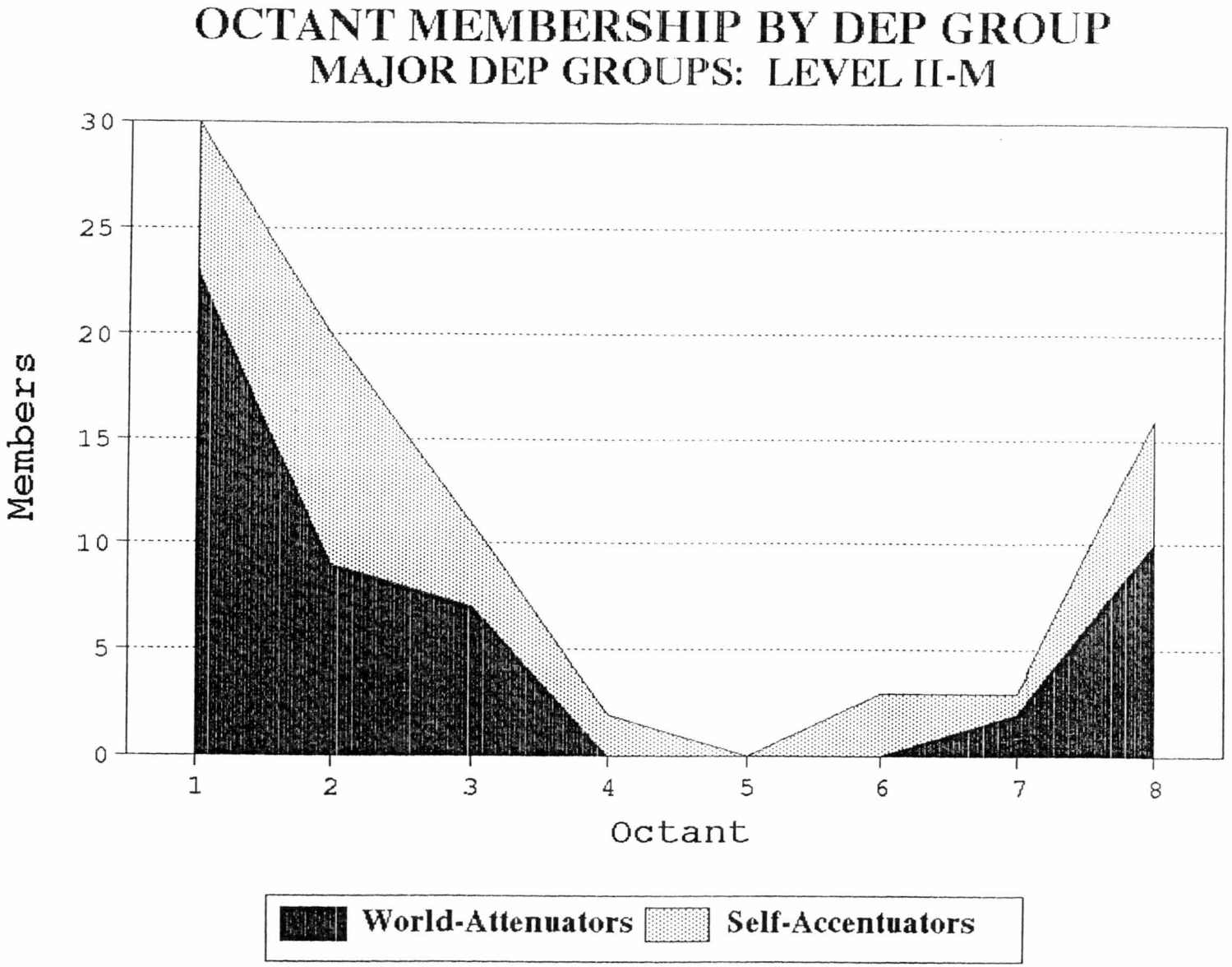

OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL I-S
Members
60
50
40
30
20
10
0
1
2
3
4
5
6
7
8
Octant
World-Attenuators
Self-Accentuators


OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL II-S
Members
25
20
15
10
5
0
1
2
3
4
5
6
7
8
Octant
World-Attenuators
Self-Accentuators

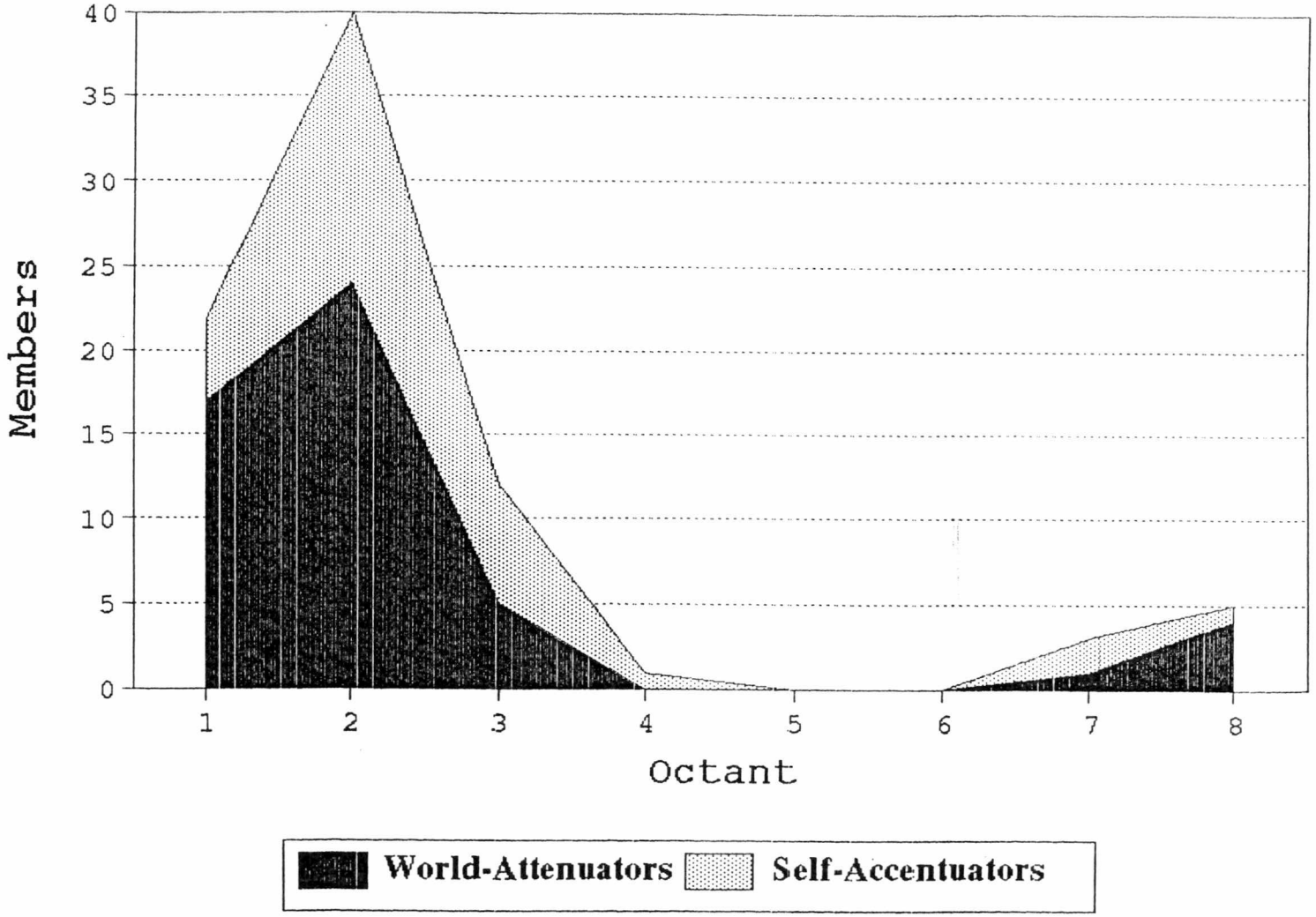

OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL III-MM
Members
25
20
15
10
5
0
1
2
3
4
5
6
7
8
Octant
World-Attenuators
Self-Accentuators

OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL V-ID

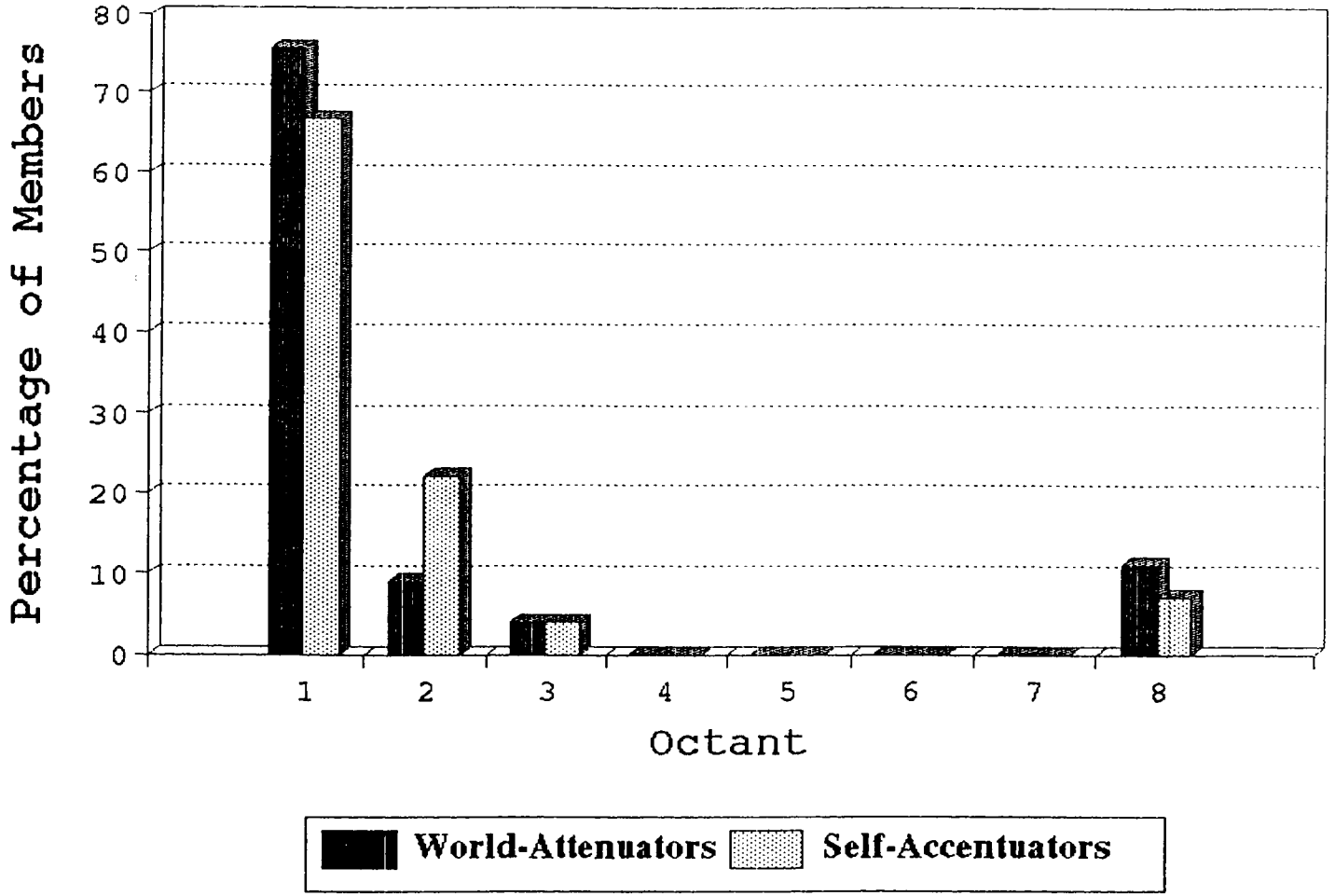



OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL II-M
Members
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
Octant
World-Attenuators
Self-Accentuators

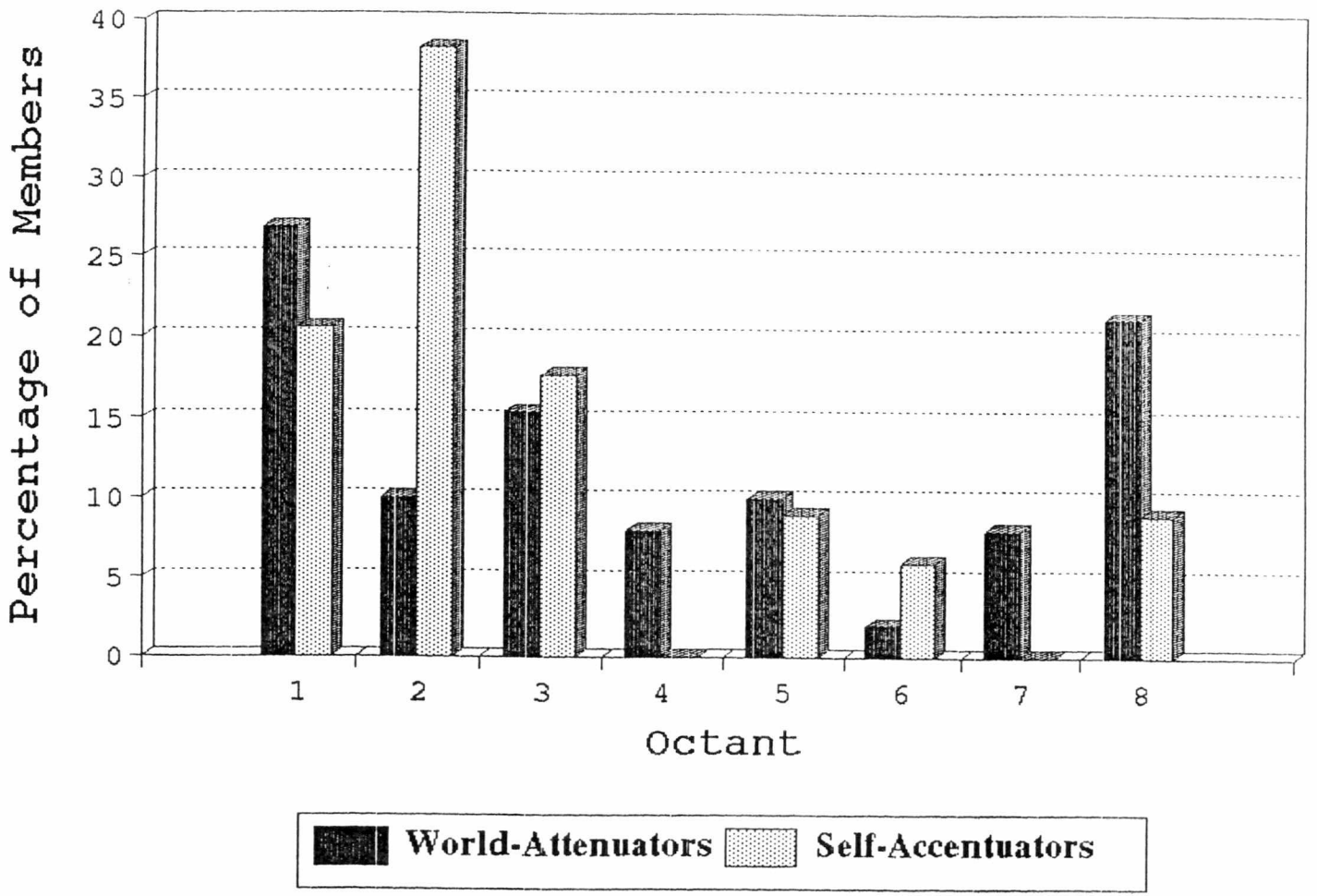
OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL II-F



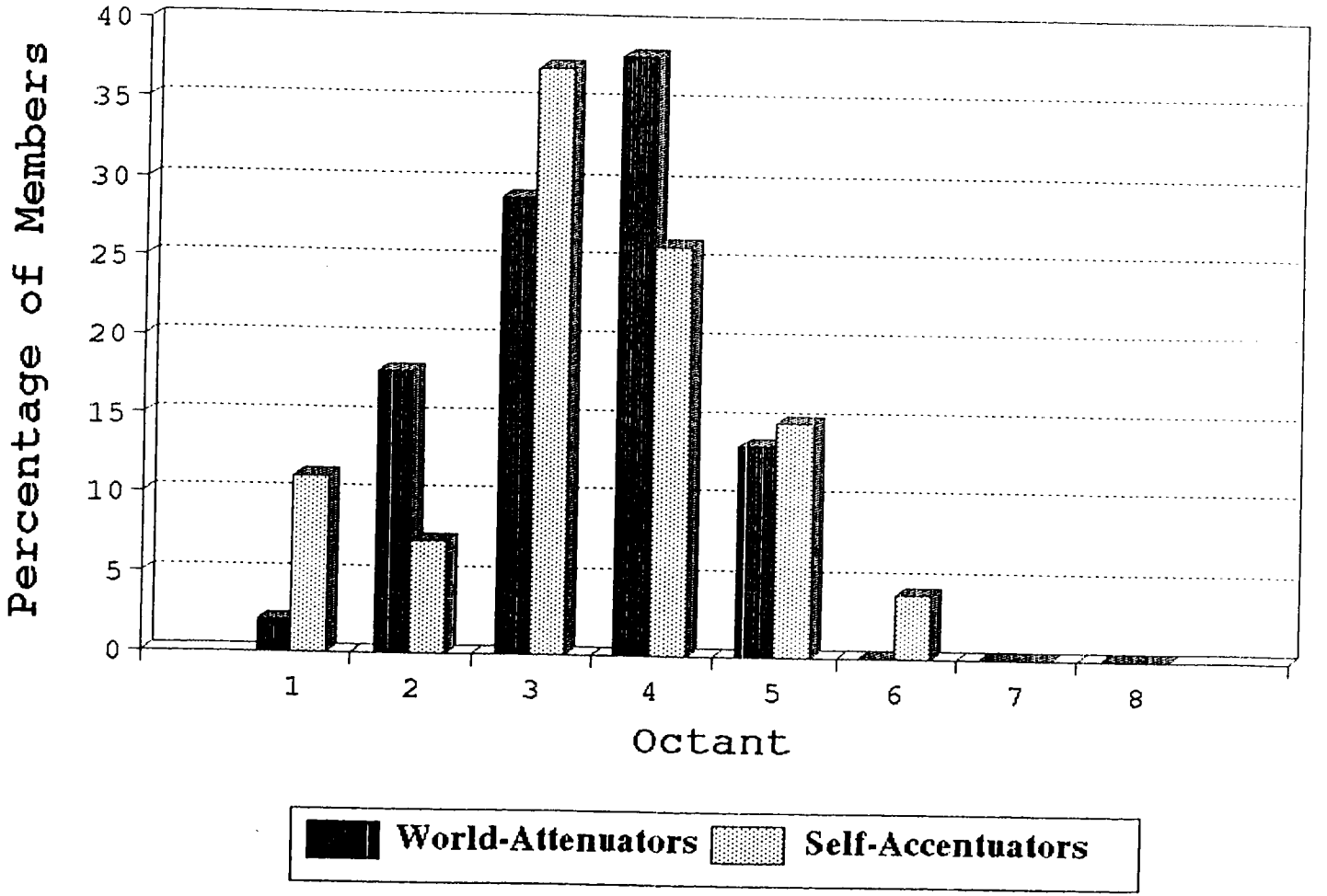
OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL I-S



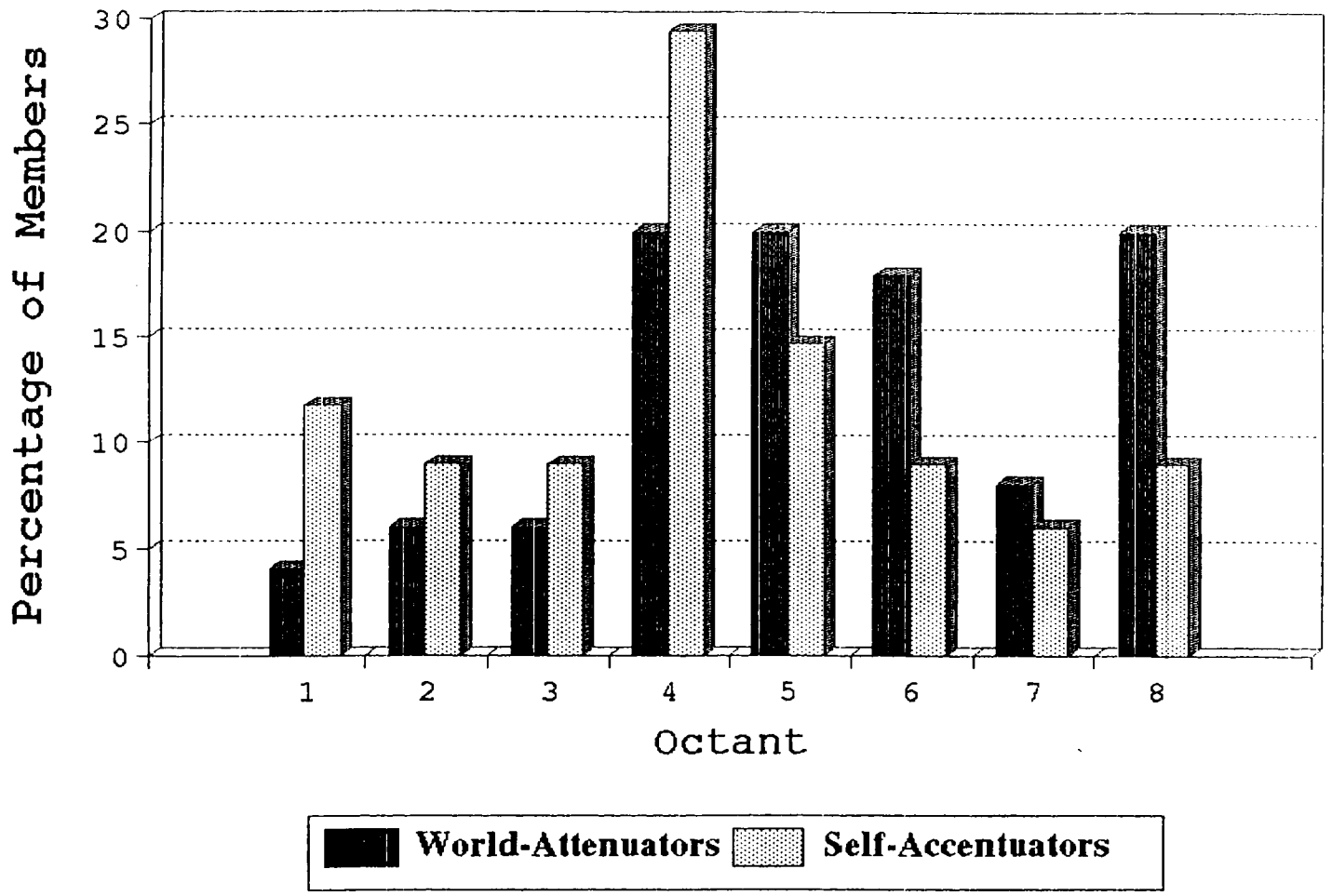
OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL II-S



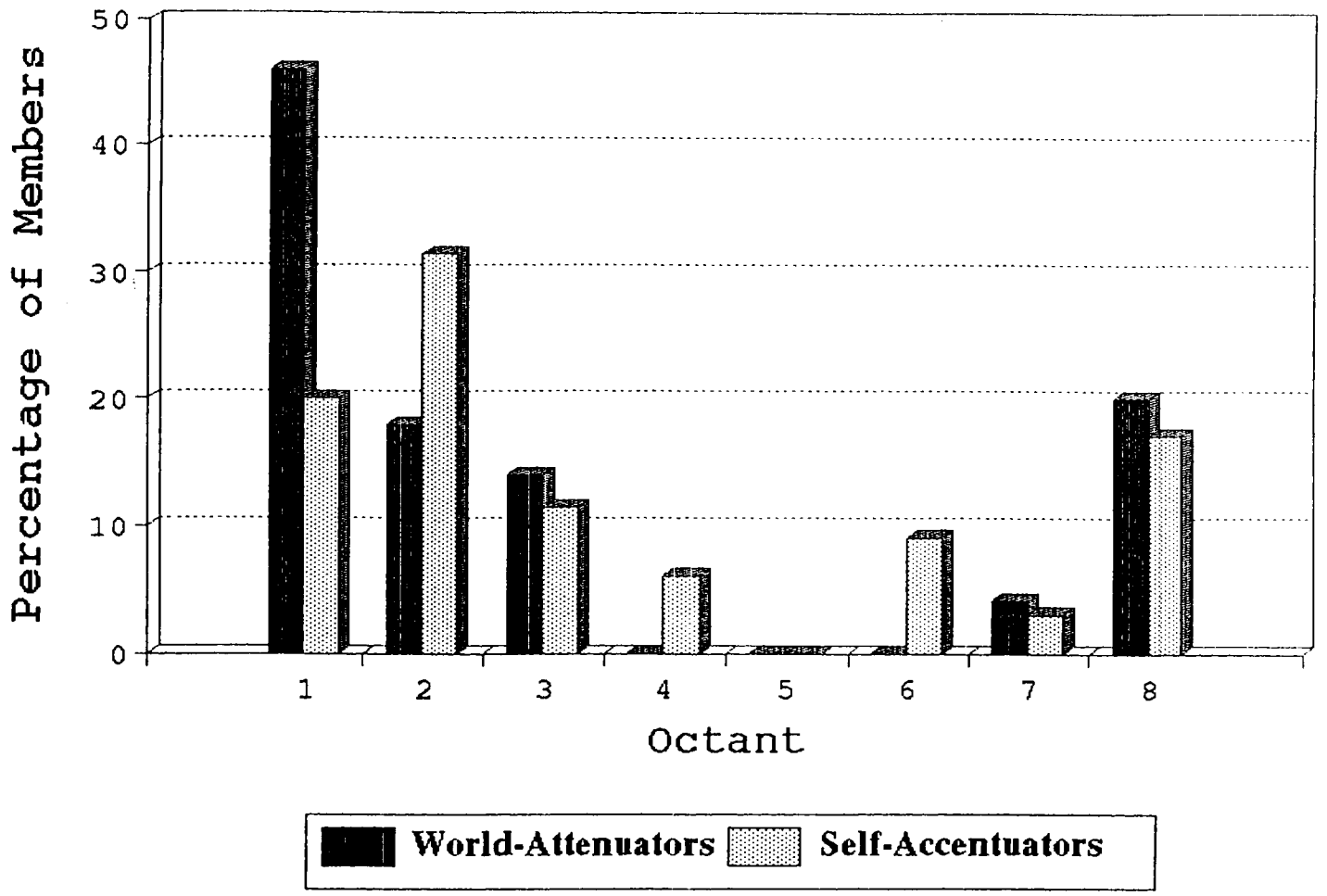
OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL III-MM



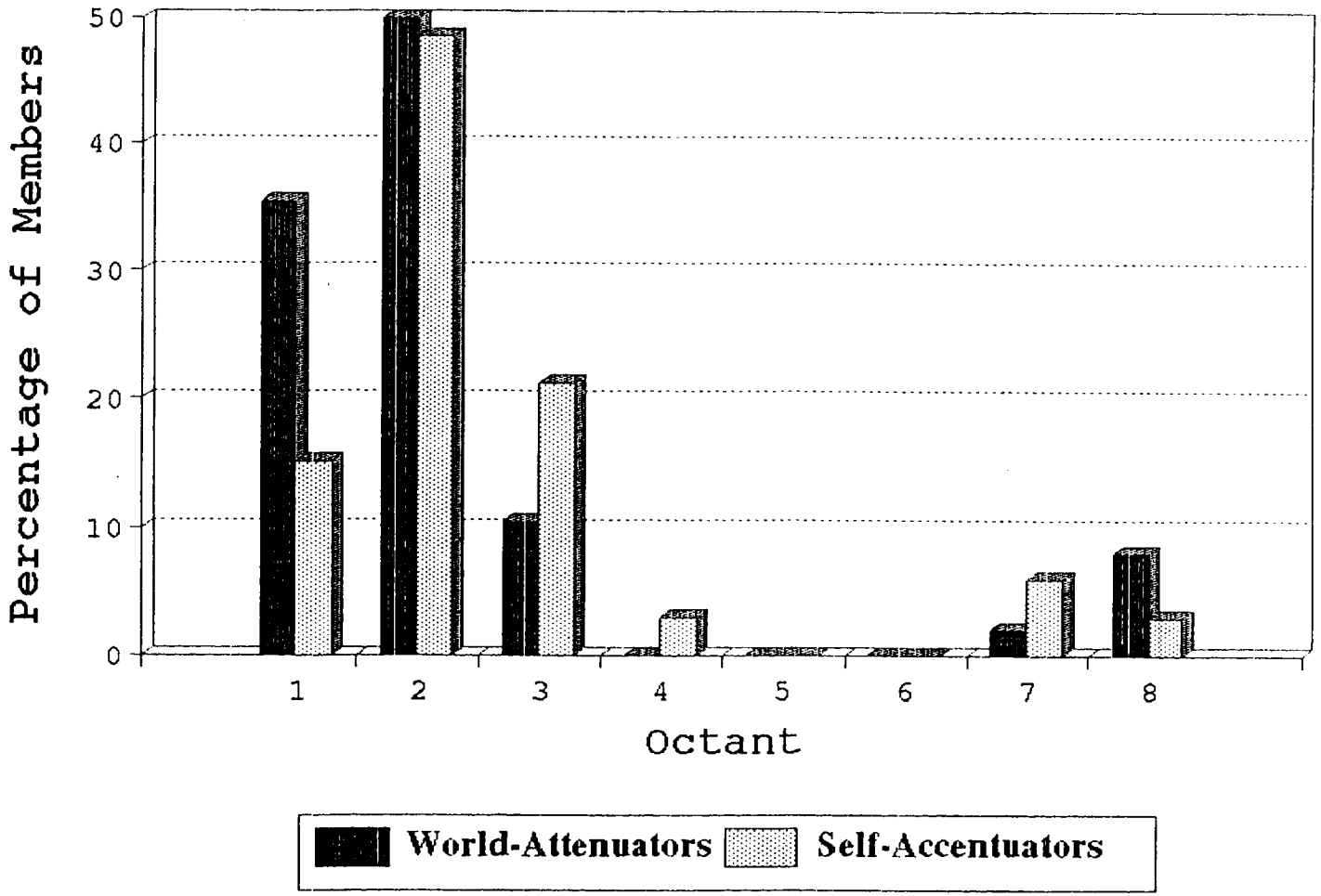
OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL V-ID

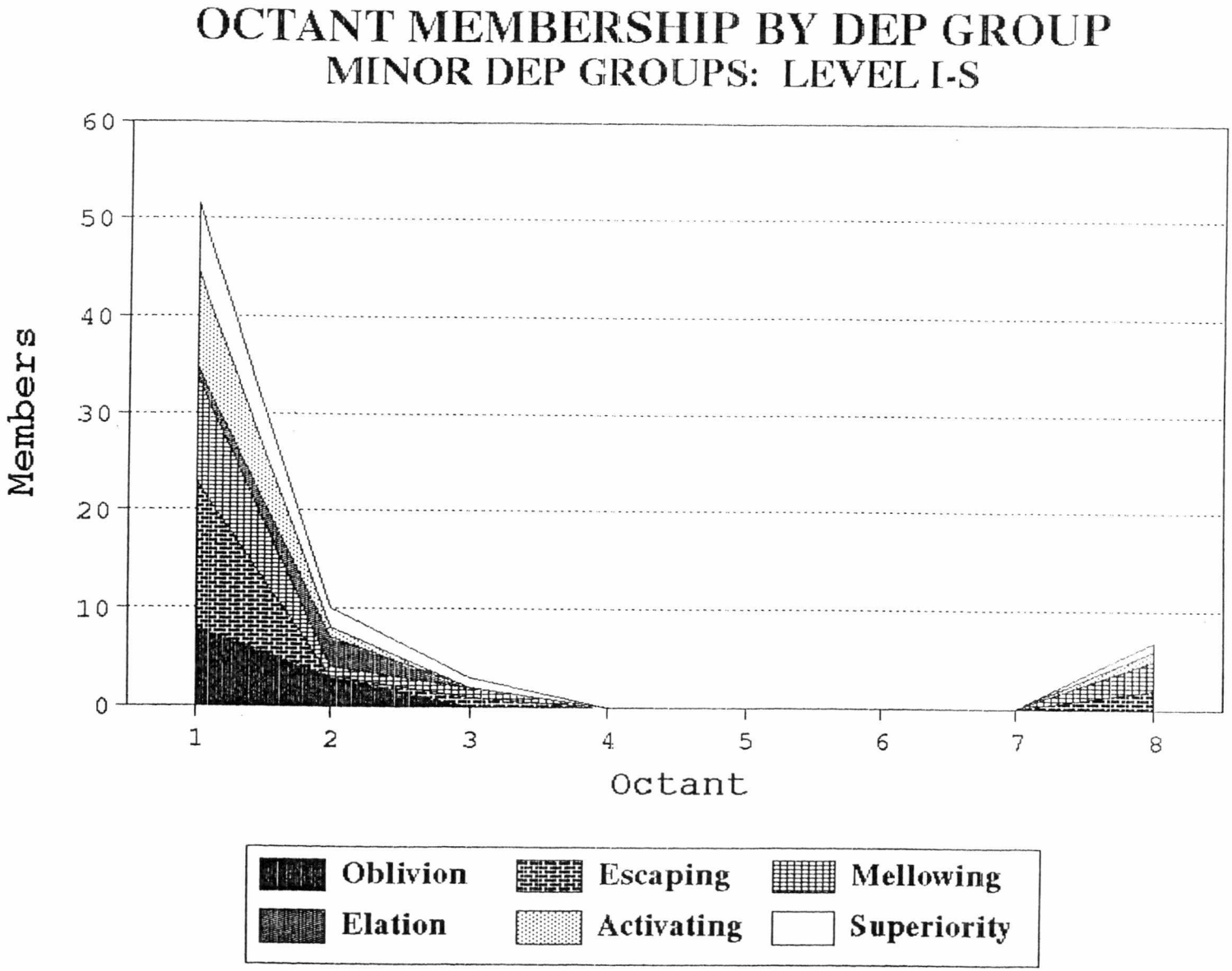


OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL II-M

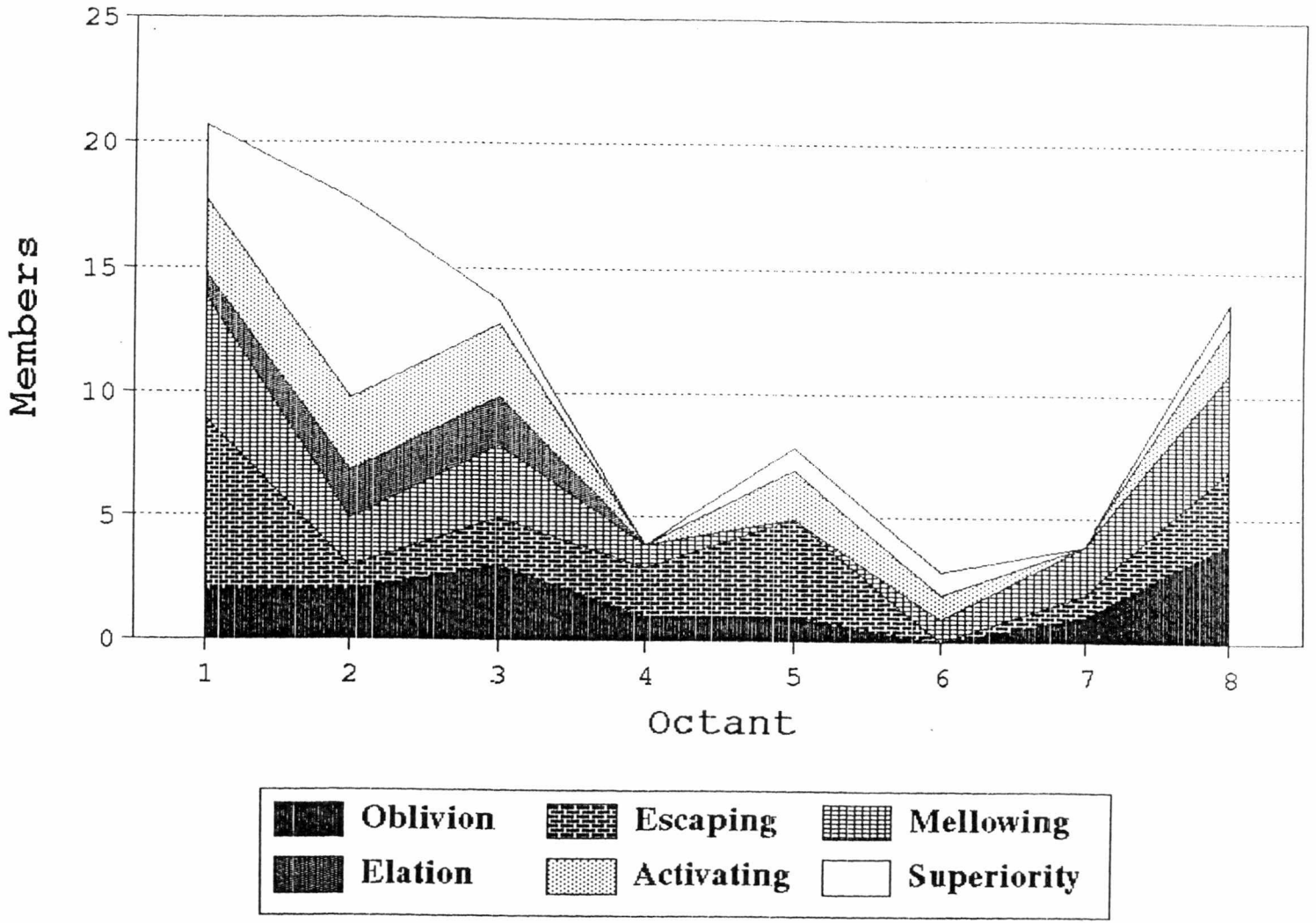


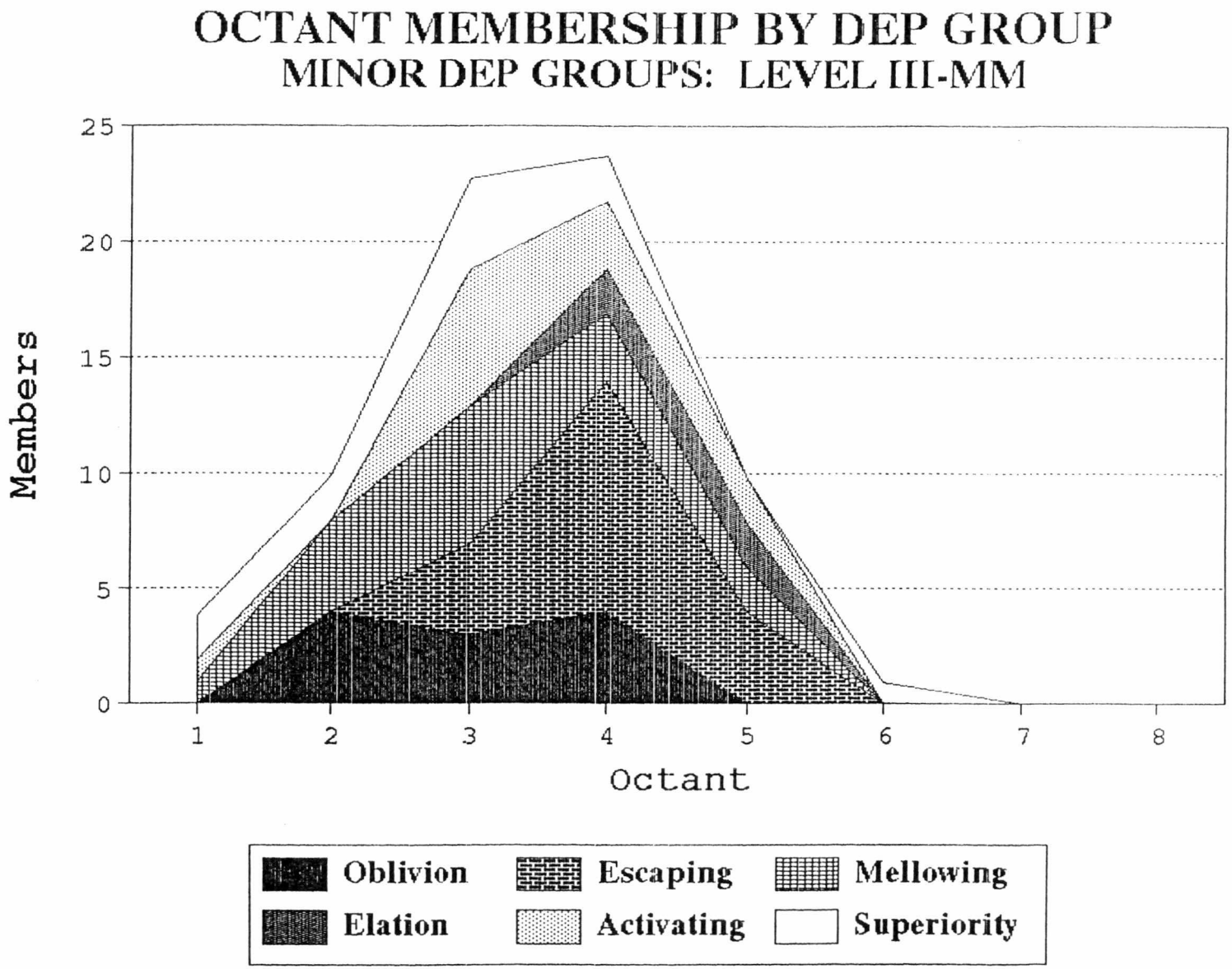
OCTANT MEMBERSHIP BY DEP GROUP
MAJOR DEP GROUPS: LEVEL II-F

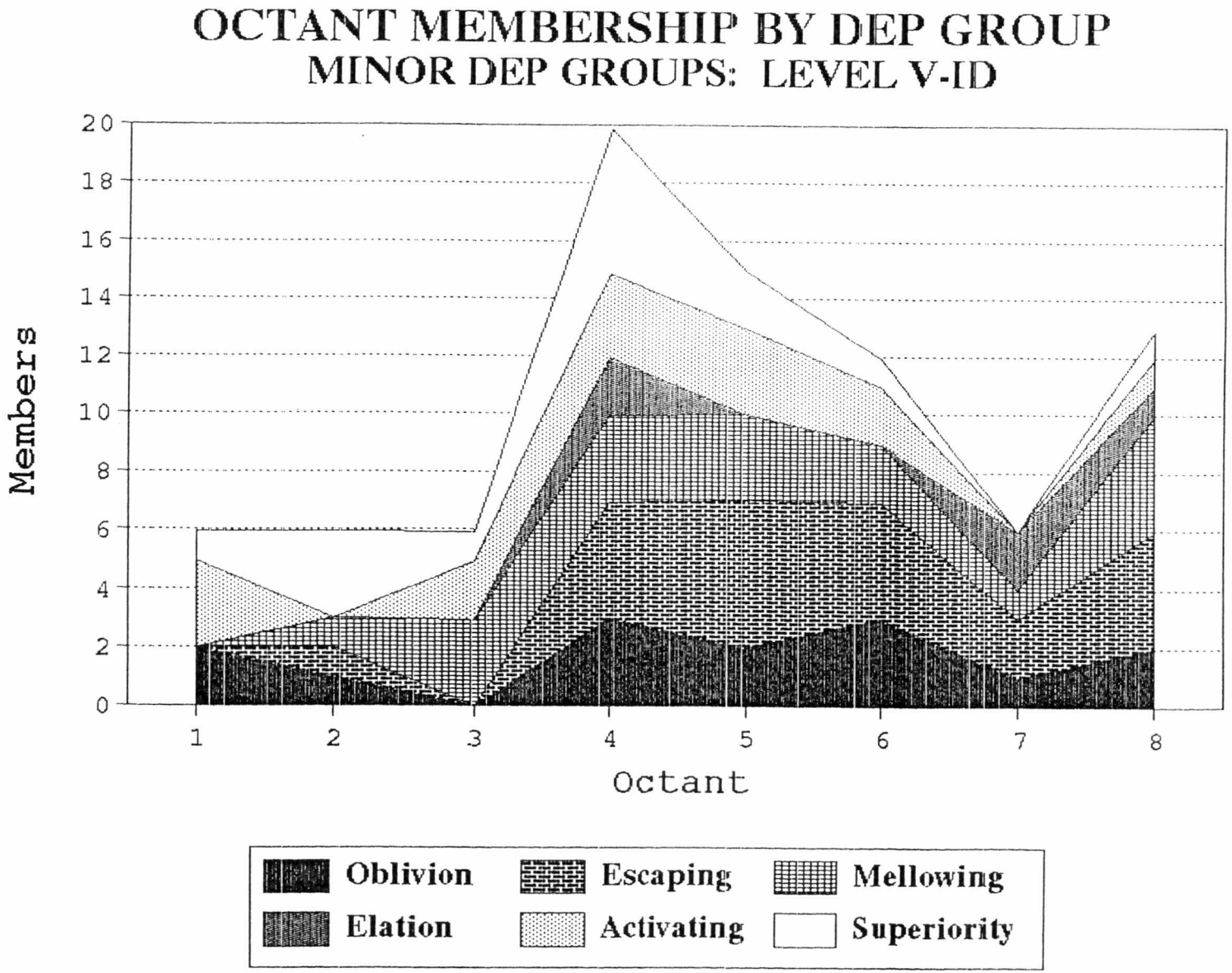


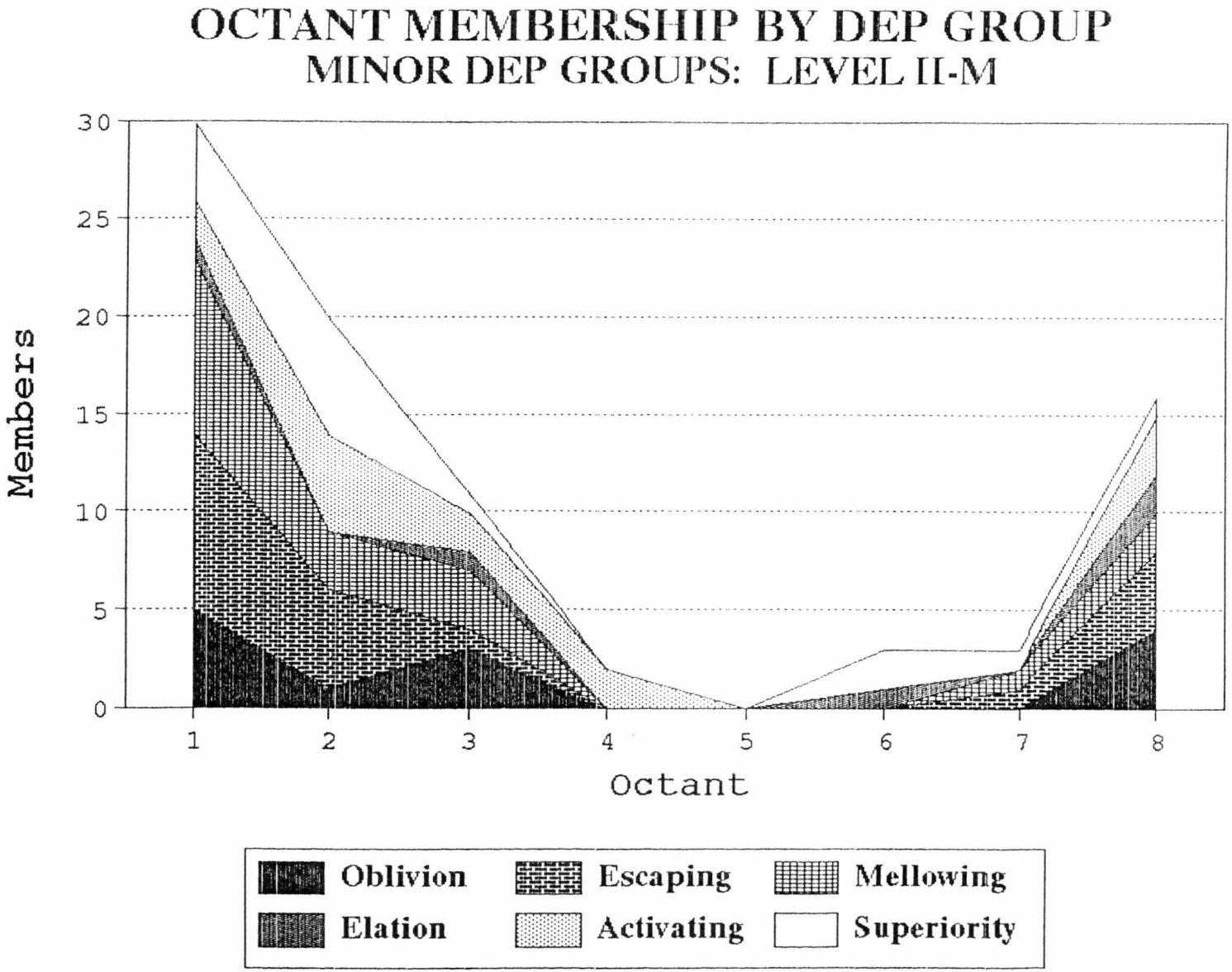

OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL I-S
Members
60
50
40
30
20
10
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

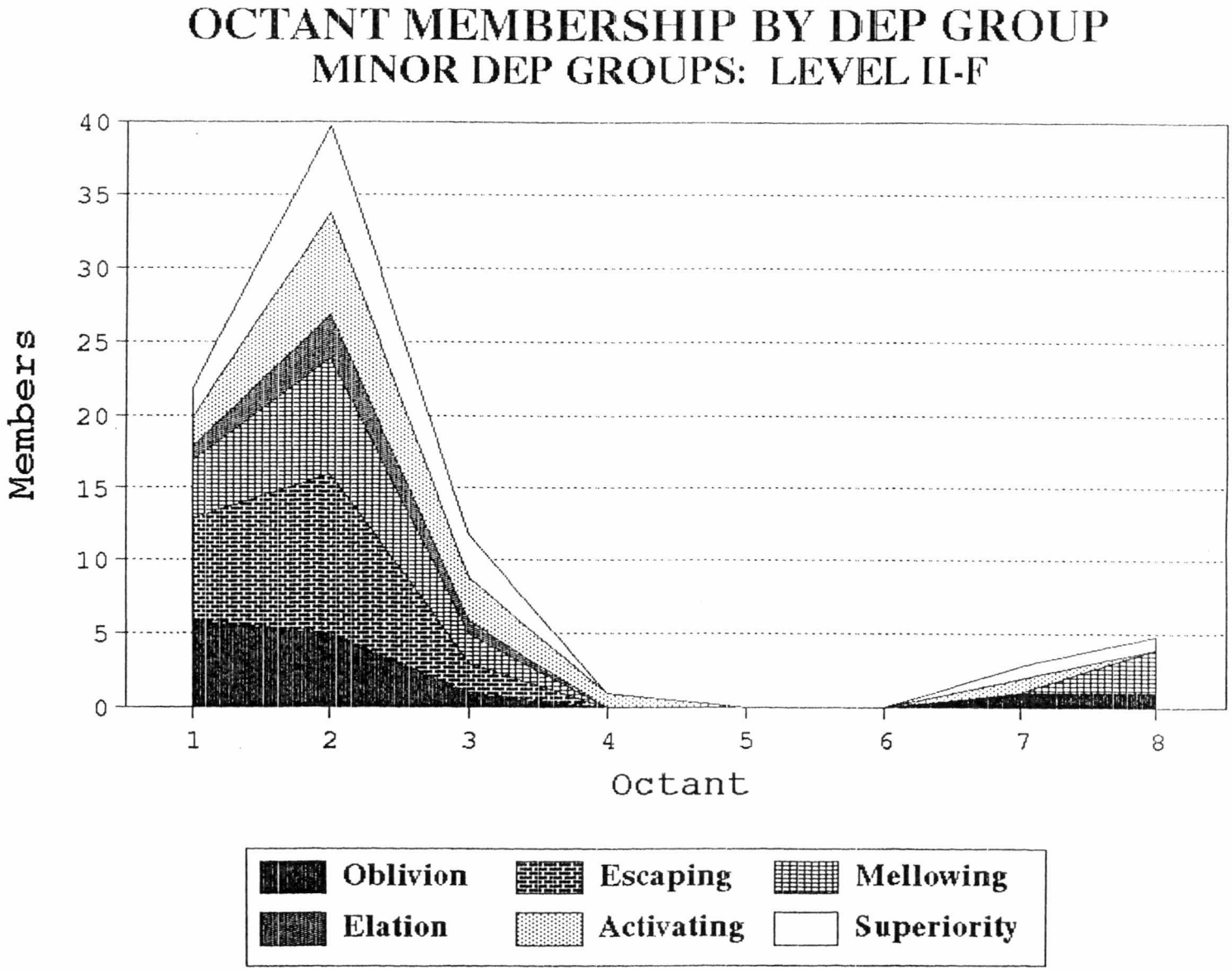
OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL II-S

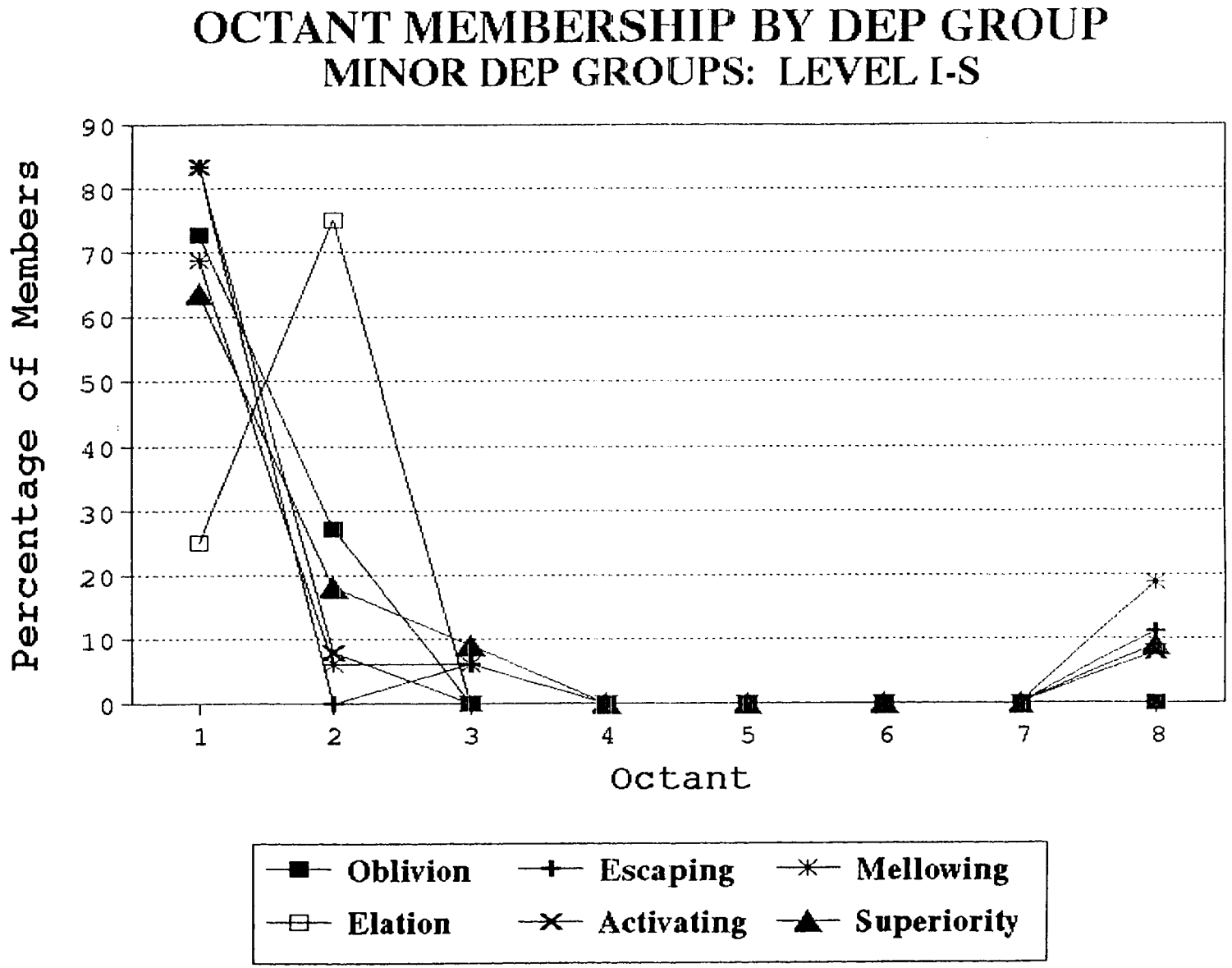



OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL III-MM
Members
25
20
15
10
5
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

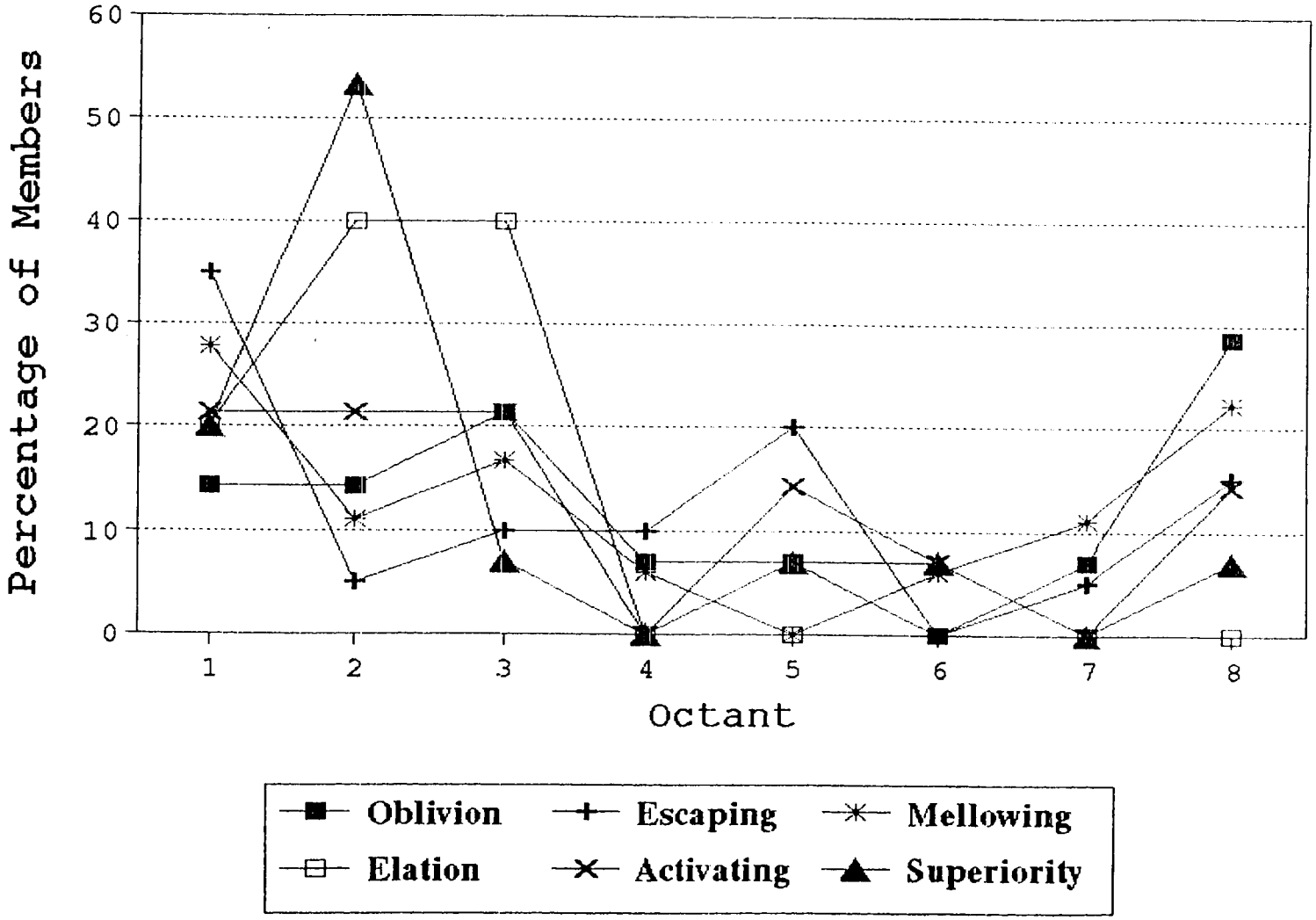

OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL V-ID
Members
20
18
16
14
12
10
8
6
4
2
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

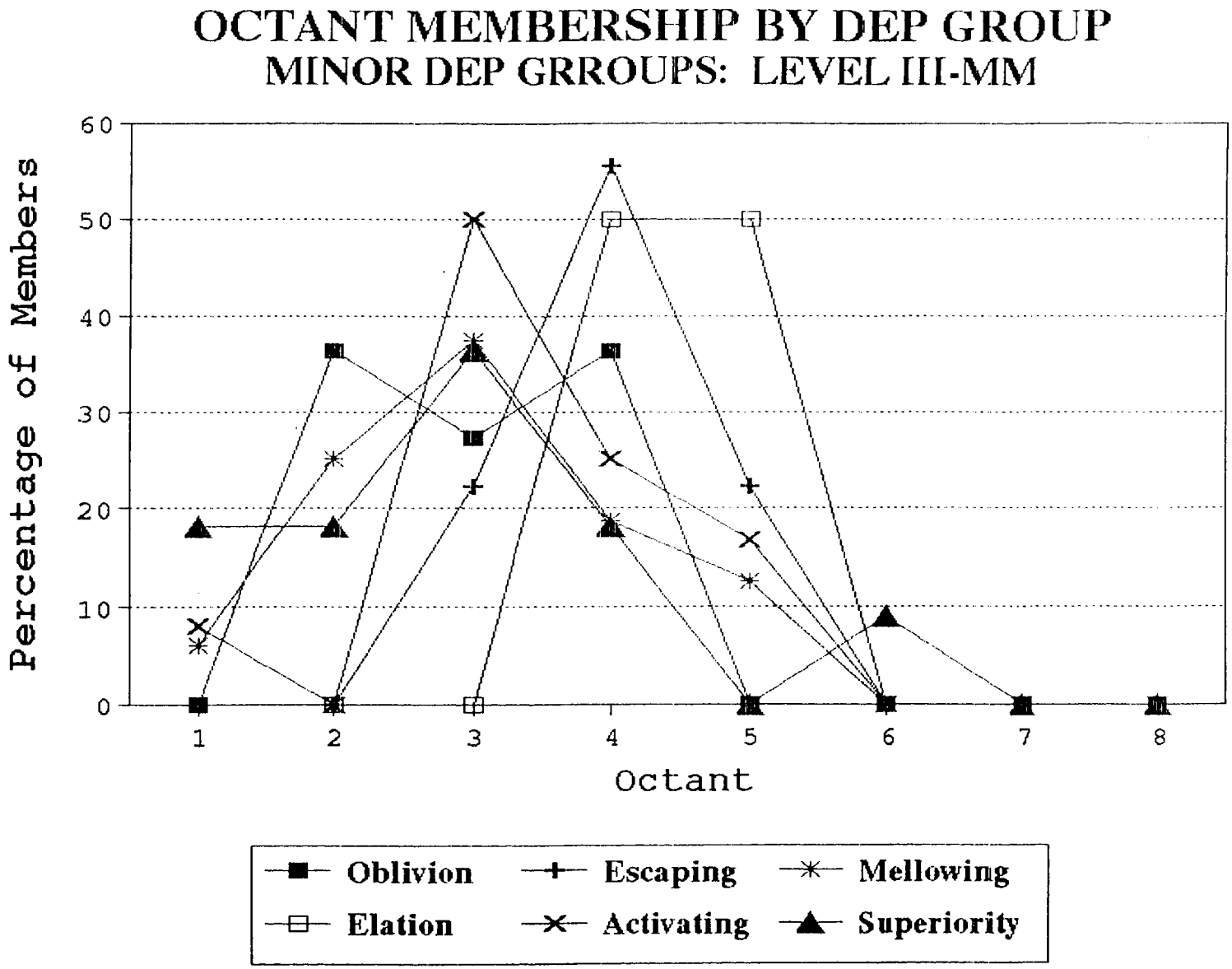

OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL II-M
Members
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

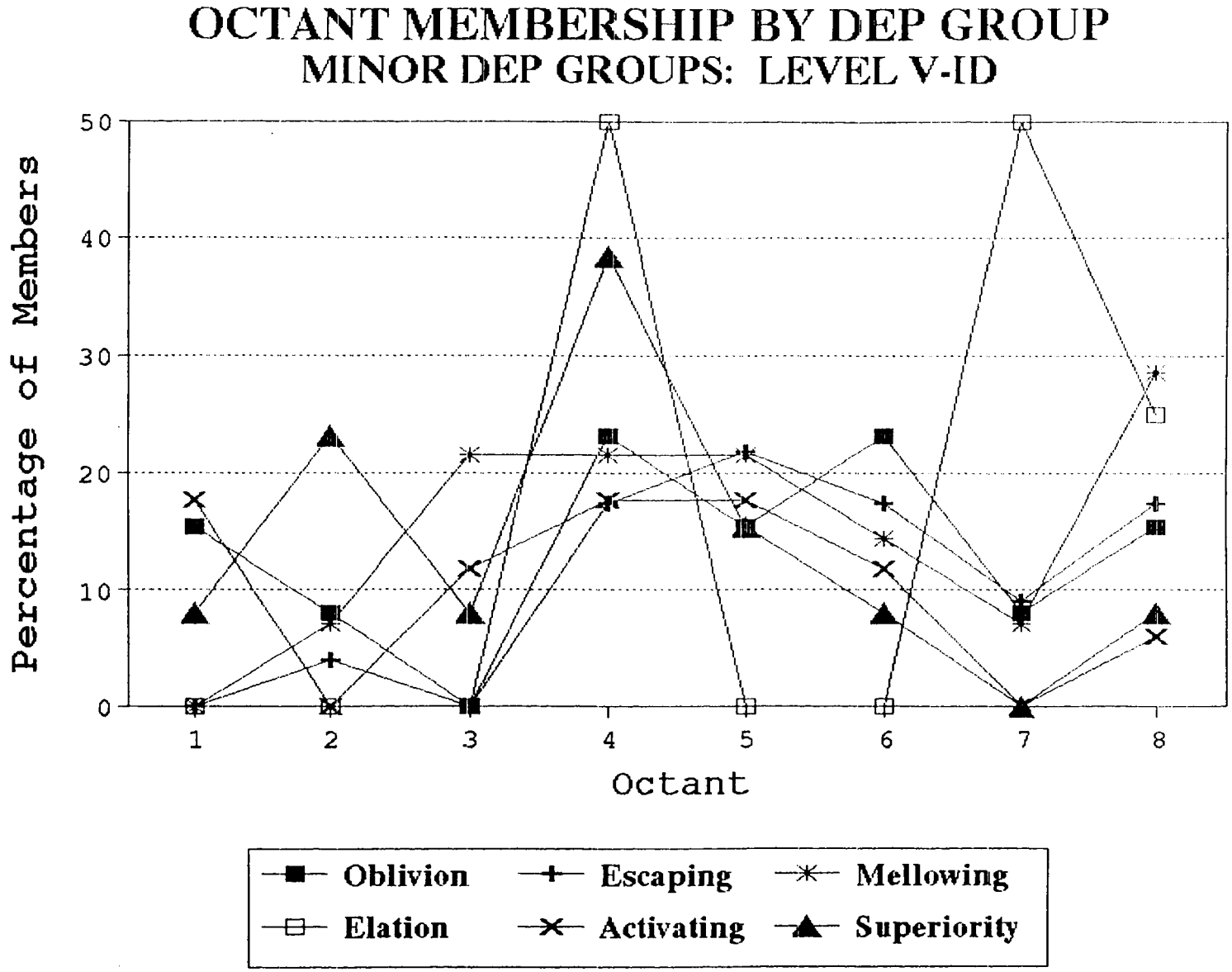

OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL II-F
Members
40
35
30
25
20
15
10
5
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

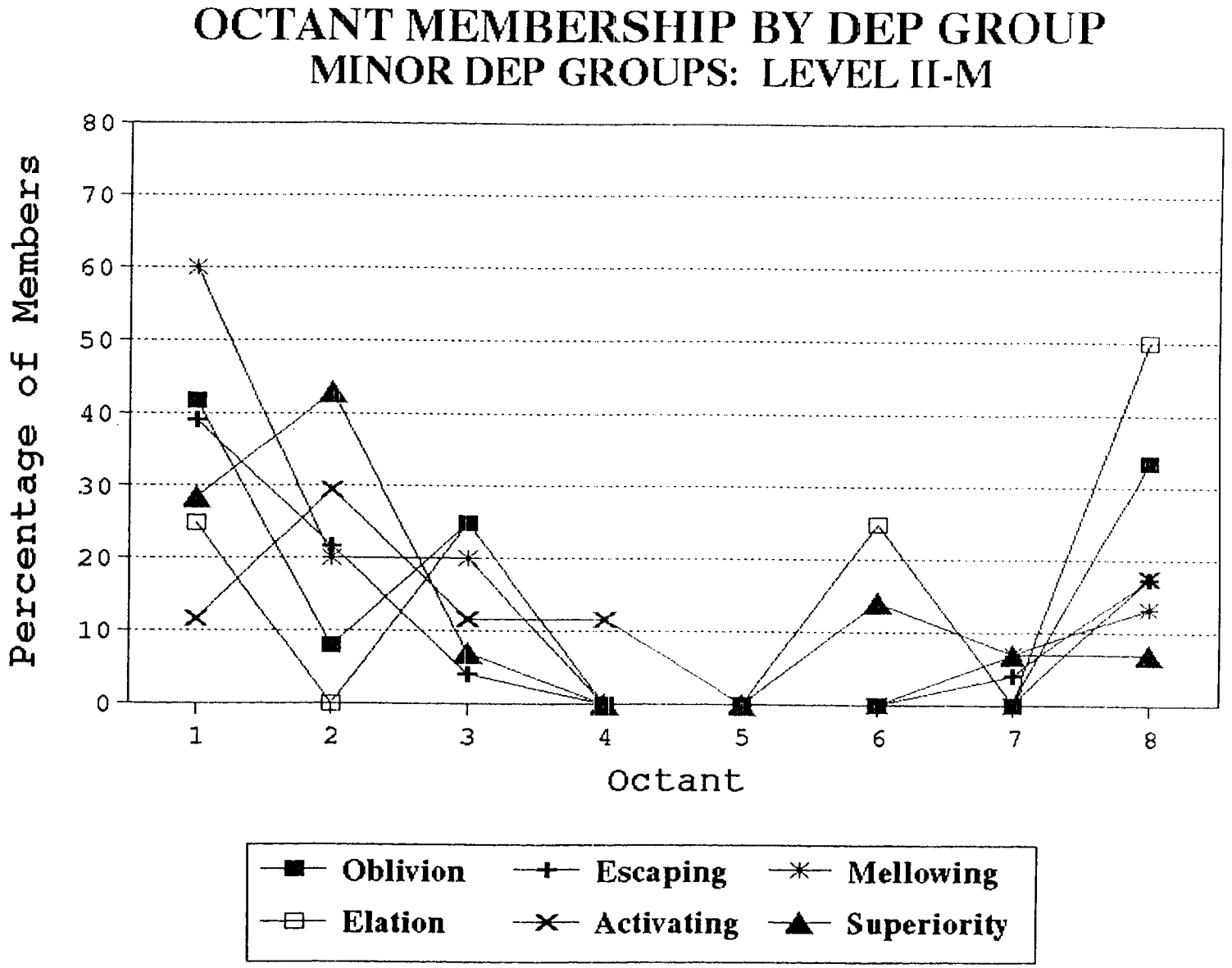

OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL I-S
Percentage of Members
90
80
70
60
50
40
30
20
10
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL II-S

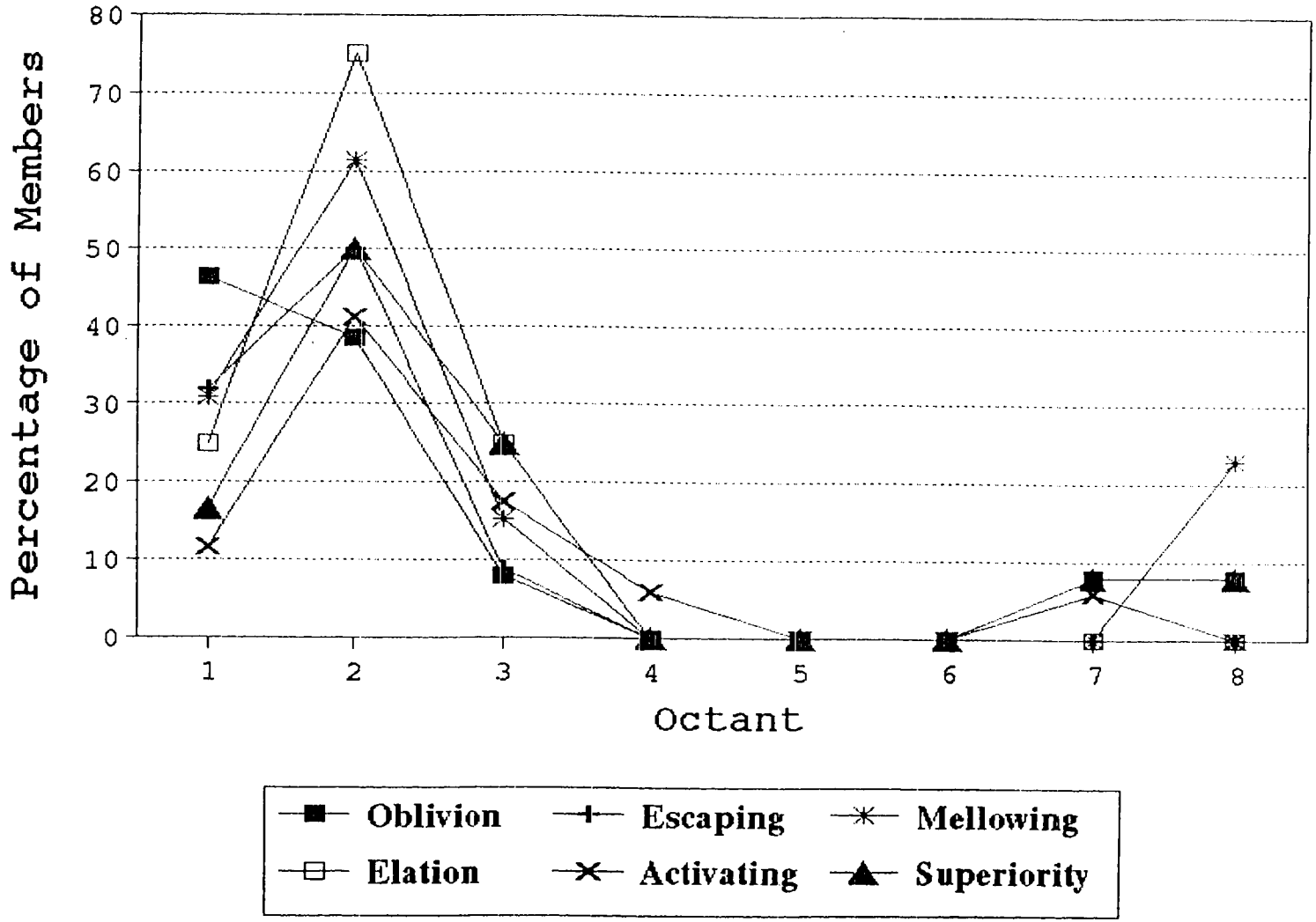



OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GRROUPS: LEVEL III-MM
Percentage of Members
60
50
40
30
20
10
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority


OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL V-ID
Percentage of Members
50
40
30
20
10
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

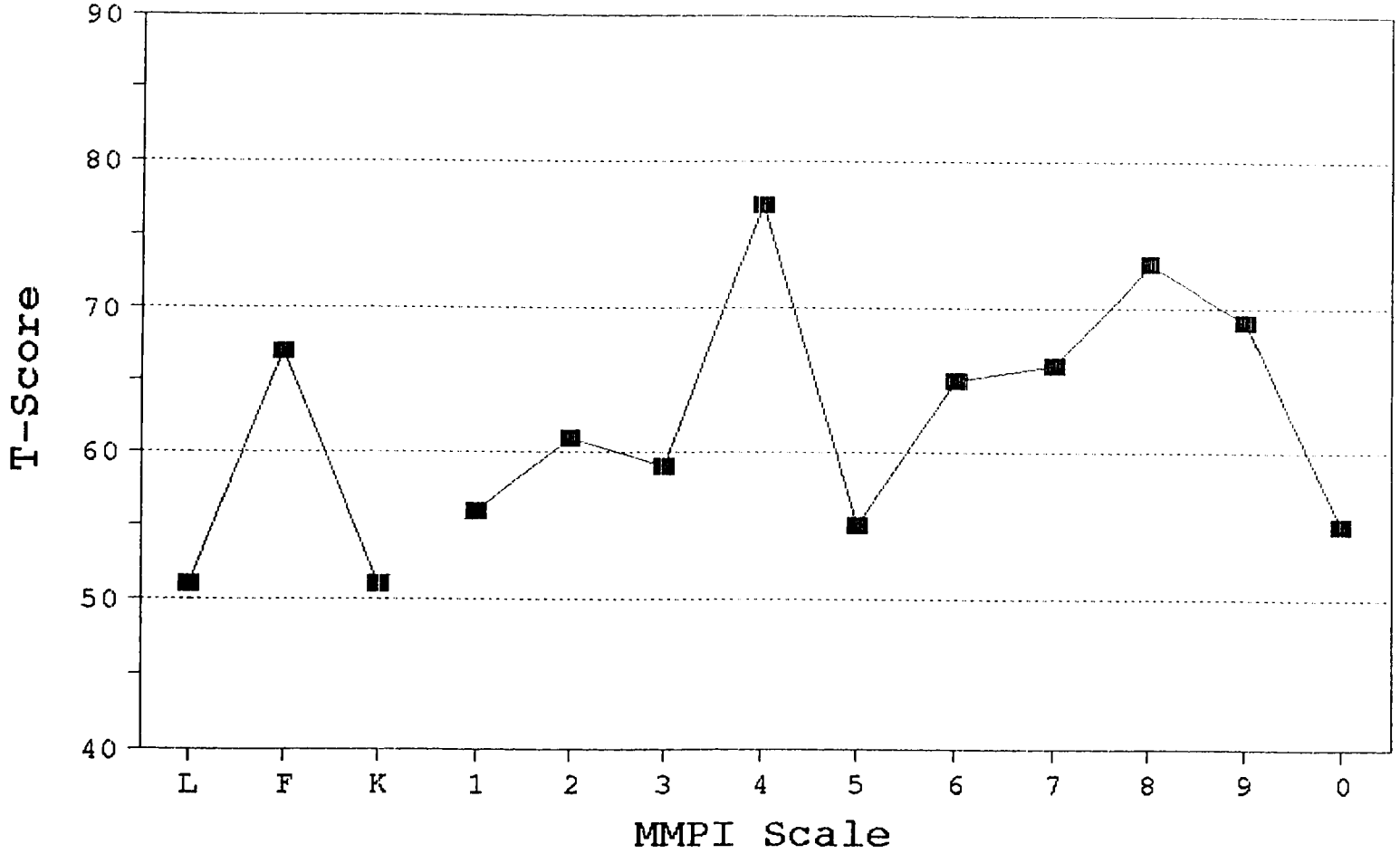

OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL II-M
Percentage of Members
80
70
60
50
40
30
20
10
0
1
2
3
4
5
6
7
8
Octant
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

OCTANT MEMBERSHIP BY DEP GROUP
MINOR DEP GROUPS: LEVEL II-F

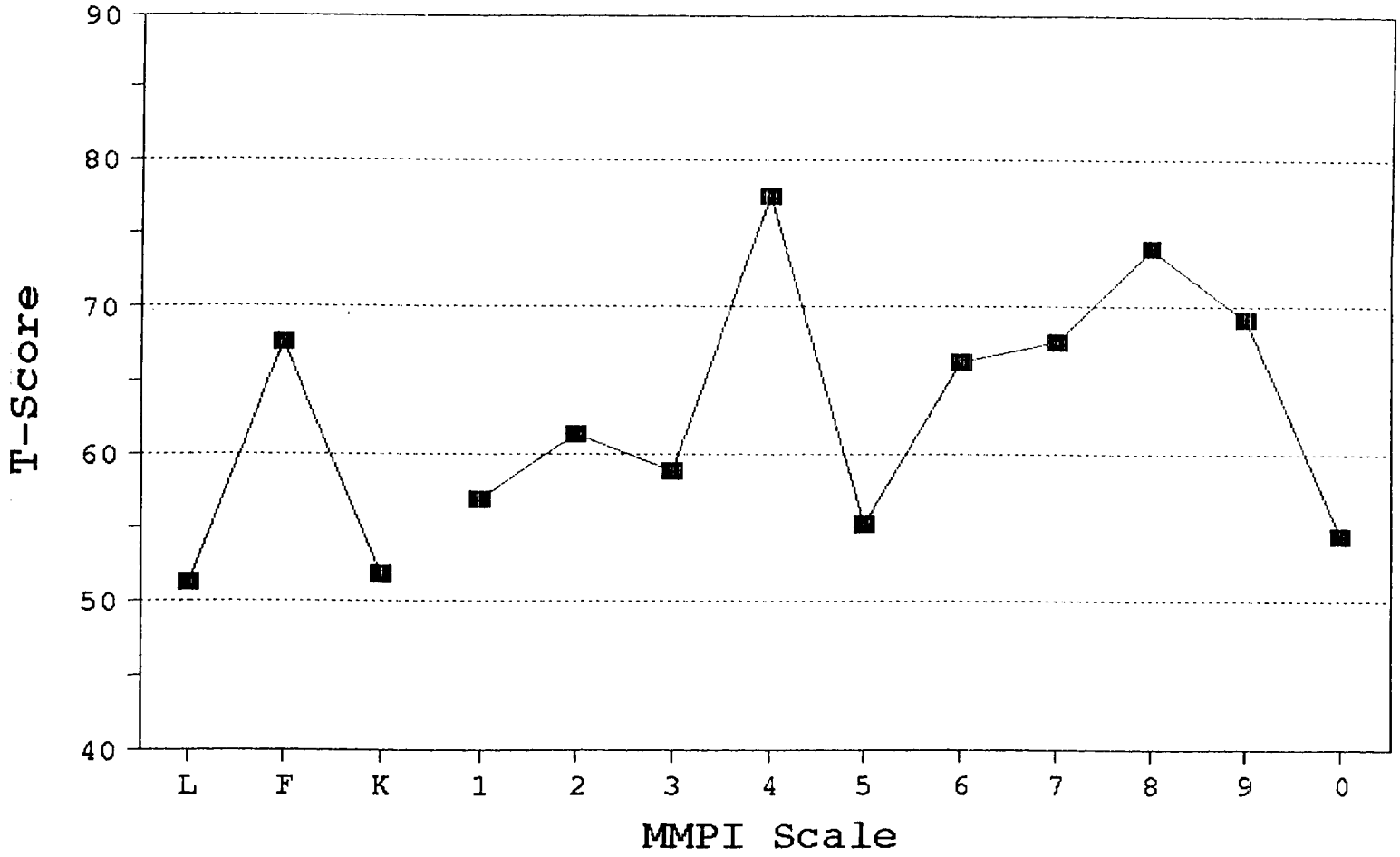


APPENDIX D: Composite MMPI Profiles

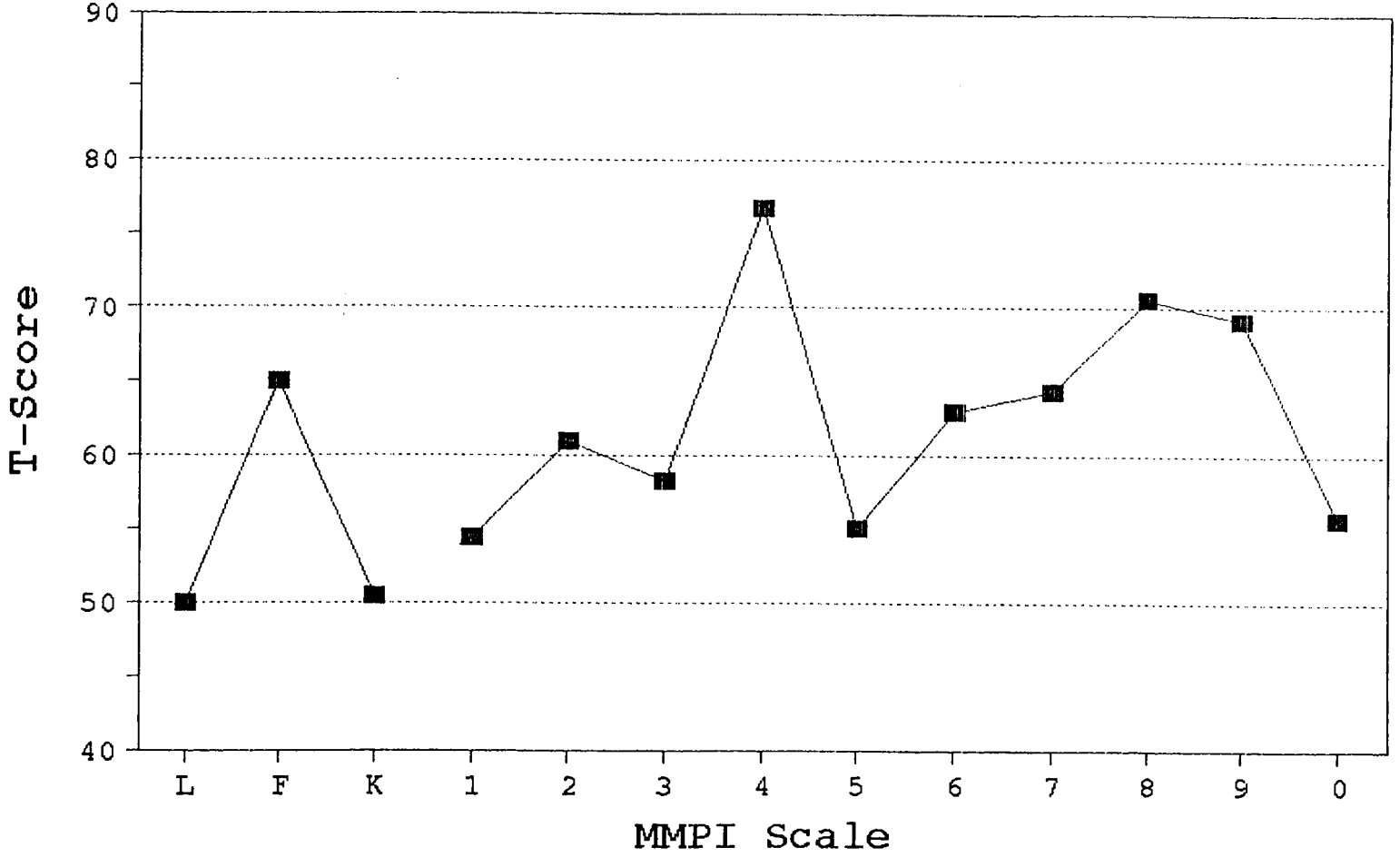
COMPOSITE MMPI PROFILE:
Total Subject Pool



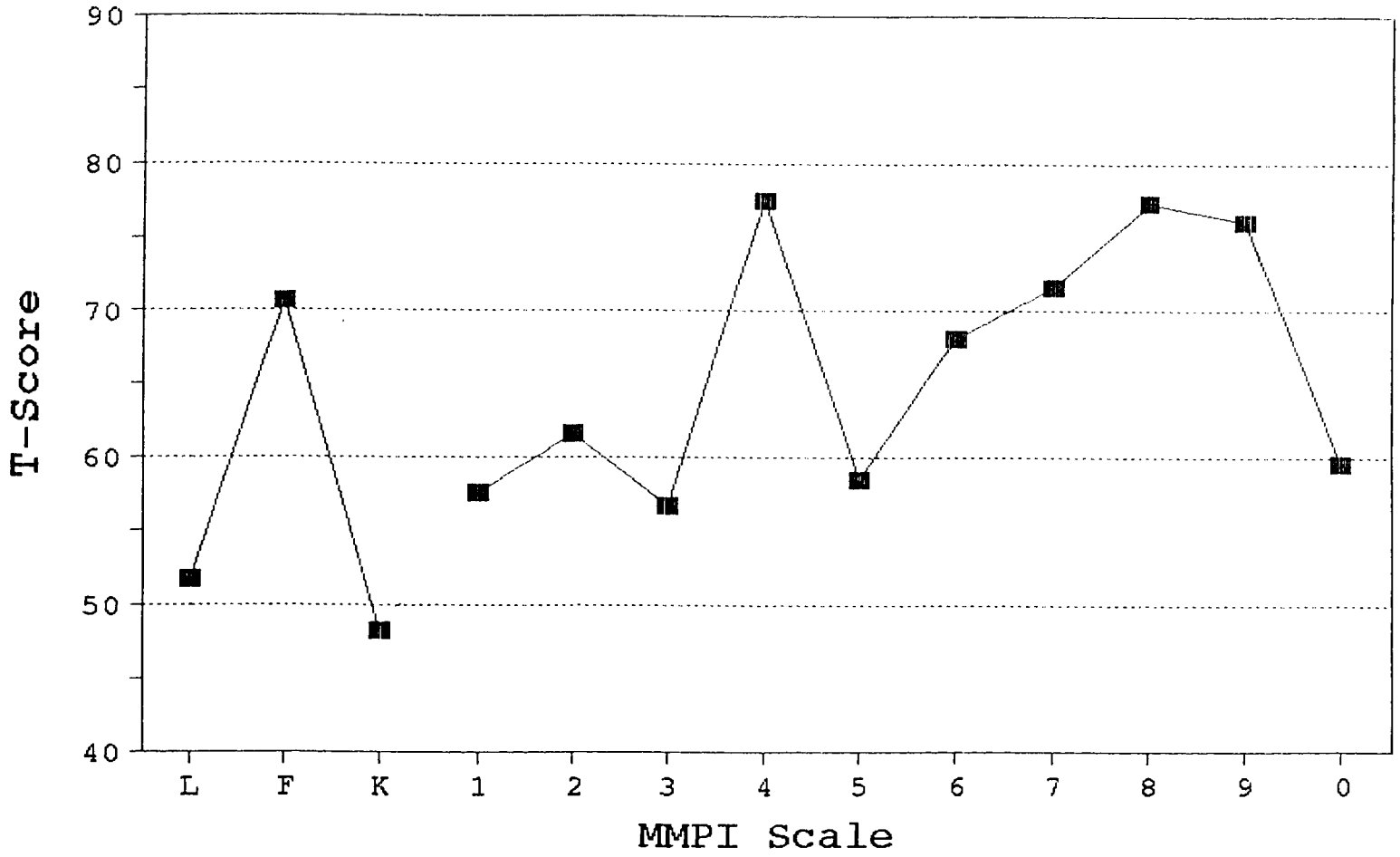
COMPOSITE MMPI PROFILE:
World-Attenuators



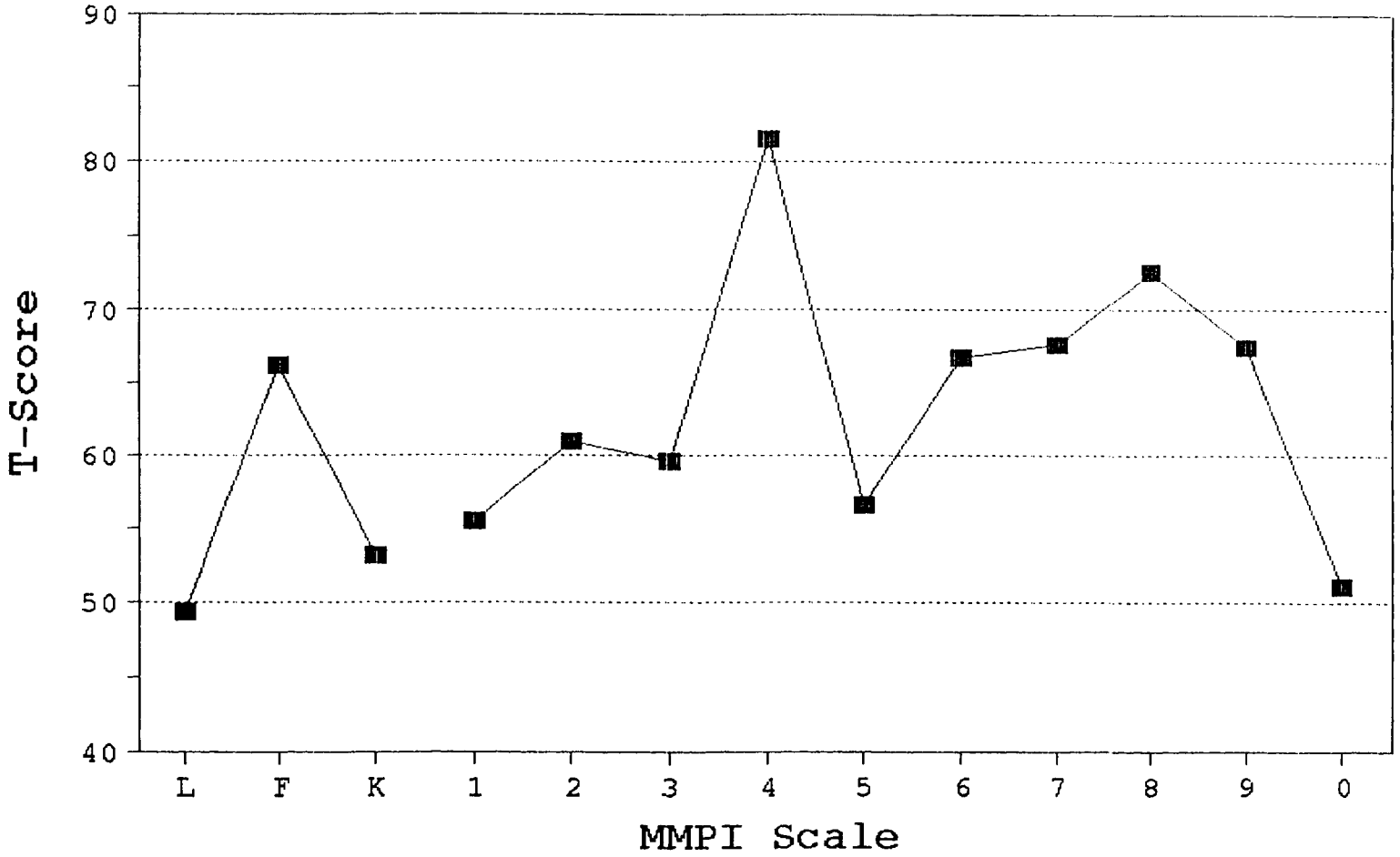
COMPOSITE MMPI PROFILE:
Self-Accentuators



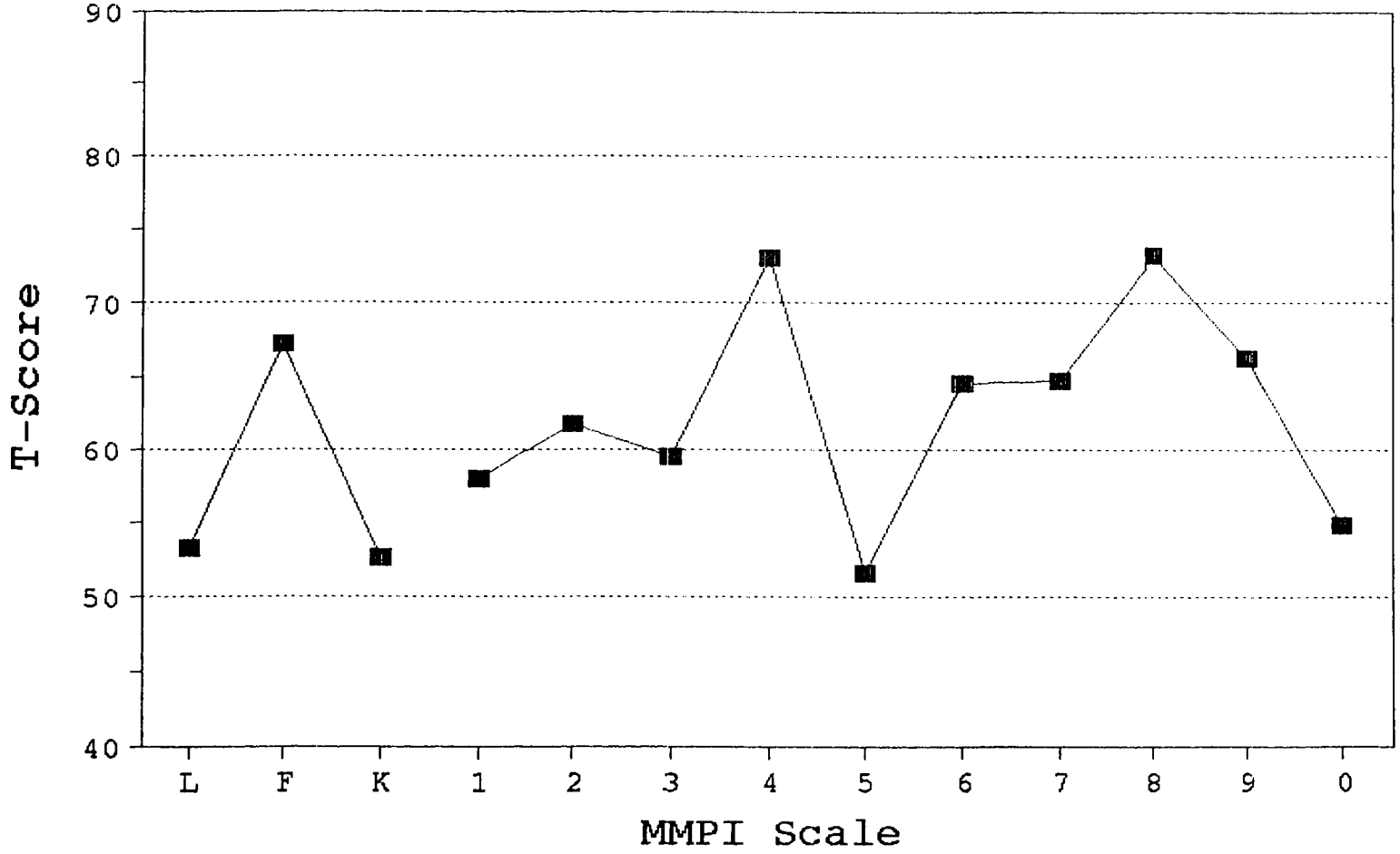
COMPOSITE MMPI PROFILE:
Oblivion-Seekers



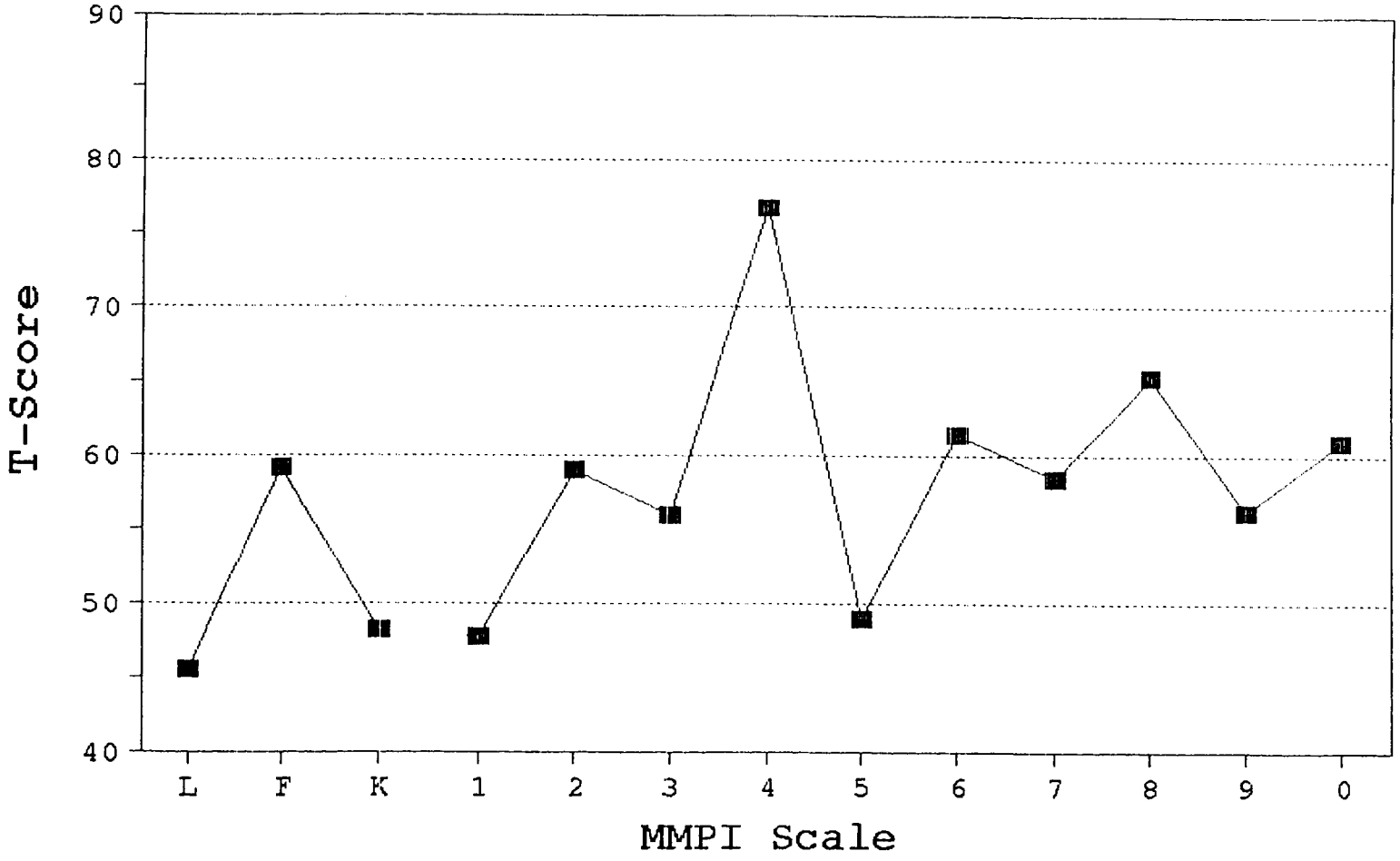
COMPOSITE MMPI PROFILE:
Reality-Escapers



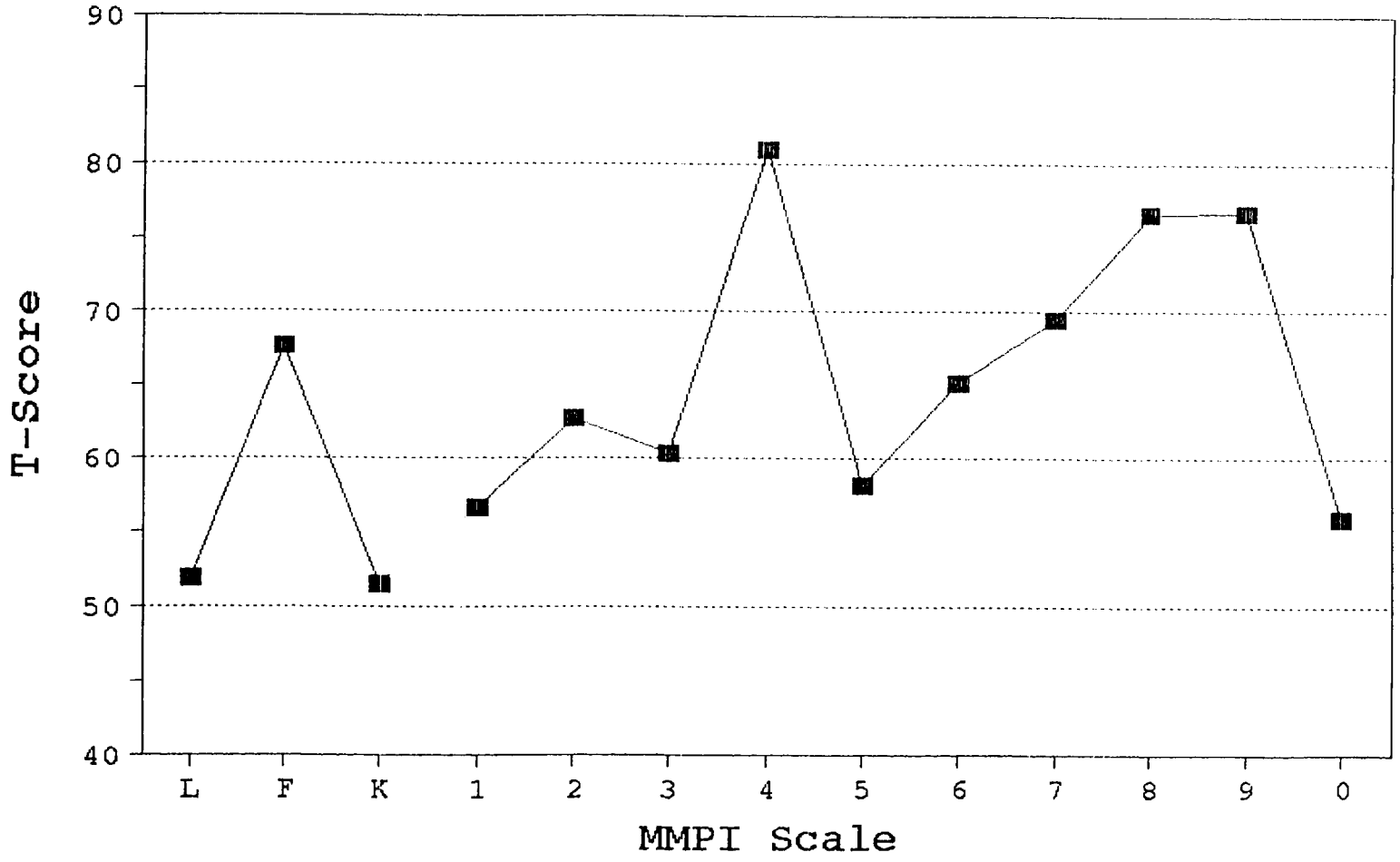
COMPOSITE MMPI PROFILE:
Mellowers



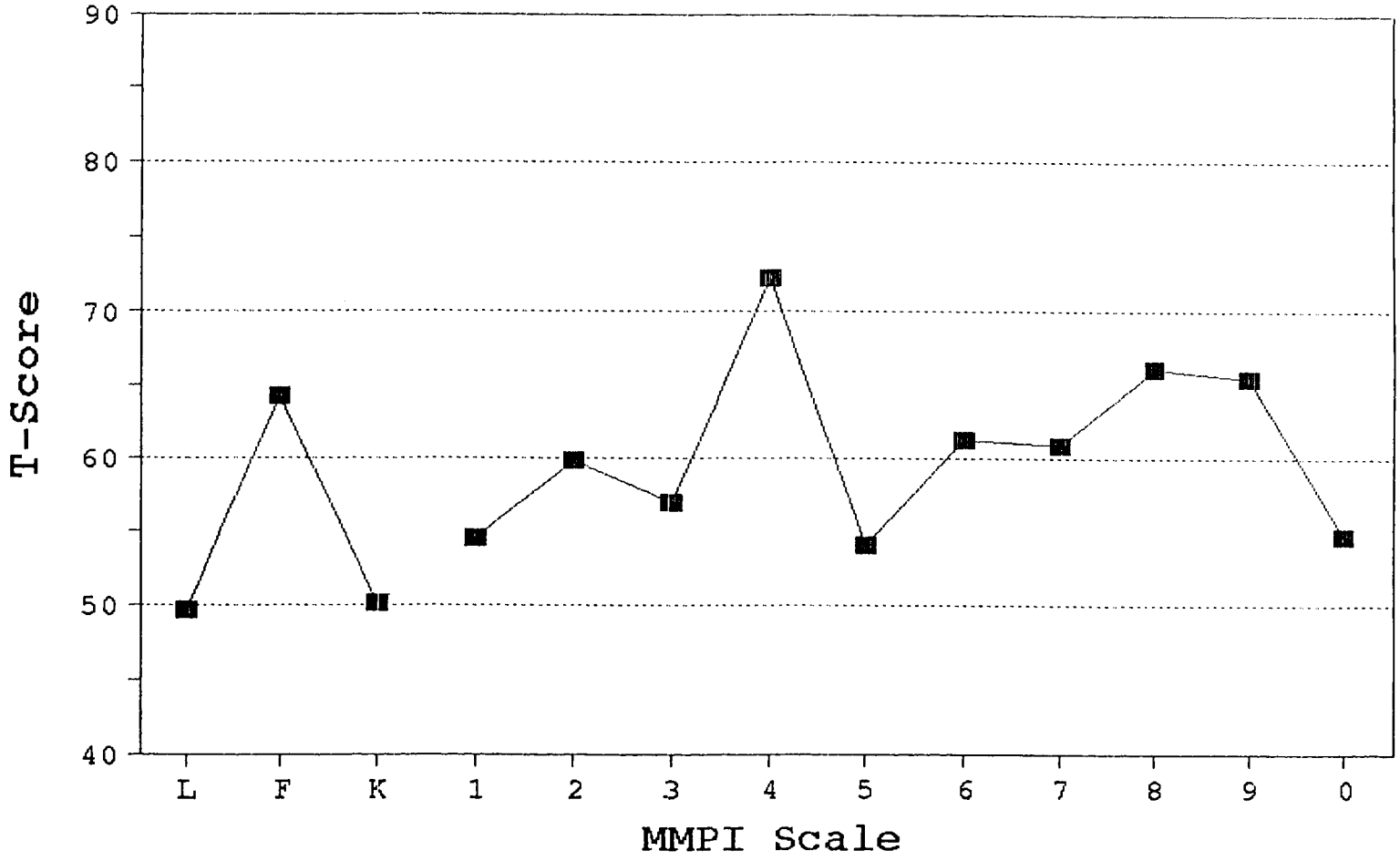
COMPOSITE MMPI PROFILE:
Euphoria-Seekers



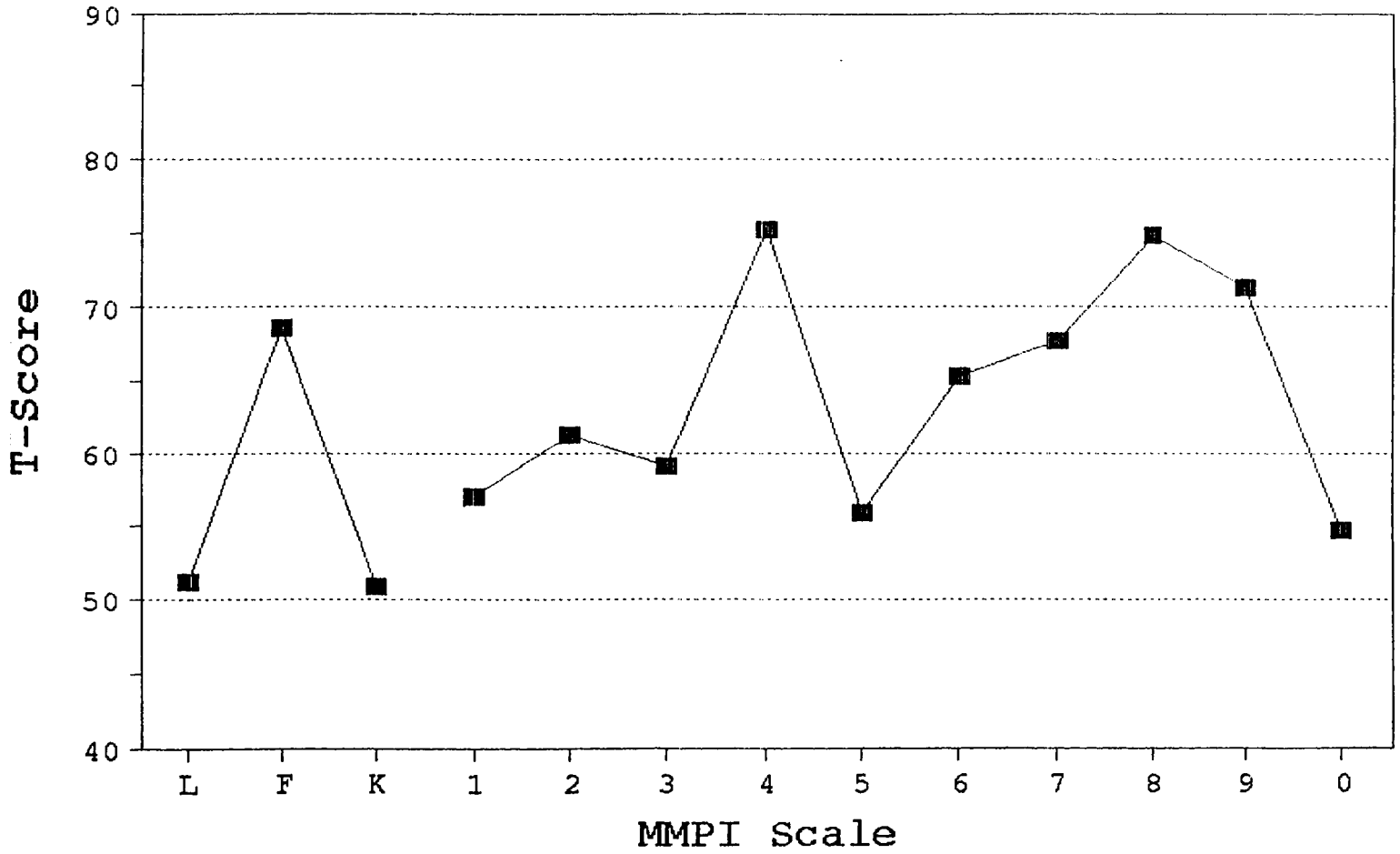
COMPOSITE MMPI PROFILE:
Activators



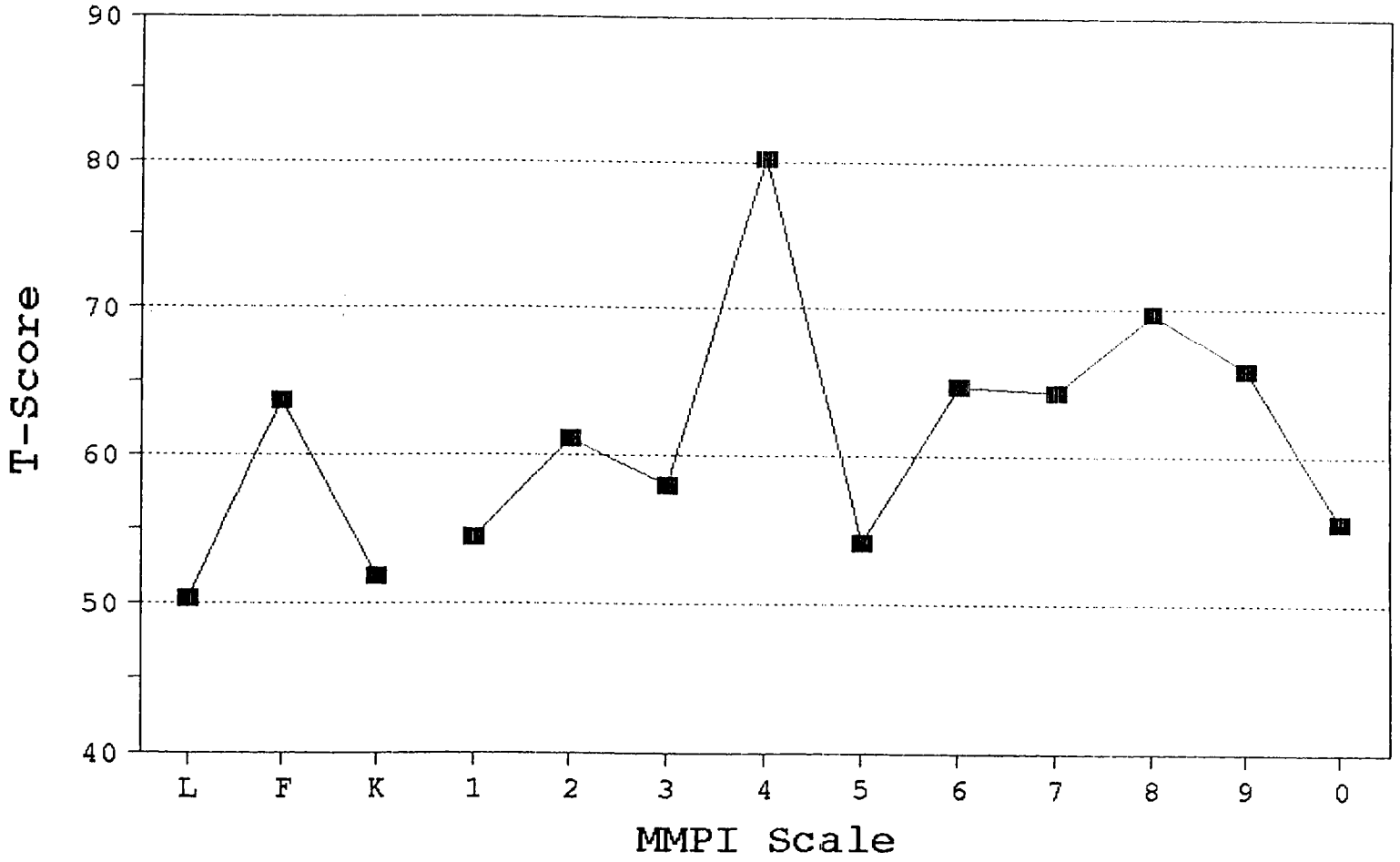
COMPOSITE MMPI PROFILE:
Superiority-Seekers



COMPOSITE MMPI PROFILE:
Male Addicts

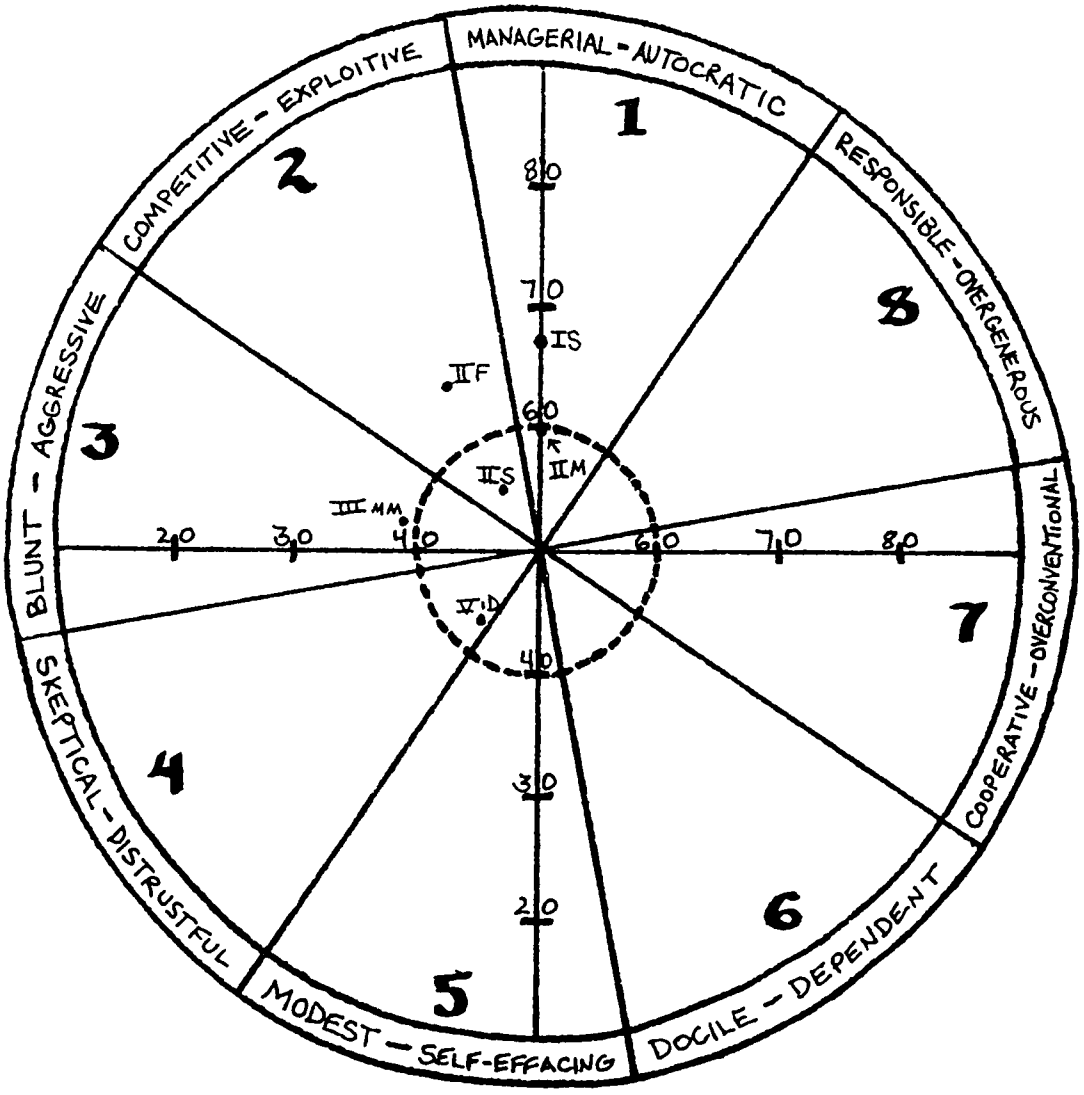


COMPOSITE MMPI PROFILE:
Female Addicts



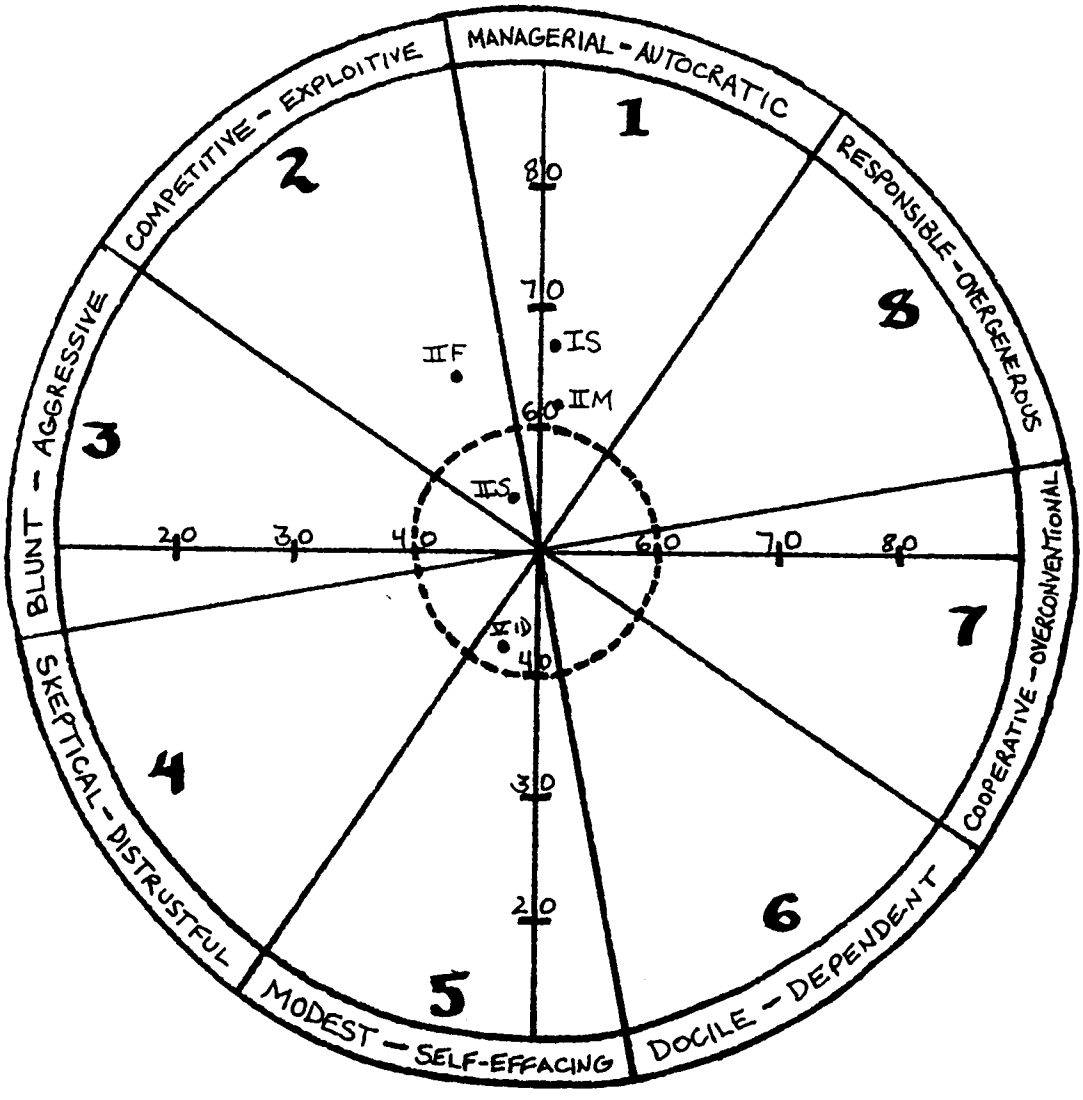
APPENDIX E: Composite Leary Profiles

COMPOSITE LEARY PROFILE:
Total Subject Pool



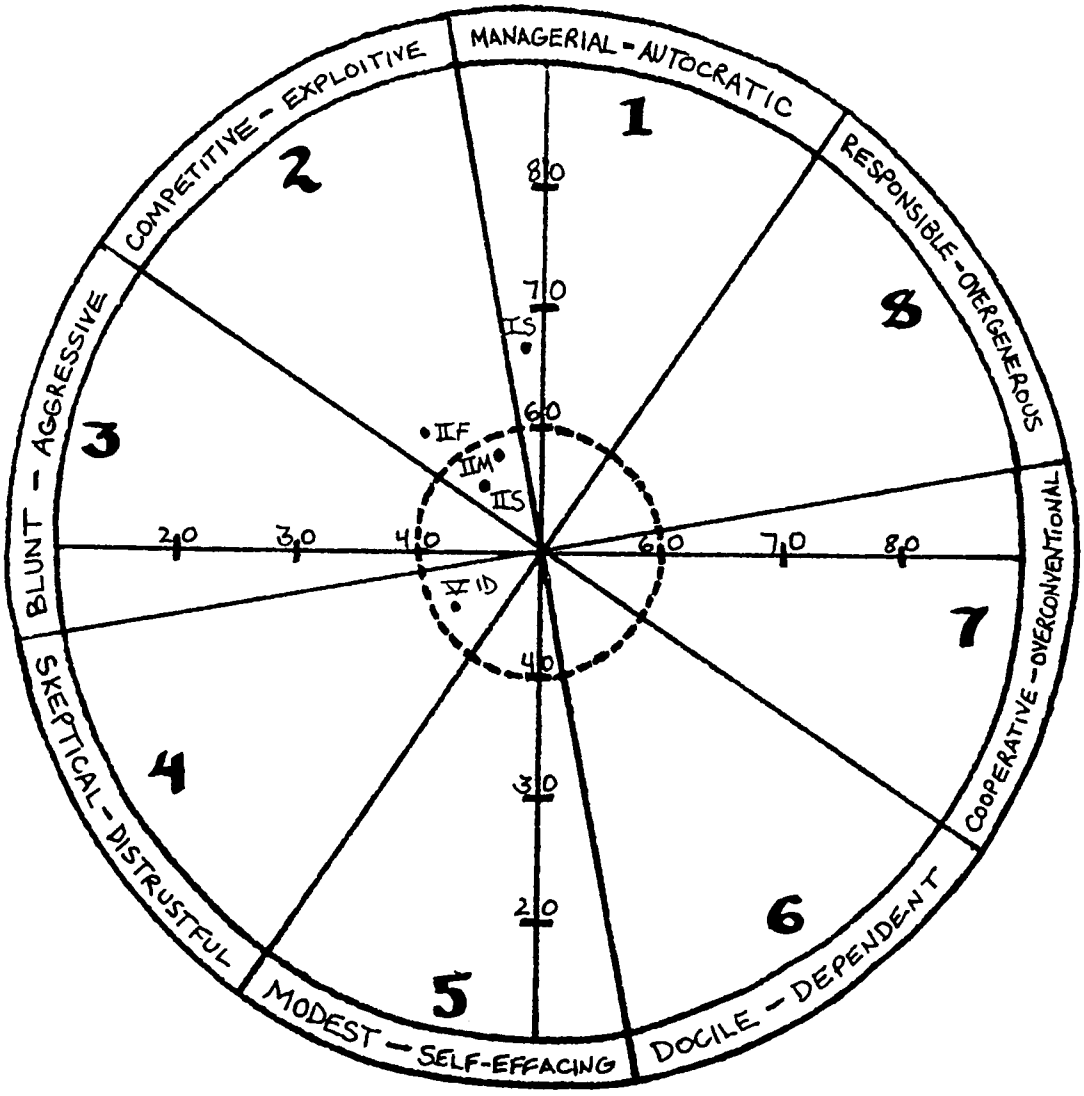
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
World-Attenuators



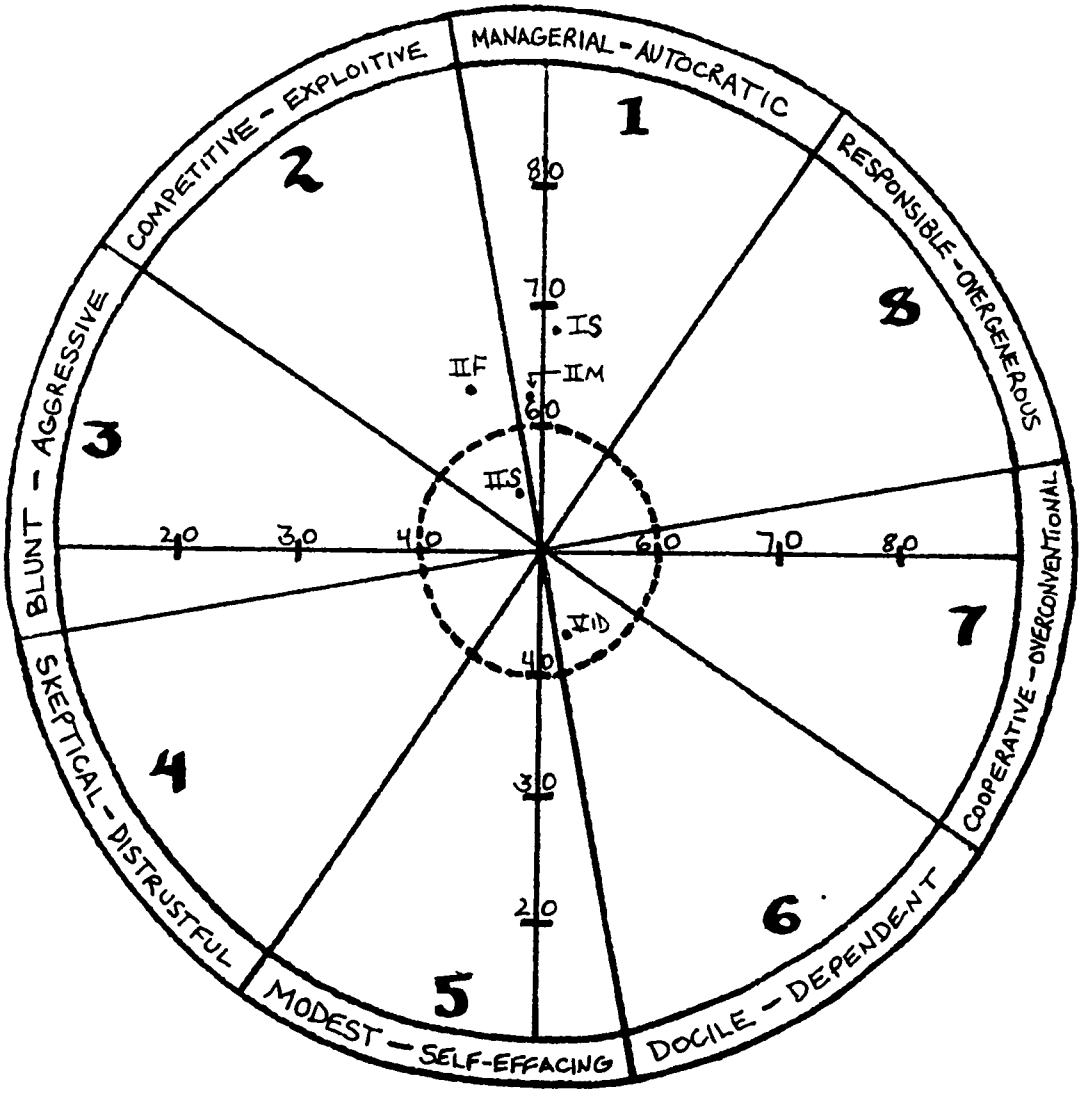
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
Self-Accentuators



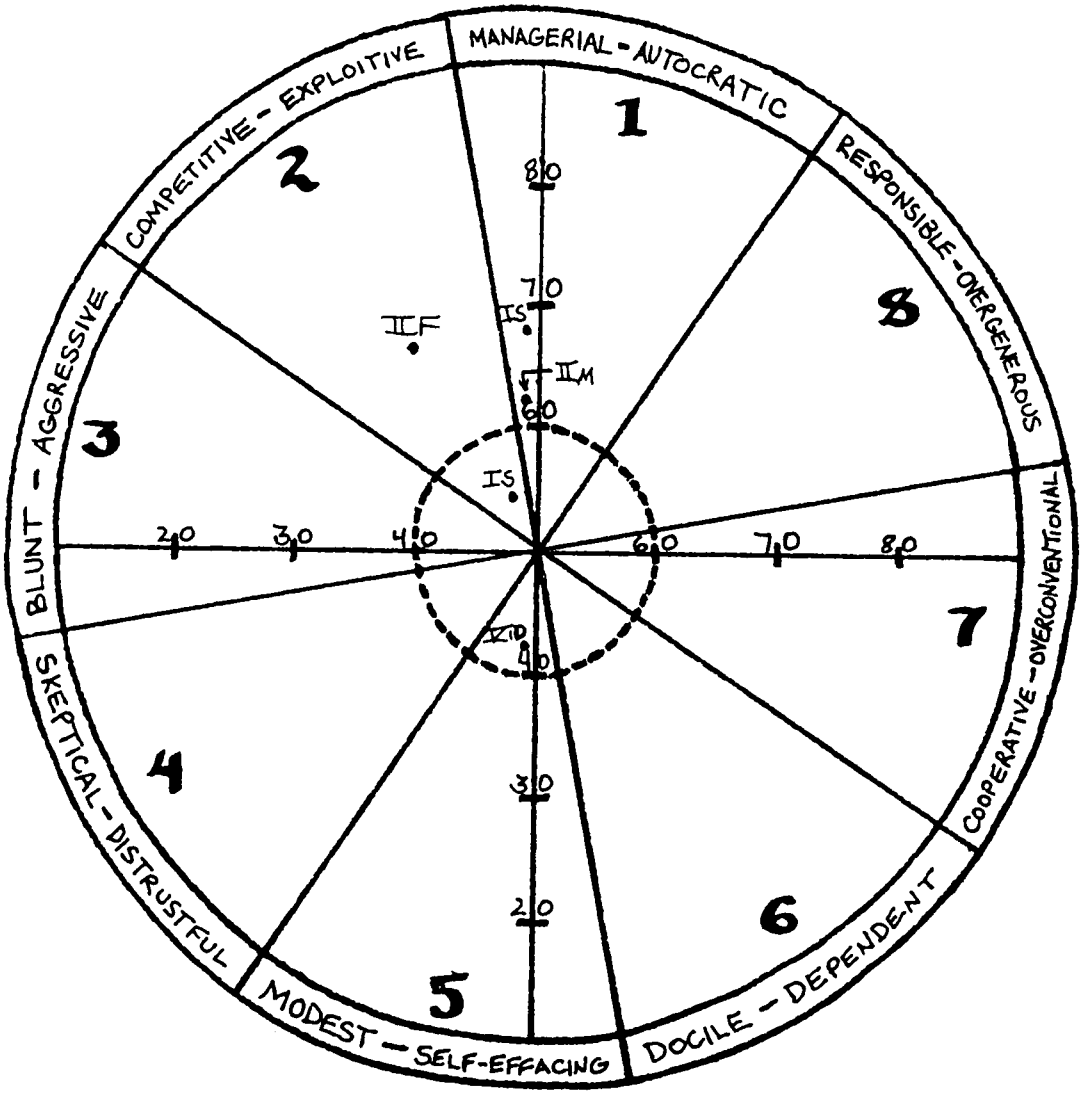
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
Oblivion-Seekers



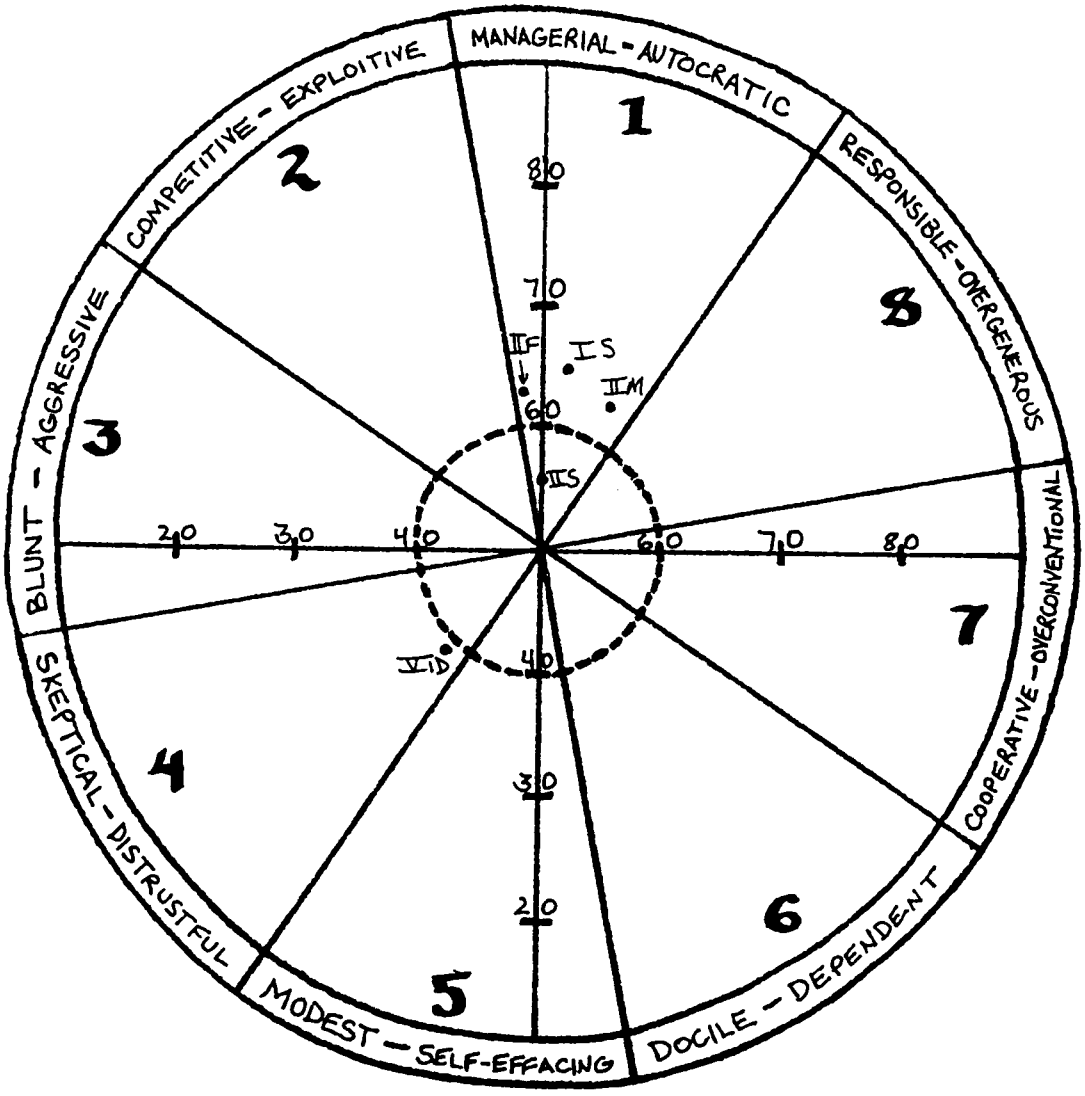
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
Reality-Escapers



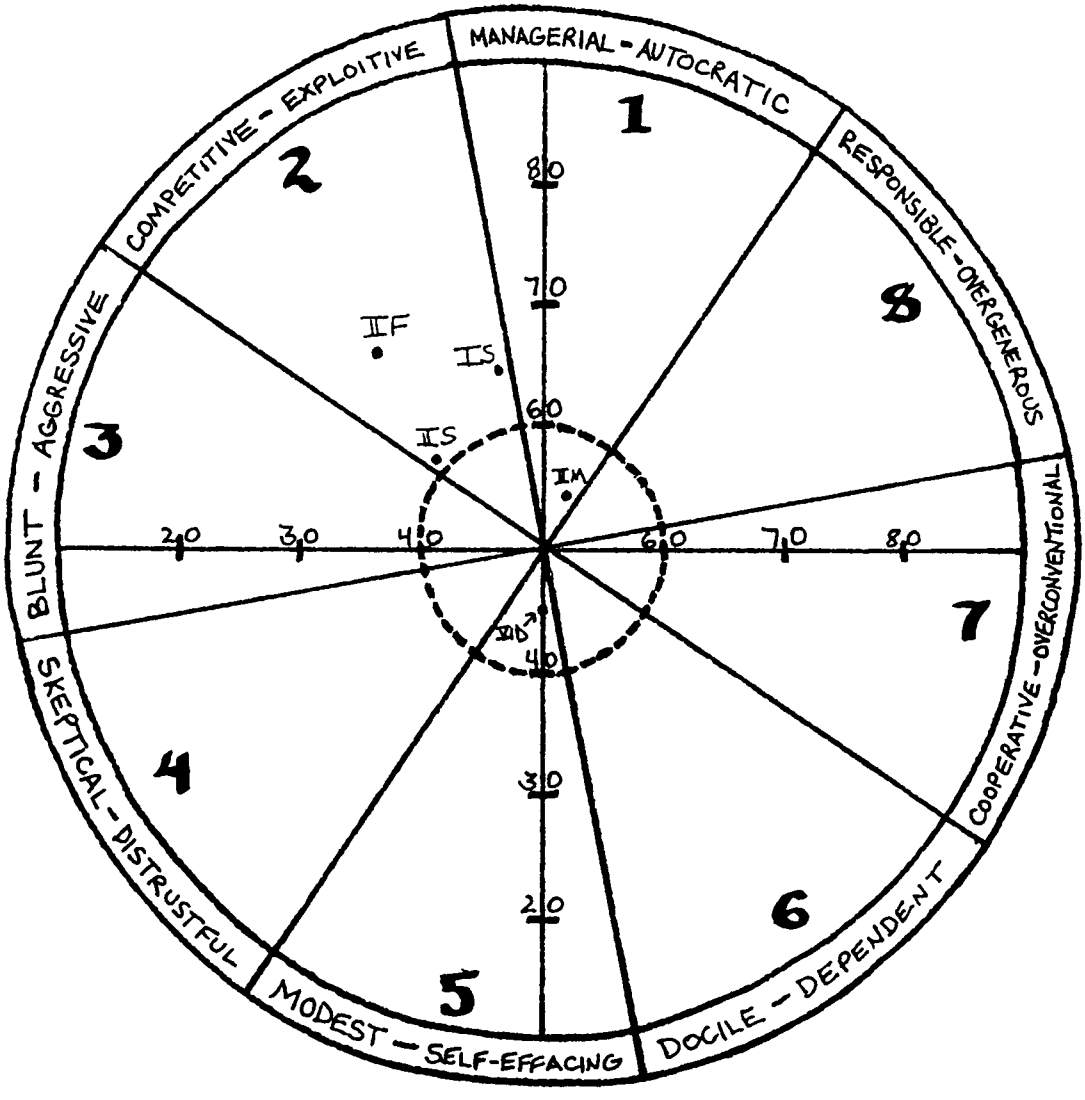
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
Mellowers



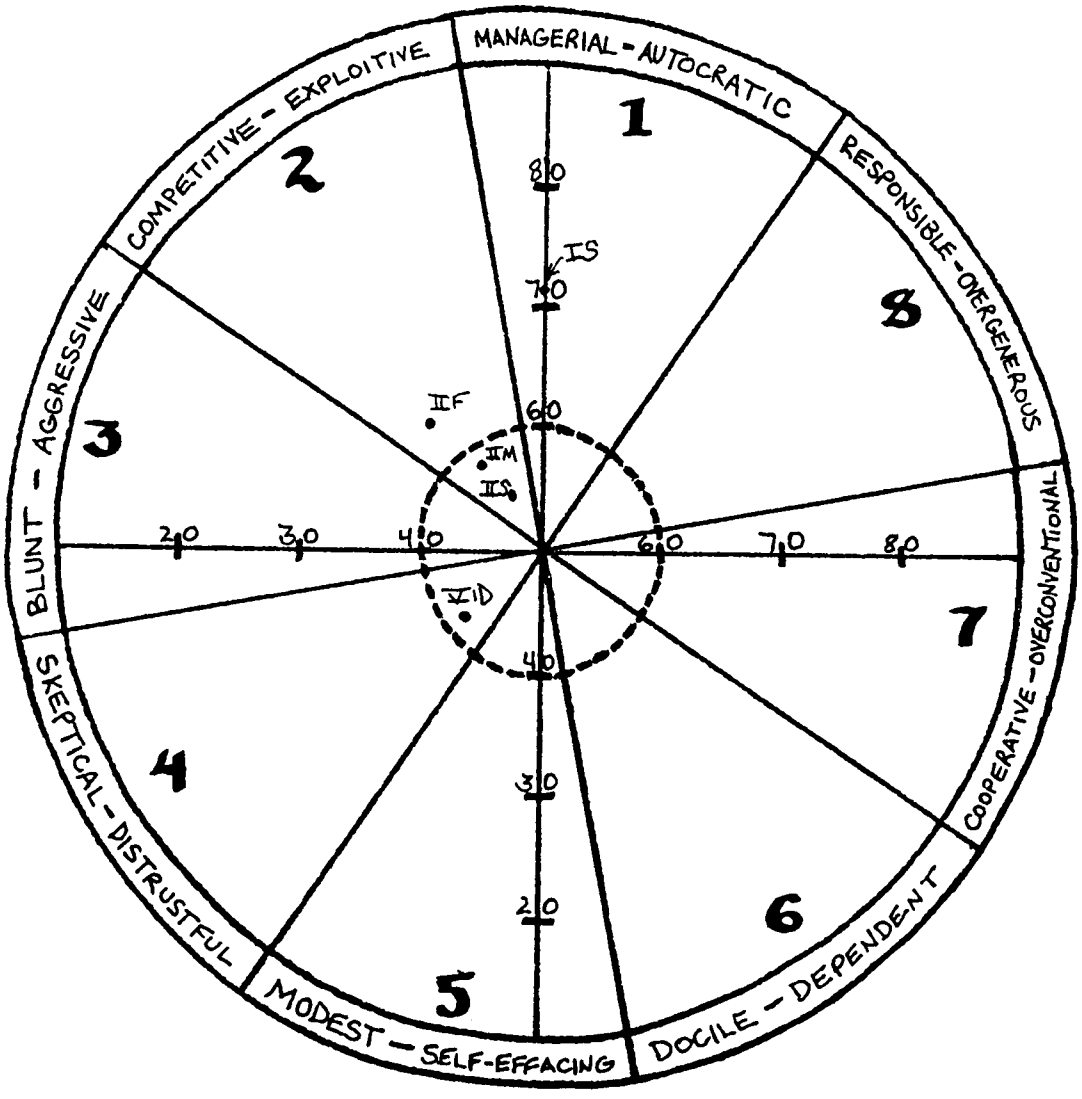
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
Elation-Seekers



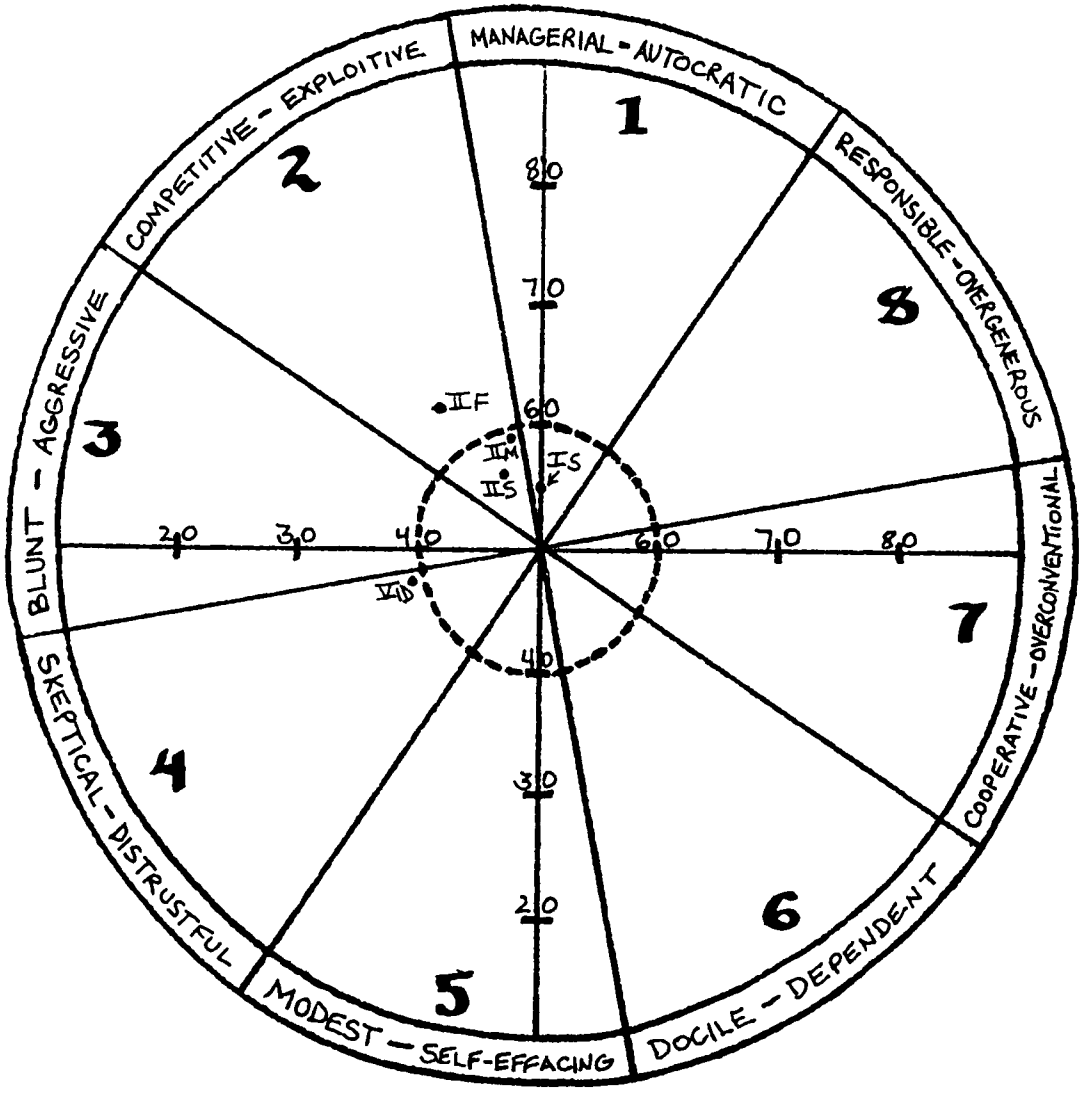
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
Activators



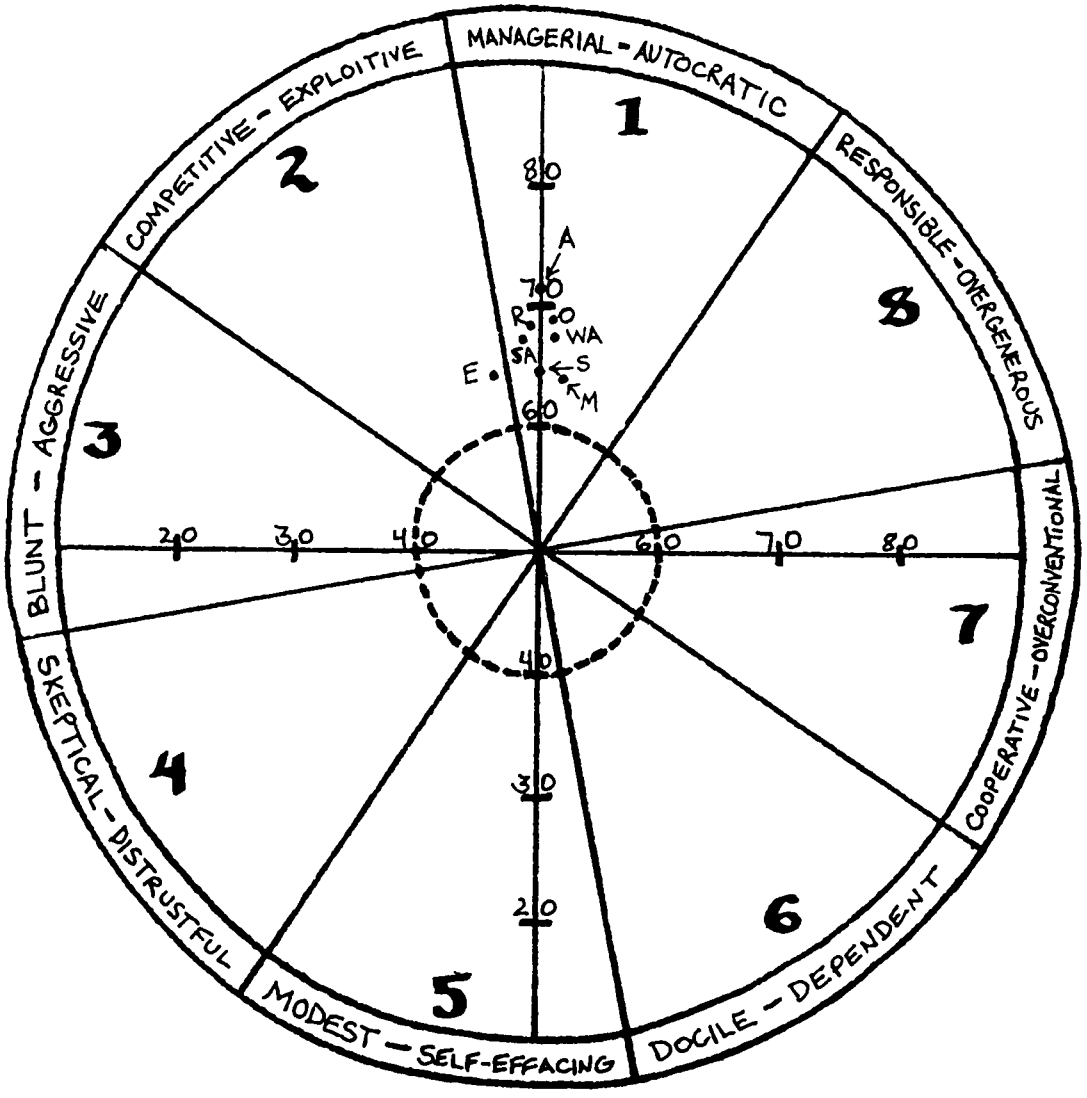
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
Superiority-Seekers



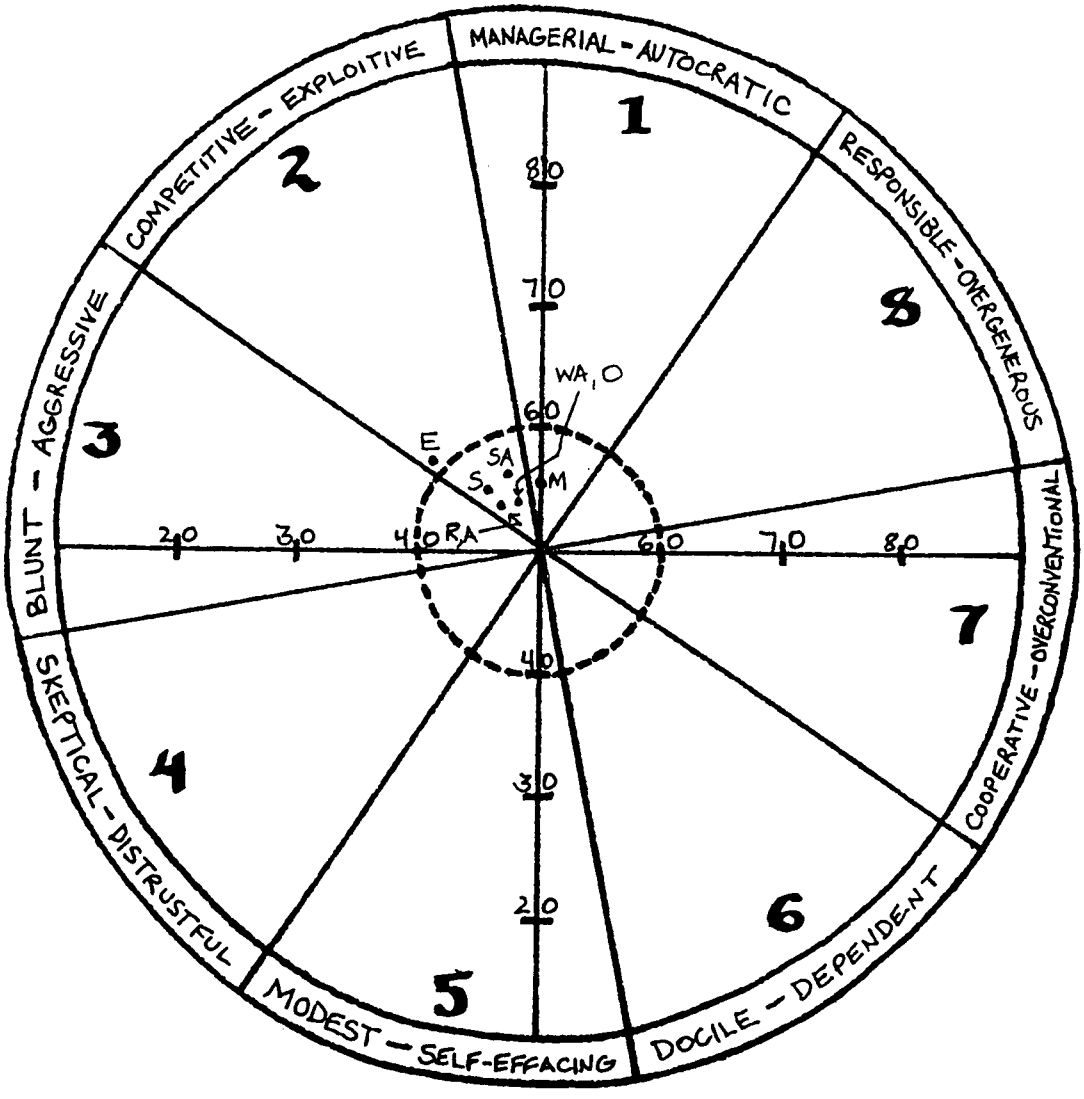
IS = Public Self-Presentation
IIS = Private Self-Perception
IIM = Perception of Mother
III-MM = Basic Intentionality
VID = Ideal-Self
IIF = Perception of Father

COMPOSITE LEARY PROFILE:
Level I-S



WA	= World-Attenuators	SA	= Self-Accentuators
S	= Superiority-Seekers	A	= Activators
E	= Elation-Seekers	M	= Mellowers
R	= Reality-Escapers	O	= Oblivion-Seekers

COMPOSITE LEARY PROFILE:
Level II-S



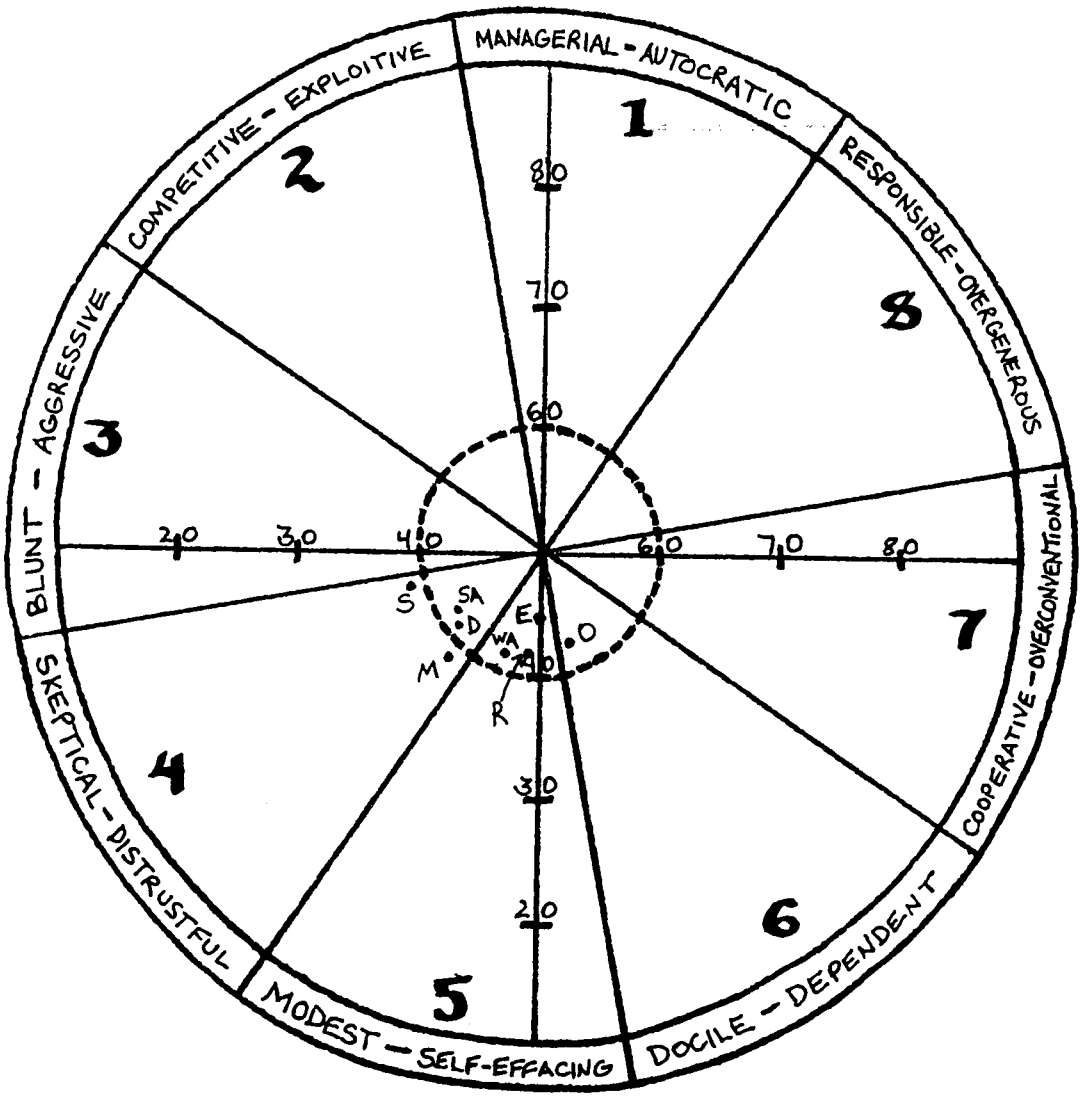
WA = World-Attenuators
S = Superiority-Seekers
E = Elation-Seekers
R = Reality-Escapers

SA = Self-Accentuators
A = Activators
M = Mellowers
O = Oblivion-Seekers

COMPOSITE LEARY PROFILE:
Level III-MM

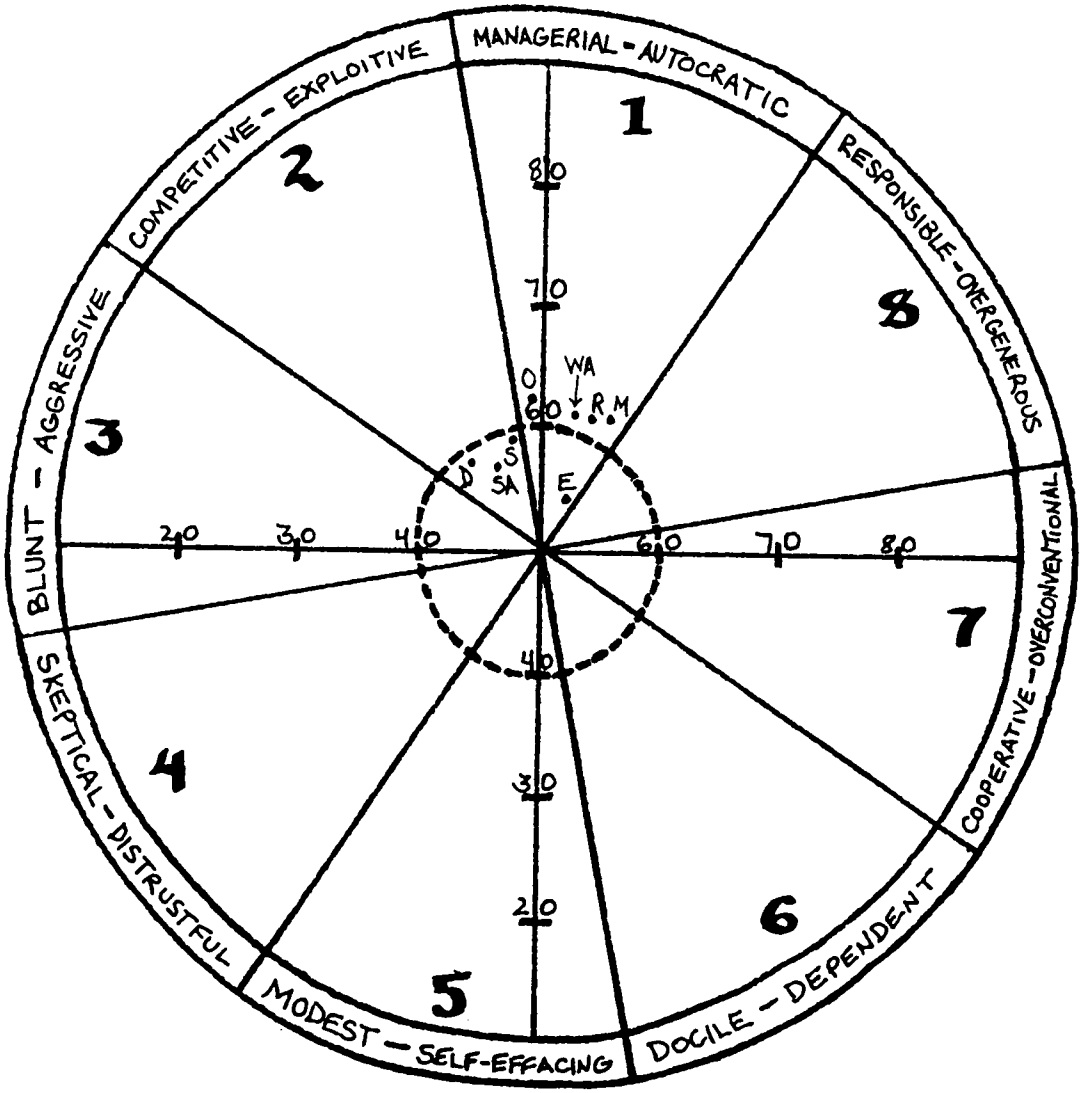
Means for this level are not provided because III-MM coordinates are derived by different methods for the two sexes. There was no way to average the respective male and female means without introducing serious questions about the interpretability of the results. The male and female III-MM means for the sample as a whole were so close together that a mean for the total subject pool made sense. However, there was enough disparity between male and female means on this level for each of the Major and Minor DEP Groups that averaging the coordinates seemed very likely to produce meaningless numbers. An extensive comparison between male and female underlying motivations within each group falls beyond the scope of the present study, and would have only added unnecessary complexity of, at best, dubious value (since the 12 resulting groups would be quite small). For Level III-MM, the frequency data sufficed for this project's purposes.

COMPOSITE LEARY PROFILE:
Level V-ID



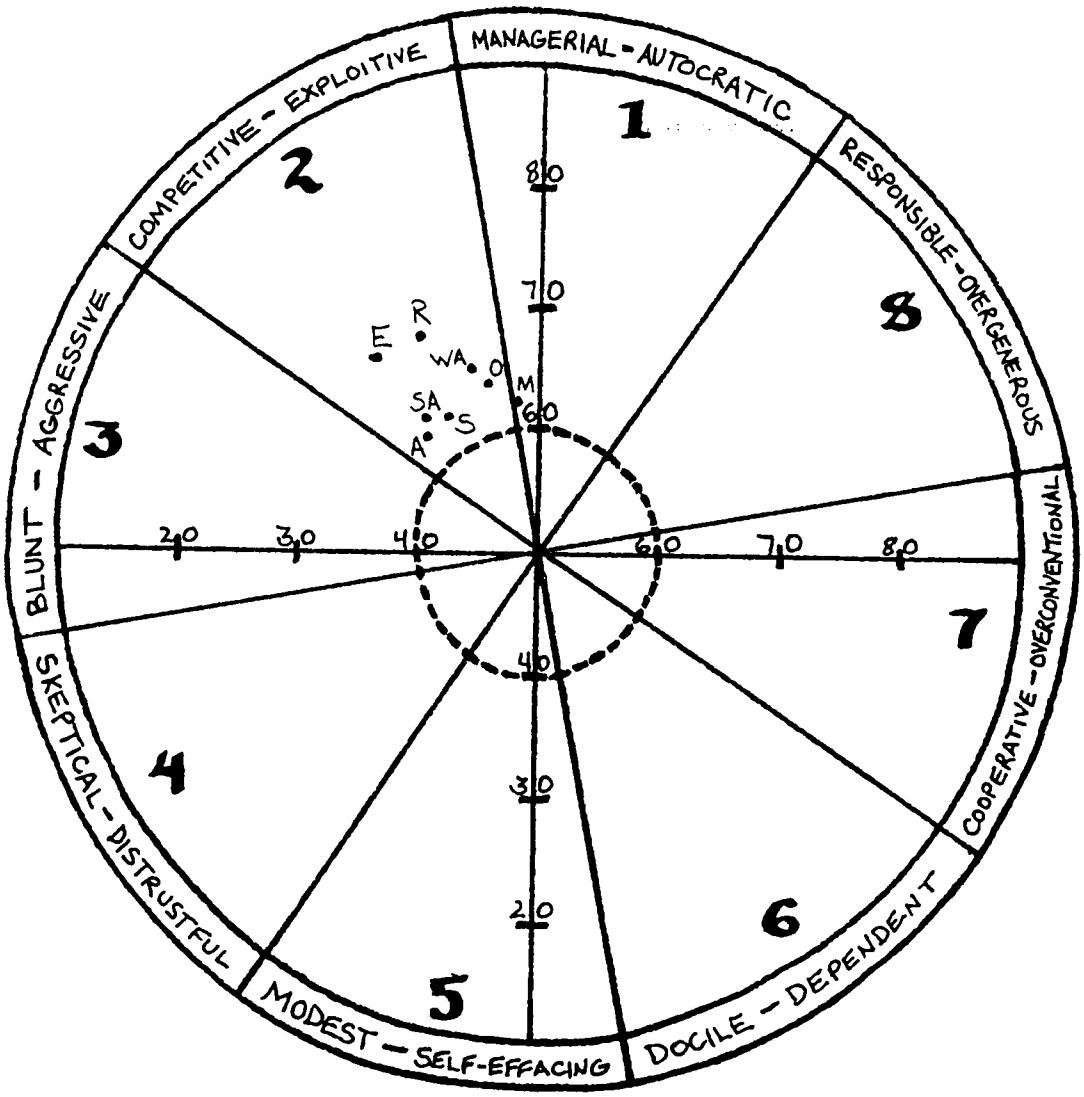
WA	= World-Attenuators	SA	= Self-Accentuators
S	= Superiority-Seekers	A	= Activators
E	= Elation-Seekers	M	= Mellowers
R	= Reality-Escapers	O	= Oblivion-Seekers

COMPOSITE LEARY PROFILE:
Level II-M



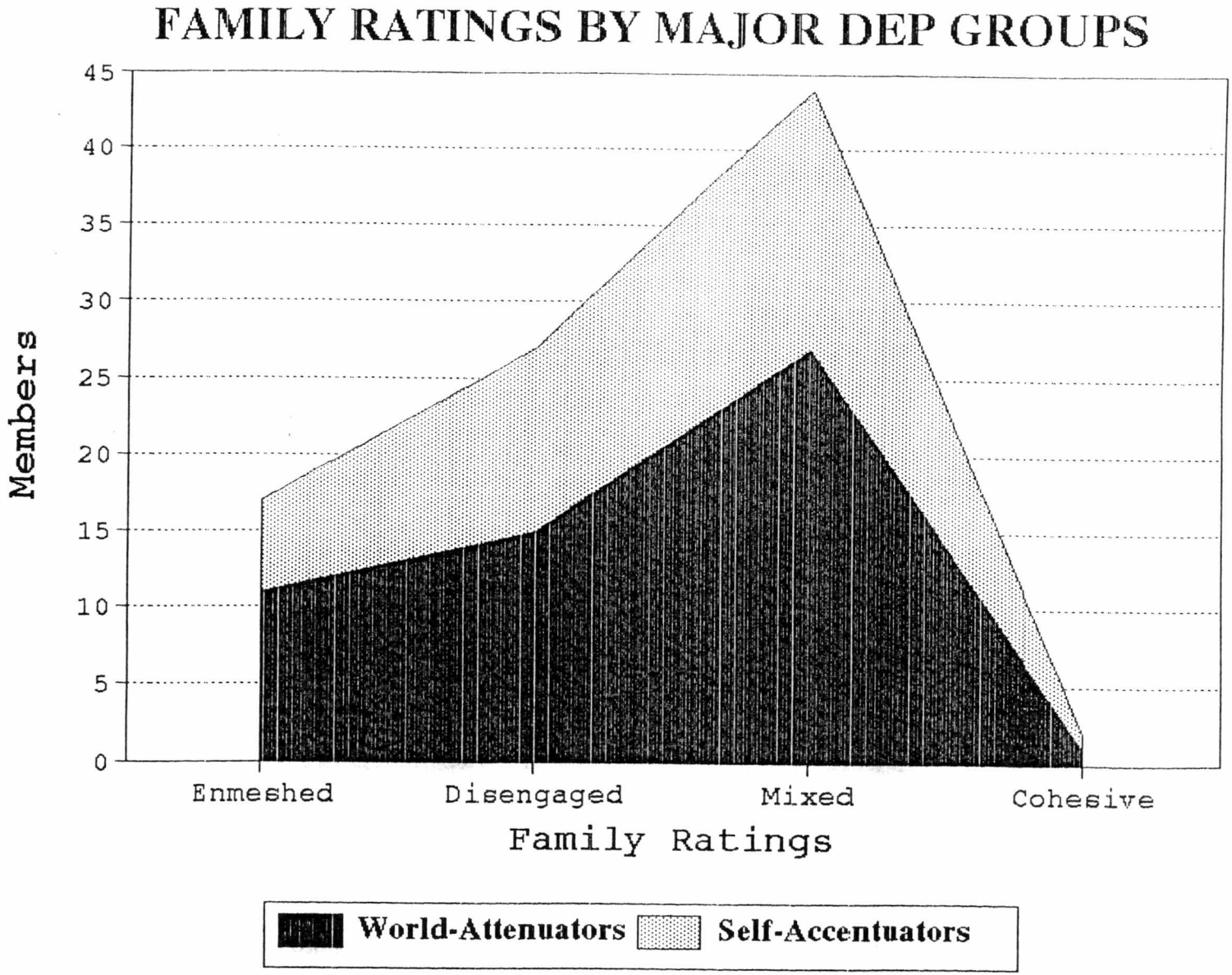
WA = World-Attenuators
S = Superiority-Seekers
E = Elation-Seekers
R = Reality-Escapers
SA = Self-Accentuators
A = Activators
M = Mellowers
O = Oblivion-Seekers

COMPOSITE LEARY PROFILE:
Level II-F

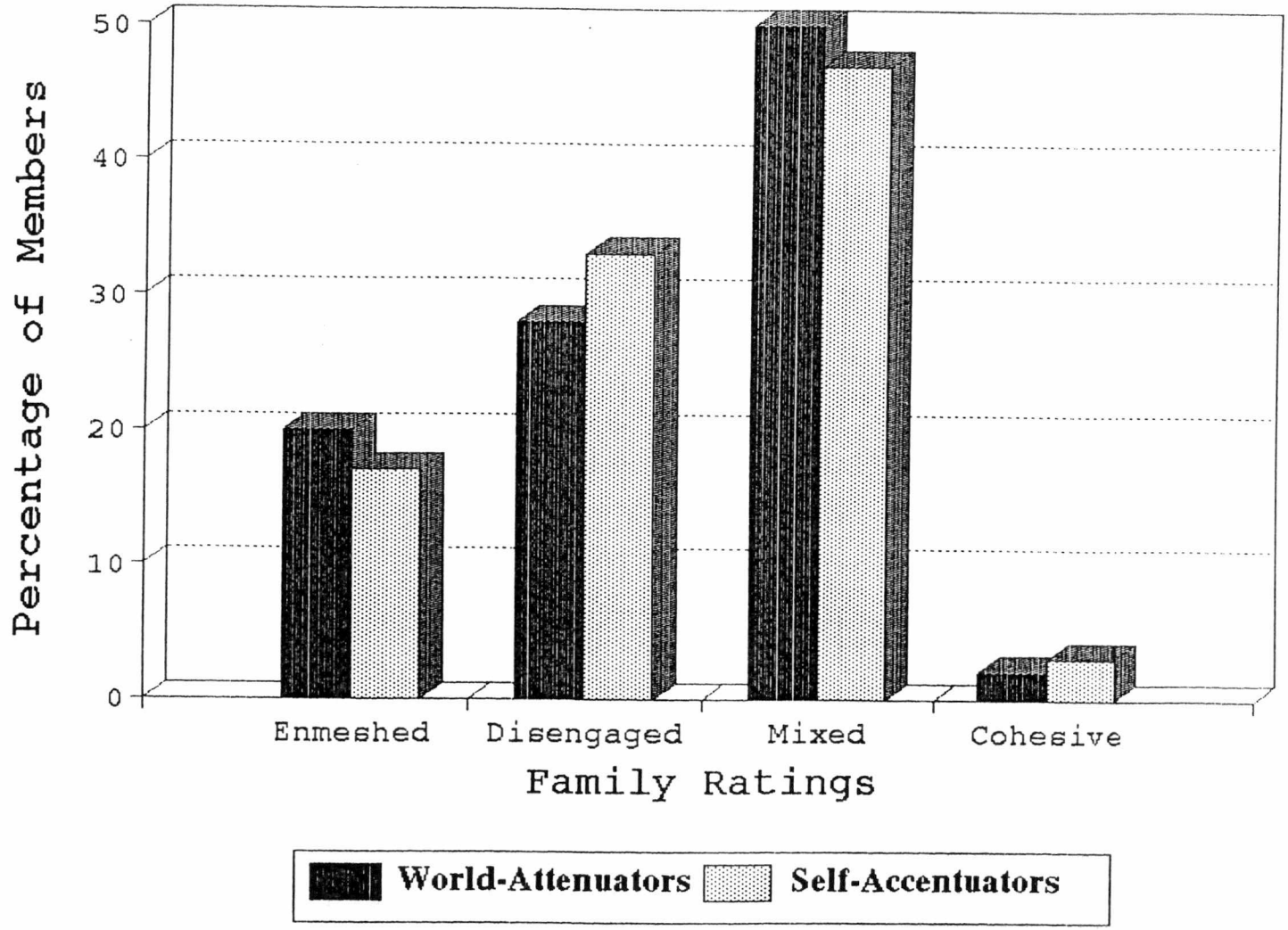


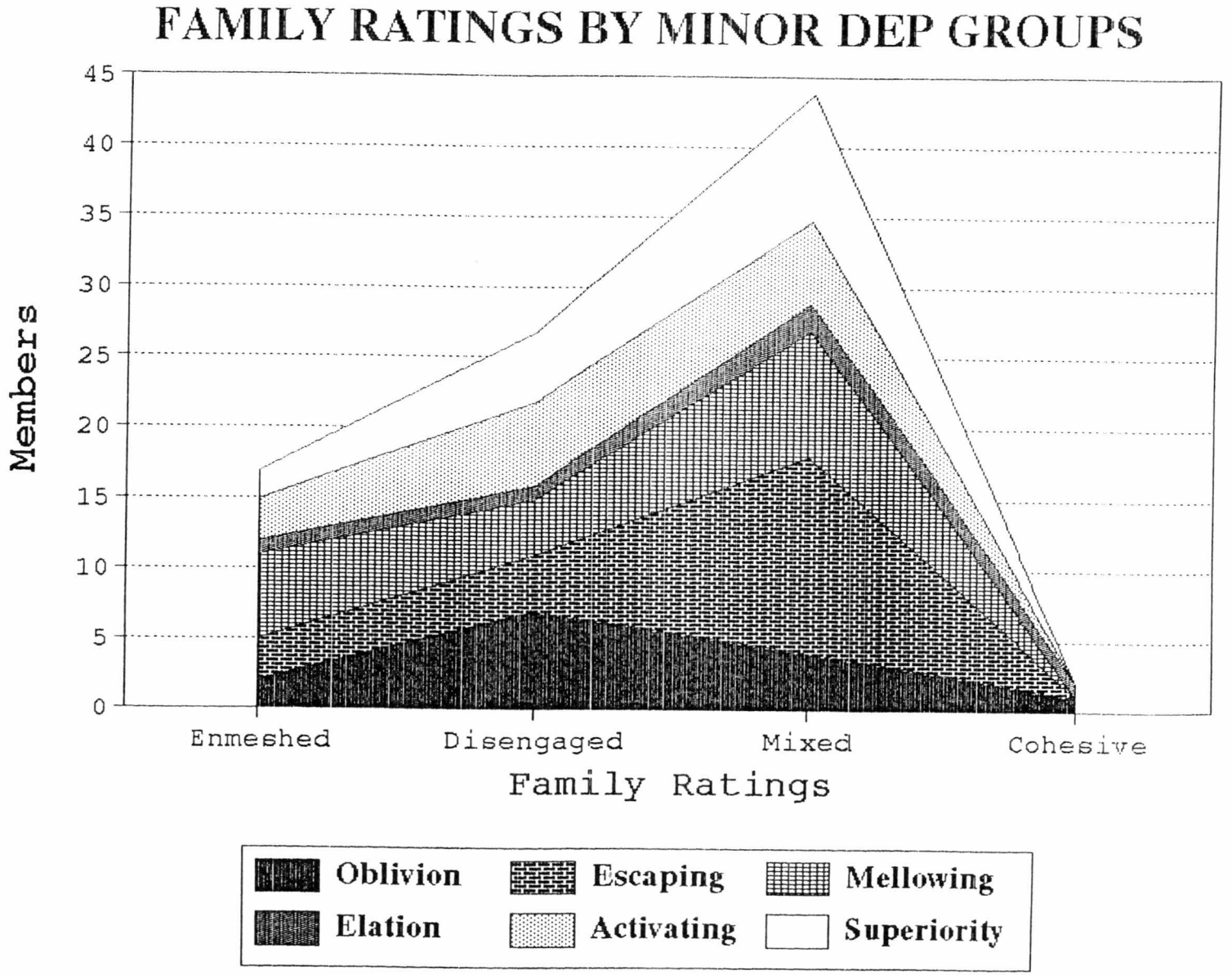
WA	= World-Attenuators	SA	= Self-Accentuators
S	= Superiority-Seekers	A	= Activators
E	= Elation-Seekers	M	= Mellowers
R	= Reality-Escapers	O	= Oblivion-Seekers

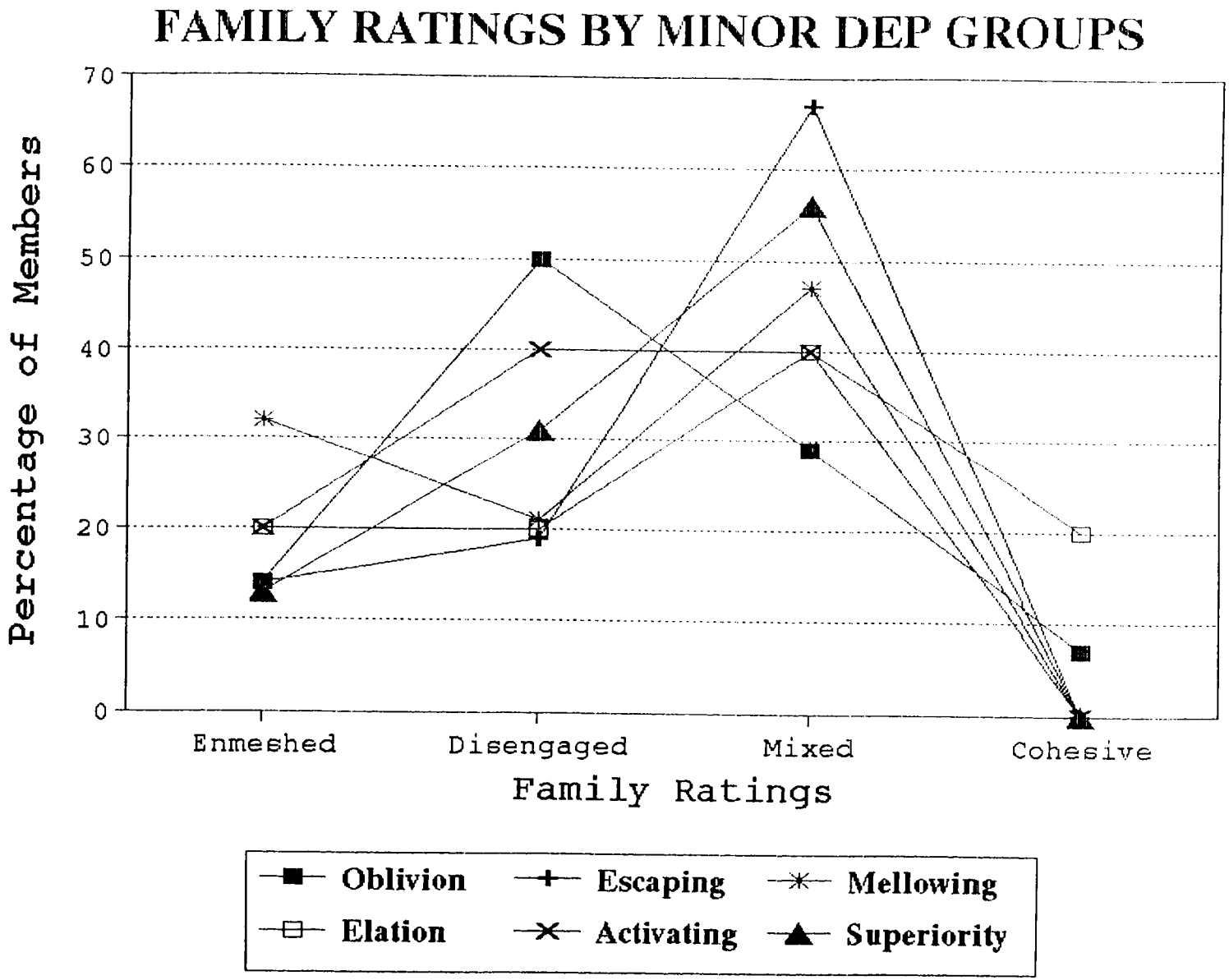
APPENDIX F: Family Ratings by DEP Group


FAMILY RATINGS BY MAJOR DEP GROUPS
45
40
35
30
25
20
15
10
5
0
Members
Enmeshed
Disengaged
Mixed
Cohesive
Family Ratings
World-Attenuators
Self-Accentuators

FAMILY RATINGS BY MAJOR DEP GROUPS




FAMILY RATINGS BY MINOR DEP GROUPS
Members
45
40
35
30
25
20
15
10
5
0
Enmeshed
Disengaged
Mixed
Cohesive
Family Ratings
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority


FAMILY RATINGS BY MINOR DEP GROUPS
Percentage of Members
70
60
50
40
30
20
10
0
Enmeshed
Disengaged
Mixed
Cohesive
Family Ratings
Oblivion
Escaping
Mellowing
Elation
Activating
Superiority

VITA

Mark Holder Barnes was born in Baltimore, Maryland on June 12, 1960. He attended elementary school in the Baltimore County school system before moving with his family to Winter Haven, Florida in December of 1971. He graduated from Winter Haven High School in June of 1978, and immediately entered Polk Community College (there in Winter Haven), where he received his Associate of Arts degree in August of 1979, having studied chemistry and graphic art. In September of 1979, he entered Stetson University in Deland, Florida, where he received the degree of Bachelor of Science in Psychology in May of 1982. Over the next two years, he remained at Stetson University, where he took assorted non-degree graduate coursework in the areas of religion, philosophy and psychology. In September of 1984, he entered the Clinical Psychology program at The University of Tennessee, Knoxville. He completed a one year clinical internship at The Cambridge Hospital of Harvard Medical School in June of 1991. In May of 1992, he received the degree of Doctor of Philosophy in Psychology from the University of Tennessee, Knoxville. He is now a licensed clinical psychologist practicing psychological assessment and psychotherapy privately in the Knoxville, Tennessee area as an associate of The Northshore Group.