<table>
<thead>
<tr>
<th>Title</th>
<th>Irish drug abusers III: A psychosocial typology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors(s)</td>
<td>Carr, Alan; Kelly, M. G.; Hart, I.</td>
</tr>
<tr>
<td>Publication date</td>
<td>1981</td>
</tr>
<tr>
<td>Publication information</td>
<td>Irish Medical Journal, 74 (2): 66-70</td>
</tr>
<tr>
<td>Publisher</td>
<td>Irish Medical Organization</td>
</tr>
<tr>
<td>Link to online version</td>
<td><a href="http://www.imj.ie/Archive/Irish%20Drug%20Abusers%20III%20Psycho-Social%20Typology%201981.pdf">http://www.imj.ie/Archive/Irish%20Drug%20Abusers%20III%20Psycho-Social%20Typology%201981.pdf</a></td>
</tr>
<tr>
<td>Item record/more information</td>
<td><a href="http://hdl.handle.net/10197/5540">http://hdl.handle.net/10197/5540</a></td>
</tr>
</tbody>
</table>
Irish Drug Abusers III: A Psycho-Social Typology

A. J. CARR
M.A.
Psychologist
The Late I. HART
Formerly Consultant Psychologist, Jervis Street Drug Advisory and Treatment Centre and Research Officer at the Economic & Social Research Institute

M.G.KELLY
M.A., M.D., M.R.C.Psych., D.PM.
Consultant Psychiatrist/Director, Jervis Street Drug Advisory and Treatment Centre
Jervis Street Hospital
Dublin 1

This is the final article in a series based on a study of a cohort of Irish drug abusers. Previous papers dealt with the overall social (Carr et al., 1980) and psychological (Carr et al., 1981) characteristics of the cohort. While certain general trends were identified, perhaps the most striking feature of the data was the variability that exists between subjects. In the present paper this variability will be explored and a psycho-social typology of drug abusers presented.

Method
A cohort of 100 drug abusers, attending a drug advisory and treatment centre attached to a large general hospital in central Dublin, served as subjects for the present study. All subjects attended the centre for the first time seeking treatment between November 1977 and February 1979. Demographic characteristics of the cohort are presented elsewhere (Carr et al., 1980).

An extensive interview schedule and test battery were administered to each subject. The interview schedule covered familial, educational, occupational, legal and drug related areas. The following psychological tests constituted the battery: Scheier and Cattell’s (1961) N euroticism Scale Questionnaire (NSQ); Rosenweig’s (1947) Picture Frustration Study (PFS); Witkin’s (1950) Group Embedded Figures Test (GEFT); and a short form of Wechsler’s (1955) Adult Intelligence Scale (cf. Carr et al., 1981). In addition to the above, three psycho-social scales were administered to each subject. These were Davis’ (1976) Anomie Scale (DAS); Hart’s (1977) Modified Locus of Control Scale (LCS); and a short form of Crumbaugh’s (1968) Purpose in Life Scale (PIL).

Results
The status of the four major groups on the four “Cluster variables” showed that after the second cluster analysis or overall Chi square was computed for the four major groups on all variables, the PIL scale was the only “test” or “scale” variable to significantly differentiate between the four major groups (p < .05).

Demographic, familial, psychiatric, criminal and medical correlates of the four major groups gave four tentative findings, viz., poor parental relationship, Chi² = 7.68, df = 3, p<.06; delinquent sibling, Chi² = 6.86, df = 3, p<.08; psychiatric treatment before drug abuse, Chi² = 7.57, df = 3, p<.06; and abortion, Fisher’s E.P.T., p = .09.

The status of the four major groups on drug related variables showed five theoretically important though statistically non-significant results. These are poly abuse (including opioids) and opioids only, Chi² = 3.707, df = 3, p<.07; Intravenous drug abuse, Chi² = 7.55, df = 3, p<.06; majority of friends are drug abusers, Chi² = 7.27, df = 3, p<.06; took drugs for relief, Fisher’s E.P.T., p<.076; and took drugs to find meaning and identity, Chi² = 7.37, df = 3, p < .06.

On the basis of an analysis of the results, the following group profiles were drawn up:

Group 1: These subjects have a predominantly extrapunitive orientaion and experience high levels of anxiety. However, they have an internal locus of control and, consequently, view themselves as masters of their own destinies. They also have a moderate sense of meaning or purpose in life.

The members of this group are young, single and from the working classes. Their childhoods tend to have been gravely disrupted by a poor home environment and a neurotic family structure. The rules of behaviour in the households of these subjects were vague and confused and physical punishment was the primary corrective measure employed. Subjects from this group perceived both of their parents as rejecting them. Furthermore, they saw the relationship between their parents as being poor or unsatisfactory. In these families, the father, who was a physically aggressive man, was the dominant figure. These subjects also tended to have delinquent siblings who had been convicted at least once.

They themselves also had violent criminal records and this tendency towards violent behaviour is in keeping with their strong extrapunitive orientation (as measured by the PFS). That violent delinquents frequently come from homes where severe physical punishment is inconsistently applied by the father or father figure of the household has previously been noted by Bandura and Walters (1959). It is argued that, by a process of modelling, the child learns to identify with his father’s punitive behaviour, hence his delinquency.

The members of this first group were poly abusers who did not abuse opioids. They did not abuse any drug intravenously. Their primary source of the street market. These subjects abused drugs in the company of their friends, the majority of whom tended to be drug abusers also.

To get relief from worry and tension, and to experience pleasure and excitement were the primary reasons given for drug abuse by these subjects. This pattern of drug abuse is subcultural insofar as acquisition and abuse is part of a network of social
relationships between drug abusers. However, the subculture of which these subjects are members is not primarily a drug subculture since it lacks an ideology of drugs (Fiddle, 1967). Few members of group (1) reported that drug abuse gave their lives meaning or helped them consolidate their identity. Rather, group (1) consists of subjects who are members of a primarily delinquent subculture and where drug abuse is a secondary activity among its members. This type of delinquent drug subculture has been documented previously in Britain and America (Cockett and Marks, 1969; Chein et al., 1964).

While the members of group (1) did not feel that their already limited familial relationships were further impaired by drug abuse, their relationship with their employer did suffer as a result of drug abuse. Since drug abuse, group (1) showed increased involvement in drug related criminal behaviour. Furthermore, because of the way they had been treated by the police since the beginning of their drug abuse, the members of group (1) believed that if they were arrested now for any offence they would be mistreated again.

Because of their delinquent involvement, their history of violent criminal conviction and their predominantly extrapunitivc orientation, this group were labelled the Extragressors.

**Group 2:** The members of the second group have an external locus of control. They feel that they have little control over the direction of their lives and that their fate is determined either by luck, or by powerful figures or institutions over which they have no influence. Furthermore, these subjects have little sense of purpose in life. They feel that their lives hold no meaning for them. They experience existential vacuum. Thus these subjects are best described as being socially alienated (Keniston, 1960). In relation to other groups they show moderate levels of extrapagination and anxiety.

The members of group (2) are a little older than those of group (1), i.e. around 26 years old, but like the members of group (1) these subjects are single and from the working classes. Also like group (1), the members of this group come from homes where inconsistent standards and physical punishment were applied. However, in group (2) not only were poor interpersonal relationships prevalent but also some parents were physically separated. However, these subjects were not rejected by both parents, only by their fathers. The mother with whom the subjects in group (2) had a fair relationship was the dominant personality of the family. The members of group (2) also had delinquent siblings. An overall lack of family cohesiveness and a lack of consistent supervision and discipline have previously been noted as familial correlates of delinquency, both in Ireland and abroad (Hart, 1974; Craig and Glick, 1964). While group (2) are delinquent, they differ from group (1) insofar as the latter are specifically violent delinquents.

Group (2) had a high incidence of psychiatric treatment prior to drug abuse. Because they are less psychia-trically disordered in terms of classical diagnostic categorisation than groups (1), (6) and (7), who did not seek psychiatric treatment, it is suggested that the extreme experience of alienation led them to seek treatment from psychiatric hospitals. Since psychiatric hospitals have little to offer in solving the problem of alienation, the majority of subjects left after a short period and turned to drug abuse. There was a tendency for subjects from group (2) to begin their drug abuse by taking barbiturates and/or minor tranquillisers. Iatrogenic influences on drug abuse within this group were moderate. While psychiatric treatment may have been of some help in alleviating the social alienation and existential vacuum of this group, it also tended to contribute somewhat to the development of drug abuse.

The primary source of drugs for this group, however, was from associates on the street market. The members of group (1) were poly abusers who did not abuse opiates or did not abuse any drugs intravenously. The circumstances under which they abused varied. Sometimes they abused alone and sometimes with others. However, the majority of their friends tended to be drug abusers also. These subjects took drugs for pleasure and excitement, to gain relief from worry but also as a means towards finding meaning in life and achieving a sense of identity. That drugs fulfilled ideological as well as recreational and self-medicating functions for these subjects indicates that the members of group (2) (unlike those of group (1)) were from an essentially drug orientated subculture. Because they felt that social and political forces, over which they had no control, governed the direction of their lives and because they had no conventional goals or purpose in life, these subjects turned to drugs and the drug subculture to find identity meaning.

However, this resulted in further social alienation at the familial, occupational and legal levels. Members of group (2) had both their relationships with their family and employers impaired as a result of drug abuse. They had worked less since they began abusing drugs and also their level of drug related criminal behaviour had increased. Because of their involvement with the police since they began abusing drugs, these subjects expected that if they were arrested for any type of offence they would be unfairly treated.

Because of their maternal locus of control, low sense of purpose in life, low SES, general social alienation and deep involvement in the drug subculture, the members of this group were labelled Outsiders.

**Group 3:** The third group differs radically from groups (1) and (2). The members are highly impunitive or passive and experience much anxiety. They have an internal locus of control and a moderate sense of purpose in life.

Unlike groups (1) and (2), the members of this group are older (over 26), married and from the middle and upper middle classes. They also differ from the preceding two groups insofar as they came from fairly stable families where consistent discipline and parental explanation rather than physical punishment were used. Also their parents tended to have a fairly good relationship. However, the families of these subjects were defective in two respects. Their mothers were rejecting and domineering and their fathers were passive, retiring individuals. Both factors have previously been noted to contribute to neurotic development characterised by passivity or self-destructive gestures (Rosenthal et al., 1959; Kagan and Moss, 1962; Becker, 1964). It is suggested that these subjects developed feelings of hostility towards their mothers and then, so as to avoid feeling guilty, repressed them. Ultimately, this resulted in a generalised impunitive orientation, high levels of anxiety, and guilt proneness. Identification with a passive father for male subjects would contribute to the development of an impunitive orientation also (Bandura and Walters, 1963).

As would be expected, subjects from group (3) tended to have received psychiatric treatment prior to drug abuse. There was also a tendency for the female members of the group to have had abortions either before or since they began abusing drugs. It may be argued that these girls aborted their embryos out of fear of being further rejected by their mothers if found to be pregnant, or that the killing of their own unborn children was a symbolic self-destructive act, or that it represented a complete and
extreme identification with the rejecting mother. But the important point is that insofar as these girls experienced guilt for having killed their unborn children, their abortions contributed to the development of their drug abuse.

Iatrogenic influences on drug abuse within group (3) were high. Doctors or pharmacies were the primary source of drugs for these subjects who both began their drug abuse with barbiturates and/or minor tranquillisers and continued to abuse these same drugs. They took drugs to obtain relief from worry, tension and anxiety, and generally abused alone. They had few friends who abused drugs. They did not take drugs for pleasure or to achieve meaning or identity. Nor were they familiarly, legally or occupa-tionally impaired as a result of drug abuse. However, like all other groups, they felt that they had suffered physically and psychologically as a result of drug abuse.

The members of group (3) are not subcultural drug abusers. They have a low level of involvement with other drug abusers; a low level of criminal activity; they do not rely on an illegitimate source for their drugs, and do not have a drug-ideology. In general, their drug abuse has developed out of chemotherapeutic treatment of their neuroses. They differ from iatrogenic drug abusers previously described in the literature, who generally become addicted to opioids as a result of physical and not psychological treatment (Spear, 1969; Seller, 1967; Clark, 1962).

Because the members of group (3) are essentially neurotics, who abuse drugs only insofar as they “reorganise” a prescribed chemotherapeutic regime, they were labelled Self-Medicators.

Group 4: These subjects resemble those of group (3) in their impulsive orientation and lack of assertiveness. Like group (2), these subjects also have an external locus of control. Thus, the members of group (4) are passive individuals with little sense of control over the direction of their lives. Despite this, group (4) have a strong sense of purpose in life. It is most probable that these high scores on the PIL scale reflect a sense of meaning derived from the involvement of this group in the subculture (see below). The members of group (4) have the lowest anxiety levels of the cohort.

These subjects resemble those of group (2) in that they are of a moderate age, i.e. around 26 years, and single. However, they differ radically from groups (1) and (2) insofar as they are from the middle and upper middle classes of society.

Furthermore, their homes are far more stable than those of subjects from groups (1) and (2). The rules of behaviour were clear and consistent. Verbal explanation and not physical punishment were used to enforce these rules. Parents of subjects in these households were seen by subjects to have good relationships and these subjects did not feel rejected by their parents. However, the members of the fourth group reported that their fathers were very much the dominant figure in the household.

This paternal dominance may have been at the root of the impulsive and passive orientation of group (4). While these subjects reported little ‘overt’ tangible disruption in their homes, it is probable that “emotional blackmailing” may, with emotionally loaded verbal reprimands, arouse feelings of hostility in the child who, because of fear of rejection and guilt, will repress these. This will ultimately result in a passive orientation (Rosen-that et al., 1962). It is suggested that a mild form of these family dynamics were present in the homes of the members of group (4) since the impulsive orientation was not accompanied by anxiety.

It could be argued that familial disruption was severe and these subjects did experience high levels of anxiety prior to drug abuse but that the abuse of opioids by these subjects (who tended to be poly abusers who abused opioids or opioid abusers) had been effective in alleviating this anxiety. However, there is little support for this argument since significantly fewer members of this group took drugs initially to gain relief from worry and tension in comparison with the other three major groups. Furthermore, both groups (6) and (7) had the same pattern of drug abuse as group (4) but they showed, like groups (1), (2) and (3), high levels of anxiety at the time of interview. Thus, it is improbable that a severe level of familial disruption occurred due to dominance of fathers of subjects in group (4). It is also improbable that before drug abuse they experienced high levels of anxiety.

The members of group (4) had a low incidence of previous psychiatric treatment, violent criminal convictions and sibling delinquency.

As stated above, they were poly abusers who also abused opioids, or opioid abusers who tended to abuse drugs intravenously. While there was a moderate level of iatrogenic influence on the development of drug abuse within this group, the primary source of drugs for these subjects was the street market. The majority of these subjects’ friends were drug abusers though they did not always abuse in the company of their friends. The primary reasons these subjects gave for drug abuse was to find pleasure and excitement. Insofar as these subjects have a high level of involvement with other drug abusers and depend upon them for their supply of drugs, they are subcultural drug abusers. However, the guiding ideology of their drug subculture tends to be Hedonism. Thus, group (4) are members of a subculture which is distinct from those of groups (1) and (2).

The relationships the members of group (4) had with both their families and their employers were impaired as a result of drug abuse. But their relationship with the police had not deteriorated and they did not believe that, if arrested, they would be treated unfairly. In this respect, they differ from the members of groups (1) and (2).

Because of their strong impulsive orientation and their external locus of control, the members of group (4) were labelled Imagoressors.

Group 5: Both members of this splinter group are characterised primarily by their ‘high levels of intelligence and field independence on the one hand and depression on the other. Both subjects in group (5) are under 26 and, like the members of group (4), are single and from the middle classes. They also came from families with similar inadequacies to those of group (4). Both members of group (5) were involved in the middle class hedonist drug subculture. Furthermore, they did not feel that their relationship with the police had been impaired by drug abuse.

Group 6: The members of this dyad are characterised primarily by low intelligence and field dependency, depression and an external locus of control. Both subjects were under 26 and single with a level of familial inadequacy similar to that of groups (1) and (2). In addition, they had been separated from their fathers for at least a year before they were 16 and their mothers had been employed since before they were five years of age. Both subjects abused opioids and believed that their relationship with their families, employers and police had been severely damaged as a result of drug abuse.

Group 7: Both subjects in this group are, like the members of group (1), high extraggressive. However, they are also extremely depressed. They are under 26, single and come from homes where there were poor interparental relationships. They both abuse opioids and have a history of previous psychiatric treatment.
Discussion

The cardinal finding of the present investigation is that the cohort is not a homogeneous group with respect to psychological and social characteristics. Rather, it is made up of a number of different subgroups which have specific psychological and social attributes. Furthermore, these subgroups show different patterns of drug-related behaviour.

The largest group, the Extraggessors, account for 36% of the cohort. These are young, aggressive, criminal, sub-cultural poly abusers from highly inadequate working class families. The Self-Medicators, on the other hand, are older, passive, barbiturate or minor tranquiliser abusers who experience high levels of anxiety and began drug abuse as a result of medical treatment. They come from comparatively stable middle class families and as the second largest group comprised of 26% of the cohort. The Extraggessors and the Self-Medicators may be viewed as representing two extremes of a continuum from sub-cultural deviance to personal inadequacy between which the other groups fell.

This finding is congruent with previous typological studies of drug abusers in Ireland, Britain and America (Timms et al., 1973; Kelly & Hart, 1979; Stimson et al., 1973; Kolb, 1962). In their classification of Dublin drug abusers, Kelly and Hart (1979) noted that at one extreme there was a group of delinquent poly abusers who also abused opioids whereas at the other there was a group of iatrogenic minor tranquiliser abusers. Timms et al. (1973), in a factor analytic study of Irish adolescent drug abusers, identified two syndromes which he labelled "unwilling institutional inhabitants" and "psychiatric admission" — the former being a delinquent group and the latter an inadequate neurotic group. Similarly, a group of "criminal types" and "psychoneurotics" were identified by Kolb (1962) in a study of opiate addicts. Finally, Stimson (1973), in his study of London heroin addicts, identified two groups which he named "Junkies" and "Stables". In many ways these resemble the Extraggessors and the Self-Medicators described in this paper. In all four of these previous studies, other "intermediate" groups were identified. However, there seems to be little further overlapping between these typologies and that of the present study.

A second important finding in the present study is the identification of a number of different subcultures associated with drug abuse. It would appear that the Extraggessors, the Outsiders, and the Imaggrossers are members of three distinct subcultures. The Extraggessors are members of a delinquent subculture where drugs play a secondary role in the lifestyle of its members. The Outsiders, on the other hand, are alienated individuals who view drug abuse as a way of finding meaning and identity and as such represent a primarily drug centred subculture. Both subcultures hold in common the fact that the members are largely working class poly abusers who do not abuse opioids. However, the Imaggrossers are members of opioid centred drug subculture which consists largely of young middle class individuals.

A third significant result is the fact that the working class groups, i.e. the Extraggessors and the Outsiders, felt that as a result of drug abuse their relationship with the police had deteriorated and that, if arrested, they would now expect to be treated unfairly. This was not reported by the Imaggrossers who are a middle class group. Further research into the structure and functioning of the three distinct subcultures identified and their relationship to law enforcement agencies is indicated.

A fourth result in this study which demands further attention is the over-prescription of minor tranquilisers and sedatives and the development of iatrogenic drug dependence. That this is a serious problem is evidenced by the emergence of the Self-Medicators in the present investigation.

While there are, undoubtedly, medical complications associated with drug abuse and drug dependence (Louria, 1967; Scher, 1967; Cherubin, 1968), the results of the present study support the view that it is essentially a psycho-social problem. The implication, therefore, is for the development of treatment programmes which address themselves to the different psycho-social needs of different types of drug abusers.

Summary

This is the final article in a series of three which reports on a study of a cohort of 100 Irish drug abusers attending a drug advisory and treatment centre attached to a large general hospital in central Dublin. On the basis of extensive interview and psychological test data, using Ward's Method of cluster analysis, a psycho-social typology of drug abusers was established. The typology consisted of four major groups which accounted for 94% of the cohort and three dyads. The largest group comprised 36 young, aggressive, criminal, sub-cultural, poly abusers who came from highly inadequate working class families. These were labelled the Extraggessors. The Self-Medicators, on the other hand, who emerged as the second largest group (n = 26), were older, passive, anxious, barbiturate or minor tranquiliser abusers who had begun drug abuse as a result of medical or psychiatric treatment. The Extraggessors represent two extremes of a continuum from sub-cultural deviance to personal inadequacy between which the other groups fall. The results of the present investigation are discussed in the light of previous typological studies of drug abusers in Ireland, Britain and America.

Acknowledgement

This paper reports on a research project which was organised by the Economic & Social Research Institute in conjunction with the Jervis Street Drug Advisory and Treatment Centre. The results set out here have previously been reported in an unpublished Master's Thesis carried out by the first author under the supervision of Professor E. F. O'Doherty, U.C.D. We extend our thanks to him for his valuable assistance.

References


Footnote
Details of statistical methods used and full tabulation of results may be obtained from Dr. M. G. Kelly, Jervis Street Hospital, Dublin.