


2019

# Is It Who Am I or Who Do You Think I Am? Identity Development of Adolescents With Substance Use Disorders

Danielle N. Treiber

*Antioch University - PhD Program in Leadership and Change*

Follow this and additional works at: <https://aura.antioch.edu/etds>

 Part of the [Applied Behavior Analysis Commons](#), [Clinical Psychology Commons](#), [Counselor Education Commons](#), [Curriculum and Instruction Commons](#), [Developmental Psychology Commons](#), [Development Studies Commons](#), [Early Childhood Education Commons](#), [Educational Leadership Commons](#), [Leadership Studies Commons](#), [Other Psychology Commons](#), [Personality and Social Contexts Commons](#), [Psychiatric and Mental Health Commons](#), [Psychoanalysis and Psychotherapy Commons](#), [Public Health Education and Promotion Commons](#), [Public Policy Commons](#), [Social Work Commons](#), and the [Teacher Education and Professional Development Commons](#)

---

## Recommended Citation

Treiber, Danielle N., "Is It Who Am I or Who Do You Think I Am? Identity Development of Adolescents With Substance Use Disorders" (2019). *Dissertations & Theses*. 494.

<https://aura.antioch.edu/etds/494>

This Dissertation is brought to you for free and open access by the Student & Alumni Scholarship, including Dissertations & Theses at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in Dissertations & Theses by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact [hhale@antioch.edu](mailto:hhale@antioch.edu), [wmcgrath@antioch.edu](mailto:wmcgrath@antioch.edu).

Is It Who Am I or Who Do You Think I Am? Identity Development of Adolescents With  
Substance Use Disorders

Danielle N. Treiber

ORCID Scholar ID # 0000-0003-4337-4806

A Dissertation

Submitted to the PhD in Leadership and Change Program of Antioch University in partial

fulfillment for the degree of

Doctor of Philosophy

May, 2019

This dissertation has been approved in partial fulfillment of the requirements for the degree of PhD in Leadership and Change, Graduate School of Leadership and Change, Antioch University.

#### Dissertation Committee

- Lize Booyesen, DBL, Committee Chair
- Elizabeth Holloway, PhD, Committee Member
- Karsten Lunze, PhD, MD, Committee Member



## **Acknowledgments**

The purpose of this dissertation was to see youth who feel unseen as they are. In the process of completing this dissertation, I have felt more seen for who I am and what I have to offer than any other experience. The only way that this would have been possible is due to the amazing support and guidance that was offered to me. My dissertation committee pushed me farther than I ever believed I could have gone. I was able to find myself and move past my clearly set self-limiting boundaries. I extend deep gratitude to my dissertation committee: Dr. Lize Booysen, Dr. Elizabeth Holloway, and Dr. Karsten Lunze. Dr. Lunze provided me with experiential learning opportunities that deeply guided and supported the research conducted. Dr. Holloway supported and guided the elegant use of methodologies in this research while collaborating with me as a guide and a peer. Dr. Booysen had more faith in me and my work than I did myself. My dissertation chair provided the space that kept me standing, pushed me forward, and allowed me to see the person she always knew was there. It is through Dr. Booysen's leadership and the collaboration of my entire committee that the participants of this study are receiving work that allows them hope for the future.

I must also acknowledge those that supported me through the ups and downs of this journey with unconditional love, specifically my yoga community, my dear friends, my research team, my partner, and my pups. Without the support of those that believed in me and allowed me to process how I needed to; I would have collapsed upon myself like a star into a blackhole. Thank you for allowing me to shine.

## **Dedication**

This research is dedicated to my brother and the incredible participants of this study. To my brother, you are my hero and I believe that the reason I am the person I am today is because of you. This research was possible because of the type of big sister you have encouraged me to be. To the participants, it is only due to the courage, willingness, and insight of each of you that this study was able to manifest. It was my esteemed pleasure and honor to know you and hear your stories.

## Abstract

The purpose of this study was to unearth how adolescents with substance use disorders achieve the task of identity formation and the construction of self-concept in the midst of the drug culture and society that exists. It sought to uncover the social constructs designed to ignore and/or remove human complexities and allow an intersectional approach to be brought to a study on this population. Historically, there has been a failure to investigate the underlying social attitudes and behaviors that impact the very delicate and vulnerable process of finding self. Psychosocial and relational adjustment are strongly influenced by the extent to which adolescents successfully develop a coherent and structured sense of identity. One's life pathways and decisions are guided by a consolidated sense of self. An understanding of key identity literature led to a methodological design using both Grounded Theory Methodology and Situational Analysis to provide a thorough description and understanding of the entire situation around identity development for adolescents with substance use disorders. The detailed analysis of the interviews provided by 20 adolescent females served as the basis for the development of a theoretical model depicting the findings from both the dimensional analysis and situational analysis. The research provided empirical evidence that adolescents in this situation form a pseudo-identity to achieve a sense of belonging that has pervaded their existence due to familial, social, and cultural factors. This pseudo-identity is reinforced by acceptance into drug-seeking and substance-using groups, as well as by leadership and practices in treatment, therapy, healthcare, criminal justice, and other macro forces. The research provides practical implications for prevention and intervention practices, as well as leadership practice. Recommendations for future research invite further exploration into whether the situation for the participants in this study hold true across diverse sampling. An animated version of the theoretical model is

provided as a supplemental file (mp4). It is embedded in this text, as well as, provided on the AURA link following. This dissertation is available in open access at AURA, <http://aura.antioch.edu/> and OhioLINK ETD Center, <https://etd.ohiolink.edu>

*Keywords:* Adolescence; Youth; Development; Identity; Self; Self-Concept; Substance Use; Substance Use Disorders; Drug use; Drug Culture; Addiction Culture; Leadership; Qualitative; Grounded Theory; Situational Analysis



Table of Contents

List of Figures ..... xi

List of Tables ..... xi

Chapter I: Introduction..... 1

    Positionality ..... 4

    Research Stance ..... 7

    The Research Aim and Research Questions ..... 8

    Contextualizing “Addiction” ..... 8

    War on Drugs..... 10

    The Effect of Zero Tolerance Policies on Communities ..... 15

    Focus of the Study ..... 18

        Scope and Limitations..... 21

        Layout of the Dissertation..... 22

Chapter II: Literature Review ..... 24

    An Introduction to Identity ..... 26

        The Function of Identity ..... 28

        Identity and Family ..... 29

        The Current Status of Adolescent Identity Research and Problem Behaviors ..... 30

    Sensitizing Concepts..... 30

        Social Identity Theory..... 31

        Critical Identity Theory..... 35

        Narrative Identity ..... 37

        Discourse and Identity Construction..... 39

        Identity Work ..... 40

        Possible Identities ..... 42

        Socially Contextualized Identity..... 44

    The Adolescent Brain ..... 47

        Adolescent Brain Development and Function ..... 48

        Substance Use and the Brain..... 50

    Marginalization and Stigmatization in the Context of Adolescent Substance Use Disorder ... 51

        Marginalization ..... 52

        Stigma ..... 54

        “Addict” as a Label to “Other” and Exclude ..... 56

        The “Drug Phobia” ..... 58

Stigma and Identity .....	60
CSI and Well-Being.....	62
Identity and Self-Efficacy .....	65
Prevention and Intervention.....	67
Prevention Science.....	68
Positive Youth Development .....	72
Identity Based Intervention.....	73
Positive Identity Focused Intervention and Prevention .....	73
Treatment .....	76
Treatment Options .....	76
Barriers to Treatment .....	80
Relapse Prevention.....	83
Conclusion .....	86
Identity Construction for an Adolescent.....	87
Identity and Substance Use.....	88
Chapter III: Methodology .....	92
Grounded Theory Methodology and Situational Analysis: Methodological Fit .....	93
Research Process and Design.....	97
Positionality, Pre – Conversations, and the Research Team.....	98
Research Question, Sampling, and Data Collection .....	102
Data Collection .....	106
Trustworthiness of Data.....	107
Ethics and Informed Consent.....	108
Interviewing Protocol.....	111
Analysis of Data.....	114
Coding and Memoing .....	115
Coding of the Interviews.....	116
Coding of Documents for Situational Analysis .....	121
Data Management and Storage .....	123
Ethical Considerations and IRB Process.....	123
Chapter IV – Findings of the Study – GTM Dimensional Analysis.....	126
The Participants .....	128
Dimensional Analysis .....	137
Primary.....	138

Dimensional Analysis Findings: Core Dimension.....	140
Conditions of Seeking Belonging .....	141
Processes for Seeking Belonging.....	144
Consequences for Seeking Belonging. ....	145
Dimensional Analysis Findings: Primary Dimensions .....	147
Shining the Self: dimension and explanatory matrix.....	148
Conditions for Shining the Self.....	150
Processes for Shining the Self.....	153
Consequences of Shining the Self.....	155
Shining the Self: summary of explanatory matrix .....	159
Suffering: dimension and explanatory matrix.....	159
Conditions for Suffering .....	160
Processes for Suffering .....	165
Consequences for Suffering.....	168
Summary of the dimension: Suffering.....	171
Raising the Red Flag: dimension and explanatory matrix .....	171
Conditions for Raising the Red Flag.....	172
Processes for Raising the Red Flag.....	173
Consequences of Raising the Red Flag.....	176
Summary of Raising the Red Flag.....	180
Numbing the Pain: dimension and explanatory matrix.....	180
Conditions for Numbing the Pain .....	181
Processes for Numbing the Pain .....	183
Consequences for Numbing the Pain.....	186
Summary of Numbing the Pain.....	190
Disconnecting: dimension and explanatory Matrix. ....	191
Conditions for Disconnecting .....	192
Processes for Disconnecting .....	195
Consequences of Disconnecting .....	197
Summary of Disconnecting.....	200
Conclusion .....	200
Chapter V: Findings of the Study - Situational Analysis.....	202
The Situational Analysis.....	204
Domain.....	208

Social Arena.....	208
Included Elements.....	208
Domain I: The Pursuit of Happiness.....	212
Family Systems.....	213
Families Systems Theory.....	213
Adolescent Antisocial Behavior.....	217
Affluent Culture.....	220
Privilege.....	221
Materialism vs. having money.....	222
Popular Culture.....	223
Rap culture.....	224
Distorted view of beauty.....	225
Social media.....	228
American Culture.....	230
Mean culture.....	231
Summary of Domain I: Pursuit of Happiness.....	232
Domain II: Addiction Culture.....	233
Addiction as Punishable.....	234
Education.....	234
Criminal Justice.....	237
The Opioid Epidemic.....	239
Drug Culture.....	242
Humanity of Addiction.....	244
Summary of Domain II: Addiction Culture.....	246
Domain III: Treatment and Therapy.....	247
Access.....	247
Government agencies.....	249
Diagnoses.....	252
Pharmacotherapy.....	255
The Program: Alcoholics Anonymous and Narcotics Anonymous.....	256
Integrative Practices.....	260
Summary of Domain III: Treatment and Therapy.....	263
Conclusion.....	263
Chapter VI: Discussion and Conclusion.....	266

The Theoretical Model.....	268
Understanding the Theoretical Model .....	268
Shining the Self and Suffering.....	270
Raising the Red Flag and Numbing the Pain.....	272
Disconnecting.....	275
Recovering Self.....	277
Dark Side of the Moon.....	279
The Embodied Experience of the Theoretical Model.....	281
Theoretical Propositions .....	283
Proposition one: Development of the pseudo-identity through substance use is an adaptation to the internal and external environment of the adolescent.....	283
Adolescent Development.....	284
Identity Work.....	285
Minor Proposition: Behaviors associated with pseudo-identity reflect the adolescent's view of self.....	288
Proposition two: Core cultural and societal positions around treatment of substance use have direct and indirect effects on well-being and identity development of adolescents.....	289
Effects of major debates on treatment .....	290
Use of Terminology .....	290
Use of Pharmacotherapy.....	292
Reaction to substance use .....	293
Education System.....	294
Criminal Justice System.....	295
Effects of the Debates on Narrative Identity.....	297
Proposition three: Current modalities of treatment and therapy, specifically the prescription of 12 step programs, allows reinforcement and attachment to false identities .....	299
12-Step Programs.....	299
Prevention and Intervention.....	300
Relapse Prevention.....	303
Proposition 4: Integrative practices support development of relational well-being, non-attachment to pseudo-identity, and reconnection to the lost pieces of self.....	305
Integrative Practices.....	305
Intersectionality.....	308
Theoretical Proposition Conclusion.....	310
Implications for Leadership Practice .....	311
Call to Action.....	311

Create a culture of “Talking About It.” .....	311
Collaboration Across Sectors.....	312
Developmentally appropriate treatment.....	312
Integrative practice.....	313
Positive identity development.....	314
Proactive Strategy Prior to Substance Use.....	315
Strategy in Substance Use Treatment .....	315
Community, societal, and cultural level relapse prevention .....	316
Restorative justice practices.....	316
Create Support for Development of Agency, Autonomy, and Efficacy .....	317
Practical Application.....	318
Limitations of the Study.....	320
Recommendations for Future Research .....	321
Concluding Remarks.....	321
References.....	324
Appendix.....	353
Appendix A: School Letter of Authorization.....	354
Appendix B: Parent Permission.....	355
Appendix C: Invitation to Participate .....	359
Appendix D: Informed Consent Form .....	361
Appendix E: Permission for Figure 3.1 .....	365

List of Figures

*Figure 1.1.* Integration of Identity Theory and Adolescent Identity Development..... 47  
*Figure 3.1.* Phases of Grounded Theory Research Process ..... 100  
*Figure 5.1.* Messy situational map showing contextual factors..... 206  
..... 210  
*Figure 5.2.* Project Map. .... 210  
*Figure 6.1.* Theoretical Model Snapshot of the Lived Experience of Adolescent Substance Use  
..... 269  
*Figure 6.2.* Interaction of *Shining the Self* and *Suffering* ..... 271  
*Figure 6.3.* Interaction of Raising the Red Flag and Numbing the Pain ..... 274  
*Figure 6.4.* Path to *Disconnecting* and Death ..... 275  
*Figure 6.5.* Path to *Recovering Self* and Functional Recovery ..... 278  
*Figure 6.6.* Light and Shadow Side of the Lived Experience..... 280  
*Figure 6.7.* Dynamic Theoretical Model of the Lived Experience of Adolescent Substance Use  
..... 282

## List of Tables

Table 1.1 Self-Identity Theory Summary .....	45
Table 3.1 Demographics of Study Participants (n = 20).....	105
Table 3.2 Analysis of Study Dimensions: Context, Conditions, Processes, and Consequences	121
Table 4.1 Overview of Dimensions .....	138
Table 4.2 Properties of Core Dimension of Seeking Belonging.....	140
Table 4.3 Comprehensive Matrix of Primary Dimensions .....	148
Table 4.4 Properties for Primary Dimension of Shining the Self.....	149
Table 4.5 Properties for Primary Dimension of Suffering.....	160
Table 4.6 Properties for Primary Dimension of Raising the Red Flag .....	171
Table 4.7 Properties for Primary Dimension of Numbing the Pain.....	181
Table 4.8 Properties for Primary Dimension of Disconnecting.....	191
Table 5.1 Ordered Situational Map.....	207
Table 5.2 Social Arena Grouping .....	208
Table 6.1 Implications for Practical Applications .....	318



## Chapter I: Introduction

Adolescence is a remarkably vulnerable time. The biological, social, behavioral, and relational changes of this life period may lead to a special window of susceptibility and imprint behavior in ways which may profoundly influence future health (Sharma & Morrow, 2016; Due, Krolner, Rasmussen, Andersen, Trab Damsgaard, Graham, Holstein, 2011; Meilstrup, Thygesen, Nielsen, Koushede, Cross, & Holstein, 2016). Adolescence is a period of major development and identity formation. The developmental tasks of adolescence include emotional maturation, individuation, establishment of meaningful relationships outside the family, and progress toward independence from the family of origin (Sharma & Morrow, 2016). Adolescence also involves major biological changes, most hormonally mediated, including physical growth, development of secondary sex characteristics, and alterations in neurobiology. Some aspects of cognition begin to mature while other aspects, particularly executive functioning, lag behind. External demands, including academic pressures, employment, and generally increased levels of responsibility, begin to exert more influence. Typical adolescent characteristics, including increased appetite drives, sensory-seeking behavior, and experimentation, serve as an adaptive function. These tendencies lead to increased risk-taking behaviors, including experimentation with substances.

Approximately four out of five drug users begin during adolescence (LeNoue & Riggs, 2016). It is estimated that approximately 11% of adolescents meet the diagnostic criteria for a substance use disorder (SUD) before the age of 18. Substance use continues to account for nearly 6% of all deaths worldwide (LeNoue & Riggs, 2016). Yet, progress in prevention and treatment of SUDs has lagged behind progress in other areas of medicine. Research over the past two decades has clearly established a substance use disorder as a chronic, neurobiologically based medical illness with characteristics that are similar to other chronic medical conditions (LeNoue

& Riggs, 2016). The enormous public health impact of substance dependence highlights the importance of effective youth substance use prevention and treatment.

A key task for adolescents is to form an identity that they will carry over into adulthood (Oettingen & Zosuls, 2005). The responsibility of forming identity includes components such as mastering educational and vocational demands, establishing mature relationships with peers, and becoming a socially responsible member of society (Havighurst, 1972). Adolescence can be considered a time during which the role of the individual changes from being a recipient of one's culture to becoming an agent carrying that culture (Oettingen & Zosuls, 2005). Youth at this age are increasingly responsible for acting in line with what is expected from them culturally and what is necessary to optimize their physical and mental well-being (Grigorenko & O'Keefe, 2004). It is possible that cultures shape efficacy beliefs by affecting the institutions, such as family and school, within which the adolescents exist.

The transition from adolescence to adulthood and how adolescents respond to the social systems they are a part of is important for building self-efficacy. The basic premise of self-efficacy theory is that "people's beliefs in their capabilities to produce desired effects by their own actions" (Bandura, 1997, p. vii) are the most important determinants of the behaviors people choose to engage in and how much they persevere in their efforts in the face of obstacles and challenges (Maddux & Kleiman, 2016). Self-efficacy theory also maintains that these efficacy beliefs play a crucial role in psychological adjustment, psychological problems, physical health, as well as professionally guided and self-guided behavioral change strategies.

Adolescence is a developmental period primed to be stressful (Sharma & Morrow, 2016). It is the period of life when an individual is transitioning from childhood into adulthood (Spear, 2000). The adolescent is charged with bridging the current self with the future self to transition

into adulthood and is in the process of formulating an identity to carry with him or her (Oyserman & Markus, 1990). Answering the questions “Who am I?” and “Who will I be when I grow up?” is the task at hand for each adolescent (Kroger & Marcia, 2011). The process of achieving a consolidated sense of self is incredibly difficult (Kroger, 2007). The range of ability for an adolescent to achieve this sense of self depends on a range of variables. This range exists from infancy to adolescence with variables such as whether healthy attachments existed with the youth’s caretaker during infantile development (Erikson, 1959; Bowlby, 1979, 1982) to an immature prefrontal cortex leaving the youth with increased impulsivity and risk-taking behavior with minimal inhibitory function during adolescence (Sharma & Morrow, 2016). Adolescence is a stressful period, specifically when balancing and trying on possible identities (Oyserman & Saltz, 1993; Oyserman & Packer, 1996). Adolescents are physiologically more vulnerable to stress than both adults and children and are more responsive to social cues from peers (Sharma & Morrow, 2016). Furthermore, the developmental stage of adolescence primes youth at this age to take risks and try substances.

An adolescent actively writes a personal narrative that reflects gender, culture, politics, economics, and class as experienced by the individual (McAdams, 2011). The narrative gets altered with each interaction between the individual and society. Narrative identity is spoken of as an “integrative theory of self-hood across the life course” (McAdams, 2011, p.100). In narrative identity (McAdams, 2011), it is believed that if identity could be seen, it would be seen as a story. This study seeks to capture the dynamic complexity of this story. It seeks to unearth how adolescents with substance use disorders achieve the task of identity formation and construction of self-concept in the midst of the drug culture and society that exists. It seeks to uncover the social constructs designed to ignore and/or remove human complexities and allow an

intersectional approach to be brought to a study on this population. Historically, there has been a failure to investigate the underlying social attitudes and behaviors that impact the very delicate and vulnerable process of finding self. The intention of this study is to break down the binary framework that generates impressions at the personal, cultural, and institutional levels with the real experiences of adolescents with substance use disorders.

In the remainder of this chapter, I will discuss my positionality and research stance, propose the rationale of this study, state my research questions, situate the complexity of the study, and end with a discussion of the scope and limitations.

### **Positionality**

*I am a spiritual being having a human experience* (Furey, 1993, p.138).

The above quote greatly defines the person I have become and the perspective I have taken. I am spirit and I am human. In this context, there is no binary, there is no either/or. I am both. It is in this belief that if I were to ignore either side, I would actually create my own suffering. By not having a complete, whole, integrated self, where all aspects both light and dark are acknowledged and recognized as a part of the self, I will find a sense of suffering. It is through the practice of yoga that I bridge the spiritual self and the human self. It is from yogic philosophy that I derive the understanding and experience that creates a relationship between the two. Yogic philosophy is derived from the ancient texts the Vedas, the Upanishads, the Bhagavad Gita, the Yoga Sutras, and the Hatha Yoga Pradipika. Yogic philosophy, as derived from these ancient texts, construes that identities are constructed and thus, no one has meaning on its own. The idea is simply that we are spiritual beings having a human experience in our human bodies on this earthly plane and while we are here, identities are created to make sense and meaning of our place and of our role. Yet, very often, we lose the connection with the

spiritual being part and get attached to the identities of our human selves. More often than not, we place more emphasis on certain parts and try to hide others.

I prefer to take the human experience as a way to guide myself to be the best and highest vibrational version of myself while I wander the earthly plane. It is through those experiences that I become closer to the spirit side of self and come closer to understanding what it is I am meant to accomplish with my time. All experiences and versions of myself that arise during those experiences are treated with love and compassion, not with judgment or preconceived notion as how it should be. Where this is an easy task for the light side of me, doing this for the side that is the shadow of the good is a skill developed over a lifetime of practice. In that practice, we realize that in recognizing and loving our faults, it is always possible to be unconditionally compassionate to any other person's shadow side. This part of my journey is what draws me to this research. The light and beauty in the youth who struggle with substance use is lost when the only focus is the human experience of "making a mistake." I want to see the barriers that prevent them from just experiencing the human to being defined by it.

In the practice and science of yoga, awareness is a great achievement. Self-awareness is a practice that is constant. In this world, we struggle to remain aware of our spiritual selves when we come up against the habits formed over centuries of reinforcing those habits through thoughts, actions, policy, treatment of beings and organisms, how we represent and see beauty, and so much more. Samskara is a yogic term that refers to past impressions, conditioning, or habit patterns. It is inborn, acquired or imposed, and actually has little to do with intellect. In repeating samskaras, it reinforces them and thus, creating a groove difficult to resist. Binary frameworks generate this samskara, these impressions at the personal, cultural, and institutional levels. In a cultural binary framework, value and meaning are attached to each identity fragment.

The binary is used to delineate power. Power turns prejudice into an -ism and then into policy. This prejudice and discrimination becomes invisible as institutionalized and normalized. This view aligns with the critical view of multiplicity of identities (Roberts & Creary, 2013), as well as the intersectional lens (Crenshaw, 1991; Cole, 2009) on how these multiple identities interact within its socio-historical contexts taken in this research. An understanding of samskara and its relation to binary frameworks alludes to the decision to use critical identity theory (Roberts & Creary, 2013) as part of the theoretical lens drawn from in the analysis of this research, along with, the decision to use the analysis of different discourse through situational analysis (Alvesson & Willmott, 2002; Bamberg, de Fina & Schiffrin, 2011) and determine the effects of specific discourse, determined by the population in study, on identity construction, through Grounded Theory and Situational analysis.

I am also a scientist that believes in facts and data. I believe in the merit and necessity of good research. It is my scientific self, specifically the self that has studied sustainability, that maintains a systems-thinking perspective. I draw from authors such as Meadows (2008) and Kim and Senge (1994) to maintain the understanding of the parts that make up a system, the inner workings of systems, how systems function and flourish, and the concept of a feedback loop. The connectivity between the working parts directly influences the methodology and specific perspective taken in this research. I currently run the science department at a therapeutic boarding school. I serve high school age students and a great deal of them face the challenges and obstacles associated with substance use disorders. I witness day in and day out the struggle these youth face in figuring out how to fit in amongst peers, how to define one's self, and how the language of addiction and the associated cycles of addictive behavior become part of those definitions.

People struggling with substance use and misuse continually influence my life in a variety of associations. My associations have ranged from family addiction to providing a home for struggling teens to teaching and mentoring this community. My entire life has provided me with information that guides the desire and ability to do this research. I link my systems thinking, scientific mind with my heart-centered approach to all beings in this world and I find myself in a place where I see a need for a shift from a culture of power to a culture of the heart. I see a population who is equipped beyond their knowledge to be effective and powerful leaders in this world. In order to do so, they first need a system that allows them to find those talents and foster them instead of perpetuating a failing and self-destructive cycle.

Next, I will state my research stance. Then, the research questions will be stated and the context surrounding the complexity of this study will be explained.

### **Research Stance**

In this research, I will be taking a constructivist and post-structuralist stance as my methodology supports. Constructivist Grounded Theory allows the researcher to enter the world of the people who exist in the situation under study (Charmaz, 2005). There is a reciprocal relationship that exists between the research participants and the researcher. In the constructivist paradigm, reality is constructed, and the researcher is seen to be a part of that construction (Pringle & Booysen, 2018). One construct is no truer than another, it simply adds knowledge and understanding of a situation. The post-structuralist paradigm is supported by the use of situational analysis. This paradigm believes that there is no one truth and our experiences, identities, and world are constructed by discourse (Clarke, 2005). Post-structuralism also declares that there are inherent power differences in society and institutionalize oppression that marginalizes voices of significance. Taking this stance allows the researcher to go outside of the

interview and recognize that there are other factors that construct the situation besides what is happening within the conversation between research participant and researcher.

### **The Research Aim and Research Questions**

When considering the complexity of the sociohistorical context of substance use coupled with the complexities of adolescent development, the question around how these adolescents answer the developmentally profound question around identity arises. The aim of this study is to uncover the processes that exist within and around the adolescent with a substance use disorder as defined by that adolescent and purport what their responses mean in relation to their identity formation and the way we approach assessing and determining what is best for this population in terms of rights, treatment, and policy. This study aims to address the main research question: How do adolescents with substance use disorders form identity and construct a sense of self? Within that question, a few sub-questions exist: What are the external and internal influences that drive this developmental process? How do those influences allow or obstruct navigation and understanding of different identity constructs? What are the interconnecting complexities that either allow or inhibit these youth from finding themselves, their self-efficacy, and ultimately their ability to share their talents as an adult in this world? How can we approach this population with dignity, so they can once again find their worth?

### **Contextualizing “Addiction”**

This section is set up to discuss the context that surrounds the reinforcement of the “addict.” It will provide first an explanation on the specific usage of terms in this section and dissertation, followed by a discussion on the policies and laws that define the “War on Drugs” and how that reinforces the criminalization of “addicts”, and will end with a discussion of zero tolerance policies.



Addiction is the lay term commonly used to describe substance dependence. The term addiction also comes with its inherent stigma. The adverse effects of stigmatized language will be discussed in detail in the following chapter. For the sake of maintaining legitimacy in avoiding stigmatizing language, this dissertation will avoid the use of terms such as addiction or substance abuse/r when possible. The terms substance use or substance use disorder will replace that of the stigmatized language. The difficulty lies within the diagnosis of substance use disorders. Substance use disorders are divided into two primary categories: substance abuse and substance dependence (Janulis, 2010). Substance abuse is considered a less severe disorder. Substance abuse is the maladaptive pattern of use that creates a significant negative consequence. Substance dependence is the term used when the use is compulsive. Substance dependence also comes with tolerance, withdrawal, increasing doses, unsuccessful efforts to control use, significant negative consequences, and/or persistence physical or psychological problems (Janulis, 2010). The term substance abuse will be used only when needed to refer to a diagnosis. When possible, the term substance abuse and addiction will be avoided and replaced with less stigmatizing language. This section in particular discusses the context that reinforces the stigmatization around addiction and thus, the term “addiction”, along with other stigmatizing language, is used on purpose.

In 1976, the National Institute on Drug Abuse commissioned a paper written about the necessity to do research surrounding the construction of self-concept of adolescents who were addicts and apprehended by the law. The writing of this paper was largely influenced by the policy and law at the time regarding drugs. Yet, the research suggested by the paper was not completed because the world and policy surrounding drug use was considered to be too dynamic. The development of self-concept, particularly in adolescents, is also a highly dynamic process

(Williams, 1976). Thus, any changes noted from repeated measures may have been attributed to a variety of influences. At the same time, there was also a slight lull in the war on drugs when laws were being passed to decriminalize the use of marijuana. In the eyes of the author and committee commissioning the need for this research originally, the research on construction of self-concept was no longer relevant.

Self-concept is directly affected by the labels that are given to individuals by others and by society. Williams (1976) addressed the self-fulfilling prophecies of labels. At this time, very little empirical research existed surrounding labeling theory and thus the paper questioned the reliability of the theory itself, as it should, based on the small amount of evidence at the time. Yet, it did provide a literature review suggesting that the very way that addiction was approached by law and policy would directly affect how adolescents would view themselves and determine whether they continued use or delinquent behavior. The literature surrounding labeling, self-concept, and identity will be covered in chapter two of this dissertation. In order to understand the reasoning for the original publication of the aforementioned paper, this section will address the history on the war on drugs. A discussion on zero tolerance policies will also be presented to understand an added obstacle that youth must endure when managing a substance use disorder.

### **War on Drugs**

*“The net result of all these defense mechanisms is “psychic numbing.” This is a narcotizing of our awareness that denies the world’s reality (and our own), replacing it with distorted self-serving illusions that justify our misperceptions and deceptions, fuel our addictions and aversions, separate and alienate us from others, and further exacerbate the problems they were create to deny.” (Walsh, 1984, p.39)*

In June of 1971, Richard Nixon declared the “War on Drugs” (Paley, 2014), and claimed that drug abuse was public enemy number one. The viewpoint that drug abuse was the public’s number one enemy was central long before and predates the “War on Drugs.” Zedillo (2016)

explained that when “looking at the history of drug policy it is tempting to conclude that most of the time it has been driven essentially by ill-informed politics (p. 25).” Zedillo (2016) asserted that for the United States, the most influential country in the construction of the existing international regime on drug policy, this is exactly the case. The history of US drug policy has been shaped over time by ideological propensities of individuals in positions of power (Paley, 2014; Zedillo, 2016). The following section will provide an overview of important policy changes that qualifies that policy has been driven by power more than harm reduction.

In 1909, the first federal law to ban the non-medical use of a substance was passed. The Smoking Opium Exclusion Act was passed to ban possession, importation, and use of opium for smoking, even though it could still be used as medication. In 1914, the Harrison Act regulated and taxed the production, importation, and distribution of opiates and cocaine. Musto (1999) reminded us that both of these acts in 1909 and 1914 were “partly an irrational and racist reaction towards some population groups” (p. 6). The opium ban was directly connected to the association of opium with Chinese immigrant railroad workers in the West (Zedillo, 2016; Musto, 1999). The Harrison Act was directly linked to an alleged fear that “cocaine crazed African Americans might attack white society” (Musto, 1999, p. 8).

In 1919, the 18th amendment was ratified banning the manufacture, transportation, or sale of intoxicating liquors, thus ushering the prohibition era. The year of 1919 also ushered in the opinion that addicts are weak creatures and lack moral sense. The public opinion also emphasized that if an addict was deprived of their drug, they may commit a crime in order to obtain it (Musto, 1999). The study that provided this opinion was funded by the US Treasury Department (Zedillo, 2016). Most medical professionals at the time believed addiction to be a physical disease and having nothing to do with willpower. The US Justice Department, instead of

listening to the opinion of the medical professionals, indicted those professionals who issued prescriptions to addicts for maintenance purposes. With the stroke of a pen, Congress passed the National Prohibition Act (Volstead Act) that offered guidelines on how to federally enforce prohibition and reinforce its power in determining what constitutes illicit and illegal drugs (Paley, 2014). Prohibition ended with the ratification of the 21st amendment (Paley, 2014).

In 1937, the Marijuana Tax Act was passed (Zedillo, 2016). This act placed a tax on the sale of cannabis, hemp, and marijuana. At this time, marijuana was considered a gateway drug to heroin. It was also allegedly popular among Mexican-Americans. Marijuana was claimed to be Mexican slang for cannabis and thus this act was wrapped up in racist anti-Mexican rhetoric. This argument helped support the mass deportation of Mexicans after an influx of immigrants due to consequences of the Depression (Musto, 2002). The Marijuana Tax Act did not criminalize marijuana. Yet, it did have hefty penalties if taxes were not paid. There was a fine of up to \$2000 or up to five years in prison.

In 1951, the Boggs Act established minimum federal sentences for the possession of marijuana, cocaine, and opiates (Paley, 2014). This led to the Narcotic Control Act in 1956. Prior to this act, Eisenhower created the US Interdepartmental Committee on Narcotics. The creation of the new department by Eisenhower is considered the first real call for a war on drugs. In 1969, Nixon created Operation Intercept. This imposed strict, punitive searches of traffic along the U.S.-Mexican border in an effort to force Mexico to crackdown on marijuana (Paley, 2014). In 1970, the Controlled Substances Act outlined statutes for how to regulate certain drugs and substances. It outlines five “schedules” used to classify drugs based on medical application and potential for abuse. Schedule 1 were the “most dangerous.” These included marijuana, LSD, MDMA, and heroin. Schedule 5 were substances such as cough syrup with codeine. The

Controlled Substances Act put marijuana on the same level as heroin, reinforcing the anti-Mexican rhetoric of the time (Paley, 2014).

The war on drugs kicked off around the time when anti-war protest and student movements shook the world (Paley, 2014). By 1971, half of the soldiers in Vietnam had tried heroin and were overdosing at a rate of two persons per month, due to traumatic war experiences (Courtwright, 1982; 2001). According to Paley (2014), this era marked “high points in anti-war and anti-imperialist activism” (p. 40). Buxton (2006) urged that “strict anti-drug laws, punitive sentencing procedures, and harsh enforcement made it possible to suppress and curb dissent (p. 61).” In 1973, the foot soldiers of the war entered. The US Drug Enforcement Administration (DEA) was created. At its inception it had 1,470 special agents and a budget of around \$75 million. Today, it has over 5,000 agents and over a \$2 billion budget (Paley, 2014). Before the 1970s, drug abuse was mostly seen as a social disease by policy makers. But, after the 1970s, drug abuse was seen primarily as a law enforcement problem that could be addressed with aggressive criminal justice policies. There was a small hiatus when Jimmy Carter took office between 1973 and 1977. But, in the 1980s, Reagan expanded Nixon’s War on Drugs policies. In 1984, Nancy Reagan began her “Just Say No” campaign. By portraying drugs as a threat to children, administration was able to pursue more aggressive federal antidrug legislation. The refocus on drugs led to a significant increase in incarceration for non-violent crimes.

In 1986, the Anti-Drug Abuse Act declared minimum prison sentences for certain drug offenses (Hart, 2013). This act caused substantial racist ramifications. Longer prison sentences were given for crack cocaine than powder cocaine. People of color were considered to be the main population that used crack cocaine. Powder cocaine was considered the high-end, white person’s drug. People of color were targeted and arrested at higher rates than whites. In 1994,

Senator Joe Biden proposed the Omnibus Crime Bill (Courtwright, 2004). The Omnibus Crime Bill included a provision that allowed the federal execution of drug kingpins. The War on Drugs reached a level where drug-related offenses were regarded by the federal government as equal to, or worse than, murder and treason (Paley, 2014). The year of 1994 also presented passing of the Crime Bill (McCollum, 1994). Where the attitude around the war on drugs was set, the passing of the Crime Bill provided the infrastructure to make it a real war. This bill authorized billions of dollars for police, crime prevention, and the building of more prisons. The Crime Bill also contained a ban on “assault weapons” that fed directly into zero-tolerance policies discussed in the next section. The “three-strikes” provision maintaining that after three felony offenses an individual would be sentenced to a life-time in prison was written in the Crime Bill of 1994, as well (McCollum, 1994).

Reagan began the wave of racialized mass incarceration that continues today (Paley, 2014). Gibler (2011) wrote that between 1980 and 2005, the number of people in US prisons and jails on drug charges increased by 1,100 percent. He drew the conclusion that the use of prohibition for “racialized social control is the genesis of the modern drug-prohibition era” (p. 43). The war on drugs and the mass incarceration that followed caused an increased number of prisoners, of budgets, and of drug users. According to a report from the DEA (2008), only four million Americans had ever tried drugs in 1960. As of 2008, that number had risen to over 74 million people. The number of drug users rose alongside the number of prisoners alluding to the idea that not only were more people using drugs, but more people were being incarcerated for that use instead of being provided the help they needed (Paley, 2014). Based on the philosophy behind the war on drugs, drug users are sentenced to prison on the pretext of protecting communities from the impact of drug use (Paley, 2014). Current work on drug abuse emphasizes

that drug addiction is not in fact what is devastating communities (Hart, 2013). Hart (2013) explained that the problem was poverty, drug policy, and the lack of jobs that lead to the devastation of communities, not the actual drugs.

When the Obama administration took office, it was the first administration in 40 years to not use the phrase “War on Drugs” (Paley, 2014). President Obama signed the Fair Sentencing Act in 2010 (Hart, 2013). This act reduced the sentencing disparity between crack and powder cocaine from 100:1 to 18:1. Signing this act was an important acknowledgement of bad policy, especially when considering racial discrimination, because there is not scientific or ethical perspective that would call for any need for disparity between crack and powder cocaine (Hart, 2016). Discourse began to shift with the Obama administration (Paley, 2014). Yet, very little has concretely changed in terms of US federal policy (Holder, 2013). According to Paley (2014), the drug war model in the U.S. continues to provide a “mechanism for social control through criminalization and mass incarceration” (p. 43).

### **The Effect of Zero Tolerance Policies on Communities**

Whereas this study is not directly studying school climate, education, schools, and their policies, it needs to be recognized as part of the system within which the youth exists and which directly affects their experience.

In order to understand the trajectory of interventions, preventions, and treatments of adolescents, as well as, the potential effect on the adolescent’s sense of self, it is necessary to understand the climate created by zero-tolerance policies. Youth, on average, spend more than 1,000 hours in school each year (Benningfield, 2016). School is where their first labels and diagnoses occur. School is where they find their peer groups and learn how to socialize and what is socially acceptable.

When we venture back to the atmosphere of the late 1980s and early '90s, there was a trend to get “tough on crime” making the communities safer. Schools, by extension of the community, also needed to become safer. Frightened by the overwhelming tide of violence, educators in the early 1990s were eager for a no-nonsense response to drugs, gangs, and weapons. In 1989, school districts in California, New York, and Kentucky picked up on the term “zero-tolerance” and mandated expulsion for drugs, fighting, and gang related activity. By 1993, zero-tolerance policies had been adopted across the country. Most often these policies were broadened to include not only drugs and weapons but also smoking and school disruptions.

During this time, according to Torbet (1998), “state legislatures overhauled their juvenile justice laws to ease accessibility to juvenile justice records, increase opportunities for prosecutors to try juveniles as adults for serious crimes, enable local governments to enact curfews, and expand definitions of what constituted “gang involvement” and other youth- related crimes” (p. 13). The few years following, the get “tough on crime” mindset was reinforced by the news being flooded with shootings of teachers and students in schools. The media heightened the fear and need to control the “uncontrollable” students (Torbet, 1998). These actions created a direct response from Congress in signing policies such as the Gun-Free Schools Act (Togut, 2011). Under this legislation, schools could seek funding if they could show that when a student brought a gun on campus, he or she would be expelled for a minimum of a year and reported to the juvenile justice system. Due to the incentives of this Act, mainly the financial incentive, schools took discipline far beyond this minimum requirement, meaning specifically, that instead of punishing students for bringing a gun on campus, they would be expelled for bringing anything deemed a weapon onto a campus (Fabelo, Thompson, Plotkin, Carmichael, Marchbank, & Booth, 2010).



With the focus in education being on stringent discipline, practitioners and policymakers alike began to crack down on weeding out the overly disruptive and dangerous students. This call for swift punishment quickly turned into the zero-tolerance disciplinary policy in districts across the nation. By 1997, at least 79 percent of schools nationwide had adopted zero-tolerance policies toward alcohol, drugs, and violence (Fabelo et al., 2011). The specifics of how punishment was to be carried out are loosely packed in the zero-tolerance policy and thus vary greatly from state to state. Policies about how students are directed following suspension or expulsion vary greatly as well. Ultimately, this meant students could end up serving their time in an alternative education school, juvenile hall, or at home. Inconsistencies have flooded the educational system over the past two decades in discipline, except the reliance on suspensions and expulsions as swift sanctions to disruptive classroom behavior (Fabelo et. al, 2011).

Study after study recognizes that students of African American descent, those labeled disabled or in need of special instruction, and males over females are more likely to be subject to suspension and expulsion over any other group (Fabelo, 2011; Togut, 2011; Torbet, 1998). There is also a link to socioeconomic status as an indicator of those with a greater rate of being expelled (Togut, 2011). Minority populations are statistically more likely to be living in a lower socioeconomic setting. Advocates for these groups approach this issue in equity from a variety of perspectives, including approaching it from a social equity lens focusing on civil rights and the overrepresentation of minority youth. These advocates might take the lens of poor academic outcomes associated with this use of punitive disciplinary actions (Fabelo et. al, 2011). Or, they focus on the School to Prison Pipeline, also known as the argument that increased punitive actions has become a gateway to the juvenile justice system and, in turn, the adult prison system (Togut, 2011).

Zero tolerance punishments sent a clear message to potential troublemakers that certain behaviors will not be tolerated. Exclusion was the major tool and central feature for zero tolerance policies as supported by the large numbers of suspensions and expulsions by schools (Fabelo et al., 2011). These policies not only were regulated however the schools deemed fit, but, they ensured exclusionary acts and treatment of any person considered or deemed a troublemaker. When considering adolescents or youth with substance use disorders, the system within which they exist is rigged for uncertainty and driven by fear and power. The youth could potentially end up in treatment, in the justice system, or simply out on their own with a very slight chance of access back into the world where they developmentally belong. Adolescents with substance use disorders are simply at greater risk of being affected by such policies.

### **Focus of the Study**

The first dramatization of the “evil” which separates the child out of his group for specialized treatment plays a greater role in making the criminal than perhaps any other experience.

The process of making the criminal, therefore, is a process of tagging, defining, identifying, segregating, describing, emphasizing, making conscious and self-conscious; it becomes a way of stimulating, suggesting, emphasizing, and evoking the very traits that are complained of.

The person becomes the thing he is described as being. (Tannebaum, 1938, pp. 19 - 20)

The concept of expectation has been the most powerful cognitive variable predicting motivation and performance (Tolman, Hall, & Bretnall, 1932). An expectation is defined as the subjective judgments about how likely it will be that certain future events will occur or not occur. The expectations of adolescents are based on past experiences and thus reflect a person’s performance history (Bandura, 1977). Children and adolescents who have strong efficacy beliefs exert more effort and exhibit greater persistence. Bandura’s (1997) self-efficacy theory explains that the beliefs people hold about their efficacy to exercise control over events that affect their

lives influence the choices they make, their aspirations, level of effort and perseverance, resilience to adversity, vulnerability to stress and depression, and performance accomplishments. Self-efficacy theory is based in the context of social cognitive theory. Social cognitive theory says that perceived self-efficacy is the foundation for human agency (Fernandez-Ballesteros et al., 2002). People have little incentive to act or to persevere in times of difficulty unless they believe they can produce desired outcomes and forestall undesired ones through their actions.

Social cognitive theory actually extends the cause of agency to collective agency through a shared sense of efficacy (Bandura, 1997). Perceived collective efficacy is defined as a group's shared belief in its conjoint capabilities to organize and execute the courses of action required to produce given levels of attainments. Collective efficacy, unlike individual efficacy, involves interactive, coordinative, and synergetic social dynamics (Fernandez-Ballesteros et al., 2002). Perceived collective efficacy is construed as an emergent group-level attribute (Bandura, 2000, 2001). Thus, it is obvious that culture not only affects an individual's personal efficacy beliefs but also constitutes and influences the formation of perceived collective efficacy.

Bandura (1997) explains that no system is a monolith with a unitary sense of efficacy. A forced consensus to a single judgment masks the variability in efficacy beliefs among the various factions within a social system and misrepresents their beliefs. This sentence directly explains why a single set of curricula or approaches cannot be used to work with adolescents struggling with substance use disorders. Identity and the belief in the ability to achieve any goal is impacted by so many different factors. It is the goal of this research to unveil these factors as determined by the adolescents themselves, as well as, situate them among the systemic powers that interlay their lives.

Perseverance in the face of daunting obstacles requires a resilient sense of self-efficacy. One of the most daunting obstacles for any individual, especially an adolescent, is overcoming a substance use disorder. Not only do they have to overcome the true illness with which they suffer, they have to overcome labels, the self-fulfilling prophecies those labels impose, the self-hate, the exclusion, the marginalization, and the socio-emotional symptoms. Increasing the efficacy of an individual by understanding who they are, where they come from, and the values that define what matters to the youth seems to be the only plausible way to truly allow youth to see their worth and believe they can do what they want.

Treatment options are extremely limited for the growing number of high school students with problematic substance use or who meet criteria for a SUD but who are not yet involved with juvenile justice system (LeNoue & Riggs, 2016). Currently, zero tolerance policies assist in introducing youth to the juvenile justice system and the political climate ensure that youth will not ask for help due to fear of judicial repercussions. Additional research is needed to identify the most appropriate and effective interventions for such youth (LeNoue & Riggs, 2016). This research needs to be based in a systemic perspective that takes into account all factors that affect decision making, efficacy, and agency in these youth (Quinn & Earnshaw, 2013). Also, from a critical theory and an intersectional perspective, because social climate affects each identity differently and analysis of power and influence will allow discovering where leadership needs to reconsider and make shifts to allow for the appropriate growth and support of these youth.

The focus of this study is not to cure addiction. It is not to take away this “problem” that plagues so many individuals and families. The focus is to provide insight into the world of youth who have substance use disorders experience. It is to allow these youths the power and ability to share their stories and elucidate the factors that allow their disease to be a defining factor of who

they are or are not and what that means to them. Children are often described as the world's most valuable resource (Cherney & Shing, 2008). Yet, due to their subordinate status in society, children are very often unable to assert their own rights. Their supposed rights are largely defined and controlled by the adult population (Cherney & Shing, 2008). Adults provide guidelines and ways to keep youth safe and allow them to develop properly. Rogers and Wrightsman (1978) drew a distinction between nurturance rights and self-determination rights. Society's obligations to make decisions in the best interest of children, to protect them from harm, and to mold their development is stressed in the definition of nurturance rights. The other orientation, self-determination, stresses the importance of allowing children to exercise control over facets of their own lives.

### **Scope and Limitations**

This study will employ grounded theory methodology (GTM), and GT method, along with situational analysis. The grounded theory methodology will allow the youth interviewed to provide the data and dimensions that will drive the situational analysis. GTM identifies the basic social process and the conditions under which those conditions occur. Situational analysis (SA) is a tool that will look at the macro forces, ie. cultural, economic, and social, within this context of adolescents making sense of themselves. The scope of this study is limited by the participants. The sample will be taken from a therapeutic boarding school. These school has specific parameters, discussed in detail in Chapter 3, and thus, the data provided will only be generalizable to the specific population that gets admitted to this therapeutic boarding school. Even with a limited scope, the study still has the potential to open up avenues to study further so that the theory formulated from the data in this research can have an increased generalizability.

In a study like this, ethical considerations are the forefront of every decision made. Thus, the limitations of this study are in accordance with access to the desired population. An extensive IRB process will be undergone to ensure that these youths are protected and supported in and after the interviewing process.

## **Layout of the Dissertation**

**Chapter 1 - Introduction.** In this chapter, I introduced the importance of this work and the research questions, situated myself by stating my positionality and research stance, situated the topic in the complex world it exists, provided the rationale and purpose for the study, and provided a layout of the rest of the dissertation.

**Chapter 2 - Literature review.** In this chapter, I will provide reasoning for doing a literature review in a Grounded Theory study. I will then provide an introduction to identity and an in-depth explanation of the identity theories used as the sensitizing concepts of this study. Following the sensitizing concepts, adolescent brain development, prevention, intervention and treatment options will be discussed.

**Chapter 3 - Methodology.** In this chapter, I will discuss grounded theory and situational analysis and explicate my research design and research process using grounded theory and situational analysis. The data collection methods, techniques, and management will be discussed. I will also discuss access to and types of sampling used in this study and the specific demographics that make up the sample. I will explicate the IRB process and the ethical parameters within which the study will be executed.

**Chapter 4 - Findings and discussion.** In this chapter, I will discuss the findings, identify the outcomes and significance of the dissertation research and suggestions for future research.

**Chapter 5 - Implications.** In this chapter, I will apply my research and provide future implications of this research for leadership and change in all areas involving youth with substance use disorders ranging from the health care system to treatment and prevention programs to education and to policy.

## Chapter II: Literature Review

When doing a Grounded Theory study, the question of whether to do a literature review or not can be asked. This question is asked specifically due to the statutes of the founders of this methodology. Glaser and Strauss (1967) asserted that the researcher is to come to the work with a blank slate. A literature review was not warranted in classic grounded theory because doing a literature review had the potential to contaminate or influence the findings in the data with prior knowledge instead of only what was emerging from the data being collected. The premise of grounded theory is that the data determines theory. Thus, it was believed by Glaser and Strauss (1967) that going into research with prior theory would taint that exact process. The major components of grounded theory, interviewing, coding, and analysis would be tainted. This methodology privileges empirical data. Glaser (1992) argued that grounded theorists must “‘learn not to know’ which includes avoiding engagement with existing literature prior to entering the field” (Dunne, 2011, p. 114). Glaser (1998) also argued that especially in the case of the novice that a literature review actually does not allow a researcher to express his/her point of view, but that it rather imposes ideas from prior theory.

The shift in the argument began after the break between Glaser and Strauss. Glaser continued his work in classic grounded theory and maintained that a literature reviewed would contaminate the analysis process. Strauss deviated from this argument while working with Corbin and taking a more constructivist and interactionist perspective on grounded theory to support doing a literature review (Strauss & Corbin, 1998). The Straussian lineage of grounded theory inspired most of the second-generation grounded theorists including Charmaz and Clarke. Charmaz (2006) argued that doing a literature review provides an opportunity to evaluate literature and to also situate themselves in current discourse. Charmaz (2000) also argued the



point of sensitizing concepts that allow a researcher to draw attention to important features of social interaction and provide guidelines for the research in specific settings. Sensitizing concepts are those that are the background ideas that inform the overall research problem (Charmaz, Denzin, & Lincoln, 2003). Gilgun (2002) believed that these concepts existed at the beginning of the research whether stated or not. Thus, the constructivist branch of grounded theory supports being explicit about the information that drives the direction of the research.

Why does this research topic warrant a literature review? For this study, it is important to provide a literature review to unearth unexplored areas of inquiry that warrant further exploration. The literature review provides context and an argument as to why the research needs to be done and for the methodology chosen. A review of relevant literature is also necessitated to explain the theories that are providing the lens for this research. Taking a constructivist perspective, it is understood that the researcher is coming with the world within which they exist and thus, the bias that the researcher carries. The literature review provides a space to explicitly state sensitizing concepts and their impact and influence on the scope and analysis of the research. Not one theory or piece of literature is the framework for analysis, as the data will allow a new theory to emerge, but the reason for the research question and belief that it needs to be answered is explained through the description of relevant theories and literature. This chapter intends to do just that. The following sections will outline an introduction to identity in the frame of reference of adolescence, the sensitizing concepts and theories that influenced the researcher to do the research addressed by this dissertation, and the current preventions, interventions, and treatments for substance use disorders.

## **An Introduction to Identity**

Prior to defining the sensitizing concepts, the origin of the identity theories presented as sensitizing concepts need to be addressed. Erikson (1959) proposed a psychosocial theory to account for human development, and Erikson's (1959, 1968) ego identity theory and the following empirical work by Marcia (1966) are referenced most often when addressing identity development. Erikson (1959) broadened the contemporary view of development to include social and cultural contexts. The conceptualization that both social and cultural contexts majorly influence the development of identity departed from the psychodynamic perspective on development that believed that one's personality was established in childhood and never changed after that point (Crocetti, Meeus, Ritchi, Meca, & Schwartz, 2014). According to Erikson's (1959) framework, a person's life course can be divided into eight distinct stages which are trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion, intimacy versus isolation, generativity versus self-absorption, and integrity versus despair. In each of these stages, the individual faces developmental conflicts and the degree to which the individual handled the conflict successfully determines transition to the following stage (Kroger & Marcia, 2011; Crocetti et al., 2014).

The first stage of Erikson's psychosocial theory is "trust versus mistrust" (Crocetti et al., 2014). The premise of this stage revolves around the newborn infant getting a stable representation of the world. It is in this stage that the infant gains its first understanding of self (Crocetti et al., 2014). The understanding an infant gains develops through the evolving relationship between the infant and the caregiver. Ultimately, this basic framework of self provides the infant with a "rudimentary sense of identity" (Crocetti et al., 2014, p. 93). The experiences with the caregiver prepare a foundation of social interactions that are stored in the

memory that guide future behavior. Thus, if the caregiver provides the infant with what it necessitates, then the infant will develop a stable and positive representation of the world or “trust” the world. If the caregiver neglects the infant, the infant will develop a “mistrust” representation of the world and this understanding is considered by Erikson’s (1959) theory to fuel anxiety, fussiness, and irritability. Based on the lack of mutuality in the mistrust version of this stage, feelings of hopelessness in the infant and caregiver are imminent.

Whereas there are eight stages in Erikson’s theory, the most relevant stage for this research is the stage of identity versus role confusion. Erikson (1959) used this stage to characterize the powerful crossroad faced by adolescents in the transition to adulthood. Adolescence is the time when youth face the major developmental task of forming a coherent sense of self (Crocetti et al., 2014). Youth attempt to formulate identity through the process of asking “Who am I?” and “Who will I be when I grow up?” (Kroger & Marcia, 2011). At this stage, research suggests that the quest for identity is initiated in part by biological and pubertal transformations (Susman & Dorn, 2009), cognitive growth (Lehalle, 2006), and increased social awareness (Brown & Larson, 2009). Kroger (2004) explained that the major task of the adolescent period is to construct a personal identity. Schwartz (2001) maintained that Erikson viewed identity as a continuum. This continuum ranged from synthesis to confusion. Synthesis is described as a set of self-determined ideals and confusion is the inability to derive a self-determined set of ideals (Kroger & Marcia, 2011; Crocetti et al., 2014). The “ideal” identity is located somewhere in the middle of these two points: synthesis and confusion (Schwartz, 2001). Individuals who successfully resolve this stage combine and integrate relevant earlier identification into a unique sense of self (Crocetti et al., 2014). This successful resolution allows the individual to arrive at a sense of coherence within one’s identity. Those individuals who do

not resolve this successfully remain in a state of confusion and are unwilling or unable to adhere to “a synthesized set of goals, values, and beliefs, and instead jumps from one set of commitments to the next” (Crocetti et al., 2014, p. 94).

### **The Function of Identity**

Psychosocial and relational adjustment are strongly influenced by the extent to which adolescents successfully develop a coherent and structured sense of identity (Kroger & Marcia, 2011). Kroger (2007) asserted that one’s life pathways and decisions are guided by a consolidated sense of self. Adams and Marshall (1996) claimed that an identity fulfills five functions. The first function of identity is that it provides the individual with a sense of structure within which to understand self-relevant information, and the second function of identity involves providing “a sense of consistency, coherence, and harmony between and among one’s chosen values, beliefs, and commitments” (Crocetti et al., 2014, p. 94). Identity, in its third function, provides the individual with a future orientation, along with a sense of continuity between the past, present, and future. The fourth function of identity is that it provides goals and direction through commitments and chosen values. In its final function, identity offers a sense of personal control. This control enables active self-regulation in the process of setting and achieving goals, moving toward future plans, and processing ways that are self-relevant (Berzonsky, 2011; Schwartz, Cote, & Arnett, 2005). Those individuals who experience difficulty settling on a set of commitments may be most likely to engage in illicit drug use (Schwartz et al., 2011). This sense of identity confusion may serve as a mechanism through which a sense of identity can render young people vulnerable to risk-taking behaviors (Schwartz, Mason, Pantin, & Szapocznick, 2008).

## **Identity and Family**

Identity and risk-taking behavior have roots in the family system (Crocetti et al., 2014). James (1892) and Cooley (1902) suggested that individuals obtain a great deal of personal and reflective information by interacting with significant others. The term “looking-glass self” was coined by Cooley (1902), and the term referred to the reflective process through which individuals gauge both their self-worth and their value to the world. This metaphor was endorsed by Erikson (1968) by conceptualizing that identity development occurs at the intersection between the individual and his or her social environment. A requirement for developing a healthy and adaptive sense of self and identity is the need to experience and balance individuality and belongingness (Adams & Marshall, 1996; Erikson, 1968; Koepke & Denissen, 2012). A stable and reliable parent-child relationship, as well as frequent positive contact with other people, develop the need for belongingness on an interpersonal level (Baumeister & Leary, 1995). Parent-child relationships provide constant feedback on the self. This feedback can specifically enhance or detract from one’s psychosocial development (Schachter & Ventura, 2008). Cooley (1909) believed that social interactions that guide the development of self has their roots in the family context. Thus, Cooley (1909) stated that the family is “fundamental in forming the social nature and ideals of the individual” (p. 25).

Family strongly influences how individuals experience important contexts such as peers, adult authority, and school, as well as the process and content of identity development (Scabini & Manzi, 2011). Parent socialization strongly impacts identity formation (Crocetti et al., 2014). Through the ways of building trust and fostering attachments, parents shape their child’s identity. Attachment, according to Bowlby (1979, 1982), refers to the deep-seated emotional tie between individuals and their primary caregivers. In developmental terms, according to Kroger and

Marcia (2011), in order for an individual to have guilt-free and shame-free exploration, secure attachments are necessary. Adolescents feel free to explore their environment when they have secure attachments because they provide a safe and protected base from which to explore (Marcia, 1989). A secure attachment bond indicates that parental support will remain while different identities are tried on (Beyers & Goossens, 2008). During adolescence, the link between family functioning and identity becomes increasingly bidirectional (Schwartz et al., 2008).

### **The Current Status of Adolescent Identity Research and Problem Behaviors**

Expansion on the literature surrounding identity status as defined by Erikson (1959) and Marcia (1966) has been considerable (Crocetti et al., 2014). The empirical work connecting the causal link between identity and risk-taking behavior in adolescence needs to be established. Most of the work surrounding identity and externalizing problem behaviors is inconsistent and has not found a conclusive set of findings (Schwartz, 2005). This identity work has also focused on a specific identity status and whether it determines problem behaviors such as illicit drug use or problematic alcohol consumption. Research needs to expand farther than just the identity status in determination of substance use. The following section describes the concepts and theories the researcher describes as sensitizing concepts to expand and ground this research.

### **Sensitizing Concepts**

The understanding of identity, self-concept, and sense of self that the researcher brings to this research is derived from the interconnection of a handful of theories that surround the interconnection of identity development, social context, and navigation of self. These theories will influence the understanding and analysis of the data. Thus, these theories are considered sensitizing concepts because according to Blumer (1954), a sensitizing concept “gives the user a

general sense of reference and guidance in approaching empirical instances...sensitizing concepts merely suggest directions along which to look” (p. 7). Sensitizing concepts are used as interpretive devices and as the starting point for qualitative studies (Glaser, 1978; Padgett, 2004). These concepts were derived through a review of literature and this section will elucidate the theories in detail and provide context for the study. The theories and concepts included are social identity theory (Tajfel & Turner, 1979; Spears, 2011; Roberts & Creary, 2013), critical identity theory (Alvesson, Ashcraft, & Thomas, 2008; Cole, 2009; Roberts & Creary, 2013), narrative identity (McAdams, 2011), identity work (Stryker, 1980; Snow & Anderson, 1987; Roberts & Creary, 2013), discourse and identity construction (Alvesson & Willmott, 2002; Bamberg et al., 2011; Roberts & Creary, 2013), possible identities (Oyersman & James, 2011), and intersectionality (Crenshaw, 1991; Cole, 2009; Roberts & Creary, 2013).

### **Social Identity Theory**

Social identity theory (Tajfel & Turner, 1979) partners with self-categorization theory (Turner, 1987) to create an understanding of how social groups and categories shape one’s sense of self (Robert & Creary, 2013). Both social identity theory and self-categorization theory will be discussed in this section since the terms are often used interchangeably. At its essence, social identity theory describes the processes of social categorization into groups. The process of social categorization is followed by social identification that involves social comparison between groups (Spears, 2011). The process of social identification is important in allowing us to determine both who we are and who we are not. Social identity theory purports that we derive value from our group memberships (Spears, 2011). In order to derive value or meaning of our own group, social comparison between groups occurs to categorize in-group and out-group and to identify with one’s own group. It is through the process of self-categorization that people

identify similarities and differences between themselves and others (Roberts & Creary, 2013). Social identity determines both a person's knowledge that he or she belongs to a social group or category, as well as how one feels about that belonging (Tajfel & Turner 1979). As described by Roberts and Creary (2013), a social category is "represented in the self-concept as a social identity that both describes and prescribes how one should think, feel, and behave as a member of that social group" (p. 2).

**Social identity and social change.** Social identity theory identifies with the disadvantaged (Tajfel, 1978). It also tries to understand how such groups are motivated to change position, ultimately for the better. The theory of social identity is designed to explain social change and is also equipped to account for social stability and status (Spears, 2011). Spears (2011) emphasized that the "concept of social identity can be seen as an intervening variable that helps to explain the process of change or stability from the perspective of disadvantaged social groups" (p. 9). Social identity theorists believe that group memberships fulfill the need for self-enhancement, belongingness, and differentiation (Roberts & Creary, 2013). As established in the introduction on identity and adolescents, the concept of belongingness is a necessary developmental achievement that is associated with attachment to identity, centrality of identity, and salience of identity (Crocetti et al., 2014). People's social identity, at a societal level, is threatened by stereotypes and power imbalances between groups (Roberts & Creary, 2013). The threat exists in ways of either being misjudged or mistreated due to group memberships or in being rejected completely from a valued group (Steele, Spencer, & Aronson, 2002). These social identity threats are likely to occur at many levels with an adolescent with a substance use disorder ranging from peers to school to treatment to healthcare. In respect to navigating the self in situations where responding to social identity threats, social identity theorists have uncovered



three primary responses (Roberts & Creary, 2013). These three responses include social mobility, social creativity, and social competition (Spears, 2011).

Social mobility describes the process of moving from a social group with a lower status to that of a group of a higher status (Spears, 2011), even though physically moving from one group to another may or may not be possible. Even without the ability to physically move groups, an individual may try to demonstrate characteristics of that group in order to be viewed as a legitimate member of that group (Roberts & Creary, 2013). Demonstrating characteristics of a desired in-group is commonly seen with persons with substance use disorders, as long as it is possible and visible traits do not give way to stigmatizing beliefs or treatment. In using social mobility, the disorder remains hidden or concealed so that that stigma associated does not devalue the status of persons in the work place or other social arenas (Smart & Wegner, 1999). Social creativity is the tactic of using cognitive skills to re-evaluate the criteria of the in-group to reestablish a positive identity or distinction. In this tactic, individuals transform the meaning of their potentially marginalized position to make it more positive or accepted by those outside the group (Roberts & Creary, 2013). In the scope of substance use disorders, social creativity could manifest as a person downplaying the extent of their use, using those covert tactics to convince the self that the use is not as bad as others. Social competition, as the term indicates, requires more of a forceful and power-centric tactic to shift the status of a group. Usually within this tactic, there is a push for equality and the negative views of a group are challenged, thus, the movement is for a shift in social redefinition, not personal redefinition (Roberts & Creary, 2013). In the case of youth with substance use disorders, social competition may manifest as individuals become a part of legalization movements and outwardly showing their use as something they are proud of and should be accepted.

**Self-categorization.** Self-categorization theory can be seen as a more general theory of the self (Spears, 2011). Self-categorization theory proposes, more explicitly than social identity theory, that there is not just one self or self-concept, but that there are many different groups and personal selves that correspond to different contexts (Spears, 2011). The conceptualization of self occurs at different levels, such as personal, group, and human. Ultimately, self-categorization theory is applicable to the personal and group level of self-definition. Self-definition is always relational and comparative from a self-categorization perspective (Spears, 2011). It is clear in both a social identity theory and self-categorization theory perspective, the role of social comparison is central to identity formation and determining the saliences of particular identities in specific contexts.

**Intergroup emotion theory.** Intergroup emotion theory (IET) is an extension of the social identity approach encapsulated by social identity theory and self-categorization theory that is grounded in emotion theory (Smith, 1993). Intergroup emotion theory grew out of the attempt to understand the social nature of prejudice and discrimination between groups (Spears, 2011). The important distinction with IET is the emphasis placed on the emotional reaction likely to inform and encourage the forms of action directed toward the out-group. IET assists in informing the motive behind specific actions and forms of prejudice. Ultimately, the addition of the emotional understanding builds upon self-categorization and social identity theory to give a group identity more meaning and behavioral impetus (Spears, 2011). With adolescence being a stage defined by an increase and shift in hormones and emotionally based behavior, IET is an important understanding to hold in the social identity construct.

## **Critical Identity Theory**

Roberts and Creary (2013) stated “critical identity theorists treat identities as multiple, shifting, competing, temporary, context-sensitive, and evolving manifestations of subjective meanings and experiences in the social world” (p. 7). Critical identity theory, critical theory, and critical race theory are all concerned with issues of power (Roberts & Creary, 2013, Kincheloe, 2008; Crenshaw, Gotanda, Peller, & Thomas, 1995). The critical identity theorist perspective challenges that of social identity theorists in the concept of the free will to self-categorize. In the perspective of critical identity theorists, socioeconomic, institutional, cultural, and historical boundaries play a significant role in the categories within which an individual or group exist. The identity research surrounding this perspective typically looks to determine root causes of stigmatization and discrimination (Linnehan & Konrad, 1999). The fundamental objective of critical identity theory is the empowerment of marginalized groups. Research from a critical theory standpoint explicitly seeks to construct information that is useful in the struggle against suffering and oppression (Kincheloe, 2008). Critical theory is an approach that requires understanding multiple contexts. As a critical theorist, the researcher must build trusting relationships with the research participants and develop concrete ways to address the concerns of diverse groups (Creswell & Plano Clark, 2007). The concept of “spatiality” is also addressed by critical theorists (Chambers & McCready, 2011). This concept shows how struggles over geographic control create social boundaries that have material effects on individuals and collective identities and people’s access to space (Foucault, 1986; Lefebvre, 1991; Soja, 1996). Space, access to space, and geography may prove to be an important aspect of identity choices or integration of identities

Critical identity theorists ultimately believe that identity formation is far more complex than just considering a collection of personality traits or individualized differences. These theorists believe that identities are also informed by institutional, political, and societal structures (Roberts & Creary, 2013). Context, social meaning, power disparities, and historical intergroup conflict affect the meaning making process of identity formation (Roberts & Creary, 2013; Kincheloe, 2008). As provided in the introduction of this dissertation, the sociohistorical context around drug use is complex and full of power dynamics that have been reinforced for over a century. It would be irresponsible and incomplete to not consider this perspective of critical identity theorists as part of the lens of inquiry in the research. Critical identity theorists do not examine social threats and responses the way that social identity theorists do, but understand difference as always contextualized in power relations (Roberts & Creary, 2013).

**Intersectionality.** Whereas intersectionality could have its own section, this concept deeply roots in and connects with critical identity theory. Cole (2008) stated that intersectionality “requires that we think about social categories in terms of stratification brought through practices of individuals, institutions, and cultures rather than primarily as characteristics of individuals” (p. 445). Bowleg (2008) claimed that researchers have the responsibility to connect participants’ experiences with sociohistorical inequality to explain how multiple identities intersect and interact with systems of domination. Critical identity theorists posit this exact belief and that it is the intersections of race, class, gender, and sexuality that influence the formation of personal and social identities (Cole, 2009). Intersectionality emphasizes that identities are not additive but interactive (Crenshaw, 1991). Intersectionality refers to the consequences of belonging to multiple social categories (Cole, 2009; Roberts & Creary, 2013). Intersectionality highlights the ways in which groups experience marginalization (Linder & Rodriguez, 2012). By examining

identity alone, the different meanings and experiences that can come from the interaction of multiple memberships to groups cannot be explained and thus, the necessity to infuse intersectionality into the lens. Essentially, intersectionality allows the researcher to unearth the power and status embedded in identities, and show that by having intersecting identities, both opportunity and oppression are created (Roberts & Creary, 2013). Depending on the salience of a particular identity in a specific context, these intersecting identities can signal advantage, disadvantage, or both at the same time (Collins, 1990). The complexity of the situation surrounding adolescents with substance use disorders requires not only a critical lens but also an intersectional lens to allow an extensive understanding and interpretation of the dynamics of identity formation.

### **Narrative Identity**

Voice is central to critical identity theory (Simmons et al., 2011). Voice is closely related to the way stories and narratives add “contextual contours to the seeming ‘objectivity’ of positivist perspectives” (Ladson-Billings, 1998, p.11). Narrative identity is the “internalized and evolving story of the self that a person constructs to make sense and meaning out of his or her life” (McAdams, 2011, p. 99). The process of putting life together in a narrative begins in late-adolescence and continues over the life course. The necessity to understand the factors that begin the life narrative during adolescence and before can substantially influence the outcome of the life course. Using the narrative product in analysis allows important psychological insights about the storyteller to be revealed because people’s internalized life stories are broad and stable enough to be coded for themes (McAdams, 2011). People perform their narrative identities in accordance with particular social situations and in respect to specific discourse (Bamberg et al., 2011). According to McAdams (2011), no single narrative frame can possibly organize

everyday social life and thus, selves are constantly revised through repeated narrative encounters. The theories around narrative identity express that contemporary social life is just too messy and complex to allow the type of identity consolidation that Erikson (1959) envisioned. McAdams and Pals (2006) believed that narrative identity is the third of three layers of human personality. The first layer consists of broad dispositional traits and the second layer consists of values, goals, and other characteristics that align with the socially contextualized aspects of the individual (McAdams & Pals, 2006). It is in the third layer that narrative identity actually makes meaning of a person's life in time and culture. This layer begins to develop during adolescence. Each narrative identity is uniquely designed for the social ecology of a person's life (McAdams, 2011).

**Narrative identity and selfhood.** According to James (1892, 1963), the full self appears in three different guises across the human life course. These three guises appear through the conjoining of the "I" and "Me". These guises are the self as the actor, the self as agent, and the self as author. Infants begin as social actors and develop into authors during adolescent years. The I becomes an author and seeks to turn Me into a self-defining story during the adolescent years (McAdams, 2011). This self-defining story is the narrative identity. It explains "what the social actor does, what the motivated agent wants, and what it all means in the context of one's narrative understanding of self" (McAdams, 2011, p. 103). The intentionality of a human is at the center of the narrative (Bruner, 1986; McAdams, 2011). Thus, once again, the developmental periods of a person are essential in the ability to construct this narrative. Intentionality must be developed over the life course to provide the mental conditions necessary for this storytelling. The range from how parents converse to cultural norms impact the development of storytelling (McAdams, 2011). The stage for narrative identity is set by cognitive development. When

considering modern society, adolescents are urged to begin thinking about who he or she really is and who he or she wants to become by social and cultural forces (Habermas & Bluck, 2000).

Modern society presents different narrative opportunities and constraints. Thus, the narrative identity has the ability to reflect gender and class divisions, as well as, the patterns of economic, political, and cultural hegemony (Franz & Stewart, 1994; Gregg, 2006; Rosenwald & Ochberg, 1992). Narrative identity allows the individual to present a story that is a reflection of the person in social context and all the messiness that comes along with a constant reconstruction of identity based on that interaction with social context.

### **Discourse and Identity Construction**

The study of discourse corresponds directly with critical identity theory, intersectionality, and narrative identity. According to Alvesson and Willmott (2002), discourse is the central element of navigating self and resisting dominance. Alvesson and colleagues (Alvesson & Willmott, 2002) also asserted that discourse plays an important role in formation, maintenance, and transformation of identity. Bamberg, de Fina, and Schiffrin (2011) suggested that the external and internal phenomena that exist for an individual have their reality that is historically and culturally negotiated. Their suggestion ultimately is a shift where identity is done or made, and discursive activities are a part of that construction. Three dilemmas exist where this construction occurs. The three dilemmas are agency/control, difference/sameness, and constancy/change (Bamberg et al., 2011). Agency/control describes whether the person defines the way the world is or the way the world is defines the person. Difference/sameness describes the integrated sameness or differentiation that occurs between me and others. Constancy/change describes posing the questions of how we can be the same when the world is constantly changing or claim to change in the face of still being the same. The discursive approach “brings together

language and other communicative means in text and context and allows us to theorize and operationalize how the forms and meanings therein provide access to identity categories” (Bamberg et al., 2011, p. 179). Discursive perspectives allow the question of what is social and what is personal to dissolve away. In discursive perspectives on identity construction, the person is social, and society is personal (Bamberg et al., 2011). The discursive perspective views the person in interaction and under construction. The narrative lends itself as the prime discourse genre for the construction and formation of identity. The narrative allows the researcher to analyze how people navigate the construction, deconstruction, and reconstruction of self.

### **Identity Work**

Snow and Anderson (1987) defined identity work as “the range of activities individuals engage in to create, present, and sustain personal identities that are congruent with and supportive of the self-concept” (p. 1348). According to Roberts and Creary (2013), identity work can be considered the same as navigating the self. The concept of identity work is particularly relevant in the current research due to the insights from agentic identity performance and the disclosure of invisible identities. Substance use typically begins as an invisible identity and more often than not, it becomes a concealed stigmatized identity (Quinn & Earnshaw, 2013). The disclosure of an invisible identity, specifically for stigmatized or marginalized invisible identity groups, is carefully considered during social interactions (Roberts & Creary, 2013). According to Bandura’s (1997) self-efficacy theory, a theory directly linked to personal agency, the reaction presented on a disclosure moment can have an incredible effect on the perception of self-efficacy which directs self-concept. Thus, these moments of disclosure and navigating whether to disclose or not can have great emotional, psychological, and spiritual costs and/or benefits (DiPlacido, 1998). The concept of identity work is a tactic used by people to get a greater understanding of



who they are. The work done is to ensure that the world around them sees the self that is consistent with how the individual sees him/herself.

The threats that exist in this paradigm alter slightly from that of social identity theory. The threats that exist to identity under the umbrella of identity work are referred to as devaluation threats and legitimacy threats (Roberts & Creary, 2013). Devaluation threats provide the concern that a negative evaluation of a marginalized group will be placed on an individual that lead to the worry of having a negative stereotype applied to the individual. Legitimacy threats provide the concern that the individual as part of the privileged group is not living up to the expectation based on the stereotype of the group. Whereas marginalized groups are more likely to have devaluation threats and privileged groups are more likely to have legitimacy threats, it is important to mention that both groups can experience both types of threats. There are four common strategies when responding to devaluation and legitimacy threats (Ely & Roberts, 2008). These strategies consist of distancing, dispelling, living up to idealized images, and feigning indifference. Distancing involves placing distance between the social group and stereotype that is being placed on the individual, similar to the concept of social mobility from social identity theory. Dispelling negative stereotypes involves educating others about inaccuracies of the stereotype or provide some standard to achieve to show through action and modeling that the stereotype is not true for the individual. Living up to idealized images involves the individual taking extra steps to portray that the individual does live up to the stereotype of the social group. Lastly, feigning indifference involves portraying that what others think or say doesn't matter to the individual. Ironically, for the last strategy, this goal of indifference is just a protective shield from the pain and devaluation that results from failure to maintain a social identity (Ely & Roberts, 2008; Roberts & Creary, 2013). Identity work refers to what the

individual does in order to navigate the self in social context and directly connects with the agency of an individual in developing sense of self.

### **Possible Identities**

“The self is a mental concept, a working theory about oneself, stored in memory, and amended with use” (Oyserman & James, 2011, p. 117). The future-oriented components of self-concept are the possible selves that we could become, would like to become, and are afraid we might become (Markus & Nurius, 1986; Oyserman & Saltz, 1993). The possible future self is distinct from the current self. This future self provides a sense of potential and an interpretive lens for the individual’s life. People are motivated toward futures they believe they can attain and avoid futures out-group members might attain (Oyserman, Johnson, & James, 2010). Whereas this possible self may provide motivation, it does not always connect current action with the steps needed to attain a future self. A study done by Oyserman, Johnson, and James (2010) looked at the differences in socioeconomic status and future selves. This study (2010) showed that the concept of future self did not change based on socioeconomic status, meaning that any one of the youth could imagine a successful future and self for themselves. The study on socioeconomic status and future selves (Oyserman et al., 2011) did reveal that socioeconomic status affected the ability to achieve that future self. Youth from a lower socioeconomic demographic, they were unable to determine the path to the future self and saw a disconnect between the current self and the future self. Being unable to determine the path to the future self aligns with the concept of possible identities, in that possible identities are the positive and negative identities one might hold and that it is not always possible to link the current self with the future self (Oyserman et al., 2011). Understanding that a positive future identity is not

necessarily linked with action to that identity explains why the motivational factor of the future self is not always predictive of the outcome.

**Possible identities and delinquency.** Delinquent behavior is rare in early adolescence. This type of behavior increases in prevalence during mid-adolescence with its peak between ages 15 and 17 (Oyserman & Saltz, 1993). This pattern leads to the belief that adolescent development and delinquent behavior are linked. Delinquency may be an undesirable effect of negotiating the developmental tasks of adolescence (Oyserman & Markus, 1990). Construction of the self that one could become is a consuming life task for adolescence (Erikson, 1968). The belief of Oyserman and Markus (1990) is that relationship between delinquency and the self-definitional task of adolescence may be reciprocal in nature in that there are reciprocal influences that feed into the cycle of delinquency and identity construction processes, where one follows the other due to their mutual influences on each other. According to Markus and Nurius (1986), possible selves are essential for putting the self into action. Adolescents will act either congruently with the future self or refrain from becoming congruent with a future self that isn't wanted. During adolescence, the developmental task is to bridge the gap into the creation of the sense of self that allows them to enter the adult world (Erikson, 1968). The family, peer group, and the world of work and school are the normative contexts in which the adolescent would seek the sense of self (Thornberry, 1987). Due to the fact that the self is social in nature, it is likely that the selves that are validated by others will become part of one's identity (Oyserman & Saltz, 1993). Within the adolescent developmental period, the partners in identity negotiation provide feedback on the self, have an important effect on the sense of self being developed, and congruency with the future self. It is possible, in the scheme of delinquency, that youth who have a different level of social competence might find acts of delinquency as a way of trying on

possible selves and determining which allows them to get positive feedback. According to Oyserman and Markus (1990), if the youth have a lower level of social competence they will avoid adults and persons of authority and use peers for that feedback. This attempt to use peers for feedback can either provide a way to attain the identity that is not achieved in interactions at school or with family or it provides a sense of inability to attain a possible self. The inability to attain that self results in impulsivity and increased vulnerability (Oyserman & Markus, 1990). Impulsivity and increased vulnerability, especially for adolescents, are risk factors for continued delinquency, as well as substance use.

### **Socially Contextualized Identity**

Oyserman and Markus (1990) described identity as bringing together one's past with one's current situation to create some plausible possible future and organize one's behavior toward that possible self, or simply put, identity is what one has and who one is (Oyserman & Packer, 1996). Jameson (1990) describes identity as situational, relational, and libidinal. Identity is highly personal and a social construction or culturally assigned social representation (Oyserman & Packer, 1996). Both the sociocultural and the psychological side of identity need to be taken into account. In the account of taking both sides, sociocultural and psychological, identity is "outside in" and "inside out." Being an adolescent involves different behaviors, beliefs, and motivations. What it means to be an adolescent and what adolescents can do and be is an evolving issue (Oyserman & Packer, 1996). The specific content of these identities, such as what it means to be a good student, will differ with social and cultural context. Thus, "identity can be thought of as a social cognitive process and structure" (Oyserman & Packer, 1996, p. 201). The sense we make of our everyday lives and behavioral opportunities are organized by one's sense of self. One's sense of self focuses one's attention, information processing, and

motivational resources. Thus, the social identity of an individual may organize how that individual is in the world. The person in context view that the sensitizing concepts present allow a way to use the narrative to determine how the individual is situated in the world and what parts of that context influence meaning. Table 1.1 summarizes the identity perspectives presented as sensitizing concepts, as presented above. Figure 1.1 provides an illustration of the interactions of the identity theories presented.

Table 1.1

Self-Identity Theory Summary

	<b>Social Identity Theory</b>	<b>Critical Identity Theory</b>	<b>Narrative Identity</b>	<b>Identity Work</b>	<b>Possible Identities</b>
General Concept of Self/Identity	Both a person's knowledge that he or she belongs to a social group or category, as well as how one feels about that belonging	Identities are multiple, shifting, competing, temporary, context-sensitive, and evolving manifestations of subjective meanings and experiences in the social world  Socioeconomic, institutional, cultural, and historical boundaries play a significant role in the categories within which an individual or group exist	Allows the individual to present a story that is a reflection of the person in social context and all the messiness that comes along with a constant reconstruction of identity based on that interaction with social context	Range of activities individuals engage in to create, present, and sustain personal identities that are congruent with and supportive of the self-concept	Future-oriented components of self-concept are the possible selves that we could become, would like to become, and are afraid we might become
Meaning-Making	Derive value or meaning of our own group, social comparison between groups occurs to categorize in-group and out-group and to identify with one's own group	Context, social meaning, power disparities, and historical intergroup conflict affect the meaning making process of identity formation	Internalized and evolving story of the self that a person constructs to make sense and meaning out of his or her life	Tactic used by people to get a greater understanding of who they are	Selves validated by others will become part of one's identity  Partners in identity negotiation provide feedback on the self; affect sense of self being developed and congruency with the future self
Tactic to Achieve and Sustain Positive Sense of Self	Group memberships fulfill the need for self-enhancement, belongingness, and differentiation	Challenge the status and power relations that are a part of identity	No single narrative frame can possibly organize everyday social life and thus, selves are constantly revised through repeated narrative encounters	Work done is to ensure that the world around them sees the self that is consistent with how the individual sees him/herself	Future self provides a sense of potential and an interpretive lens for the individual's life
Response to Threatened Identity	Social mobility, social creativity, and social competition	Critical identity theorists do not examine social threats	People perform their narrative identities in accordance with	Distancing, dispelling, living up to idealized images,	People are motivated toward futures they believe

---

		and responds the way that social identity theorists do, but understand difference as always contextualized in power relations	particular social situations and in respect to specific discourse	and feigning indifference	they can attain and avoid futures out-group members might attain
Agency	Uses tactics to make self-enhancing comparisons between groups	Looks to determine root causes of marginalization, stigmatization and discrimination	Ability to reflect gender and class divisions, as well as, the patterns of economic, political, and cultural hegemony	Refers to what the individual does in order to navigate the self in social context and allows individual to claim desired identities	Possible selves are essential for putting the self into action
In relation to adolescents with SUDs	Role of social comparison is central to identity formation and determining the saliences of particular identities in specific contexts	Construct information that is useful in the struggle against, marginalization, suffering and oppression	Cognitive development sets the stage for narrative identity; Adolescents with SUDs range in cognitive abilities and thus narrative reflects the ability to begin thinking about who he or she really is and who he or she wants to become	Allows adolescent to construct socially validated identity that reflects aspects central to one's sense of self	Adolescents will act either congruently with the future self or refrain from becoming congruent with a future self that isn't wanted; Peer groups and attachment essential in future self-definition

---

*Note.* From Tajfel and Turner (1979), Spears (2011), Roberts and Creary (2013), Alvensson et al. (2008), Cole (2008), McAdams (2011), Alvensson and Willmott (2002), and Oyserman and James (2011).

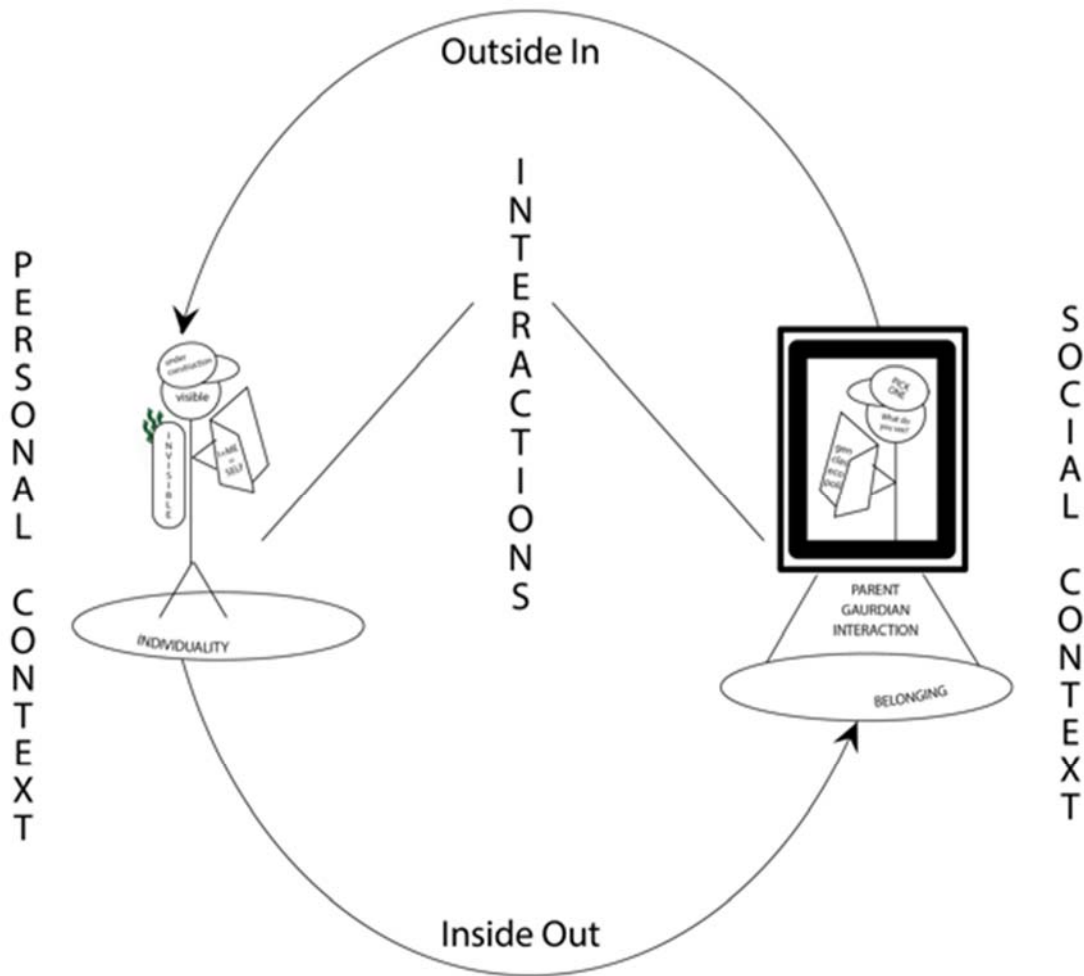


Figure 1.1. Integration of Identity Theory and Adolescent Identity Development

To understand the work of an adolescent even further in this developmental stage, the following section will address adolescent brain development and the impact it has on choices and behaviors, as well as the effects of substances on the brain.

### The Adolescent Brain

The adolescent brain functions very differently than the brain at other stages of the life course. While attempting to navigate the self and construct the identity to be carried into adulthood, adolescents are also navigating a shift in hormones and brain functioning. The

executive functioning of the brain during adolescence explains the behavior that is typically exhibited during this life stage, specifically those of impulsivity and risk-taking behavior. An understanding of the brain also allows an understanding of how substance use or misuse affects that developmental period. This section will provide a brief overview of the functioning of the adolescent brain and how substance use alters or affects that function.

### **Adolescent Brain Development and Function**

Adolescence is a time characterized by acting more impulsively, failing to consider long-term consequences, and engaging in riskier behavior than we do as adults (Casey, Jones, & Somerville, 2011). To get an accurate conceptualization of the cognitive and neurobiological changes during adolescence, it is important to treat adolescence as a transitional developmental period (Spear, 2000). Maturation of the brain does not occur across the entire brain (Sharma & Morrow, 2016). The first areas to mature are the subcortical structures, including the nucleus accumbens and other parts of the striatum. The nucleus accumbens is the major component of the ventral striatum, which is part of the basal ganglia. The basal ganglia is a set of subcortical structures that serve as the critical interface between limbic and motor circuitry. Essentially, this interface allows an emotional response to be translated into motor activity. Among the last regions of the brain to mature is the prefrontal cortex (Sharma & Morrow, 2016). The prefrontal cortex is responsible for executive functioning. Executive function relates to the abilities to differentiate among conflicting thoughts, work toward a defined goal, predict outcomes, and social control (Kelly, Kazura, Lommel, Babalonis, & Martin, 2009). A core component of behavioral development is the ability to suppress inappropriate actions in favor of goal-oriented ones, especially in the presence of compelling incentives (Casey et al., 2011). Optimal decision making requires the control of impulses (Mischel, Shoda, & Rodriguez, 1989). This ability



matures in a linear fashion across childhood and adulthood. In contrast, during adolescence, risk taking or reward seeking behavior peaks (Kelly et al., 2009; Casey et al., 2011).

With the brain reaching around 90% of its adult size by the age of 6, the gray and white matter of the brain undergo dynamic changes throughout adolescence (Casey et al., 2011). The cortical white matter increases linearly (Sharma & Morrow, 2016). This increase in white matter is due to increased myelination. Myelination refers to the coating of longer axons (part of the neuron, or nerve cell) with myelin to allow protection and more efficient conduction of electrical impulses (Casey et al., 2011). The white matter reflects the refinement of neuronal connections in the brain (Kelly et al., 2009). The decrease in grey matter occurs at different times throughout the cortex and, as stated above, the prefrontal cortex is among the last regions to be myelinated. Due to these shifts in the brain, the areas of the limbic system associated with primary urges and cravings are functioning at peak performance and the areas that provide control and context to those primary motivators remain immature during adolescence (Sharma & Morrow, 2016; Casey et al., 2011). Social cues activate the limbic system circuitry more strongly with adolescents than adults. Adolescents spend more time with peers and begin to place increasing value on peer relationships and approval (Sharma & Morrow, 2016). The transition period from childhood to adulthood may induce cognitive vulnerability to depressive symptoms, and anxiety and depressive moods and other emotional symptoms are indeed widespread among adolescents and constitute an important public health problem (Patel, Flisher, Hetrick, & McGorry, 2007; Meilstrup et al., 2016; Steca et al., 2014). Feeling low, irritated, or nervous almost every day is a serious strain (Patel et al., 2007). It can have immediate implications for school attendance, the ability to learn, and social relations (Meilstrup et al., 2016). The combination of the

developmental aspects of the brain and shift in social life prime adolescents biologically to engage in risky activities such as substance use.

### **Substance Use and the Brain**

In order to be diagnosed with a substance use disorder (SUD), a person must meet two out of the 11 criteria from the Diagnostic and Statistical Manual of Mental Disorder's (5<sup>th</sup> ed.; DSM-5; American Psychiatric Association, 2013) list for substance use disorders. To add a substance use disorder to the amount of biological development that is occurring in the body and the brain during adolescence can be detrimental (Young, Corley, Stallings, Rhee, Crowley, & Hewitt, 2002). One property that all the "drug" compounds share is that they cause a dramatic increase in the dopamine release within the nucleus accumbens (Sharma & Morrow, 2016; Casey et al., 2011). The critical difference from natural rewards, such as food and sex, is that drugs of abuse stimulate accumbal dopamine release through pharmacological, as well as psychological, mechanisms. One long lasting consequence of drug-induced spikes in accumbal dopamine is an alteration of synaptic density in this structure. This means that specific drug-seeking behaviors become strengthened at the expense of synapses involved in other goal-directed behavior (Sharma & Morrow, 2016). The prefrontal cortex provides decision making information to the nucleus accumbens and this action serves as a major source of inhibitory control over subcortical impulses, including the urges to use drugs. Since the prefrontal cortex lags behind in maturation, both executive function and inhibitory control also lag behind increasing risky behavior.

Risky behaviors can be defined as the pursuit of rewards despite the possibility of danger, failure, or loss (Sharma & Morrow, 2016). Adolescents are primed by the development of the brain and shift in physiology to undertake risky behaviors. Adolescence is a time of increased physiologic vulnerability to stress. The baseline salivary levels of the stress hormone cortisol

have been shown to increase as pubertal status progresses in humans (Casey et al., 2011; Sharma & Morrow, 2016). Stress is a known risk factor for initiation of substance use and relapse to substance use. Adolescents may experience fewer subjective cues to limit intake, potentially resulting in use of higher quantities, and consequently greater risk for dependence. Thus, substance use or dependence in adolescents has the ability to greatly alter the setup of neural pathways in the brain and the overall ability to stop use due the effects on the inhibitory parts of the brain.

The biological development of an adolescent is a process out of the control of that individual. The changes that occur during that time period are part of an evolutionary set of biological rhythms. Marginalization, on the other hand, is a social process that affects well-being and navigation of the self, specifically in the framework of the identity theories proposed at the beginning of the chapter. The next section will address the literature around marginalization to provide an overview of the affect being marginalized can have on an individual.

### **Marginalization and Stigmatization in the Context of Adolescent Substance Use Disorder**

The “War on Drugs” created the ultimate label for individuals of substance users. As described, these individuals are “addicts,” fiends for drugs, and would do anything possible, including violence, to get their drugs, and ultimately became “super predators” in the eyes of society. The systemic labels reinforced the marginalization of this group, as well as, the stigmatization of addiction. Both the marginalization and stigmatization created and reinforced in the “War on Drugs” fostered an environment that causes an individual to avoid the label, including seeking help. According to the modified labeling theory of stigmatization (Link et al., 1989), the stigma process does not primarily begin to impact an individual until the person has entered the treatment system and has received a diagnostic label. If youth with SUDs perceive

that receiving a diagnosis will result in stigma and even further marginalization from the dominant culture, seeking help will not be a priority but something that is avoided to maintain status with those people and communities that are substantial to them.

This section will provide a brief introduction into marginalization and stigma and describe how they both overlap to affect those with substance use disorders by using the terms such as “addict”, as well as by creating a society with a “drug phobia.”

### **Marginalization**

While the main work in marginalization has been in gender and race studies (Linder et al., 2012; Robinson, 2012; Chambers et al., 2012; Sanders & Munford, 2007), there has also been work with populations of substance users as a marginalized group (Lee & Peterson, 2009, Lintonen, Obstbaum, Aarnio, von Gruenewaldt, Hakamaki, Kaariainen, Mattila, Vartiainen, Viitanen, Wuolijoki, & Joukamaa, 2012). Messiou (2006) described marginalization from the theory of the “marginal man”. This theory initially placed emphasis on the specific personality traits that an individual developed when placed in a marginal situation between two not entirely compatible social positions. The very notion of “marginal” suggests limits or boundaries of some kind, as well as, the juxtaposition of entities (Messiou, 2006). Those that break the rules are regarded as “outsiders” even though sometimes those defined as outsiders might themselves perceive others as outsiders. The deviant is one to whom that label has successfully been applied. By successfully, it is implied that the label becomes part of their identity and society responds to the label that is given. Deviant behavior is behavior that people so label (Oyserman & Markus, 1990). Human beings act toward situations on the basis of the meaning they have for them. Those meanings arise out of social interaction and are then modified through an interpretive process that is used by the person in dealing with individual encounters (Wyer, 2012).

Lee and Peterson (2009) referenced Hall, Stevens, and Meleis (1994) and defined marginalization as “the process through which individuals or groups are peripheralized on the basis of their identities, associations, experiences, and environments” (p. 194). They expanded this definition by referencing Vasas (2005) to say that “experiences of marginalization occur at various social layers, that the process of marginalization creates invisibility among marginalized people, and that there are frequently multiple sources of marginalization occurring in an individual life” (p. 196). According to Sanders and Munford (2007), marginal behavior looks like defiance, resistance, and a threat to the norm. This public manifestation is usually constituted as a problem and therefore, efforts are focused on eliminating it, removing it from public views, and changing the harmful effects it is identified as creating. Policy and intervention responses predominantly seek to control and remove such behaviors without really seeking to understand how and why they arise and the meaning contexts in which they are embedded (Sanders & Munford, 2007). That marginalization causes feelings of isolation, fear, shame, and self-denial (Rivers, 2010). Those who are visible are more clearly represented and therefore are commonly most dominant and validated. Those who are less visible are un/less represented and therefore open to being overlooked and oppressed, misunderstood, and misrepresented as othered (Hayfield, Clarke, Halliwell, & Malson, 2014).

Van Der Poel and Van De Mheen (2006) addressed marginalization for “crack users.” They believe that socialization is the opposite process of marginalization. When marginalization occurs, it pushes these people away from core institutions. The research (Van der Poel & Van De Mheen, 2006) also addressed being moved to the margins of the marginalized group. External factors have influence on the process of marginalization either in strengthening the marginal position of drug users or in turning marginalization into socialization. In the study done by Lee

and Peterson (2009), they also introduced demarginalization. Demarginalization is explained to be an experience where, one who has been marginalized due to their drug and/or alcohol use, experiences the treatment setting in a destigmatizing, normalizing, and humanizing manner. This type of treatment setting provided a place where the individuals were not seen as a red flag and the disease they struggled with was openly discussed. When considering youth with SUDs, the manner in which they are approached from first contact through an entire relationship determines what type of experience will be had; one that marginalizes or one that humanizes.

### **Stigma**

Stigma encompasses behavior (Link & Phelan, 2001) and is a social process perpetrated by non-marginalized groups to achieve goals of exclusion and conformity (Livingston & Boyd, 2010). Stigma is a psychosocial process that marginalized groups must navigate and contend with. Drug use is a characteristic that is contrary to a norm of a social unit where the norm is described as a shared belief that a person ought to behave in a certain way at a certain time (Stafford & Scott, 1986). Societal norms in the US cast drug use as an unacceptable behavior and thus, many hold negative opinions about people who use drugs (Ahern, Stuber, & Galea, 2007). Illicit drug users are seen as weak, immoral, and as causing a risk to society (Ahern et al., 2007). Perceived devaluation occurs when illicit drug users think that most people believe in the common negative stereotypes about the drug user (Link, Struening, Rahav, Phelan, & Nuttbrock, 1997). Alienation refers to internalization of the views expressed in those stereotypes that drug users are marginal members of society (Ritsher, Otilingam, & Grajales 2003). Illicit drug user is not an identity that is imposed at birth nor is it unchangeable, although that is a believed trait (Ahern et al., 2007).

Stigma is an insidious social force that has been associated with an endless number of attributes, circumstances, health conditions, and social groups (Livingston & Boyd, 2010). There are three interacting levels of stigma: social, structural, and internalized. Social stigma, also known as public or enacted stigma, exists at the group level and describes the phenomenon of large social groups endorsing stereotypes about and against a stigmatized group (Corrigan, Kerr, et al., 2005). Structural stigma, also known as institutional stigma, exists at the systems level and refers to rules, policies, and procedures of private and public entities in positions of power that restrict rights and opportunities (Corrigan, Kerr, et al., 2005; Corrigan, Watson, et al., 2005). Cultural ideology is embodied in institutional practices so that differentials in power and status are legitimated and disadvantage and social exclusion are perpetuated (Livingston & Boyd, 2010). Internalized stigma, which includes felt and self-stigma, exists at the individual level. It is the process by which the individual endorses the stereotypes, anticipate social rejection, consider stereotypes to be self-relevant, and believe they are a devalued member of society (Livingston & Boyd, 2010). The felt stigma describes the negative consequences resulting from an individual's awareness how society perceives him/her and will likely act toward the group to which they belong. Self-stigma is the process of an individual accepting society's negative evaluation and incorporating it into his or her own personal value system and sense of self (Luoma et al., 2007). Internalized stigma is a subjective process embedded within a socio-cultural context which may be characterized by negative feelings, maladaptive behavior, identity transformation, or stereotype endorsement resulting from individual experiences, perceptions, or anticipation of negative social reactions. A higher level of internalized stigma is associated with the lower levels of hope, empowerment, self-esteem, self-efficacy, quality of life, and social support (Livingston & Boyd, 2010).

## **“Addict” as a Label to “Other” and Exclude**

Neary, Egan, Keenan, Lawson, and Bond (2013) presented the concept of labelling theory (Becker, 1974). Labelling theory focuses on the tendency of the majority to negatively label minorities as deviants from standard cultural norms. Deviation from the norm is referred to as demonizing rhetoric about those who fail to adhere to cultural norms (Becker, 1974). The groups that fail to adhere are ‘othered’ from society. The differences are explained through the projection of negative attributes. The notion of ‘othering’ was described by Borrero, Yeh, Cruz, and Suda (2012). This notion is conceptualized in terms of dualisms in identity or belief that “others” are reliant on the co-construction of contrary identities. “Othering” is viewed as a socially constructed practice that defines customs in silence and voice. The groups with power maintain their status through protective actions that distance themselves from marginalization. Borrero and colleagues (Borrero et al., 2012) stated that “othering groups” have been traditionally marginalized in society because they are other than the norm, such as students of color, students from under- or unemployed families, students who are female or male but not stereotypically masculine or feminine and students who are, or are perceived to be, queer. Yeh, Borrero, Tito, and Petaia (2014) further defined the act of “othering” as a personal, social, cultural, and historical experience involving cultural and racial ambiguity, categorization and labelling, hierarchical power dynamics, and limited access to resources.

Lagermann (2015) said that marginalization is the opposite of inclusion, however the opposite of inclusion can also be seen as exclusion. Furthermore, Sanders and Munford (2007) explained exclusion as a reciprocal process. Exclusion involves being shut out and the decision to remove oneself (Sanders & Munford, 2007). Therefore, marginalization can be seen as a product of exclusion. Issmer and Wagner (2015) defined perceived marginalization through



addressing the terms social exclusion, ostracism, and social rejection. Issmer and Wagner (2015) used the terms social exclusion, ostracism, and social rejection based on the assumption that there is a fundamental human need to belong, which might have developed during evolutionary history due to the importance of belonging to a social group to secure individual chances of surviving.

Tukundanea, Zeelen, Minnaertb, and Kanyadago (2014) referenced Walker and Walker (1997) to define the process of social exclusion as “the dynamic process of being shut out, fully or partially, from any of the social, economic, political, or cultural systems which determine the social integration of person in society” (p. 8). Social exclusion is the process whereby certain individuals are pushed to edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities, or as result of discrimination (Tukundanea et al, 2014). This social exclusion distances them from jobs, income, and education opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feel powerless and unable to take control over decisions that affect their day to day lives. Social exclusion is multidimensional in that it encompasses income poverty, unemployment, access to education, information, childcare and health facilities, living conditions, as well as social participation (Tukundanea et al., 2014).

The “War on Drugs” culture “othered” and excluded people with substance use disorders from access to fundamental human needs. Benner and Wang (2015) expressed that the desire to fit in and form close interpersonal relationships are a fundamental human need. The lack of success to fit in and attachment in the form of close relationships enforced by dominant culture leads to feelings of depression (Erikson, 1959). In turn, the feelings of depression lead to self-

medication (Winans-Solis, 2014). The self-medication hypothesis states that socioemotional struggles drive individuals to self-medicate with alcohol or illicit drugs to escape psychological pain or discomfort (Benner & Wang, 2015). Psychological pain or discomfort can cause the beginning of substance use, but the psychological pain or discomfort from substance use can also reinforce the need to continue use.

When considering adolescents with SUDs, psychological pain or discomfort is commonplace for the developmental period they exist in. Even when considering schools, Chambers and McCready (2011) asserted that schools are driven by middle class, white, heterosexual norms that determine definitions of success. The students who are more familiar or aligned with this dominant culture are more likely to be seen as academically successful as the school environment caters to this orientation. Schools often operate from the assumption that marginalized youth emerge from backgrounds that fail to equip them with the cultural capital necessary to succeed within the broader meritocratic society. This widespread assumption stigmatizes and pathologizes youth and masks the strengths and assets they possess (Dei, 2008; Gosine et al., 2014), which in turn could not only cause the beginning of drug use but also reinforce the use of drugs for dealing with the lack of ability, support, or attachment in a school setting.

### **The “Drug Phobia”**

Societal norms construct whose lives are worth living and whose lives are not worth living (Robinson, 2012). It is poignant to note that the norms that dictate livability can only remain norms if they continue to be acted out and reproduced as norms in social life (Robinson, 2012). These norms seem to be dictated by the “phobias” that exist in society (Lee & Peterson, 2009). In being phobic toward a group of people or culture, the culture of power tries to suppress

the thing that they fear so that the marginalized group is denied power. Substance dependence is a social, mental, and physiological condition (Young et al., 2002). The “substance abuser” is a role and label and not the essence of the individual so labeled. Lee and Peterson (2009) discussed the experiences that led to the marginalization of drug users. It occurs at two levels for the individuals in this particular study. The first level was the trauma and disadvantage that existed for the study population before becoming a user that led to the self-medication and the second level was once one becomes a drug user, he/she is now stigmatized by the “drug phobia.” In alignment with “drug phobia,” Van Der Poel and Van De Mheen (2006) focused on three dimensions in the process of marginalization. These three dimensions involve social relations, economic situations, and health situations.

Van Der Poel and colleagues (2006) explained that there is also a point at which they experienced invisibility. The newcomers to the drug use scene are largely invisible because they do not, yet, have the physical appearance of a “junkie” and have had little to no contact with the addiction care or social justice system. Once they do acquire the appearance or get moved into some type system, a label will be applied and thus, their journey to the margins and identity work begins. Lintonen and colleagues (Lintonen, Obstbaum, Aarnio, von Gruenewaldt, & Hakamaki, 2012) supported the same invisibility clause. The research done was to look at the shift in drug use with the prisoners. The prisoners were already considered a marginalized group and because of that, they had the stigma of not being as important because of their incarceration status. The data revealed that paying attention to their substance use identity is incredibly important in the prison community and community in general. The trend in the prison gives insight to the trend in the community from which they reside (Lintonen et al., 2012). In the case of this dissertation, the

lived experiences of adolescents with substance use disorders can also provide insight into the community from which they reside.

Those who struggle with substance use are denied a voice of their own and decision-making power over their own lives. The narratives from the study done by Lee and Peterson (2009) align with the collective script in the US in which an individual with a substance use disorder's status as a human being is denied and a 'silence dialogue' between authority figures and substance misusers is imposed. When youth perceive their existence, their power, and their meaning to be threatened, it results in antisocial behavior or behavior that forces them to find safety in places that do not fit societal norms. This type of behavior results in being viewed negatively. Negative views are countered with increased identification which arouses more of the antisocial behavior as a means to increase the distance between the ingroup and the outgroup (Issmer & Wagner, 2015). Findings from the research then suggest that communities in which young people and adults draw on cultural stereotypes to respond to one another with reciprocated negativity reinforce the cyclical process. This cyclical process damages social cohesion and leaves young people feeling alienated and socially marginalized (Neary et al, 2013). In responses to perceptions of rejection and marginalization, individuals do one of two things. They either perform identity work and present themselves in the ways they feel are authentic enough to be accepted and fit in or they divest or distance themselves (Harris, 2010). The following sections expands upon notion of identity in connection with stigma.

### **Stigma and Identity**

From the discussion in the section on identity, it has been established that a person has multiple identities and attributes that both construct and impact self-concept (Quinn & Earnshaw, 2013). Identity that is stigmatized is socially devalued with negative stereotypes and beliefs

attached to the identity. Stigma results in lowered power and status with resulting discriminatory outcomes (Link et al., 2001). Stereotypes about different social identities are learned from media, family, and peers (Killen, Richardson, & Kelly, 2010). Stigma is socially constructed (Quinn & Chaudoir, 2009). Identity is socially constructed (Oyserman & Packer, 1996). Identity is stigmatized if it is considered a mark of failure or shame, tainting the self in the eyes of others (Goffman, 1963). These identities are socially devalued and may render an individual vulnerable to prejudice and discrimination solely on the basis of the attribute.

Stigmatized identities can be visible or concealed. A visible stigmatized identity is one that cannot be hidden, such as the color of a person's skin. A concealable stigmatized identity (CSI) is an identity that can be hidden from others but that carries with it social devaluation (Crocker, Major, & Steele, 1998). Substance use is considered a CSI (Quinn & Chaudoir, 2009). An additional distinction of CSI is whether it is personal or associative. Personal CSI is an identity that the self possesses (Quinn & Chaudoir, 2009). Associative CSI is the stigma an individual possesses because of his/her close connection to a stigmatized other (Quinn & Chaudoir, 2009). Many people with CSIs have learned about and internalized the negative stereotypes about their identity before the identity was obtained, making it likely that they will initially internalize these negative beliefs (Link, 1987). People with CSIs know the negative stereotypes about their groups and may even recall times when they themselves have discriminated against people with their identity (Quinn & Chaudoir, 2009). Since the identity is hidden, people with a CSI may often be in a position to directly witness disparagement of their stigmatized group. People with visible stigmas are managing situations, whereas people with concealed stigmas are managing information about the self (Goffman, 1963). Different stigmatized identities carry with them different levels of social devaluation. The level of

devaluation is culturally constructed. Social devaluation originates outside the self and is not connected to any idiosyncratic characteristics beyond the stigma label. Stigma does not take place solely within the individual. It instead originates from social devaluation attached to a particular identity within society (Quinn & Chaudoir, 2009; Quinn & Earnshaw, 2013). The identity that is the most stigmatized and “easiest” to deal with in the scope of dominant culture becomes the one that is focused on.

### **CSI and Well-Being**

Stigma scholars have long linked stigmatized identities to increased psychological distress (Luoma et al., 2007; Link, Struening, Neese-Todd, Asmussen, & Phelan, 2001; Cole, 2008; Cook, Arrow, & Malle, 2011). It is crucial to understand how the psychological meaning of identity works in tandem with stigma to make a person more or less vulnerable to distress. The concealable stigma is a socially marginalized characteristic not readily apparent to the observer that is subsumed under a social identity (Quinn & Earnshaw, 2013). This social identity is part of a person’s self-concept derived from the perceived membership in social groups (Tajfel & Turner, 1986; Turner, 1999). Concealment entails active self-monitoring of the success of one’s efforts at concealment and vigilance for risks of self-exposure associated with public settings (Sedlovskaya, Purdie-Vaughns, Eiback, & LaFrance, 2013). The monitoring and suppression of stigmatized identities have been reliably shown to lead to psychological distress (Cole, 2008; Cook et al., 2011). People with CSIs are likely to have a variety of different experiences and beliefs related to their identity, such as greater anticipated stigma from others, greater salience of the CSI, higher centrality of the stigmatized identity, and greater internalization of the negative beliefs about the identity. Internalized stigma correlated highly with low self-esteem and even lower self-efficacy (Quinn, Williams, Quintana, & Gaskin, 2014).

Concealment is particularly taxing to an individual who must constantly self monitor and be vigilant in situations where the opportunity to exposure presents itself (Pachankis, 2007). Scholars across many disciplines speculate that a strong division of the world into a public sphere, where one conceals a stigmatized identity, and a private sphere, where one expresses that identity, become internalized in a form of an especially sharp distinction between public and private selves (Brekhus, 2003; D'Augelli & Grossman, 2001; Decena, 2011; Eribon & Michael, 2004; Goffman, 1959; Gross, 2002). This division of life, public versus private, is a defining feature of modernity. Most people strive toward a coherent integration of a unified self. Self-schemas are the knowledge structures about the self that organize and guide processing of self-relevant information (Markus, 1977). Self-schemas form around important aspects of the self and reflect domains of enduring salience, investment, and concern (Sedlovskaya et al., 2013). Schemas tend to be organized hierarchically with more specific elements subsumed under more inclusive elements.

The process of self-suppression that occurs when concealing identities is akin to self-silencing (Sedlovskaya et al., 2013). This is a relational schema whereby people suppress and hide affect, attitudes, and beliefs that might result in conflict with close others, but which are also predictive of greater depression (Harper, Dickson, & Welsh, 2006; Jack & Dill, 1992) and psychopathology (Locker, Heesacker, & Baker, 2012). Two other concepts that are important to understand are self-concept clarity and self-discrepancy theory (Sedlovskaya et al., 2013). Self-concept clarity is the degree to which self knowledge is clearly defined, consistent, and stable across time and situations. Self-concept clarity is associated with the organization of self that is predictive of well-being (Sedlovskaya et al., 2013). Self-discrepancy theory is the differential expression of stigma related aspects of self across public and private contexts (Higgins, 1989,

1991). These give rise to public-private schematization that reflects an awareness of social norms that make expression of stigma threatening in public. The degree to which one's "actual self" differs from the "ideal self", the self that one aspires to be, or the "ought self", the self that one feels he or she ought to be based on duties and norms, is associated with decreased well-being (Higgins, 2012).

In an effort to hide something about themselves, individuals with CSIs may face an internal struggle with a serious cost (Smart & Wegner, 1999). The preoccupation model of secrecy explains that attempts at secrecy activate a set of cognitive process that lead to an obsessive preoccupation with the secret (Smart & Wegner, 1999). The attempt to suppress a thought yields high levels of accessibility of that thought, which fuels automatic intrusions. Thus, people with CSIs may not have the conscious thoughts of their stigmas all the time but rather experience thoughts of their stigma as periodic intrusions as they try not to think about them. Wegner and Gold (1995) explain that the initial motivation for suppression, keeping the thought out of the mind in service of trying to maintain the secret, is joined by the motive to reduce distress and anxiety provoked by having the intrusive thought. The thought suppression and thought intrusion occur cyclically in response to each other. This cycle yields a preoccupation with the secret that is likely to persist beyond the circumstances that originally prompted secrecy (Smart & Wegner, 1999). Those with CSIs who attempt to pass as normal are burdened with the preoccupation in an attempt to hide their stigmatizing identity. This attempt to hide an identity causes a level of distraction by impression management and mental control tasks that they suffer in their performance in other cognitive tasks (Smart & Wegner, 1999; Wegner et al., 1995). Higher levels of secrecy coping were related to lower levels of psychological flexibility, lower



quality of life, more experiences of stigma-related rejection in the past, higher internalized shame, and most strongly with perceived stigma (Luoma et al., 2007).

Considering youth with SUDs, CSIs add to an already burdened period of development. Adolescents with SUDs already face cognitive deficits due to the stage of brain development, as well as, the affects that substance use has on that development. Identity development has also been described as a cognitive process. Thus, if youth are spending most of their psychological, emotional, and mental energy managing the secret they are holding and ensuring that they are hiding their identity well enough, the cognitive task of identity development, as well as others, will be affected and hindered. The internal struggle associated with CSIs adds to the internal struggle of developing worth, autonomy, sense of self, and balancing emotional well-being. Ultimately, by having a CSI, adolescents with SUDs are at greater risk for diminished well-being, sense of self, and quality of life.

### **Identity and Self-Efficacy**

Once the labels and stigma become associated with the self, the youth will experience diminished self-efficacy (Corrigan & Watson, 2002; Link et al., 2001; Wright, Gronfrein, & Owens, 2000). Perseverance in the face of daunting obstacles requires a resilient sense of efficacy (Bandura, 1997). The beliefs people hold about their efficacy to exercise control over events that affect their lives influence the choices they make, their aspiration, level of effort and perseverance, resilience to adversity, vulnerability to stress and depression, and performance accomplishments (Bandura, 1997). Self-efficacy plays a powerful role in substance use problems (DiClement, Fairhurst, & Piotrowski, 1995). Enhancing self-efficacy beliefs is essential to the successful change and maintenance of virtually every behavior crucial to health. When faced with challenging tasks, children with a high self-efficacy are more likely to approach difficult

tasks as challenges to be mastered, making them less prone to emotional symptoms, as opposed to those with low self-efficacy, who may feel discouraged, and this indicates that self-efficacy may be important for developing mental health and reducing high levels of emotional symptoms (Bandura, 1997).

Thinking about the future in a positive way is important for adolescent development (Kerpelman, Eryigit, & Stephens, 2008; Oyserman & Packer, 1996). Future orientation includes the thoughts, dreams, and expectations one has for future events (Nurmi, 1991, 2005). Orientation toward the future provides motivation that guides attainment to goals. A positive future orientation is especially important for individuals struggling with negative life circumstances (Kerpelman et al, 2008; Oyserman & Packer, 1996). It is even reported that future orientation can be a “protective factor” for adolescents, especially those who are low-income and members of minority groups (McCabe & Barnett, 2000). Ultimately, future orientation allows an adolescent to dream and hope for better possibilities in the future, setting the stage for actions that increase goal attainment (Oyserman & Packer, 1996). A major influence on adolescents’ future orientation are their internal beliefs in their own influence over the future (Kerpelman, Pittman, et al., 2008).

In Bandura’s (1997) explanation of self-efficacy theory, he specified four sources of efficacy information. The four source of efficacy information include mastery experience, vicarious experience, social persuasions, and physiological reactions. The mastery experience explains that success fosters a strong sense of efficacy (Bandura, 1997). This is particularly true when achieved in the face of adversity. A weak sense of efficacy results from failures and more so when they are experienced early and frequently. The failures are even more potent when they cannot be attributed to a lack of effort or unfavorable circumstances. A vicarious experience

simply explains that by seeing someone who is similar to us be successful, we then believe we can be successful (Bandura, 1997). Vicarious experiences also work on the other hand, if one experiences someone similar to us fail, one will not believe that the individual will succeed. Achievements such as school grades are judged relatively. One's own efficacy is inferred by comparing one's attainment to those of one's peers (Oettingen & Zosuls, 2005). Social persuasion is performance evaluations by others (Bandura, 1997). Often, if a person who is communicating has competence and authority, the attempts at persuasions are particularly effective (Maddux & Kleinman, 2016). Physiological reactions are experienced by people when they are confronted with difficult performance situations. This is seen in a moment where one is faced with an important test, perhaps a midterm or final, and the student's heart starts to race. Considering all of these dimensions, there are implications that forming beliefs of personal efficacy is a complex appraisal process and is aligned with formation of self-concept (Maddux & Kleinman, 2016). The belief in one's ability to achieve a goal and the impact of all sources of efficacy appraisal affect the decisions of a youth to stop use once started and shift the outlook or future self and action toward that future self. The following section will begin a discussion on prevention and intervention and the research around what makes a prevention intervention effective and increase efficacy.

### **Prevention and Intervention**

Research over the past two decades has clearly established substance use disorders as a chronic, neurobiologically based medical illness with characteristics that are similar to other chronic medical conditions (LeNoue & Riggs, 2016). Progress in prevention and treatment of SUDs has lagged behind progress in other areas of medicine. It is approximated that 11% of adolescents meet diagnostic criteria for a SUD before the age of 18 (Lenou & Riggs, 2016). The

enormous public health impact of substance use highlights the importance of effective youth substance use prevention and treatment. The following section will present empirically based prevention science for substance use and the approach to intervention through positive youth development and positive identity.

## **Prevention Science**

Prevention science is based on the premise that empirically verifiable precursors, often called risk and protective factors, affect the probability of later problems (Catalano, Fagan, Gavin, Greenberg, Irwin, Ross, & Shek, 2012). Risk factors precede specific problematic health behaviors and contribute to the likelihood of poor health (Pardini, 2016). Whereas, protective factors precede certain health behaviors and contribute to the likelihood of better health outcomes either directly or by reducing the effects of risk factors (Harrop & Catalano, 2016). Risk and protective factors span individual to structural factors with multiple influences across socialization domains affecting the health outcomes of adolescents (Harrop & Catalano, 2016). Risk and protective factors tend to cluster in the individual and affect multiple problem behaviors. Interventions that seek to change a single or cluster of risk or protective factors may demonstrate effects on multiple outcomes because they are all predicted by the risk and protective factors addressed. Prevention programs are typically viewed as occurring on the spectrum from health promotion to indicated prevention (O'Connell, Boat, & Warner, 2009). Substance use prevention programs can aim to reach a range of goals from preventing initiation of substance use through preventing development of substance use related problems or substance use dependence.

Prevention science differentiates three types of prevention interventions (LeNoue & Riggs, 2016), namely, universal/population-based strategies that affect everyone, selective

interventions for at-risk groups, and indicated prevention for youth who have high risk behaviors, including substance use or problematic use. In the realm of substance use, universal prevention is targeted at reducing substance use in an entire population without regard to risk (Harrop & Catalano, 2016). Universal level prevention could be a policy level intervention, for example. Selective programs are targeted at the population that shows increased level of risk around use. Indicated programs target individuals who have already begun use but have yet to show symptoms of use or dependence (Pardini 2016; Harrop & Catalano, 2016).

**Risk factors.** Risk factors have been shown to be consistent predictors across groups, including gender, ethnicity, community, and country. The groups can also be grouped by socialization domain and organized into community factors, school factors, family factors, and individual-peer factors (Harrop & Catalano, 2016). The community provides a risk factor if there is higher availability of a substance, because with increased availability, increased rates of substance use are seen (Duncan, Duncan, & Strycker, 2002). Perception of availability in the community has the same effect (Maddahian, Newcomb, & Bentler, 1988). Extreme economic deprivation can be a risk factor for later substance use problems, particularly when children experience both poverty and early behavioral problems (Sampson & Lauritsen, 1994). Adolescents living in neighborhoods with less surveillance of public places and fewer strong social institutions show increased rates of substance use (Elliot, Wilson, & Huizinga, 1996). In the school domain, academic failure has been linked to the risk of substance use and substance related problems in adolescence (Wilson, Gottfredson, & Najaka, 2001). Low commitment to school or having low expectations for achievement or finding school as unrewarding are all associated with increased substance use (Kosterman, Hawkins, Guo, Catalano, & Abbott, 2000).

In the family domain, parental attitudes toward drug use is predictive of later adolescent use (Peterson, Hawkins, & Abbott, 1994; Barnes & Welte, 1986). Parental history of drug or alcohol use predicts substance misuse (Haggerty, Skinner, & MacKenzie, 2007). Parental use increases the likelihood that the teen will progress from substance experimentation to more significant substance related problems (Pagan, Rose, Viken, Pulkkinen, Karpio, & Dick, 2006). Family management problems, including poor supervision and monitoring, lack of clear behavioral expectation, and inconsistent or harsh punishment are associated with increased risk of adolescent substance use problems (Peterson et al., 1986; Brewer, Hawkins, & Catalano, 1995; Patterson & Dishion, 1985). In the individual and peer domain, the adolescents who are sensation seekers, risk takers, having low harm avoidance, and higher impulsivity are more likely to engage in use (Hawkins & Catalano, 1992; King & Chassin, 2008). Adolescents who display more frequent and higher levels of childhood aggressive behavior and antisocial behavior in early adolescence are also more likely to engage in antisocial behavior rebelliousness (Duncan et al., 2002; Englund, Egeland, & Olivia, 2008; Sher, Walitzer, & Wood, 1991; Zucker, 2008). The adolescents own attitude toward alcohol and other drugs is predictive of later drug use (Arthur, Hawkins, & Pollard, 2002). Adolescents who view substance use more favorably are more likely to initiate substance use (Robins & Pryzbeck, 1985).

Adolescents with a higher sense of attachment or connection to their families displays lower rates of multiple problem behaviors. Higher religiosity, social skills, healthy beliefs, and clear standards are all protective factors for adolescent substance use (Harrop & Catalano, 2016). In order to design and develop prevention and intervention programs, Harrop and Catalano (2016) provided a few suggestions. The program must identify the target risk factors. The theory of behavior change should guide the development of the intervention. The prevention

intervention should occur before the initiation or escalation of problem behaviors. Timing is essential in behavior research. Many substance use behaviors begin in early adolescence and peak in emerging adulthood. Thus, preventative efforts should begin before the onset of the targeted substance use behavior.

**Delivery of treatment intervention.** Unfortunately, American society's response to major problems such as substance use has been reactive (Catalano et al., 2012; Harrop & Catalano, 2016). The systems to deliver treatment intervention are developed for the most common and costly substance use and allied psychological disorders once these problems have developed. Each year, more than six million young people receive treatment for mental, emotional, or behavioral problems (Robinson & Riggs, 2016). Given that services are organized and delivered by separate organizations, community prevention coalitions are needed to bring together professionals, information, and funding to create teamwork and cooperation across different community sectors (Harrop & Catalano, 2016). Communities and the individuals that make up those communities are different from one another and it is unlikely that any one approach will provide the largest impact across communities. To pick the best prevention program for the given community, data needs to be collected identifying the risk and protective factors of greatest importance to the youth living in each community.

According to LeNoue and Riggs (2016), there is a greater need for effective school-based intervention for the growing number of middle and high school students with problematic substance use and the estimated 10 to 15% who would meet diagnostic criteria for SUD. Indicated prevention and treatment seems the most appropriate when dealing with substance related risk behaviors. The indicated population would include those who may have initiated or started "experimenting" with drugs or alcohol, whereas those meeting diagnostic criteria for

SUD should be referred to treatment (LeNoue & Riggs, 2016). Most existing community-based substance use treatment programs predominantly serve youth referred by the juvenile justice system. Very few substance treatment options exist for the growing number of high school students with SUDs who are not yet involved with the juvenile justice system (LeNoue & Riggs, 2016). Treatment options are extremely limited for the growing number of high school students with problematic substance use or who meet the criteria for a SUD but who are not yet involved with the juvenile justice system. Additional research is needed to identify the most appropriate and effective interventions for such youth (LeNoue & Riggs, 2016; Harrop & Catalano, 2016).

### **Positive Youth Development**

In order to promote positive human development across the lifespan, applied developmental science has fused with developmental science research to affect policies and programs (Lerner, Fisher, & Weinberg, 2000). Positive youth development (Damon, 2005; Eichas, Meca, Montgomery, & Kurtines, 2015) takes the perspective that all youth, even those from disadvantaged backgrounds and marginalized groups, are able and eager to explore the world and contribute to the world. The shift in this perspective is moving to engaging young people in growth-promoting activities rather than treating them for their maladaptive tendencies (Eichas et al., 2015). Positive youth development (PYD) along with the accompanying emergence of applied developmental science has been framed by a relational developmental systems theoretical model (Lerner & Overton, 2008; Lerner, Wertleib, & Jacobs, 2005). This model depicts human development as a “property of systematic change in the multiple and integrated levels of organization that comprise human life and its ecology, rather than a property of the individual or the of the environment” (Eichas et al., 2015, p. 3). Relational development systems theory provides a framework for PYD in that it conceptualizes the unit of development



as the person-in-context and the unit of analysis as the relation between the person and the context (Lerner, 2005).

### **Identity Based Intervention**

Identity literature has provided an examination of the theoretical rationale for identity intervention for youth over the past 30 years (Archer, 1989; 1994; 2008; Kerpelman, Pittman, & Adler-Baeder, 2008; Marcia, 1989; Montgomery, Hernandez, & Ferrer-Wreder, 2008; Waterman, 1989). This extensive literature suggests that assessing identity processes, orientations, and outcomes in the intervention context would advance the understanding and knowledge of whom interventions work for and why they work (Montgomery et al., 2008). Even with the extensive work on the theoretical perspective, only recently did identity interventions begin to emerge (Eichas et al., 2015). With many of these identity interventions, the focus is on one part of the identity such as ethnic identity (Thomas, Davidson, & McAdoo, 2008). Kerpelman, Pittman, and Adler-Baeder (2008) examined identity processes in the context of school-based curricular interventions. This research resulted in the understanding that the cognitive processing style that adolescents used to make identity-related decisions moderated the perceived ability to handle conflict, as well as, the ability to stand up for oneself (Kerpelman et al., 2008). In another study (Eichas et al., 2010) examining an identity intervention-based program for troubled youth found that internalizing and externalizing problems was mediated by the use of an information-seeking identity style and the degree to which an adolescent's goal pursuit resonates with his or her sense of self and identity.

### **Positive Identity Focused Intervention and Prevention**

Treatment interventions seek to make a dysfunction or behavior better once it occurs. Similarly, prevention interventions seek to reduce the likelihood that the dysfunction or behavior

will occur again. PYD seeks to promote functioning in core development domains, and has illustrated the critical role of a positive identity (Kurtines et al., 2008). Positive identity rejects the dichotomy of person versus context because a person's sense of identity develops at the interface between self and society (Kurtines, Berman, Ittel, & Williamson, 1995). The sense of a person's identity reflects the embodied person-in-context. This sense of identity also provides a psychosocially integrated target for developmental interventions (Eichas et al., 2010).

Developmental interventions draw on relational development theory to conceptualize positive development (Lerner, 2002). Eichas and colleagues (2010) describe developmental change as having two basic characteristics. Developmental change is systematic and successive (Lerner, 2002). In an identity-focused developmental intervention, the person-context relationship is intentionally directed. The contextual contribution to the person-context exchange in this type of intervention works to promote the consolidation of a self-constructed self-structure (Eichas et al., 2010). For example, adolescents are helped to incorporate self-knowledge into a plan for the future by being supported to discover their unique potentials, talents, skills, and capabilities, as well as, use these discoveries to construct long-term life goals on their own. The intention isn't for the intervention to cause this to occur. The intention is for the program to provide the adolescent with the resources to envision a new direction in life. Thus, instead of treating a dysfunction, the adolescent is provided the supports to develop the skills needed to reach developmental goals and achieve the realization that the self has the ability to set and achieve these goals (Eichas et al., 2010).

An adolescent's self-regulation shifts from that of a child as it involves an increased sense of intention to promote personal development consistent with the individual's identity (Gestsdottir, Lewin-Bizan, von Eye, Lerner & Lerner, 2009). During the developmental period

of adolescence, cognitive and communicative abilities shift and become more advanced than during childhood (Overton, 2010). This addition of newly emergent abilities allows for the ability to construct one's own self-structure. In that manner, the adolescent becomes an active participant in his or her development and thus, he or she becomes an active participant in identity construction. In order to achieve self-transformation, Eichas and colleagues (Eichas et al., 2010) point out that two processes are involved: self-construction and self-discovery.

Both self-construction and self-discovery are associated with identity alternatives provided by an individual's context. The process of construction occurs by "trying on" these alternatives and determining which characteristics among the alternatives is the most closely related to the individual's identity (Berzonsky, 1986; Schwartz, 2002). This self-discovery process results in a theory about self that includes some conceptualization of who the individual thinks he or she is and what he or she thinks he or she might want (Berzonsky, 1993). Self-discovery occurs during the process of shifting through the identity alternatives and results in the discovery of one's own set of unique talents, skills, and capabilities (Waterman, 1984). According to Waterman (1990), self-discovery is an emotion-focused process. The process is emotion-based because it involves one's feelings or intuition to determine if a specific skill or activity resonates with the self. In using an identity-focused developmental intervention, opportunities for self-construction and self-discovery are created (Eichas et al., 2010). According to Albrecht (2007), the historical, social, and personal context can provide opportunities and constraints on the path to self-construction and self-discovery. These contexts are likely to also influence the development of an individual's sense of self. Thus, the historical, social, and personal contexts need to be considered in the intervention in order to take into account how best to allow self-transformation to happen.

Prevention and intervention are essential for reducing the number of adolescents who reach the stages of substance abuse and substance dependence. Even with the efforts of recent prevention and intervention research, the admissions into adolescent treatment remain relatively stable (SAMHSA, 2011). With the number of adolescents who have reached the stages of a substance use disorder and due to the sample population of this dissertation, the following section will discuss the most prevalent treatment options.

## **Treatment**

Treatment specifically for adolescents with substance use disorders was very rare prior to 1990. As of 1997, there were only 17 studies of adolescent specific treatment (Dennis & White, 2003). Most treatment options were programs modeled after adult interventions and did not address the developmental needs of youth (Cavanaugh, Kraft, Muck, & Merrigan, 2011; Deas, Riggs, Langenbucher, Goldman, & Brown, 2000). Currently, practitioners and researchers no longer view adolescents as “miniature adults.” Adolescents are now viewed as individuals who require developmentally appropriate approaches for substance abuse treatment and recovery support (Ciesla, Valle, & Spear, 2008; Spear & Skala, 1995). This section will cover current treatment modalities.

### **Treatment Options**

Treatment is often initiated by a formal enrollment into either an outpatient or inpatient treatment program (Fisher, 2014). Inpatient programs range from one to three months on average (Godley, Godley, Dennis, Funk, & Passetti, 2002). The specific length of treatment time is determined by recommendations of the program staff. Once inpatient treatment has ended, youth often return to their home environment, which can put them at higher risk for relapse (Fisher, 2014). (Relapse will be discussed further in another section.) A youth may also enter an

outpatient program after finishing inpatient treatment or enter directly into outpatient programs without ever attending an inpatient program.

In treatment programs, there are seven major approaches to treatment, which are rarely used in isolation in an adolescent treatment program. The main approaches are 12-step based therapy, therapeutic community, family-based interventions, behavioral therapy, cognitive behavioral therapy, motivational based therapy, and pharmacotherapy (Winters, Botzet, Fahnhorst, Stinchfield, & Koskey, 2009). It is important to mention that these are not the only approaches to treatment, but due to the scope of this literature review, these will be the approaches focused on.

**12-step based treatment.** This approach is based upon the 12-step model of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). This treatment option usually requires the adolescent to work through a portion of the steps during inpatient programs and finish the rest in an outpatient setting. This model is common through many programs, but it presents challenges. The basic tenets of the 12-step model are designed for adults going through the program. The applicability has been questioned for the developmental stage of adolescents, specifically around the developmental milestones of identity development and independence from authority figures (Winters et al., 2009). Another struggle for many youths that experience this type of support in treatment is that when they leave treatment, most self-help groups (AA/NA) are composed of adults (Kelly, Myers, & Brown, 2005).

**Therapeutic community.** Morral, McCaffrey, and Ridgeway (2004) classified a therapeutic community as a community-based therapeutic model rooted in self-help principles and the experiential knowledge of the recovery community. The approach provided by therapeutic communities is considered holistic in nature as it views the community as the key

agent of change (Winters et al., 2009). This type of community emphasizes mutual self-help, behavioral consequences, and shared values all leading toward a healthy lifestyle (Jainchill, 1997). Adolescent therapeutic communities vary from the adult version and typically incorporate a wide variety of therapeutic techniques. The adolescent therapeutic community tends to be a long-term residential treatment program and includes individual counseling, family therapy, a version of the 12-step method, life-skill, and recreation (Winters et al., 2009).

**Family-based therapy.** Family-based therapy is widely supported in that it takes a systems approach and addresses the premise that the family carries the most profound and long-lasting influence on child and adolescent development (Szapocznik & Coatsworth, 1999). This approach seeks to reduce use of drugs by the adolescent by addressing the mediating family risk factors (Winters et al., 2009). Usually in the treatment plan, social, neighborhood, community, and cultural factors are considered (Ozechowski & Liddle, 2002).

**Behavioral therapy.** The therapeutic techniques used in behavioral therapy are based on behavioral psychology theories. These strategies target actions and behaviors that are presumed to be influenced by one's environment. Some strategies include modeling, rehearsal, self-recording, stimulus control, urge control, and written assignments (Winters et al., 2009).

**Cognitive behavioral therapy.** Cognitive behavioral therapy (CBT) is most often coupled with the aforementioned behavioral therapy approach. CBT is based in the belief that thoughts cause behaviors (Beck & Weishaar, 2005). It is also believed that these thoughts determine the way in which people perceive, interpret, and assign meaning to the environment. CBT works to change these thought processes in order to change maladaptive behaviors (Winters et al., 2009). CBT is a common therapeutic approach (Beck & Weishaar, 2005). Just like many

of the other approaches, it is commonly integrated with other approaches, more specifically with family systems therapy and motivational enhancement or brief intervention (BIs).

**Motivational Enhancement Therapy (MET)/Brief Intervention (BI).** MET is also referred to as motivational interviewing. This technique has come to the forefront of therapeutic approaches for substance use disorders, most recently with adolescents (Winters et al., 2009). The premise of this approach is to guide the youth in a set of questioning that allows them to examine their patterns and all the facets that make up those patterns. The youth is asked to create a pro and con list of their use and create goals around achieving what they would consider a healthier lifestyle. While respecting the freedom of the youth to choose any option, the therapist will provide feedback. This type of approach is becoming more popular due to the cost effectiveness and accessibility (Winters et al., 2009). MET and BIs can be conducted in a school setting and thus would provide direct access to make an intervention sooner and more efficiently. BIs are also seen in juvenile detention centers, emergency rooms, mental health centers, and other health care settings.

**Pharmacotherapy.** Pharmacotherapy is the use of medications to assist in abstaining from drug use. Medication-assisted treatment has become more prominent in wake of the opioid epidemic (Kolodyn, Courtwright, Hwang, Kreiner, Clark, & Alexander, 2015). The use of Methadone is an established effective treatment for opioid addiction. Federal regulations prohibit most methadone programs from admitting patients under the age of 18 (Committee on Substance Use and Prevention, 2016). The use of Buprenorphine has FDA approval to be used with patients 16 years or older. Buprenorphine is not a full opioid agonist like methadone, but it has proven to be effective with adults and more studies are emerging to support its use with adolescents (Committee on Substance Use and Prevention, 2016). Using Naltrexone is another option. It

works for opioid addiction and alcohol cravings. Naltrexone treatment provides an option for adolescents with co-occurring opioid and alcohol use disorders, as well as those living in unstable or unsupervised housing. Pharmacotherapy with adolescents are most often coupled with other therapeutic options in order to support the resolution of the underlying causes of the use.

### **Barriers to Treatment**

Substance use disorders is perceived as a combination of crime and disease. Room (2005) explained that the stigma toward substance abuse is seen as both a form of deterrent social control and a damaging force towards individuals already dependent on drugs. Accordingly, substance abuse is one of the most stigmatized forms of mental health (Link, Phelan, et al., 1999). Due to this stigma, there is a decreased amount of mental and physical health service utilization by substance users (Rasinski, Woll, & Cooke, 2005). This decreased use places huge costs on the individual and on society. These costs come in the form of continued dependence on substances and the poor health of the individuals dependent on drugs (Andlin-Sobocki & Rehm, 2005). Individuals report that a major barrier to seeking help is lack of insurance for treatment (Rasinski et al., 2005). Another barrier reported is that service providers themselves often hold stigmatizing and degrading attitudes toward addicts (Ahern et al., 2007; Baumohl et al., 2003; Luoma et al., 2007; Skinner, Feather, Freeman, & Roche 2007). Lastly, among the most reported barriers for accessing treatment is that once an individual is in treatment, the stigma attached to treatment can interfere with individuals receiving optimal care (Woods, 2001). According to Luoma and colleagues (Luoma et al., 2007), individuals in treatment often report the highest level of perceived stigma and stigma related rejection.



**Talking “dirty.”** Since the war on drugs officially was announced, the type of language associated with drug abuse and addiction became a part of the uncompromising message that this “abuse” was the fault of the individual and the language implied willful misconduct (Kelly et al., 2015). By making such an implication, the language increased stigma and reduced help-seeking by ensuring that cause and controllability, the two main factors that influence stigma, were in the hands of the “addicts” (Kelly et al., 2015). Since the summit, there has been a push to shift the language from dirty urine test to negative test results, from addicts and abuse to substance use disorder, and a variety of others that alleviate the stigma surrounding the number one public health concern in the United States. Stigma is a major barrier to accessing treatment (Substance Abuse and Mental Health Services Administration, 2013). Thus, the shift in language is a proposed way to increase those who seek help.

Individuals seeking treatment become associated with stigmatized labels (Link, 1987). This stigma attaches huge costs to seeking help, as well as increases in psychological distress experienced by these individuals (Janulis, 2010). Specifically, adolescents exhibit increased stigma and discrimination toward individuals who are labelled with mental illness when they are more familiar with mental illness, (Corrigan, Lurie, Goldman, Slopen, Medasani, & Phelan, 2005). Thus, adolescents may have an increased belief that entering treatment may affect all aspects of identity and acceptance with their in-group. Due to the effects of stigma on seeking treatment, the concept of stopping the use of stigmatized language in the healthcare setting was discussed at the first national drug policy reform summit at the White House in 2013 (Kelly, Wakeman, & Saitz, 2015). Room, Rehm, Trotter, Paglia, and Ustun (2001) did a cross-cultural study of the 18 most stigmatized social problems in 14 countries. The study found that drug addiction was ranked number one and that alcohol addiction was ranked number four. Despite

research evidence that genetics has a causal role in addiction and that impairment on the central nervous system radically affects inhibitory control, the stigma persists (Kelley et al., 2015). The belief behind ending the “dirty” talk is that language has something to do with the persistence.

**The juvenile justice system.** As stated earlier, the number of treatment options for the number of adolescents who meet the requirements of SUDs is limited (LeNoue & Riggs, 2016), specifically those who have not reached contact with the juvenile justice system or have not been hospitalized. The primary response in many settings around the world to illicit drug use relies upon punitive drug law enforcement and control efforts (Kerr, Small, Ayutthaya, & Hayashi, 2017). Among youth in the juvenile justice system, more than 90% have reported using illicit drugs and as many as 75% of the juvenile offenders have been diagnosed with a substance use disorder (Teplin, Abram, McClellan, Dulcan, & Mericle, 2002; Harzke, Baillargeon, & Baillargeon, 2012; Lederman, Dakof, Larrea, & Li, 2004). The juvenile justice system uses a variety of responses to adolescent substance use. These include comprehensive assessments, outpatient treatment, multisystemic, and solutions-focused in-home therapies, wilderness therapy, and other residential programs (Bedard, Prost, & Smith, 2017). Many of these programs provided require that adolescents are formally engaged in the juvenile justice system to gain admission.

The juvenile justice system represents the largest single referring system of publicly funded treatment in the United States (SAMHSA, 2009). The youth who are detained have more access to treatment options as compared to their counterpart, but they are also faced with a ten times greater likelihood to face several mental health concerns (Fazel, Doll, & Langstrom, 2008). As youth move through the justice process, substance use and its related problems complicate the experiences of juvenile offenders (Belenko & Logan, 2003; Chassin, 2008; Grisso, 2004).

Juvenile arrest is already linked to high school dropout (Kirk & Sampson, 2013) and re-offense (Lieberman, Kirk, & Kim, 2014). Among delinquent youth, substance use is associated with recidivism (Cottle, Lee, & Heilbrun, 2001; Stoolmiller & Blechman, 2005), sexually transmitted diseases (Kingree & Betz, 2003), psychiatric comorbidity, and early violent death (Laub & Vaillant, 2000; Abram, Teplin, McClelland, & Dulcan, 2003; Randall, Henggeler, Pickrel, & Brondino, 1999). Many youths will resume abusing drugs after being released from detention (Vandam, 2009). The challenges seen in the juvenile justice system calls for collaboration with child psychiatrists, mental health professionals, police, courts, and detention centers to stop the revolving door of adolescents entering and re-entering juvenile detention (Welty, Hershfield, Abram, Han, Byck, & Teplin, 2017).

### **Relapse Prevention**

The last piece to approach under the umbrella of treatment is what happens after. Very often after treatment is over, youth is placed back in their home environment, more often than not a dysfunctional family system, where initial use began (Fisher, 2014). For many youths, this is especially challenging because they have returned from a program that has not given them sober practice in their home environment (Cavaiola, Schiff, & Kane-Cavailo, 1990) or prepared them for living soberly in an unstructured environment (Gonzales et al., 2012). Spear, Ciesla, and Skala (2000) found that 61.1% of adolescents who completed a 28-day inpatient treatment program relapsed within one year of treatment. Another study (Cornelius et al., 2003) found that 66% of adolescents who completed an outpatient program relapsed within the first six months after completing treatment. White (2009) believed that allowing adolescents to reenter a drug-saturated social environment without having community efforts to help reshape the environment is a way to profit off of an institution due to repeated readmission of youth into treatment.

There are a handful of factors that impact the possibility of relapse. There are five factors that are the most relevant factors to substance use recovery. The first factor is how severe the initial use at intake is (Anderson, Ramo, Schulte, Cummins, & Brown, 2007), for example, the more severe the use at intake the more likely an individual is to relapse. The next factor is the actual motivation and skills for abstinence (Chung & Maisto, 2006), often in a situation when an individual is taken into the justice system there is a forced enrollment into a substance use program whether the individual is ready or not. The following factor is whether an individual has a co-occurring mental illness (Chung & Maisto, 2006), an individual with ADHD is more prone to relapse than an individual who does not. Another relevant factor is where a safe and supportive family environment are available (Richter, Brown, & Mott; 1991), family's attitude and action toward substances greatly affect the ability of a youth to feel he or she is able to remain sober. Lastly, having peers that are supportive of one's recovery is an important factor (Kelly & Myers, 2007), if the in-group of an individual requires substance use as one of the key actions to be marked as part of the group, the youth may feel inclined to use just to remain part of the group they have always known.

The shift from looking at substance use disorders as an acute issue to that of a chronic disease leads practitioners to recognize that this disease requires lifelong attention and targeted support (McKay, 2001; White, 2009; White, 2012). The chronic disease lens is a positive shift in that the recovery process is now seen on a continuum and, thus attempts to provide support to adolescents over a sustained period of time are seen (Fisher, 2014). Whereas there is this shift in understanding around the disease and more supports are put in line, recovery does not occur in a vacuum and thus, adolescents have to continue to decide in the midst of their environment that sobriety is something they want to continue to pursue. White (2009) used an ecological

framework to address recovery that views the individual within the surrounding environment (physical, social, and cultural) to better understand how the relationship with these contexts can directly affect use and recovery (Fisher, 2014). In this framework, there is a recognition that recovery occurs in stages. Recovery does not just happen only in a treatment program. Substance use and recovery occur at the individual level, as well as between individuals and their families and communities. It is complex. It is connected. It is diverse. It has an adolescent being at the center of it. White (2009) also maintained that recovery does not truly begin until the adolescent is back in his or her environment and that without a community that will support the youth, he or she has a greater chance of relapse. Thus, the need for meso-level supports such as a recovery community are needed to reduce the risk of relapse.

**Recovery communities.** Recovery communities exist but those designated for adolescents are few and far between. The number of communities has risen over the past 30 years, but the number still barely scratches the surface of the need. The goal is to have a sober community that supports the newly sober individual as he or she emerges into the world. There is a very clear reminder in these communities that the individual is a part of recovery. That reminder and feeling can be very difficult for an individual who is just beginning their recovery process. Recovery communities have taken two forms. One is that of an academic recovery institution or institutional-based support. The other is a community-based self-help group for the general population (Fisher, 2014). Recovery high schools have been developed specifically for adolescents who are in recovery (Moberg & Finch, 2007). The goal of these academic recovery institutions is ultimately to provide a safe space that allows for learning and maintaining sobriety. By creating this space, youth can feel equal among peers because they are all in the same place and on the same journey. These schools also allow youth to feel understood by those

around them including authority figures (Fisher, 2014). Other recovery communities include collegiate recovery communities that serve young adults in recovery, as well as AA/NA programs that have been discussed in a prior section. There is a need for a pan-community that supports recovery. In order to create this global community, all aspects discussed in this chapter need to be considered and collaboration across disciplines are necessitated. The last section provides a summary of the research presented in this chapter.

### **Conclusion**

This integrative conclusion falls in three main sections: an introduction, identity construction for an adolescent, and identity and substance use. Adolescence is a developmental period primed to be stressful (Sharma & Morrow, 2016; Casey et al., 2011). It is the period of life when an individual is transitioning from childhood into adulthood (Spear, 2000). The adolescent is charged with bridging the current self with the future self to transition into adulthood and is in the process of formulating an identity to carry with him or her (Oyserman & Markus, 1990). Answering the questions “Who am I?” and “Who will I be when I grow up?” is the task at hand for each adolescent (Kroger & Marcia, 2011). The attempt to formulate identity comes from biological and pubertal transformation (Susan & Dorn, 2009), cognitive growth (Lehalle, 2006), and increased social awareness (Brown & Larson, 2009). There are also external factors like social and cultural pressures in modern society driving these youths to figure out who they are going to be in this world and what purpose they will serve (Habermas & Bluck, 2000). The process of achieving a consolidated sense of self is incredibly difficult (Kroger, 2007). The range of ability for an adolescent to achieve this sense of self depends on a range of variables. The variables begin with whether healthy attachments existed with the youth’s caretaker during infantile development (Crocetti et al., 2014; Erikson, 1959; Bowlby, 1979, 1982) to an immature

prefrontal cortex leaving the youth with increased impulsivity and risk-taking behavior with minimal inhibitory function (Sharma & Morrow, 2016; Casey et al., 2011). Adolescence is a stressful period, specifically when balancing and trying on possible identities (Oyserman & Saltz, 1993; Oyserman & Packer, 1996). Adolescents are physiologically more vulnerable to stress and more responsive to social cues from peers (Sharma & Morrow, 2016). Furthermore, the developmental stage of adolescence primes youth at this age to take risks and try substances. Use of substances does not always become substance misuse or dependence, but for too many youths it does.

### **Identity Construction for an Adolescent**

An adolescent actively writes a personal narrative that reflects gender, culture, politics, economics, and class as experienced by the individual (McAdams, 2011). The narrative gets altered with each interaction between the individual and society. While society is a mirror for value, worth, and status, the youth's identity is constantly under construction and re-negotiation and the appropriate identity to wear in the social context is always under question (Tajfel & Turner, 1979; Spears, 2011; Oyserman & Markus, 1990). The reflection we perceive in our social contexts is rooted in the outcome of our primary social interactions with parents and guardians (Crocetti et al., 2014). The youth comes with certain visible identities that will have interpretations and perceptions that are mirrored by society, some of which become central and salient to the youth's identity (Quinn & Chaudoir, 2009; Quinn & Earnshaw, 2013). The youth will also carry with him or her the concealed parts of the self. Those concealed parts of the self, whether revealed or not, carry costs on a personal, spiritual, and emotional level (Diplacido, 1998; Smart & Wegner, 1999). The youth is constantly attempting to keep a balance of belonging and individuality to fulfill psychological needs (Adams et al., 1996; Erikson, 1965;

Koepke et al., 2012). Social group membership fulfills the needs of belongingness, self-enhancement, and differentiation (Roberts & Creary, 2013).

While the youth is trying to navigate the self through management of the interactions between the individual and society, the reflections imposed by social forces, alignment with dominant culture or marginality, and personal well-being, the youth is making meaning of this process and does identity work within the greater context of institutions, power dynamics, socioeconomics, as well as, historical context (Roberts & Creary, 2013). The youth may notice that in this meaning making that parts of the identity are stigmatized, not accepted as equal, marginalized, or simply regarded as less-than. These give rise to public-private schematization that reflects an awareness of social norms that make expression of stigma threatening in public (Higgins, 1989, 1991). Where the individual's identity is at the intersection of all of this, an identity that is stigmatized imposes greater stressors and possible secrecy or social group movement and thus a greater need to focus on an individual identity (Cole, 2009, Link et al., 2001). At the end of this meaning making, the adolescent is to attempt to bridge the gap from the current self to the future self by taking action to achieve that future self as an adult (Oyserman & Packer, 1996). In order to bridge that gap, specific tools, such as social competence, are needed to have the efficacy beliefs to move into action and achieve the future self (Oyserman & Packer, 1996; Kerpelman et al., 2008; Bandura, 1997).

### **Identity and Substance Use**

Substance use and dependency do not discriminate based on social class, race, ethnicity, or age (Xuequin Ma & Henderson, 2002). The complexity of identity construction and navigating that sense of self becomes more complex with substance use. As it has been explained, adolescents are primed to experiment with substances (Sharma & Morrow, 2016;



Casey et al., 2011). The use of substances is not favorable in the adolescent developmental period, but it is expected. The use of substances when it becomes more than just occasional use has adverse effects. The effects on the brain alone alter cognitive abilities (Sharma & Morrow, 2016). Identity formation and development of self-efficacy, the belief in the ability to accomplish a goal, are cognitive functions (Oyserman, 1996; Bandura, 1997, 2012). The increase in dopamine receptors take place of other goal-oriented receptors (Casey et al., 2011). Substance misuse at this developmental stage likely leads to a very different narrative and reflection of societal contexts. An individual in this state struggles to find a consolidated sense of self and typically bounces from set of ideals to set of ideals, between “ought” self and “ideal” self that results in psychological distress (Kroger, 2007; Schwartz, 2001; Higgins, 2012). This psychological distress for an adolescent can likely lead to more substance use as either a coping mechanism or an action to remain seen as part of their social group.

As the substance use becomes visible, it usually indicates movement into the justice system or treatment. That is the moment that the stigmatized label of a person with a substance use disorder becomes real (Link et al., 1989). This reality pushes youth from core institutions, like school, where possible identities and social group movement is feasible and interaction and feedback from adults and authority are accepted (Thornberry, 1987). Movement from acceptance of the feedback from authority leads to delinquency and the attempt to use the means of delinquent behavior to get feedback on the self (Oyserman, 1993, 1996). An alternate path includes that the use may be visible, but the youth does not seek out help due to the stigma around that of substance use (Kelly et al., 2015; Substance Abuse and Mental Health Services Administration, 2013). In order to avoid the societal and psychological impact that this added

identity can have, the youth continues down the path of dependence where social group and support become less abundant (Livingston & Boyd, 2010).

Prevention and intervention studies are recognizing the need to provide the developmental skills that would fill the youth's toolbox to be agents in their own identity construction and development and to have beliefs that the future self maintains a positive identity (Eichas et al, 2010; Fisher, 2014; Catalano & Harrop, 2016). Integration of identity and developmental needs with prevention is still a newly recognized practice. The practice involves prevention programs in community that attempt to provide youth with the developmental skills to achieve positive identity formation to deter the formation of a negative view of future self or the inability to achieve any desired sense of self (Eichas et al, 2010; Catalano & Harrop, 2016). Substance use disorders are a chronic disease and once recognized by the individual, that disease becomes a part of who they are and a part of their identity that has to be negotiated over their entire life course (McKay, 2001; White, 2009; White, 2012). When viewing identity through an intersectional lens, this identity is not additive but ultimately is integrated with all other parts of self. The number of barriers that exist such as stigma and the many social, historical, and institutional contexts that reinforce that being an "addict" is an entity that can be changed by the individual's will power, integration of the identity becomes something that the individual tries to avoid. This avoidance of integration increases the psychological distress that ultimately reinforces the need to use and the lack of efficacy beliefs that allow the individual to overcome the symptoms of the disease and reach the recovery stage of the continuum of substance use disorders (Livingston & Boyd, 2010).

This literature review has shown the multifaceted world where youth exist with substance use disorders. Current research on youth in the juvenile justice system, as well as the approaches

by those in relapse prevention, make the claim that collaboration across entities is necessary to ensure that these youths are provided with the help they need to alleviate the symptoms of a substance use disorder. Collaboration provides the supports in order to allow recovery to sustain once re-entering society or while working to achieve recovery while in one's home community (Welty et al., 2017). The social context will change for each community and culture (Oyserman, 1993; Roberts & Creary, 2013). Thus, the need to converse with the youth who exist in these communities is necessitated because we need to understand better the factors that are context dependent and those that are systemic in affecting identity formation. Their narrative reflects what they experience and the institutions that have impact on identity development (McAdams, 2011). The current research intends to use an intersectional lens to explore the individual in the social context and understand the process of integrating a diagnosis of substance use disorder into possible future positive self-identities. The use of grounded theory methodology and situational analysis will allow the youth to provide their narrative and the social contexts reflected in that narrative to be analyzed to achieve such a goal. The following chapter will outline the reasoning for using grounded theory and situational analysis, the sample population, and study design.

### **Chapter III: Methodology**

Grounded theory methodology (GTM) with situational analysis (SA) (Clarke, 2005) was used for this study. Throughout this chapter, GTM will specifically refer to the overall methodology and the grounded theory as a method will refer to the actual strategies and techniques or tools in GTM to execute the study. Originally, this research was going to use just grounded theory but after further exploration into the complex situation surrounding adolescence and substance use disorders, the desire for a more encompassing methodology arose and thus, the use of situational analysis. This methodology will be used to enter and understand the lived experiences of these adolescents. The goal of this study is to answer the following question: How do adolescents who struggle with substance use navigate the self to accomplish the developmental task of identity formation? The main question in this research encompasses a few sub-questions: What are the external and internal influences that drive this identity developmental process? How do those influences allow or obstruct navigation and understanding of different identity constructs? What are the interconnecting complexities that either allow or inhibit these youth from finding themselves and developing self-efficacy? How can we approach this population with dignity, so they can once again find their worth?

This study is designed to theorize how adolescents who struggle with substance use engage and negotiate their identity and self-concept in the midst of the totality of their situation. The choice of methodology reflects the researcher's desire to observe, actively listen, reflect, analyze, and present the resultant data in a manner that highlights the beliefs, feelings, and experiences of the adolescents being interviewed, while simultaneously making visible the social phenomena that create the context within which the adolescents exist, and the relationships between and among the adolescents and the situational elements. This chapter will provide an

explanation of methodological fit of Grounded Theory Methodology and Situational Analysis, a brief discussion on symbolic interactionism, the Grounded Theory method, the study design, and ethical considerations.

### **Grounded Theory Methodology and Situational Analysis: Methodological Fit**

According to Glaser and Strauss (1967), the goal of GTM is to develop an explanatory theory of basic social processes studied in the environments in which they take place. Grounded theory originates from sociology (Glaser & Strauss, 1967). This origination is specifically from symbolic interactionism (Blumer, 1969) and pragmatism (Mead, 1934, 1962). Symbolic interactionism explicates that meaning is negotiated and understood through interactions with others (Blumer, 1986; Dey, 1999; Jeon, 2004). Symbolic interactionism is based on three premises (Blumer, 1969). The first is human beings act on things based on the meanings that those things have for them. The second shares that the meanings of those things derive from the social interaction that people have with each other. Lastly, these meanings are understood as an interpretative process that the person uses in his everyday encounters. Meaning arises through the process of interactions between and among people engaged in doing something being in relationship. The most important site of symbolic interaction occurs as people operate in association with one another and seek to make meaning and achieve understanding within that formative environment. The self is socially constructed within this framework. In this context, individuals relate via objects, which the symbolic interactionists describe as “anything that can be referred to or indicated” (Blumer, 1969, p. 11).

Objects are classified in three ways. They are physical, social, or abstract. These objects derive their meaning from the ways in which people act toward them. As a result, reality is uniquely defined by each individual’s specific subject-object relational configurations. The

symbolic interactionist seeks to uncover the nature of the objects contained in each individual's world and understand how the individual defines and experiences his/her distinctive subject-object relations circumstances (Bowers, 1988). As individuals interact with each other, their observations and interpretations of the meanings of objects that others impose influence their understanding of objects in their world. The interpretation by Thomas (1929) identified the mechanism by which society constructs its norms and perpetuates the reality that, once social norms become objectified (experienced as inflexible realities), they simultaneously become internalized by individuals who reinforce their reification. This socially constructed reality is real in its consequences. Charmaz (2006) carried the symbolic interactionist and pragmatist perspective forward and claimed that the meaning of a situation was co-constructed between the researcher and participant. The role of the researcher in that meaning making process needed to be acknowledged and thus the reason for presenting sensitizing concepts and reflexive memoing throughout the constructivist grounded theory process.

Strauss and Corbin (1998) explained that GTM examines the "six Cs" of social processes (causes, contexts, contingencies, consequences, covariances, and conditions). The "six Cs" are examined to understand the patterns and relationships among these elements of social processes. Starks and Trinidad (2007) explained that researchers use GTM to inquire about how social structures and processes influence how things are accomplished through a given set of social interactions. Grounded theory allows the researcher to explore the interactions between the self and others and the system (Holloway & Schwartz, 2018). These interactions are directly connected to construction of identity and self-concept as explained in the literature review (Erikson, 1963; Marcia, 1966; Crocetti et al., 2014). An intersectional perspective is also necessary to thoroughly explore the research question and grounded theory positions the

researcher to collect and analyze data from such vantage point (Holloway & Schwartz, 2018). Specifically, grounded theory provides processes such as constant comparison, emergent analysis, and theoretical sampling, concepts to be discussed further in the research design and process section of this chapter, to pursue intersectional forces. Finally, GTM allows the uncovering of the role of silence on an individual and social level (Holloway & Schwartz, 2018). This happens in GTM through the use of a purposeful sample. In this study, the focus is given to adolescents who struggle with substance use through this type of sampling. The exploration of those silenced is also central to situational analysis (Clarke, 2005).

In utilizing situational analysis, this study will describe the range of influencers present that constitute “the situation(s)” of the study. This methodology fosters the explication of coexisting and competing forces within the environment that, if overlooked, could decontextualize the situation (Clarke, 2005). Employing situational analysis causes all forces affecting a given situation to be identified and acknowledged. Additionally, it compels the highlighting of relationships that exist between and among the existing forces. Finally, situational analysis allows the silences or voids within the discourse to be recognized for the potential influence they might have. Ultimately, it allows the voice of the participants, in this particular case adolescents diagnosed with substance use disorder, to be heard within the complex context that contains it.

In situational analysis, the root metaphor for grounded theorizing shifts from social process or action to the social ecology or situation (Clarke, Friese, & Washburn, 2017). Situational analysis allows for the grounding of the analysis deeply and explicitly in the broader situation of the research project. Situational analysis goes beyond the “knowing subject” as centered knower and decision maker to also address and analyze the salient discourse that exist

within the situation of inquiry (Clarke et al., 2017). This methodology enrolls a post-structural approach to help push grounded theory around the postmodern turn to take the discourse within a situation into account (Clarke, 2005). Most research has sought to seek commonalities of various topics, the postmodern approach and situational analysis allow for the recognition of the messy, the complex, and the density of the situations and differences in social life (Clarke, 2003). For an adequate analysis of situations, the research must include the nonhuman objects in situations. The reconceptualization of the nonhuman as important and agentic is productive in allowing adequate analysis of a situation.

According to Clarke (2005), the people and things we choose to study are all routinely both producing and amidst discourse. Thus, the analysis of only the individual and collective human actors does not suffice for most qualitative work. Strauss's (1978) understanding of "the social" assumed that most things of sociological interest were not produced by a single individual, but rather by people doing things together. Clarke (2005) described situational analysis as a way to "embrace the limitations of analyzing a particular situation rather than attempt to overcome them through the generation of formal theory" (p. 22). Clarke used situational analysis as a methodology that "can simultaneously address voice and discourse, texts and the consequential materialities and symbolisms of the nonhuman, the dynamics of historical change, and, last but far from least, power in both its more solid and fluid forms" (2005, p. xxiii). Thus, situational analysis goes beyond analyzing on the individual and collective human actors to include all types of discourse that reinforce the social situation.

Discourse is the language that is used relative to social, political, and cultural formation and reflects and shapes social order while also shaping individual interaction with society (Clarke, 2005). Thus, discourse concerns the constructions of meaning by those involved.



Discourse analysis offers a means of exposing or deconstructing social practices that constitute social structure and what might be called the conventional meaning structures of social life (Clarke, 2005). Discourse comes in a variety of mediums. Discourse refers to any communication around, about, or on a particular socially or culturally recognizable theme (Clarke, 2005). Discourse includes “word choice, arguments, warrants, claims, motives and other purposeful, persuasive features or language, visuals, and various artifacts” (Clarke, 2005, p. 25). A specific discourse claims to properly and adequately describe how something or someone is and should be in the world. By using discourse analysis, it is possible to deconstruct and analyze the descriptions and claims of a specific discourse (Clarke, 2005). In this study, the discourse begins as the words expressed in the interviews and progresses to other forms based on what those interviews are describing as influential discourse, such as media representations or political movement. Grounded theory is the vehicle through which the discourses that reinforce the repeating patterns of thought and action are named. Situational analysis allows the entire, dynamic picture to be drawn that connects how each of these discourses works systemically to create the world and situation that these youths are experiencing.

### **Research Process and Design**

The utilization of grounded theory methodology in this study was ultimately inspired by Brown’s (2006) work on shame. Brown (2006) developed shame resilience theory (SRT) by utilizing grounded theory methodology. SRT was not developed with the utilization of situational analysis. Her original work that resulted in shame resilience theory resonated closely while doing research for this dissertation and the methodology. Brown collected the data from the people who were directly experiencing this phenomenon and constructed a theory based solely on that data. The relevance and relatability of SRT comes from exactly that, the direct

connection with those that experience the circumstances. That very tenet is central to grounded theory. Grounded theory analysis paints a motion picture of a dynamic process rather than a single common outcome. A fully developed theory grounded in data shows the degree to which A leads to B and, also, what the relationship looks like and what range of factors are dependent to influence all of it (Kearney, 2007).

This section will explicate grounded theory methodology specifically in the context of the research design of this study. In order to do so, Figure 1 explaining the phases of the Grounded Theory process developed by Holloway and Schwartz (2018) will be utilized. I will be using Figure 1 to guide my discussion of my proposed research process and design.

### **Positionality, Pre-Conversations, and the Research Team**

Grounded Theory allows us, as researchers, to move beyond our existing mental models (Holloway & Schwartz, 2018). The first phase as indicated in Figure 1, I includes positionality, pre-conversations, and the research team and is the phase that allows the movement beyond existing mental models. The awareness of our own mental models is essential because it allows us to set and maintain the boundary between our own understanding of meaning making, our assumptions, and experience and that which the participant in the study is sharing. My positionality has been described explicitly in this dissertation and brought me to question the experience of youth who struggle with substance use. Specifically, my experience with youth who have struggled with substance use and my belief in the need to accept all versions of ourselves to be whole focused me on exploring why so many youth with substance use disorders determine they are “bad” people and what that does to their sense of self and well-being. Schatzman (1991) describes that humans problematize situations to determine all that is happening in the specific phenomenon under study. We do this specifically when we cannot

make sense of a phenomenon with our current and existing understanding of that situation. GTM allows through its analytical and reflective processes to continuously check whether it is our prior mental models that are driving analysis or the emerging data. Continuously checking our mental models are particularly important in GTM because in this methodology there is a desire to allow new hypotheses to emerge in pursuit of innovation in theoretical development.

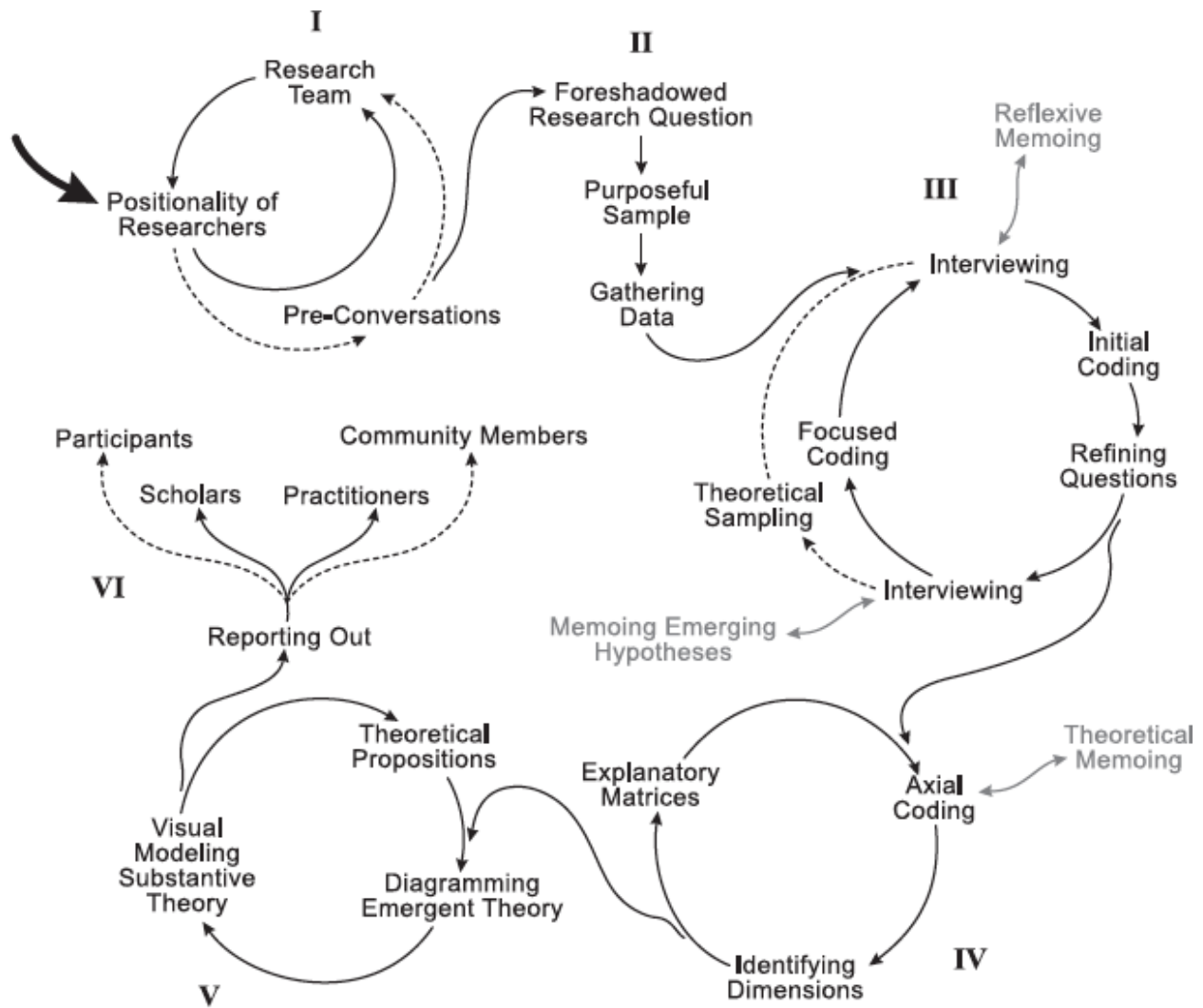


Figure 3.1. Phases of Grounded Theory Research Process

From Holloway, E. & Schwartz, H. L. (2018, p. 675). *Drawing from the Margins: Grounded Theory Research Design and EDI studies*. In Booyen, Lize, Bendl, Regine, & Pringle, Judith. *Handbook of Research Methods on Diversity Management, Equality and Inclusion at Work*. Copyright used by permission.

Note: The dotted lines represent those instances when the researcher determines the relevance of including these activities in the research process. The greyed text represents the researcher's reflective journaling of the on-going analytic process. The Roman numerals reference the phases of action in the research process.

Pre-conversations are conversations with those that are directly involved with or experience the phenomenon. Specifically, in this study, the people sought were those who are a

part of the system that is in place to support these adolescents, those who believe substance use is a public and mental health issue, and the adolescents who are actually living the experience. I wanted to have conversations with those who did not operate out of the dominant paradigm around substance use but were still involved in or experienced that world. The importance of these conversations is that they guide the research direction and the formation of the research questions. These conversations have occurred with many different individuals in order to elucidate the most appropriate way to approach the phenomenon surrounding identity development amongst adolescents with substance use disorders. I have had conversations with students who directly experience this situation and continue to openly discuss the decision-making process for the method with these students. Other conversations have occurred with recovery and substance use therapists who specifically work with adolescents. I also spent a month in 2017 doing rounds in the addiction medicine unit at Boston Medical Center. I was able to discuss my research project with medical doctors for both adults and adolescents, individuals in recovery and those who were not, individuals focused specifically on the public health aspect of substance use, directors of substance use clinics for teens, social workers, psychologists, as well as individuals working in needle exchange programs, and nurses. I have also had conversations with my dissertation chair and my methodologist. These conversations have driven the decision to use Grounded Theory and Situational Analysis as the methodology. They have also directed the research question and purposeful sample. My research team consisted of my dissertation committee and my coding partners. The research team engaged in conversation throughout the study to debrief interviews, reflect on the data and concepts emerging, and ensure that personal assumptions and pre-existing mental models were accounted for, ensuring they did not affect the analysis of data and interpretation of meaning.

## Research Question, Sampling, and Data Collection

As stated at the beginning of the chapter, the aim of the research is to answer the question: how do adolescents who struggle with substance dependence navigate the self to accomplish the developmental task of identity formation? In grounded theory, the ability for this question to change after the study has begun defines the initial research question as the foreshadowed research question (Figure 1, II). The experience of the participants may actually shift the direction and focus of the work and thus the question that is being asked (Holloway & Schwartz, 2018). The research question has been determined by the pre-conversations and understanding of the literature.

**Purposeful sample.** Sampling is a dynamic scheme in grounded theory, because the type of sampling shifts with the development of the research (Holloway & Schwartz, 2018). In grounded theory, we begin with purposeful sampling (Figure 1, II) and move to theoretical sampling (Figure 1, III) only when on-going analysis of the data suggests the need for additional roles to reach saturation of the emerging concepts. The idea behind starting with purposeful sampling allows the researcher to identify and find those participants that have been through or are experiencing the phenomena under question (Holloway & Schwartz, 2018). Purposeful sampling allows participants to be selected based on the indications that they will provide the data that will lead to theory around the researcher's question. It is crucial to identify the most appropriate participant group (Morse, 2007). With this group, unstructured interviews occur and memoing and coding begins. The initial sampling aims to collect a purposeful sample that seeks to engage individuals and discourse relevant to the purpose of this study. The purpose is not to establish a randomly selected sample from the population but rather to deliberately invite individuals in roles who have experienced the phenomenon. The participants sought are those

who are in or are experiencing the particular stage of the social phenomenon under study. The emergence of categories and information may lead to theoretical sampling, if necessary. As indicated in Fig 1, section III, the phase in the figure that represents the iterative process of interviewing, initial coding, refining questions, and focused coding, theoretical sampling is represented by the broken line and describes the process of selecting participants according to the descriptive needs of the emerging concepts and theory (Charmaz, 2006; Glaser, 1978).

**Purposeful sample: Inclusion criteria and recruitment.** The purposeful sample consisted of female adolescents between the ages of 15 and 18 who currently attend or recently attended a therapeutic boarding school. This therapeutic boarding school targets adolescent girls, ages 13 – 17, in grades 9 -12. The young women who attend this school are involved in a variety of risky and/or addictive behaviors that are sabotaging their relationships and affecting their academic careers. Treatment is phasic, involving four phases. The first phase is Orientation. Orientation gives students time to acclimate to the school. Most students enter after completing a short-term intervention, like a clinically-based wilderness program. The insight and therapeutic work completed prior to this school will be deepened and applied to an environment with more demands. Students acquire a thorough understanding of the history, philosophy and expectations of the program while establishing healthy relationships with peers and adults. The second phase is Consistency. Students delve deeper into therapeutic work and intrinsic change begins to happen. Students will be able to regulate their emotions and develop an internal locus of control. A key to the Consistency Milestone is for young women to begin to internalize the process, finding value in feeling, thinking and behaving differently as they are seeing new results in their lives as a result of internal change. The third phase is Integration. Integration is a time for students and families to integrate new skills into the home environment. On Orientation and

Consistency, students and their families have re-established family structure and connection. Integration is the time to practice these skills at home to become a productive part of the family. Students are expected to exhibit self-regulation and resiliency and to develop a sense of identity and self-trust at the school and in the home environment. Integration provides the opportunity for students to see their family as their greatest resource. The fourth phase is Transition. During the Transition phase, students begin to establish a routine for life after this school. The routine will acquaint them with skills needed for academic, social, emotional, therapeutic and family life. Students will increase their level of self-reliance and resiliency while expanding their comfort zone by taking age-appropriate risks while maintaining a sense of self and holding boundaries. By the end of the Transition phase, students and their families will be well practiced and prepared for life following attendance at this school. The girls attend classes Monday through Friday, are involved in individual therapy and group therapy weekly, and maintain a rigorous self-care and activity schedule. Those struggling with substance use have access to a recovery specialist and AA/NA meetings.

The recruitment of the purposeful sample began with the school identifying the students that met inclusion criteria. The following were the inclusion criteria for the participants:

- The participants are between the ages of 15 and 19.
- The participants are currently enrolled or a graduate within the past year.
- The participants are identified as or self-identify as a substance abuser.
- The participant speaks English.

Once a list was generated of able participants, an email was sent to parents containing a copy of the informed consent (see Appendix B) and invitation to the study (See Appendix C). The email was sent via a neutral party and directed to the researcher if the parent desired to provide consent



or had further questions. Once parental permission was obtained, the student received the invitation to the study from a neutral party. If the potential participants decided to move forward with scheduling an interview, a time and space were designated. Each participant participated in an in-depth, unstructured interview. Table 3.1 shows the study participants' demographics.

Table 3.1

Demographics of Study Participants (n = 20)

Participant	Age and Ethnicity	Gender	Place of Birth	Family Status	Length of Sobriety (at time of interview)	AA/NA
Jennifer	18; Caucasian	F	Austin, TX	Parents divorced/ Remarried	18 months	Yes
Molly	18; Caucasian	F	Houston, TX	Parents divorced/ Remarried	14 months	Yes
Shannon	16; Caucasian	F	London, England	Parents together	0 months	No
Lily	15; Caucasian	F	Austin, TX	Parents together	14 months	Yes
Trinity	17; Caucasian	F		Widowed mom	4 months	Yes
Sandra	17; Caucasian	F	Fort Collins, CO	Parents divorced	27 months	Yes
Charlotte	18; Caucasian	F	Cleveland, OH	Parents together	12 months	Yes
Denise	16; Persian	F	London, England	Parents together		Yes
Vanessa	17; Caucasian	F	Dallas, TX	Parents together	11 months	Yes
Serena	15; Caucasian	F	Scottsdale, AZ	Parents together	16 months	Yes
Erin	17; Caucasian	F	Norman, OK	Parents divorced	11.5 months	Yes
Lola	17; Hispanic	F	Miami, FL	Parents together	7 months	Yes
Gabby	16; Native American/ Ethiopian (Bi-racial)	F	Monterey Bay, CA	Widowed mom/ Adopted	11 months	Yes
Lina	16; Asian	F	Manhattan, NY	Parents together	15 months	Yes
Toby	17; Caucasian	F	LaFayette, CA	Parents together/ Adopted	22 months	Yes

Cassie	15; Asian/ Caucasian (Bi- racial)	F	Washingto n, DC	Parents together	20 months	No
Sheila	15; Caucasian	F	Austin, TX	Parents together	15 months	Yes
Lulu	17; Caucasian	F	Charlotte, NC	Parents together	5 months	Yes
Sabina	17; Caucasian	F	Long Island, NY	Mom deceased/ Dad remarried	9 months	Yes
Olivia	17; Caucasian	F	NYC, NY	Parents divorced	7.5 months	No

*Note.* All names are pseudonyms.

### Data Collection

“Grounded theory allows for many different sources of information to saturate and triangulate an understanding of the social situation of interest” (Holloway & Schwartz, 2018, p. 25). In constructivist GT, many researchers use interview data as the primary source in order to emphasize the perspective and experience of those in the situation being studied (Charmaz & Keller, 2016). This study used interview data as the primary source of data but also engaged in other discourse based on the situational analysis and mapping of the data emerging from the interviews. Data collection and study design are particularly important when dealing with sensitive topics (Rodriguez, 2018) and thus the reason for using qualitative research. The interviews were all done face to face with current students and over the phone for any alumni. Video calls were not used for confidentiality reasons.

Research on sensitive topics can be challenging because the rigor of the study is affected by real people (Rodriguez, 2018). These real people feel real emotions that are linked to the sensitive and difficult moments in their lives they are asked to discuss. The researcher is faced with how to deal with the emotional impact on these people, as well as carry out high quality research (Rodriguez, 2018), Brannen (1988) explained that research on sensitive topics actually requires researchers to anticipate impact of what they are trying to accomplish and interpret it. It

can be argued that online communication or telephone interviews provide a sense of privacy and anonymity which would lead to the participant expressing more freely intimate and personal experiences (Rodriguez, 2018). Yet, in this study, due to its sensitive nature of the topic and the age of the participants, an empathetic and supportive relationship between the participants and myself was essential. With online or telephone interaction, it is more difficult to provide that type of relationship, as well as the interaction is more impersonal. Another advantage to face to face interviewing is that the interviewer is able to read body language and expressions of emotions that do not involve spoken words. In my experience with adolescents with SUDS, the ability to provide eye contact and show acceptance and interest with the language and energy of presence is the ultimate factor in creating a safe space to share.

### **Trustworthiness of Data**

Holloway and Schwartz (2018) explained trustworthiness as the way in which the researcher inspires confidence in his or her findings. Other researchers, study participants, and their communities need to believe that the study was done in a rigorous fashion that fully maintains the integrity of the story being told. Holloway and Schwartz (2018, p. 43), explained the four criteria for trustworthiness as the following:

1. Credibility - indicates the confidence that the findings represent the truth as voiced by participants.
2. Transferability - potential applicability of findings to other similar contexts.
3. Dependability - exhibited by consistency of implementation and documentation of the method.
4. Confirmability - achieved when findings in data shaped by participants and not by researcher bias.

It is important to design the study with opportunities to triangulate across different sources of data and different methods for collecting the data (Holloway & Schwartz, 2018). Triangulation is the method through which credibility is established in the study. This is accomplished by maintaining multiple perspectives with the use of the research and coding team and in particular, in this study, the dissertation committee. By ensuring that the data is informing the direction of conceptual development and not prior mental models, credibility is established. Transferability is established through the process of axial coding, dimensional analysis, and the explanatory matrix. It is during this process of coding and conceptual development that the substantive theory arises. The substantive theory is the whole picture of what is happening in this phenomenon. To build this theory, diagramming occurs, and visual models are built. In response to these models, theoretical propositions are proposed. This entire process is iterative involving reflexive memoing and the use of triangulation to ensure the model is built off of the data. Dependability and confirmability are established by the constant comparative method of analysis, the progression of coding, and the active memoing that are the central tenets for GTM. GTM is designed specifically to ensure that all four criteria of trustworthiness are met.

### **Ethics and Informed Consent**

Prior to each interview, the participant was required to give verbal consent to an approved informed consent form (ICF) (see Appendix D). Whereas parent permission was necessary for a minor to participate in the study, the ICF allowed the youth to be fully aware of their rights in the interview and provide assent. It was very well understood that these youths would be less likely to share their entire story if their parents have the ability to read these transcripts. By ensuring that parents did not have access to the transcripts through covering the ICF, it built trust between the researcher and the participant. Removing the access to parents, as

well as staff and therapists at the school, allowed participants to believe that the work would be confidential which allowed a space for the interviewee to feel safe and brave. If parents were allowed access, the youth might have held back any information that either they had not disclosed to their parents or information that may have hurt their parents by reminding them of the struggle they have been through. The intent of the study was not to hold secrets but to allow a safe space for full disclosure. This was foreseen as a possible complication in recruiting youth due to the need for parental consent. Yet, the inability for parents to have access to the participants' transcript did not become a hurdle for recruitment.

The process of reviewing the ICF was used to ensure each participant understood the full extent of the purpose of the interview, all possible risks associated with the study, and all steps taken to ensure confidentiality. These youths were very vulnerable as a population and every step was taken to ensure their safety and autonomy. A naming code was used for each participant and any identifiable material was removed from transcripts. Identifiable material was not made accessible in any part of the reporting of data. Also, as part of the informed consent, the youth was offered the ability to look over the transcript to ensure that what was transcribed was what they meant to say or was transcribed correctly in a process known as member checking.

Member checking is a validation technique used to ensure the trustworthiness, specifically the confirmability, of the research (Birt, Scott, Cavers, Campbell, & Walter, 2016). In this technique, data are returned to the participants to check for accuracy and resonance with their experience. Member checking addresses the co-constructed nature of knowledge by allowing them the opportunity to ensure the data represents what they wanted it to represent (Birt et al., 2016). In the conversation around the ability to participate in member checking, if the participant showed interest in reviewing the transcript, we set up a time for them to look over the

transcript and it was then returned to me. Due to the fact that these youth do not have access to email, the member checking had to be done with a paper copy. The participants did not have access to email because technology is considered a privilege and is only available as a phase 4 for application (college and after-care) purposes. Even those who might have had access to personal email accounts did member checking with paper copies. This was due to the fact that their email is highly monitored by the school and could risk confidentiality. For further confidentiality purposes, the physical transcript was not left with the participant after member checking. It is important to note that many youth did not want to participate in member checking. The decision to not review the document was not fully explained by the participants. Many of them stated that they “trusted” me and thus, felt like they did not need to review the document. Those that did participate wanted to do so because they wanted the opportunity to look at their story.

Lastly as a part of the ICF and protection of the participants, appropriate personnel were informed about the time and the place of the interview to ensure that the participant was accounted for and had access to support in the case that some piece of the story was uncovered that the youth needed to work through. The smallest number of people that could be involved in the process was maintained.

### Interview Process

Once the ICF was complete, the interviews proceeded. The interviews were voluntary and participants had every ability to depart from the interview if and when desired. The interviews were held in a place of the interviewee’s choosing. The participants were given as much power and freedom in determining the space and time for their interviews. Most interviews were held in an open classroom outside of academic hours. Especially with youth, the set-up and

situatedness in the interviews was incredibly important in order to build rapport. If the set-up is considered too authoritarian, for instance the researcher in the big chair behind the desk and the interviewee in the small chair on the other side of the desk, the participant was likely to hold back in sharing. Setup needed to portray a sense of equality and relationality. For each interview, my intention was to create as comfortable and safe a space as possible. In each space that the youth designated, I made sure that seating was comfortable and equal, with the ability to provide body language that was not authoritative and was open. I also provided the youth with tea, water, and snacks. The space was also infused with essential oils and incenses that allowed for ease and calm. In order to ensure a feeling of anonymity, during the interview, the door remained closed with a sign indicating that an interview was in progress. If the room had blinds, the blinds remained partially closed so that no person could see in and determine who was being interviewed. Other attempts to ensure a feeling of comfort and ease were discussed earlier.

In grounded theory, the possibility of needing to go back and interview an individual again is a reality. If a topic arises that drives the direction of the research away from its original question, it can be useful to interview prior interviewees again to go farther in depth about the new construct. This did not arise in this study. The interviewees were only interviewed one time and the necessary depth was achieved with the single interview.

### **Interviewing Protocol**

The study design for research on sensitive topics is a crucial part of the process and researchers need to consider the most suitable method and select a safe environment for data collection (Rodriguez, 2018). A qualitative approach was used because it was the most suitable approach to gain insight into people's lived experiences (East, Jackson, O'Brien, & Peters, 2010). Adjusted conversational interviewing was used for this study. The study design focused

on setting up interviews purposefully, meaning that with the range of ages and the focus on understanding the developmental identity through those ages, interviews began with an individual in each age group. The intention was to determine if evolving questions might occur that would need to be asked of certain age groups before the sample of those age groups had already been interviewed. As will be discussed in the findings, evolving questions relevant to the age were not necessary.

Interviewing happened until saturation was reached. In the context of interviewing, saturation refers to the point at which no new concepts emerge from the data. Saturation will be discussed in more detail in the section on theoretical sampling. There was a total of 20 interviews conducted to reach this point. In this type of interviewing, the interviewee was asked one broad, open question. As the interviewee answered that question, the interviewer asked clarifying question along the way based on what the interviewee was saying, not based on a list of interview questions prepared beforehand. The goal of the interviewing was to encourage the participant to engage in a reflective process of their lived experience. The interviews were face-to-face, as previously stated, unless the interview was with an alumnus, in which case it was a telephone interview. The human interaction that occurs in face-to-face interviews allows the researcher to notice non-verbal cues that would not be seen otherwise, such as body language (Rodriguez, 2018). Body language was a crucial piece in the interviewing. It indicated whether the interviewee had energy around a certain topic or got emotional over a different topic and eluded to places where I might need to dive further.

Each interview was recorded and transcribed. The transcriptionist used in this study was a professional bound by confidentiality. Transcription is not just a process of copying words verbatim. While transcribing, the transcriptionist becomes involved in the research and becomes



a human participant as well. When dealing with sensitive topics, it is important to pay close attention to all of those who may be impacted by the emotional charge of the interview (Rodriguez, 2018). A debriefing session occurred prior to beginning transcriptions in order to discuss possible topics and set up a way to support the transcriptionist. I also debriefed with her after the transcription of interviews, checking in periodically to ensure she was taking care of herself, as well as maintaining her well-being.

Questioning began with a preamble that laid the ground work for understanding the experience of the interviewee. The preamble was followed by the interview question: If you were to tell a story about who you are, what would that story be? The first two to three participants' interviews were trial interviews for this question and determined that this question did draw the data the I was looking for. In practice interviews during the ILA-B process, which is an experience as a part of my doctoral studies where I was required to learn and practice my methodology with a mentor, I used the statement: tell me about the first time you used a substance and how you saw yourself. While that question provided a jumping off point, it required deeper probing to get the information that was being sought. In the practical experience the researcher brings to the study, it is well understood that adolescents can tell a story. They love to have their story heard. They love to tell their story. This developmental period is quite egocentric and thus the focus on what "I've experienced", or what "I had to deal with", or anything that begins with "I" is something of interest to them (Erikson, 1950, 1963; McAdams, 2011). Thus, a person interviewing them would do well to heed that understanding by continuing the line of unstructured interviewing to keep the interviewee focused on the individual experience. This understanding proved to be correct. The opportunity to share their individual story was embraced by the interviewees and the transcripts were dense with applicable data.

At the end of each interview, the interviewee will be asked if there is any remaining issues or aspects they want to talk about. The interviewees were also asked if anything they would not have thought about came up during the interview, as well as, any advice they wanted to share for those who might need a better understanding of their situation. The interviewees embraced the opportunity to share their insight. Even in the final thank you's and sharing of gratitude, the recording of the interview continued. It was mentioned by a mentor and then discovered in the preliminary, trial interviews, that interesting, relevant, and important information is shared in those last few moments. Each interviewee was reminded that the interview was transcribed by a professional transcriptionist, that the interviewee had opportunity to look over that transcript, and made corrections if needed, and had opportunity to see the final products of the research. The interviewee was given the opportunity to ask any final questions of the interviewer and was escorted personally by the researcher back to the community. A plan was in place in the case any participant needed any emotional or psychological support during or after the interview. This type of care was not needed.

### **Analysis of Data**

Over the time that interviews were being conducted, an iterative process of coding, memoing, and constant comparison occurred before and after the completion of each interview. A coding team, along with guidance from my dissertation committee, was used to allow multiple perspectives on the meaning making of data. Having diversity and different perspectives on the coding team was important. Ensuring that the categories were meaningful and best represent what the participants intend was important because these categories describe the concepts that were central to understanding social action and interaction (Holloway & Schwartz, 2018). The

coding team consisted of myself and two other members, prior PhD students in the Leadership and Change program at Antioch who have experience in this methodology.

### **Coding and Memoing**

It is through coding that the conceptual abstraction of data takes place (Holton, 2007). This was done through initial coding (Figure 1, III) to allow the emergence of core categories and related concepts. Subsequently, focused coding and theoretical sampling (Figure 1, III) are used to theoretically saturate the core and related concepts. Theoretical saturation was achieved through “the constant comparison of incidents in the data to bring out the properties and dimensions of each category” (Holton, 2007, p. 2). Constant comparison is the process by which a researcher can determine if the data supports and continues to support the emerging categories, whereas theoretical sampling is the process by which to find participants that continue to add to the data needed to continue to develop the theory. The constant comparative process actually involves three types of comparisons. These comparisons according to Glaser and Holton (2004, para. 53) are:

1. Incidents are compared to other incidents to establish underlying uniformity and varying conditions of generated concepts and hypotheses.
2. Emerging concepts are compared to more incidents to generate new theoretical properties of the concepts and more hypotheses. The purpose here is theoretical elaboration, saturation, and densification of concepts.
3. Emergent concepts are compared to each other with the purpose of establishing the best fit between potential concepts and a set of indicators.

The ideal tactic was that each interview or observation was coded before the next is conducted, so that the data revealed could be compared with prior data and constructs emerging.

In order to assure that the researcher ensures rigor and trustworthiness, the sensitizing concepts brought to the research were presented and discussed in chapter two of this dissertation. The theorist no longer engages in the self-reflective process of bracketing, at least in the constructivist and post-modernist approach. Bracketing claimed to happen by recognizing and setting aside prior knowledge and assumptions (Glaser & Strauss, 1967). The constructivist turn in GTM recognized that bracketing was not possible but that acknowledging the prior knowledge and experience that the researcher brought to the study allowed him/her to be aware of the assumptions that may affect interpretation (Charmaz, 2006). An additional reflexive process involved speaking with members of my research team and mentors and writing memos. Memos also serve as a means of data analysis and keeps track of emergent impressions of data (Cutcliffe, 2000).

### **Coding of the Interviews**

**Initial coding.** Coding allows the conceptualization of data and the conceptualization of data is the foundation of grounded theory development. Coding allows the researcher to fracture the data and conceptualize the underlying pattern within the data as a theory that explains what is happening in the data (Holton, 2007). When beginning the coding process of data, my research team and I began by developing codes through a line-by-line and section-by-section process. During this process, temporary labels for the data under review were created. Constant comparison and memoing also began at this level. In this phase, the coding team paid close attention to the structure and language. Coding tried to remain as close to the original language as possible, which was difficult due to the story-like nature of the interviews, as well as, the differing language used by teenagers. Line-by-line coding allowed for the language that was being used by the participants to be carried forward in the analysis (Holloway & Schwartz,

2018). The coding terminology was intended to represent the descriptive language used by the participant and move to conceptual understandings and theoretical propositions (Holloway & Schwartz, 2018). This particular type of coding really kept the researcher and the team focused on the data being shared and did not allow the researcher to illuminate the verbiage used around substance use. Throughout the writing of this research proposal, stigmatized language has been avoided when possible. Thus, if this is not the type of language used by the participants, initial coding was essential to capture that. In the analysis of the data and discussion of findings, using stigmatized language was avoided as well, unless it was a crucial part of the analysis or necessary in the discussion to portray the story being told by the participants. The researcher coded as closely to the language used as possible and ask questions of the data to uncover what story the data is sharing.

**Focused coding.** Upon completion of the initial analytic process, the coding team moved to focused coding. This type of coding allowed the researcher to move codes into categories and begin to make meaning of them. These categories described a concept that is central to the social action of the topic under study. The focused coding process took the initial codes created during the line-by-line coding and grouped them into sub-categories. These sub-categories then became conceptual categories. In this process of focused coding, the research team actively worked to bring all perspectives that allow the grouping of codes into categories in a meaningful way (Holloway & Schwartz, 2018). Even though the research team had moved to focused coding, new data was still collected. The constant comparative method was used to compare already analyzed data to new data to allow new perspectives, understandings, and frameworks to emerge.

**Theoretical sampling.** At the point of turning from purposeful sampling to theoretical sampling, the researcher might notice that there may be participants that bring a different

perspective to the social situation being studied. It is important to note that there will not always be a theoretical sample. In the case of this study, there was not a theoretical sample. If a theoretical sample was used, the family might have been interviewed to obtain a greater understanding of all that was happening in these stories. Yet, it was determined prior to the study that the families would be a boundary not crossed due to interest in maintaining trust and confidentiality with the participants.

The golden rule of grounded theory is that sampling ceases once saturation has occurred (Morse, 2007). Theoretical saturation occurs when the categories are robust. Categories are robust when no new properties of the categories emerge and the established properties account for the patterns found in the data (Charmaz, 2014). Glaser and Strauss (1967) explain that saturation occurs when no additional data are being found that a researcher can develop into a new category. Of course, the challenge here is to decide when one no longer needs to continue. This is why constant comparison continued through the entire process. The researcher continued to collect data until the point when the comparison revealed no new categories. It is important to recognize that saturation is not the point when the same story is heard over and over again. This is likely to happen if a researcher is engaging in a repetitive process of data gathering, as opposed to an iterative process of data-gathering followed by conceptualization (Charmaz, 2014). This is a major difference between qualitative researchers in general and grounded theorists. Many qualitative researchers find saturation as the repetition of events or information. Saturation in GT is actually “the conceptualization of comparisons of these incidents which yield different properties of the pattern, until no new properties of the pattern emerge” (Charmaz, 2014, p. 191).

**Memoing.** Coding occurred in conjunction with memoing. Memoing is a strategy used to acknowledge what the researcher is experiencing and hypothesizing during the collection and interpretation of data (Charmaz, 2006). Memoing was essential to ensure that the presence of the researcher in the interpretation of data was acknowledged, as well as ensuring that interpretation of data adheres to what the participants are saying (Holloway & Schwartz, 2018). Figure 1 shows in gray text the places that memoing occurs in the process. Memoing occurred at the initial level of coding. At this stage, most memoing occurred as voice memos. The drive to and from the site of interviews was quite lengthy. This drive time was used to compare and analyze the most recent interview with what was arising in prior interviews. The voice memos were also used as a way to talk through mental models that might be impacting the analysis process. This type of memoing allowed a space to work through thoughts that might not be fully processed, create and question hypotheses, and propose discussions to have with the research team. Memoing proceeded to higher levels of conceptual abstraction as coding proceeded to theoretical saturation. At this level, voice memos were still used but written memos became more common. The written memos were used to link directly to transcripts concepts that were arising in voice memos. Whereas coding gave names to emerging constructs and allowed constant comparison of data, memoing was the fundamental process of researcher/data engagement that results in a grounded theory (Lempert, 2007). The memo writing process allowed me to analytically interpret data. I discovered emergent social patterns by sorting, analyzing, and coding the data in memos. Charmaz (1983) explained that memos are the analytical location where a researcher is most present. This is where I was allowed to find my voice and formulate ideas. Memos at the beginning stages were very messy. There were even voice memos that involved tears. For this study, memos were also used to process emotions that arose in and after the interviews. Even in

the messiness, a memo must simply be an account of the researcher having a conversation with him/herself (Lempert, 2007). This is literally what I did. The memoing process allowed an account throughout the research process of the connection and understanding I had to the data that was emerging. Memoing assisted me in creating the final theoretical framework and models so that they are representative of the participants' meaning of the phenomenon.

**Axial coding, dimensions, and explanatory matrices.** At this point in GTM (Figure 1, IV), the coding team began axial coding. It is through axial coding that dimensions emerge. Axial coding looks for the relationships that exist among the larger concepts previously identified in the focused coding (Holloway & Schwartz, 2018). Dimensions are abstract concepts that are a component of the phenomenon under study (Kools, McCarthy, Durham, & Robrecht, 1996). The relationships found in axial coding are structured in an explanatory matrix. The explanatory matrix allows the examination of each dimension in relation to the context, condition, process, and consequences of the situation (Holloway & Schwartz, 2018). While working to model dimensions in a way that represents the lived experience of the participants, core and primary dimensions were identified. Core dimensions are those that are unifying concepts that relate to all the primary dimensions (Kools et al., 1996). The construction of the explanatory matrix allowed the researcher and research team to begin building a substantive theory (Holloway & Schwartz, 2018). This process is iterative in nature and the researcher should always be prepared to shift the directive of the study since GT is founded upon constant comparison and the emergence of new concepts. Axial coding was used to take the deconstructed codes and parcels of data and reconfigure them into larger themes of influence within the topic. These methods of coding continued until the same themes and data keep showing up. They continued until the point of saturation. Table 3.2 provides an early draft depicting the



dimensionalizing process. Only one dimension is included here for illustrative purposes. The full dimensional tables are presented in Chapter IV.

Table 3.2

Analysis of Study Dimensions: Context, Conditions, Processes, and Consequences

<b>Dimension</b>	<b>Context</b>	<b>Condition</b>	<b>Processes</b>	<b>Consequences</b>
Suffering	Family	Pain	Seeking acceptance	Reinforcement of fears
	Schools	Lack of early intimate relationships	Striving for perfection	Abandonment of values
	Peers	Extreme/	Experimenting	Something wrong with me
	Therapy/ Treatment	Inconsistent parenting Not fitting in/	Fixing the external image	Losing inner Child Vulnerability to "bad" influences
	Religion	Being different	Being parent	Being bullied
			Unrealistic Expectations Exposed to death early	

### **Coding of Documents for Situational Analysis**

This study used situational analysis in conjunction with GTM. Situational analysis (SA), as a form of grounded theory, provides a comprehensive structure by which the complex issues inherent in a phenomenon such as teenage substance use can be seen and examined. Situational analysis, as developed by Clarke (2005), is viewed as a logical extension and evolution of grounded theory that encompasses data of a contextual nature for the significant influences upon the research question that it creates. Clarke (2005) added supplementary analytical approaches that focus on illuminating the “key elements, materialities, discourses, structures, and conditions that characterize the situation under inquiry” (p. xxii). These additional situational analysis approaches are configured as three types of mapping techniques: situational maps, social worlds or arenas maps, and positional maps.

Situational maps identify the major elements in the situation, human (individuals, groups, organizations, institutions, subcultures), nonhuman (technologies, material infrastructure,

specialized information and/or knowledge, material “things”), and discursive (normative expectations of actors, actants, and/or other specified element, moral/ethical elements, mass media and other popular cultural discourse, situation-specific discourse), and prompts analysis of the relationships among them (Clarke et al, 2017). Social worlds or arenas maps identify the participants and the dimensions within which their interrelated discourses and negotiations take place. Social world or arenas maps are distinctly postmodern in their assumptions stating that the situation could always be otherwise at an individual, collective, and organizational level (Clarke et al., 2015). Positional maps identify the foremost positions taken and not taken in the data to explicate areas of difference, controversy, and question contained within the situation of inquiry (Clarke, 2005). This could look like a map of the position of pro-choice and pro-life and where the controversy, difference and concern arise between the two positions. Positional maps seek to represent the full range of positions on particular issues. In this way, “the situation itself becomes the ultimate unit of analysis” (Clarke, 2005, p. xxii).

The interview data elucidated the social processes and contextual data that surround the phenomenon under study. Secondary data was used to supplement the primary data from the interviews, which allowed a look deeper into the social embeddedness of the phenomenon. The documents were determined based on what the interviews and data brought to light. Creating abstract and messy situational maps during the coding process allowed these data sources to be identified. For description purposes, the messy situational map is included in Figure 3.2. The final situational maps will be discussed in Chapter V. Due to the complex nature of this study, the situational analysis became a necessary component to fill in the gaps explaining the pressures around identity development in these youth. One field expert in each of the specific sectors were interviewed. These sectors included healthcare (adolescent substance use focused), integrative

medicine, AA/NA, traditional education, criminal justice, and the therapeutic milieu. These individuals will be referred to as Field Experts when referenced in Chapter V. Additional literature was examined based on the need to fully saturate the understanding around the cultural impact of the social world at the meso- and macro- levels. Due to the inability to interview families, other avenues were explored in order understand the pressures and affects that exist within the family system as well. Policy and procedure were explored. Lastly, media-focused portrayals and understandings around addiction and mental health were examined. These documents were coded and analyzed in depth. Messy maps began the process to bring together the information from both the primary and secondary data discourses. Map making began early and was an iterative process where it shifted and changed based on data that comes in. All versions of the maps were copied and kept for reference in the analysis process.

### **Data Management and Storage**

With the copious amounts of data, management of that data was crucial to the success of this research. NVivo is an automated software package that was used to manage the volumes and iterations of codes and categories. Prior to entering data, NVivo was setup for best possible navigation of the data. Practice using NVivo occurred prior to entering data for this specific research. At least one of the two other participants in the coding team has experience with this coding software and provided support in the navigation of NVivo. The data was carefully locked, encrypted, and password protected at all stages of the research while allowing the researcher access to the information.

### **Ethical Considerations and IRB Process**

In order to proceed with the research ethical considerations and standards needed to be taken into account in the study design and protocol. These ethical considerations and standards

include autonomy, anonymity, safety, beneficence, and justice. The population in this study was considered vulnerable for two main reasons. It consisted of non-adults, persons under the age of 18, and the population has a history of substance use. Many of the ethical considerations have been named earlier in this chapter, such as protecting anonymity by keeping doors and blinds closed, providing emotional support, and ensuring self-care of the research team and transcriptionist, but I believe the central tenet to maintain ethics and morality is dignity. The intention was to treat each of these individuals with dignity, understanding, and gratitude. The intention of the study was to provide a space for these individuals to finally have their story heard without the forced opinions of the adult or peer world. The International Review Board (IRB) requires that studies with ethical considerations such as those within this study submit the protocol, procedure, and steps taken to ensure ethical behavior and intention are at the center of the study for approval prior to executing research. Once the Antioch dissertation committee approved the research proposal, the IRB was submitted and approved.

The major considerations in the IRB was to ensure the understanding of any risks that may arise and the process of anonymity. As explained earlier, the naming process was coded and no identifiable information has been reported out. Building a relationship and sense of trust with the interviewee was essential. This was created through a real sense of honesty, warmth and unconditional positive regard. There was transparency, and no “sugar-coating” of any part of the process to coerce any person to participate. There was an explanation as to what good can come from participation in the study, the meaning and significance behind the opportunity to share the story. Again, the participants showed enthusiasm around having an opportunity to be change agents around this specific topic. The participants had the opportunity to know the findings of the research when it was completed. Whereas there were many facets that need to be remembered

and protocol put into place to ensure the safety of the participants, the ability to participate allowed the individual to be heard and have an opportunity to help those who are in a similar situation. It allowed the individual a chance to make a difference in something that is greater than him/herself. It allowed an opportunity to see how the difficult situation the individual was in could be used to serve a greater purpose. Even with the proposed good, adherence to all IRB requirements and mandates was priority.

In a research study like this on a sensitive topic, my personal well-being was also a factor. In order to conduct high-quality research, the work is viewed as an intellectual exercise, as well as an emotional experience (Rodriguez, 2018). It was necessary in the interviews to be able to build rapport and have empathy that drives connection. It was also necessary to maintain forms of self-care to achieve the balance between holding an objective role as a researcher and being able to respond to any emotion in the interview with kindness and understanding. Grounded Theory already has reflection built into the methodology which allowed me to notice whether my emotional attachment was conflicting with the research. On top of the reflection required, I maintained a self-care regimen as part of my commitment to the ethics of treating the participants with the highest standard of human interaction and dignity. Maintaining self-care became an integral piece of serving the research population. The stories shared were brave and emotional. In order to treat these stories with the respect and research intellect that was deserved, maintaining a sense of well-being and deep reflection could not be lost. The design of this study provided the rigor to ensure high quality research and the ethical considerations to ensure that emotional well-being and health are a highly regarded and acknowledged part of conducting this research.

## **Chapter IV – Findings of the Study – GTM Dimensional Analysis**

The findings of this study will unfold in the following two chapters. In this Chapter, the finding of the dimensional analysis will be discussed. In Chapter V, the findings of the situational analysis will be discussed. To fully understand the findings, both Chapters should be seen as a completion of the other. This Chapter will specifically analyze the findings from the data provided by the Grounded Theory Methodology. This will include a description of the core and primary dimensions, each of which will be described in more detail, as well as the explanatory matrices that describe the relationship among dimensions and categories. This dimensional analysis allows the exploration of the micro level individual and relational concepts located in the data that give rise to understanding all that is going on in the phenomenon under study, and unearths the important conditions, consequences, and processes that undergird adolescents navigating identity development while struggling with substance use.

Chapter V will provide the findings from the situational analysis. These findings include the macro and meso contexts named by the participants, directly or indirectly, that are impactful and influential of their sense-making of self and the social processes described in the dimensional analysis. The findings provided in the two Chapters are complexly intertwined and relational. It is only through the explanation of both the dimensional and situational analysis that we get a full understanding of the picture depicted by the participants and the data provided. The task to separate the individual processes from the social situations is conceptually challenging. The decisions made to place certain pieces under dimensional versus situational analysis might well be debatable. The rationale for these decisions will be discussed throughout the analytic discussion.

To set the stage for discussion in both chapters, I refer back to the original research questions: How do adolescents who struggle with substance use form identity and construct a sense of self? What are the external and internal influences that drive this developmental process? How do those influences allow or obstruct navigation and understanding of different identity constructs? What are the interconnecting complexities that either allow or inhibit these youth from finding themselves, their self-efficacy, and ultimately their ability to share their talents as an adult in this world? How can we approach this population with dignity, so they can once again find their worth?

The findings communicated within both chapters provide a deep understanding to these questions and the perceived experience of the participants. The findings communicated in this chapter via dimensional analysis and in Chapter V via situational analysis arise directly from the experiences of the study participants. These adolescents unveiled their heart and soul, their shame, their fear, their hope, their shadows, and their bright lights to provide a greater understanding of the humanity that exists at the core of their struggle. It is only through their courage that this study exists. The study findings presented are the heartfelt attempt to capture their entire experience and do justice to the vulnerability shared. The dimensional analysis anchors the research at the individual level and reflects how these adolescents make meaning of their lives within this context. It is important to note that the dimensional analysis is constructed from data collected from predominantly White and affluent youth, all of whom are female. In order to prime this section for the greatest level of understanding, the following section will provide a brief description of each of the participants.

## **The Participants**

The section will provide a brief description of each of the participants. The intention of this section is to provide a grounding in the participant group and allow a frame of reference for the data, quotes, and findings presented through the rest of the chapter. The descriptions cannot capture the entire story of the individual and are meant to orient the analysis. All participant names are pseudonyms. Any and all identifying information in the provided information have been removed or replaced by pseudonyms for the safety and protection of each participant.

**Vanessa.** Vanessa is a 17-year-old female. She comes from a very overbearing family rooted strongly in religious tradition. Vanessa's parents are still married. She has two older sisters who are high achieving and academically successful. Vanessa experienced sexual trauma within the family early on and was asked to treat it with prayer and forgiveness which forced the trauma to be overshadowed by the need to maintain religious prowess. She began her use in her Sophomore year. Her main drug of choice was marijuana, which she actually does not recognize as a drug. She dabbled in dealing, as well as making her own edibles. Vanessa experimented with meth as well. She had multiple suicide attempts which lead to hospitalization and entry into treatment. Vanessa does not believe she ever had a drug problem simply because she does not view marijuana as a drug. She used daily and did so in order to function. Vanessa does not intend on maintaining sobriety when she leaves treatment.

**Trinity.** Trinity is a 17-year-old female. She comes from a family that set high expectations on school and achievement. Her father passed away when she was very young. Trinity's mother was unable to handle the pain and thus, she was forced to grow up very quickly and became the caregiver of the family. As a recognized adult, she began doing adult things such as drinking. Her drinking began in middle school. She was struggling in middle school and went



to a boarding school to get away from her family. Her transition from drinking to drugs happened through a sports injury. Her continued depression landed her with prescriptions from a psychiatrist. Trinity was raped while she was at the boarding school, confided in an adult, and eventually was kicked out of the school. The reason she was officially released was due to drug possession but began with breaking the “under-the-belt” policy. Trinity has very little trust in adults and their ability and willingness to help her. Although in recovery, Trinity questions her desire to stay sober after leaving treatment.

**Toby.** Toby is a 17-year-old female. She was adopted at a young age. Her biological mother remained a part of her life for a while and then disappeared. Toby experienced a lot of death early in her life. She struggled academically and her adoptive family put a lot of emphasis on academic success. Toby found very few supports for her anywhere, specifically in school. Toby began her use sophomore year. Sophomore year was also a year when Toby experienced more death and discovered information about her birth father and that she had half-brothers. Both her biological mother and one of her half-brothers were diagnosed with bipolar disorder. The other half-brother committed suicide. Her drug of choice began as marijuana and as her partying progressed, she would do anything that was put in front of her. She is currently in recovery and intends to stay that way.

**Sheila.** Sheila is a 15-year-old female. She comes from what she believes to be a good and happy family. Her parents are together and has involved extended family. Sheila was planted with the idea early in her life that something was wrong with her and that she was not good enough, or at least not as good as her brother. Sheila started acting out early for parental attention. She was bullied very badly at school and in extracurriculars and was unable to communicate this to her parents. Sheila’s use began in middle school. Her drug of choice was

Vicodin. She eventually was kicked out of school and sent to treatment. Sheila is currently very active in the 12-step program and intends to maintain her sobriety.

**Shannon.** Shannon is a 16-year-old female. Shannon is a graduate of the program and is currently attending another boarding school. She is the only participant who did not hold any length of sobriety when being interviewed. Shannon comes from a well-off, happy family. She describes that she was trying to meet the expectations of all the people she was around in her private school. In doing so, she felt very fake. To handle her depression, she began smoking weed often and that led to a shift in friend groups. Her drug use began between 8<sup>th</sup> grade and Freshman year. It progressed to pills and this is when she earned the reputation as the crazy girl. She had an image made for her and felt she needed to maintain it. Attending a therapeutic boarding school gave her insight into her sober identity, but currently she is battling between her sober and her druggie identity.

**Serena.** Serena is a 15-year-old female. She is a young woman who describes that she was very insecure at home and afraid of rejection. Her major area of contention was with her school. It was a preppy, private school. She received early diagnoses around mental ability and received the message that she was different and unliked by students and faculty at the school. Her boredom and rejection led to a shift in friend group. Serena's drug use began in 8<sup>th</sup> grade. She attended a party where she was drugged by a group of older boys. She ended up falling into that group and would sneak out to hang out with them. Serena's drug activities went escalated within a month because of this group. She was eventually kicked out of school. Even after leaving this group of friends, she continued her use. One night she overdosed and that was how her family and friends found out what she had been doing. She is currently no longer at the therapeutic school.

**Sandra.** Sandra is a 17-year-old female. She comes from a family whose parents are divorced. Sandra was placed with her father because he was considered the better parent. He took out all of his anger on Sandra. Sandra was diagnosed with cancer very early in her life. She has very early memories of just being in pain and in being the hospital for her treatments. She was bullied due to being bald. Sandra was also sexually assaulted by a family friend. She attempted suicide to get attention from her parents. This led to her being hospitalized where she was introduced to older teens when she was only 12. This hospitalization introduced her to the idea that drugs could be used as a means to deal with all the pain and was easier to hide than self-harm. Sandra had extensive eating disorders. Her drug use began in 7<sup>th</sup> grade. The hospitalization led to Sandra not being accepted back in school. She continued her use and promiscuity until she fell into heroin. Sandra currently has the most sobriety of all the participants and loves herself.

**Sabina.** Sabina is a 17-year-old female. She was adopted early in her life. Her adoptive parents got divorced when she was 8 years old. She started to get really angry and depressed during this time. Her adoptive mother died a few years later. Her adoptive mother was also bipolar. It was with her adoptive mother that Sabina felt she could be her authentic self. When her mother died, she felt that left. Her fear was that her father would leave her just like he left her mother if she was not the perfect child. Her substance use started her Junior Year. Sabina struggled with depression and anxiety. She was seeking externally for any concept of who she was. Sabina was mis-diagnosed with bipolar disorder and took that diagnosis very seriously. Eventually her life became centered when she was going to smoke next and who she could get to smoke with her. Currently, Sabina is struggling with accepting that she struggled with addiction even though she can see the patterns. She is unsure as to what drug use will look like for her

when she leaves because even though she knows it was not good, it worked for what she needed it for.

**Olivia.** Olivia is a 17-year-old female. She comes from divorced set of dysfunctional parents. Olivia was driven to succeed athletically very early on. After the divorce, she was placed with her father. Olivia experienced that her father was always trying to get rid of her. He was also never around and so Olivia determined that he did not care. She started playing with boundaries to see what she could get away with. Her use began during her Sophomore year. Olivia's drug of choice was a juul, a version of the e-cigarette that contains highly concentrated doses of nicotine. Her use was diagnosed as nicotine use disorder and thus characterized in a manner where it was considered substance abuse. Olivia agreed that she was addicted. Even though she is greatly aware of the adverse effects, she is unsure as to what she will do when she leaves treatment. Her story is important because due to the status of her drug versus that of others, she is not considered worthy of a 12-step program or even addressing the use in the eyes of others who are receiving support for substance use.

**Molly.** Molly is an 18-year-old female. She comes from a very well-off family whose members also struggled with substance use. Her father and grandmother were both addicts. She experienced her father's use, as well as his abuse to his girlfriends. He emotionally and psychologically abused Molly. Molly was forced to spend time with him and felt no one was protecting her. She was bullied at school. Molly found substances her Freshman year. Molly's drug of choice was Xanax and then, cocaine. She got most of her pills from her grandmother's medicine cabinet. Her drug use led to severe weight loss that led to attention from older boys. She reached the point where she had a boyfriend follow her around at school doling out her drugs when she needed them. Currently, she is in an active member of 12-step programs,

declares herself an addict, and is still struggling to find a place where she can finish her trauma work.

**Lulu.** Lulu is a 17-year-old female. She comes from a big family where she experienced neglect. She felt that she did not receive a lot of attention. The attention she did receive was when she excelled in school or sports. She received the notion early on that she had to strive for excellence and perfection to be noticed. Popularity became a big part of the puzzle. She also experienced sexual assault in 4<sup>th</sup> grade. Eventually the amount of energy it took to keep up with that level of excellence became too much. Lulu shifted friend groups to find those that were still considered popular but only required drinking a few beers to be accepted. Her drinking began in 8<sup>th</sup> grade. Eventually she became known as an alcoholic and whore and lost her friends. Lulu found new friends and continued excel in school. She used stimulants such as Adderall to study and achieve at high levels. She lived by the slogan “work hard, play hard.” Currently, Lulu understands that what she was doing was not a great thing because of what she is told, but she also states that she was able to maintain her level of school work and party. She is unsure as to what the future hold for her use.

**Lola.** Lola is an 18-year-old female. She comes from a rigid and religious family. At an early age, Lola’s father pushed for fame for her and her sisters. She was forced to do things for a certain image. Lola was very well-known due to her family name. She fit the mold for the perfect child. Lola got bored of her “perfect” life and started abandoning doing the things she liked because of their image. Lola’s use began in 8<sup>th</sup> grade. She smoked with her friends and her friend’s mother covered for her. Lola was sent for treatment and it was there, she claims, that she learned about the drugs she eventually got into. Once Lola returned home, she started doing pills and got into dealing with her boyfriend, who raped her. Lola got to the point where she could not

get through the day without using. Sobriety was not an option. Currently, Lola is working to rebuild her relationship with her family and wants to maintain her sobriety because it is better than the alternative.

**Lina.** Lina is a 16-year-old female. She had an absent father and a neglectful mother. Due to her family situation, Lina was able to do whatever she wanted much too early. She struggled with mental health at an early age. Lina was bullied at an early age. Her first language was not English and thus, she struggled communicating in school. Due to her physical appearance and mental health, Child Protection Services (CPS ) intervened and sent her to be hospitalized in a prison ward. She was an 11-year-old staying with 17-year-old heroin addicts. Lina was overly medicated and does not remember much of her stay. She does remember that she felt no one would believe that she did not belong there and eventually began to believe that her diagnoses were all correct. Lina was not accepted back into school after she was released. She also decided that she was not going to ask for help again because that is how she got involved with CPS. Lina needed someone to care and found a person who got her involved in a prostitution gang. Eventually Lina was being sold for sex and ended up in the hospital time and again for overdoses and alcohol poisoning. Currently, Lina is an active member in her therapy and the 12-step program. She has every intention in maintaining sobriety and is pursuing justice for the many rapes she incurred.

**Lily.** Lily is a 15-year-old female. She had a wonderful childhood. She grew up with parents together, nice house, and money. Lily was a very unhappy child. She did not know why and felt even worse for not having a reason to feel bad. Lily experienced depression and disassociation, as well as many terrible therapists and counselors. She was overmedicated for her mental health diagnoses. Lily began her drug use in 7<sup>th</sup> grade. She began with weed, graduated to

acid, moved to pills, and finished with meth. Lily went to rehab twice before coming to the therapeutic school. She is currently an active member of the 12-step program and dedicated to maintaining her sobriety.

**Jennifer.** Jennifer is an 18-year-old female. She is a graduate of the program. Jennifer comes from divorced parents with whom she witnessed a lot of infidelity. She was not provided much time to be a child as she was the only woman in the house for a while. Jennifer was diagnosed early with learning disabilities and it stunted her belief that she could succeed in school. She tried desperately to fit in with the kids that she was supposed to be like, and it did not work. Jennifer found a person who represented all that she wanted to be, someone who was advanced, cool, and older. She started using when she was a Freshman. Eventually, Jennifer's only focus was her drugs and her boyfriend. She was kicked out of school and maintained her drug reputation. Currently, Jennifer is maintaining her sobriety and is an active member of the 12-step program.

**Gabby.** Gabby is a 16-year-old female. She is adopted. Before being adopted, she was in foster care with her brother. Before she entered foster care, she was homeless living with her mom in a car and her dad was in prison. She became the caregiver very early for her brother. After being adopted, she struggled to fit in and was bullied. Gabby lived in a constant state of survival leading to behaviors like stealing and lying. Her adoptive father died. She was molested by an older kid. Gabby was physically punished by her father and mother. Gabby started using in 8<sup>th</sup> grade. She was looking for a way to be tough and strong. Gabby dealt with multiple arrests and inpatient and outpatient therapies. Currently, she is working through all of these pieces, loves her sobriety, and participates in 12-step programs.

**Erin.** Erin is a 17-year-old female. Her parents divorced early. She experienced a lot of early death, including her brother who overdosed on heroin. Erin was raped as a young child for years by her uncle. Her stepfather told her she was never good enough and forced her to throw up her food after she ate. Erin began her use in 8<sup>th</sup> grade. It made her feel accepted and special. Erin preferred to drink and to drink a lot. The amount of time she was sober became shorter and shorter as her use continued because in sobriety, she had to face all that she felt guilty and ashamed for. Currently, Erin is sober and loves it. She participates in the 12-step program and intends to continue her success.

**Denise.** Denise is a 16-year-old female. She comes from a very traditional family. Denise was considered very different and bullied because of it. Her family did not value friends and thus, she did not have any. She relied on her family for everything. Her father would do anything to save her and her mother told her to buck-up. Her use began her Freshman year. Denise began with drinking and smoking weed and moved to pills and drinking, anything that would do the trick. Denise fell into abusive relationships and was sexually assaulted. Denise felt her family did not protect her in key moments and decided it did not matter what happened to her. She went harder with her use and disappeared for weeks at a time. Denise ended up hospitalized. She was taken to Wilderness still high. Currently, she is doing well in the program and interested in maintaining her sobriety.

**Charlotte.** Charlotte is an 18-year-old female. She comes from a complicated family. Her mom struggled with health issues early in Charlotte's life. Charlotte idolized her brothers and they did not want anything to do with her. She always felt she was not as good as them, so she needed to do what they were doing in order to be cool. Her brothers were her gauge of what was safe. Charlotte saw infidelity with her parents. Charlotte attempted suicide. Her suicide



attempt was never discussed as a family. Charlotte started her use when she was a Freshman. Her use was supported by her brothers, was not stopped by her parents, and she felt everything she was doing was normal. Charlotte believed she was achieving an image of perfection as portrayed by ASAP Rocky. Currently, she has good things to share about her life and is looking forward to graduating and experiencing life soberly.

Each of these participants provided their truest account of their experience. The following section will begin to discuss the dimensional analysis of the data they provided in their interviews.

### **Dimensional Analysis**

The dimensional analysis is drawn from the voices of the study participants as they shared their life story and understanding of who they were during their experiences. The data evolved from the responses to my opening study prompt:

If you were to tell a story about who you are, what would that story be?

Although many participants ultimately provided a life story as their response to this question, many struggled with making meaning of the question itself. It proved to be a difficult task to respond to an open-ended question without reinforcement as to whether the answers were right or wrong. This interaction in itself is telling around the need for external reinforcement of whether what they are saying or doing is correct in the eyes of the person sitting before them. This was experienced through comments such as “I am not sure what I am supposed to say” or “That is a really hard question to answer.” It was also reinforced by body language and eye contact that suggested a need to be told they are doing well and providing what was being looked for. The understanding of these interactions comes from my many years of being a teacher and experiencing the need for youth to feel they are doing right by the teacher or authority in the

room. In allowing the space and silence for the youth to provide the answer they felt answered the question, the stories became truly theirs and allowed them to provide an understanding of how they made sense of who they are and what impacted that.

The analysis is delineated into two sections. The first section discusses the core dimension of *Seeking Belonging*. The second section presents the five primary dimensions: *Shining the Self; Suffering; Raising the Red Flag; Disconnecting; and Numbing the Pain*. The second section also discusses the primary dimensions in detail and develops the explanatory matrix for each dimension. The matrices make an attempt to describe the individual process, whereas the greater systemic processes are presented in the situational analysis. Table 4.1 provides a matrix with the core primary dimensions. This table provides an overview of all the dimensions that will be unpacked in the following sections.

Table 4.1

Overview of Dimensions

Dimension	Conditions	Processes	Consequences
<b>Core</b> <b>Seeking Belonging</b>	<ul style="list-style-type: none"> <li>• Unrealistic expectations</li> <li>• Being othered</li> <li>• Developmental Needs Unmet</li> </ul>	<ul style="list-style-type: none"> <li>• Shining the Self</li> <li>• Suffering</li> <li>• Raising the Red Flag</li> <li>• Numbing the Pain</li> <li>• Disconnecting</li> </ul>	<ul style="list-style-type: none"> <li>• Dis-ease</li> <li>• Shattered Self</li> <li>• Recovering Self</li> </ul>
<b>Primary</b> Shining the Self	<ul style="list-style-type: none"> <li>• Popularity and perfection</li> <li>• Family Culture</li> <li>• Feeling Less Than</li> </ul>	<ul style="list-style-type: none"> <li>• Molding self</li> <li>• Keeping secrets</li> </ul>	<ul style="list-style-type: none"> <li>• Exhaustion</li> <li>• Depression</li> <li>• False Perception of Self</li> <li>• Best of the Worst</li> </ul>
Suffering	<ul style="list-style-type: none"> <li>• Pain and Loss</li> <li>• Parenting styles</li> <li>• Being Different</li> <li>• Bullying</li> </ul>	<ul style="list-style-type: none"> <li>• Rebellion</li> <li>• Experimenting</li> <li>• Being the parent</li> </ul>	<ul style="list-style-type: none"> <li>• Vulnerability to ‘bad’ influences</li> <li>• Anger and Resentment</li> <li>• Relapsing</li> </ul>

---

Raising the Red Flag	<ul style="list-style-type: none"> <li>• No one talks about it</li> <li>• Intergenerational disconnect</li> </ul>	<ul style="list-style-type: none"> <li>• Asking for help</li> <li>• Externalizing problems</li> <li>• Being institutionalized</li> </ul>	<ul style="list-style-type: none"> <li>• Losing trust</li> <li>• Feeling dehumanized</li> <li>• Something wrong with me</li> <li>• Exposure to other options</li> </ul>
Numbing the Pain	<ul style="list-style-type: none"> <li>• Bad Body Image</li> <li>• Self-hate</li> </ul>	<ul style="list-style-type: none"> <li>• Promiscuity</li> <li>• Using substances as a solution</li> <li>• Escaping the current moment</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual assault</li> <li>• Shame and Guilt</li> <li>• Older kid attention</li> <li>• Downward spiral</li> </ul>
Disconnecting	<ul style="list-style-type: none"> <li>• Existential Crisis</li> <li>• Being unloveable</li> <li>• Appeal of drug life</li> <li>• Movement from family</li> </ul>	<ul style="list-style-type: none"> <li>• Maintaining Reputations</li> <li>• Extreme Relationships</li> <li>• Not caring</li> <li>• Disassociating</li> </ul>	<ul style="list-style-type: none"> <li>• Becoming the Void</li> <li>• No concept of self</li> <li>• Drugs controlling my life</li> </ul>

---

Explanatory matrices consist of the context, conditions, processes, and consequences for each dimension.

Context indicates the boundaries for inquiry – that is the situation or environment in which dimensions are embedded. Conditions are the most salient of dimensions . . . Conditions are dimensions of a phenomenon that facilitate, block, or in some other way shape actions and/or interactions—the processes of a given phenomenon. Processes include intended or unintended actions or interactions that are impelled by specific conditions. Finally, consequences are the outcomes of these specific actions/interactions. (Kools et al., 1996, p. 318)

It is important to note that while context is included in the explanatory matrices it will not be discussed in this chapter but in Chapter V. The decision to discuss context in Chapter V revolves around the impact that context has on the processes described in the explanatory matrices, as well as the connection of the context with the meso and macro forces analyzed with the situational analysis. In order to provide a cohesive understanding of the context, it provided more logical to encompass the entire discussion in one space, specifically in Chapter V. The contexts

include family systems, education systems and culture, therapy, treatment, and peer groups. The dimensions exist in each of these contexts. A detailed analysis of the contexts exists in the following chapter, while the analysis of the conditions, processes, and consequences of the dimensions exist in this chapter.

The dimensions and constructs discussed in this chapter are conveyed through the use of direct participant quotes. The explanatory matrices provide a highly conceptualized set of language to describe each dimension. The quotes from the participants provide the meaning and give rise to the language that exists in the higher-level concepts. Quotes are denoted by pseudonyms for participants. Descriptive names of people or places have also been replaced by pseudonyms. The pseudonyms for participants were presented in Chapter 3 along with demographics. The quotes provided for each dimension reflect the diversity and unity of the sample.

### **Dimensional Analysis Findings: Core Dimension**

The core dimension is central to all processes described in the dimensional analysis. The core dimension is supported directly by the primary dimensions. It represents the over-arching theme that is interlinked with the primary dimensions. The core dimension is distinguished from the primary dimensions because it is viewed as central to all of the processes occurring in this situation. The core dimension of this study is *Seeking Belonging*. Participants filtered all experiences through the core dimension of *Seeking Belonging*. Table 4.1 lists the dimensional properties of the core dimension.

Table 4.2

Properties of Core Dimension of Seeking Belonging

Dimension	Conditions	Processes	Consequences
Seeking Belonging	<ul style="list-style-type: none"> <li>• Unrealistic expectations</li> <li>• Developmental needs unmet</li> <li>• Being othered</li> </ul>	<ul style="list-style-type: none"> <li>• Shining the Self</li> <li>• Suffering</li> <li>• Raising the Red Flag</li> <li>• Numbing the Pain</li> <li>• Disconnecting</li> </ul>	<ul style="list-style-type: none"> <li>• Dis-ease</li> <li>• Shattered Self</li> <li>• Recovering Self</li> </ul>

**Conditions of Seeking Belonging.** Seeking Belonging in and of itself is a developmental process and belonging is a core developmental need. Through the individual journeys of each participant, this dimension undergirds all processes involved in their development. The conditions for Seeking Belonging are unrealistic expectations, developmental needs unmet, and being othered. These conditions will be discussed in this section.

*Unrealistic expectations.* Unrealistic expectations set the precedent for understanding how to find belonging and acceptance from the world around these youth. As youth, the participants seek for modeled behaviors to mimic in order to achieve this sense of belonging. Through modeling by parents early on and by peers later in development, these youth begin to create understanding around how they are able to find belonging. Their first experiences are being able to meet the expectations placed upon them. For many of these participants, their siblings were their models of who they needed to be and who held the expectations these youth must meet:

But I saw that they were starting to do all these grown-up kind of things and it made me kind of idolize them a little bit more. I think part of me was worried about them, but the other part was just -- I was taught by them my whole life that they were better than me and cooler than me and I needed to do what they were doing or else I wasn't cool. And so it was just natural for me to kind of take after them. (Charlotte, 18)

The expectations set by parents and culture create guidelines for the youth as to what they must do in order to be accepted by the right people. The expectations are termed unrealistic because the participants are expected to achieve fame or academic prowess, yet, the participants

are not equipped to handle the expectations. Thus, these expectations specifically stunt the ability to achieve belonging for a true self.

*Developmental needs unmet.* With this hyper-focus on certain expectations, the participants explain that their needs were not being met:

I didn't really get the emotional attachment that I needed anywhere and I didn't get the friendships that I needed either. (Denise, 16)

I really very much lacked deep relationships where I could do that with people. All the people I knew were just people who sent one letter texts even. Just like, "Hey, I need you to meet me here and now for this thing." I really lacked the kind of care and affection that I really needed at the time. (Lina, 16)

Developmental needs were also stifled due to extreme parenting showing up as sheltering, being strict, and overprotective. This allowed for a lack of autonomy. Without the ability to find that sense of autonomy in this developmental period, these participants become overly dependent and vulnerable to destructive behaviors. The participants in their reflections mention this need for freedom:

I also wanted some sort of structure. I think my parents needed to give up some of the structure they loved and I think there needed to be structure that was agreeable on both ends. I needed structure. My parents gave too much structure. I needed more freedom and independence so I felt like I was doing it myself. I felt like I was changing things for the better by myself. Because when I felt trapped at home, I would just sneak out. It was a power and control thing. Like you can't control me, I'll sneak out anyways. (Serena, 15)

The majority of participants experienced unstable foundations beginning in childhood:

Ages zero to three, that was what I would consider my childhood-childhood. But there was still a lot of fighting in my house and dysfunction and chaos. I was too little to remember it exactly, but it wasn't a stable environment. (Sandra, 17)

The ability to form prosocial relationships is stunted. This particular inability to form relationships that support finding self and developing identity set the participants up for a long road of rejection and pain.

*Being othered.* An integral condition in *Seeking Belonging* is *being othered*. The othering process feeds the belief that belonging is not possible, especially if the participants are to remain who they actually are. Being othered leads directly to the processes used to find a sense of belonging. This othering exists due to larger cultural forces and debates that will be presented in more detail in Chapter V. Many of them experienced the feeling of being othered through their early diagnoses, being placed in special education classes, or just by being considered different than what was perceived normal. For example, these youth explained the desire to avoid certain labels due to the othering:

I feel like they're not, but in my eyes, I'm like, "Oh my God, I'm not an addict. I don't want to be an addict. No way I'm an addict." But an addict is someone with an addiction so it's this awkward I don't want to accept it, but it kind of is true. I was using it and did not want to stop and really could not stop without really trying to. And when I did, I did. But I guess that does make me an addict. (Olivia, 17)

Othering was a consequence of labels given to these youth and often in their struggles, these participants were othered as the 'bad' kid:

I guess something that I felt that I guess some people are not aware of that I wish they were more aware of is just being shamed from other parents and stuff. Like your kid is a druggie or you're a druggie, and them not being compassionate with the fact that like it's not that simple and not that easy. People not understanding the complexity of it and just labeling kids as bad and good. Like you're a bad kid, and not understanding that it's deeper than that. (Charlotte, 16)

Due to the conditions around the lives of these participants, they were set up with expectations around the type of kids they were supposed to be, they did not have the supports and foundations they needed during major developmental periods, and then they were othered through labels and stereotypes and basic practices in school and therapeutic settings. The combination left these youth with a feeling that they did not have control over who they were, what went on in their lives, or the ability to meet expectations set on them.

**Processes for Seeking Belonging.** The processes for the core dimension of Seeking Belonging are the primary dimensions of Shining the Self, Suffering, Raising the Red Flag, Numbing the Pain, and Disconnecting. Since the primary dimensions are explained in detail in the following section, I will only provide a brief summary of each in this section.

***Shining the Self.*** The process of *Shining the Self* describes how the participants create the image externally that they do meet the expectations set before them. It is through this process that the participants believe allows for the greatest opportunity to be accepted. This process also allows the participants to create a false sense of self and façade that they are doing well and succeeding.

***Suffering.*** The process of *Suffering* occurs in reaction to the pain that has incurred in the participants' lives and continues to incur through the many attempts to find belonging and achieve acceptance. This is a lonely process. It is this process that reinforces the need to *Shine* and the eventual substance use and disconnection.

***Raising the Red Flag.*** The process of *Raising the Red Flag* represents the attempts the participants make to ask for help. The attempts begin very explicitly with questions and disclosure moments and due to the reactions and treatment in those moments, the attempts to find help become more extreme and destructive.

***Numbing the Pain.*** The pain that undergirds *Suffering* and that arises from the inability to achieve belonging becomes overwhelming. The participants feel alone and have found new groups that accept them for simply participating in recreational use. The recreational use provides a means of numbing and a solution that the participants did not even know they needed. This process allows the participants to continue being the false version of self that is accepted and avoid the true feelings that arise in the sober moments.



***Disconnecting.*** Throughout the processes used to achieve belonging, the participants begin to split from parts of themselves, friends, family, and school. The more the participants attempt to find acceptance, the farther they get from actually belonging to their own internal world. This process is when the participants let go of the pieces of themselves that are not good enough to the point where they become a void. Their only identifiers are external to them, are the behaviors they participate in, or the people they are enmeshed with.

**Consequences for Seeking Belonging.** The consequences for the core dimensions are represented by Dis-ease, Shattered Self, and Recovering Self. They will be discussed in this section.

***Dis-ease.*** There is a lack of ease that exists with being a teenager as it is and as a consequence of *Seeking Belonging*, the level of dis-ease reaches the level of actual disease. It is through the process of finding anything to escape an intolerable reality that can lead to a form of addiction. Shockley and Holloway (2019) use a similar term, Diss/Ease, in their analysis of the experience of African American women scholars who worked in predominantly white universities. The term used in their analysis and in this analysis provide for a similar level of discomfort and lack of ease in the situation. In this study, the term dis-ease is reference to not only the amount of discomfort that emerges in the youth's lives but also to the disease of addiction and how the two reinforce each other. For these youth, due to the fact that finding any sense of belonging, specifically to the right group, becomes so intolerable that they find easier ways to be accepted and to make friends:

Then when I tried out in my freshman year, I made JV and I was pissed because before I had been the top dog and then I wasn't. I knew that other freshmen had made varsity and I was just pissed. But I started freshman year being friends with the field hockey people, the varsity girls because I thought that if I surround myself with those people, then I would become one of the top people again. But then I kind of got tired of trying so hard and not actually getting it that I stopped. That's when I first started hanging out with the

popular party people. It felt good for me because it wasn't as much pressure. It's a lot easier to drink a certain number of beers than to get a certain number of goals during a game, it was just easier for me so it felt nice. (Lulu, 17)

***Shattered Self.*** This dis-ease is based in separation. This separation is described in the dimension of *Disconnecting*. It ultimately leads to a shattered self. This is a self that is not whole, is full of desperation, feels alone, feels lost, and falls into a really dark place:

Feeling like an ugly vase that was just moved from one family relative to another family relative and then gifted to a family friend and then that family friend gives it to their grandma and then the grandma uses it for the ashes of her husband. And then that goes somewhere else and just -- you get it. (Lina, 16)

Silence is a consequence based on the culture around asking for help and sharing emotions. This ultimately is described in *Raising the Red Flag*. There are moments when these youth are hurting and need assistance and instead of whoever it is they are reaching out to being responsive, they are taught through actions that silence and avoidance of the truth is what is accepted. Even in moments when these youth get in trouble at school and are expelled or they are arrested, their parents find some fix to make these “black marks” go away. In these actions, not only are we discovering, as adolescents, that hiding the shadow side of who I am is a top priority, it is also teaching me that I am not truly accountable for what is happening in my life. Once again, the ability to develop a sense of self is stunted and a separated self is encouraged.

***Recovering Self.*** There are pieces in these stories where the participants allude to the Recovering Self. This is the self that exists once the participants are able to accept who they were and what they did and integrate it into who they are today. For many of the participants, recovering the self is still in a very early stage and many of the processes are existing within a balance of *Shining the Self* (primary dimension to be discussed) even in the therapeutic process. What these participants find when they do integrate both sides of the self are that these sides are

not that different. They are both part of the individual but what was being sought at one time versus another and the skills available to achieve those desires were very different:

I think I'm a very caring person. I'm just not going to hold anybody's hair back anymore - that's a little gross -- when they're throwing up. I'm not going to do that. But I still am very caring. I'm still very intuitive. That's something I really like about myself. I'm very smart. I like how I kind of challenged the world. Maybe it wasn't in the best aspect back then, but just not kind of taking what other people have to say as the Bible. So kind of just figuring out the world for myself. I was very hard working just not in the right directions. Now it's going to be in the right direction. I think those are my main ones. (Toby, 18)

**Summary for *Seeking Belonging*:** The primary dimensions to be discussed in the following section exist within this core dimension of *Seeking Belonging*. It is through the development of this dimension that we see how complex the lives of these individuals are, as well as, the amount of suffering that is possible to exist while these youth spend their entire lives up until this point trying to meet the expectations of others from family to friends to treatment and yet, have very little control over who they are and who they can become. It is through the analytic disentangling of meaning in the primary dimensions, as well as the situational analysis, that a dynamic picture of these youths' lives is uncovered. The following section provides a description and the explanatory matrix of each of the primary dimensions.

### **Dimensional Analysis Findings: Primary Dimensions**

This section explicates the five primary dimensions. The primary dimensions are *Shining the Self*; *Suffering*; *Raising the Red Flag*; *Disconnecting*; and *Numbing the Pain*. In addition to the core dimension, *Seeking Belonging*, these primary dimensions provide the central thematic understandings of the phenomenon under study. Table 4.3 provides a comprehensive matrix of the primary dimensions.

Table 4.3

Comprehensive Matrix of Primary Dimensions

Primary Dimension	Conditions	Processes	Consequences
Shining the Self	<ul style="list-style-type: none"> <li>Family Culture</li> <li>Popularity and Perfection</li> <li>Inferiority</li> </ul>	<ul style="list-style-type: none"> <li>Molding self</li> <li>Keeping secrets</li> </ul>	<ul style="list-style-type: none"> <li>Exhaustion</li> <li>Depression</li> <li>False Perception of Self</li> <li>Best of the Worst</li> </ul>
Suffering	<ul style="list-style-type: none"> <li>Pain and Loss</li> <li>Parenting styles</li> <li>Being Different</li> <li>Bullying</li> </ul>	<ul style="list-style-type: none"> <li>Rebellion</li> <li>Experimenting</li> <li>Being the parent</li> </ul>	<ul style="list-style-type: none"> <li>Vulnerability to ‘bad’ influences</li> <li>Anger and Resentment</li> <li>Relapsing</li> </ul>
Raising the Red Flag	<ul style="list-style-type: none"> <li>No one talks about it</li> <li>Intergenerational disconnect</li> </ul>	<ul style="list-style-type: none"> <li>Asking for help</li> <li>Externalizing problems</li> <li>Being institutionalized</li> </ul>	<ul style="list-style-type: none"> <li>Losing trust</li> <li>Feeling dehumanized</li> <li>Something wrong with me</li> <li>Exposure to other options</li> </ul>
Numbing the Pain	<ul style="list-style-type: none"> <li>Bad Body Image</li> <li>Self-hate</li> </ul>	<ul style="list-style-type: none"> <li>Promiscuity</li> <li>Using substances as a solution</li> <li>Escaping the current moment</li> </ul>	<ul style="list-style-type: none"> <li>Sexual assault</li> <li>Shame and Guilt</li> <li>Older kid attention</li> <li>Downward spiral</li> </ul>
Disconnecting	<ul style="list-style-type: none"> <li>Existential Crisis</li> <li>Being unloveable</li> <li>Appeal of drug life</li> <li>Movement from family</li> </ul>	<ul style="list-style-type: none"> <li>Maintaining Reputations</li> <li>Extreme Relationships</li> <li>Not caring</li> <li>Disassociating</li> </ul>	<ul style="list-style-type: none"> <li>Becoming the Void</li> <li>No concept of self</li> <li>Drugs controlling my life</li> </ul>

The following sections will illuminate the interpretive meaning of each dimension.

**Shining the Self: Dimension and explanatory matrix.** A driving force in many of the stories was the concept of not being good enough. Good enough can never be enough when striving for perfection. At the core beliefs of these individuals, they did not meet the expectations set and defined by their family, their culture, and what they believed to be their personal

expectations. It is from this place that each of these participants felt the need to “Shine the Self.” The personal viewpoint of the individuals was that the external view of life, theirs and their families, needed to maintain a specific type of shininess, a certain level of perfection, and in order to maintain that look, the youth found the need to buff the never-ending inability to be as shiny as everyone else. This dimension is perfectly represented by the following quote:

“Probably, the story would start off with a very, very pretty setting with two parents and they're so excited. The mom is pregnant with this child and then everything's just really happy on the outside. Then all the sudden -- this is kind of depressing -- but all of a sudden, it just gets very dark. Or at least behind the scenes, there's this really dark thing that nobody really can see. It's like you see flowers and pretty, just happy contentment, but then there's just so much behind that isn't a part of the story or isn't meant to be seen in the story. The person, the main character, is really strong and they put off this really tough kind of badass front and they're likable and stuff, but there's just so much that they're not saying and there's so much more.” (Cassie, 15)

*Shining the Self* was an energetically intensive skill learned early on that pervaded every context of the lives of these individuals. With its origination in the family context and the need for belonging here, this skill provided the ability to become what was called “the best of the worst” in the later context of the drug world where they finally found a false sense of belonging.

Table 4.4 lists the dimensional properties for the primary dimension of *Shining the Self*.

Table 4.4

Properties for Primary Dimension of Shining the Self

<b>Dimension</b>	<b>Conditions</b>	<b>Processes</b>	<b>Consequences</b>
Shining the Self	<ul style="list-style-type: none"> <li>• Family Culture</li> <li>• Popularity and Perfection</li> <li>• Inferiority</li> </ul>	<ul style="list-style-type: none"> <li>• Molding self</li> <li>• Keeping secrets</li> </ul>	<ul style="list-style-type: none"> <li>• Exhaustion</li> <li>• Depression</li> <li>• False Perception of Self</li> <li>• Best of the Worst</li> </ul>

*Conditions for Shining the Self.* *Shining the Self* existed in the need to find belonging in all facets of life. The conditions within which these youth found themselves was a battleground between set expectations of the culture and peers and a feeling of being less than.

*Family culture.* Family culture provided the modeling of either how this was accomplished or what it is that would provide the acceptance sought through *Shining the Self*:

But I just didn't want to feel it anymore because my whole family, prior to the whole parent issue, was very happy. Everyone was very happy. Even if things weren't necessarily happy in the house, everyone always pretended that they were happy so I wanted to be able to maintain that. (Charlotte, 18)

If I did something good in school, like as a kid I remember in first grade I wrote a Martin Luther King poem thing for this thing my school had and I wrote it for the school and my parents just gave me so much good feedback for it. They were just like, "You're such a great person. Keep doing this. You're so great." All that and whenever I would make little accomplishments that, that's who they would give attention to. I noticed when my siblings would do "good things" and then my parents would pay attention to them more than me so I guess the need to be the best stemmed from when I was little. I felt like if I wasn't the best or whatever then I want to be taken care of. (Lulu, 17)

The family culture also filled these youth with fears of rejection and abandonment. Some got the sense of abandonment because a parent was not always around:

I guess, I never -- even if I understood why he was leaving, it was always for work. It wasn't that he didn't love me or something. As a small child, just seeing the image of my dad leaving was really hard because knowing what happens every single time my dad leaves was really hard. Because I associate my dad saying bye and then shutting the door with his luggage as I'm not going to see him and he's not going to talk to us. Having to have my dad leave was always really difficult for me. There was always a big sense of abandonment that came with it because my mom wasn't really there. (Lina, 16)

Others felt a fear of rejection due to interactions between parents:

But then when I went with my dad after they were divorced and living separately, then when I went with my dad, because he got remarried, I took that as dad could love someone else. Like he replaced my mom in my eyes so I was like, "Who says he can't replace me?" So I would have to hold everything in and I would want to be the perfect child so that dad would keep loving me. But then when I went to my mom's house it was just all me, all out there. I just let it all out. My mom just never left. (Sabina, 17)

Abandonment also arose due to being adopted:

It definitely causes a lot of anger still to this day. I think I have a lot of trust issues when it comes to women in general because I feel like they're always going to leave or put their needs before mine. And just not ever feeling like, really, there was anybody in my corner. I do a lot of things to fulfill my own needs or to just push women away so that I wouldn't be left in the long term. But I lost a lot of relationships because of that trust issues and those fears. (Toby, 17)

The family culture provided the means and guidelines to achieve expectations and find a sense of belonging. Family culture also models that rejection and abandonment are real fears to consider, specifically when these expectations are not met. With these actions happening concurrently, the youth recognize that if they are unable to be the person that is expected of them, people might leave and thus, they are set up to strive to be what everyone wants and needs in reaction to the fear of loss.

*Popularity and Perfection.* Sought-after peers originally reinforced the image that was believed to be the “right” one defined by a sense of perfection:

You know like everyone looked up to them I had been going to their summer camp since I was 4 years old you know and everyone wanted to be them. They were loved. They were perfect. They could do anything. (Jennifer, 18)

They were looking for the sense of acceptance through popularity provided by the facets of the social pyramid:

It all had to do with what -- I would take factors like people's Instagram followers and likes and stuff and how scary they were, the general reputation, their reputation. The top of the pyramid wasn't necessarily the jocks. A lot of it was how attractive you were, how much people feared you. The people at the bottom were still popular people. I didn't even put people on the pyramid who were seen as the outcasts or losers. Sometimes if you were invited to all the senior parties that does make you high on the pyramid. If you were allowed places that other people weren't, the exclusivity of it. It was kind of very immature at the time, but it was a safety net. There was some kind of like having a pyramid physically in front of me, on a piece of paper, helped me have logic because I like math, I like things like that. I like things to be logical. Even though this wasn't logical, it made me feel like it was more logical because I had some sort of math behind it. Some type of structure. It was structured in some way. (Serena, 15)

This social pyramid and influence of older kids impacted the definition what “cool” is and how to achieve a level of being cool:

Cool is like everybody wants to be them. If you are cool, everybody wants to be you. And if you have power, like if you have power over people. At one point, I could walk in somewhere and people would know exactly who I was and I didn't event -- I just felt sometimes like a celebrity. I could go somewhere people would know who I was and people would know automatically not to mess with me and to do what I said and not really argue. It was just intimidation factor. Like walking in a triangle almost, like the Mean Girls type of thing. It was like if you weren't friends with me, then there was a reason. If I didn't approve of you then there was a reason. If you weren't approved by me, it wasn't a bad thing, but it just made you cooler for some reason and that's what I wanted. (Serena, 15)

Climbing the social pyramid was determined to be a task that would achieve the fulfillment of the need for belonging by creating an image of what these youth saw as the perfect teenager:

I think the first two people that I drunk and smoked with were -- I don't know, I thought they were the perfect person. They had so many friends. They were so popular. Every guy wanted to be with them. They could drink as much as they wanted or smoke as much as they wanted and they were patted on the back for it. I think I kind of used them as my perfect person of just all those things that I just said, like having all those things in their life. And also just not really caring about anything and just kind of the wild attitude. (Toby, 17)

No, I guess for me, a perfect teenager didn't really matter what they looked like in terms of fame or rich or anything like that. A perfect teenager to me was someone who did not give a shit about what other people thought of them. Because the majority of teenagers, in my opinion, obsess over what everyone thinks about them. So my goal was to only hang out with people who did not care what other people thought about them. I was going to be one of those people too. The majority of those people did self-destructive things because they did not care about the consequences or what people thought about them. So that's kind of what I thought. Oh, but those people also managed to keep up in school and look really good to adults, but also be able to party now and then. (Charlotte, 18)

*Inferiority.* With what was provided to be the seemingly perfect life or situation, there was a feeling of inferiority, of being less than. This was described by the participants as coming from early trauma that created a deep-seated understanding that the privilege that was afforded them was not something that they deserved:



But under all that, I still had all that early childhood trauma and I still had all those negative cognitions like I feel like I don't deserve anything. I feel like I'm less than. I don't deserve to be in this world. I was a mistake. So I felt like I didn't have a right to have those emotions. I felt like because I have all these things, I'm so privileged, I have all this stuff that I didn't have the right to feel the way I did. (Gabby, 16)

The level to which the participants felt less than any other person led to destructive behaviors, in particular ones that would lead to their disappearance. These youth felt so inferior and undeserving that they did not see a reason to even have a presence:

This is part of the reason why they thought my eating disorder developed because I wanted to be physically small so that people didn't notice me. I felt like I didn't deserve to have a presence and so I wanted to starve myself until I didn't exist, which is the trauma stuff that's underneath the iceberg. I think that's actually pretty interesting and kind of connecting my small behaviors that kind of stuck with me. (Lina, 16)

***Processes for Shining the Self.*** In order to provide the shiniest version of self, the participants would mold self, keep secrets, and seek external approval.

***Molding self.*** A defined set of cultural expectations, specifically one with privilege, provided the participants what they needed an image that everyone wanted to see:

It was 8th grade when I would wake up like 4, 3 or 4 a.m. and I would do my makeup I had never touch makeup before that would do my makeup. I would curl my hair. I literally looked like Goldilocks like I like it that was my central goal. It was so funny and I would spray with hairspray till like a crazy extent. And so it would move in and be like really crispy and be perfect. And I hid behind clothes. I would go with my mom to shop for like adult woman designer clothes. And that's what I wore. (Jennifer, 18)

The ability to use location, looks, and the specific privileges of life allowed a shining of the self that enabled avoiding looking at what might actually be going on:

And then when that hit me in the fucking face, I was like I'm not an addict because addicts are homeless people on the side of the street, can't get their life together, and I'm sitting over here decked out in nice clothes and I can say I live in a fancy ass neighborhood and whatever. With my address and my looks I was better than. No matter what drugs I was doing, because I was the party girl it was okay. Going to parties it was acceptable. So I hid the fact that I was doing coke in my free time every time I was alone, taking baggies on trips with family. (Molly, 18)

Masking was a skill that was acknowledged by many of the youth as something they truly had to face in their recovery and therapeutic process. Masking was used to not allow anyone to see what was actually occurring in the undercurrent of their lives:

I have many masks. One that I'm still, obviously, like I said is anger. It's hard for me to go underneath the anger and actually take a look at what's really happening. I also see anger is a very dominant, powerful emotion and if you have anger, then you're a strong person and you have passion in your life, which I think is true still. That's part of the reason why I hold on to that...A lot of them tie into each other like anger, emotionless, I don't care, just wanting to have fun. I think just the whole persona that I believed I was. (Cassie, 15)

Living multiple lives was also a side effect of molding self. The ability to live multiple lives was at the core of allowing use to continue for so long:

In middle school is when I started to drink because I was kind of a parent and so it's this thing that parents do. I felt older and I also felt like I didn't really have control over my life. I was put into this place I didn't want to be in and I hated my family and was embarrassed by them. But that was something I did very secretly. Didn't tell my friends because all these adults really thought I was awesome and would tell my mom that they wish they had a daughter like me. And so it's like two lives that I was living. (Trinity, 17)

In the process of molding self, these youth were able to achieve what they believed to be the unattainable:

By doing what people wanted, by being the person I thought that the people I wanted to be friends with wanted me to be, I gained friends, more friends and climbed the social pyramid and kind of got to the top of it. (Serena, 15)

In creating multiple masks, lives, and fostering the ability to mold self to any situation, the participants were able to be any identity they wanted at any time. This eventually leads to the lack of development of a true identity since all motivation for these identities are extrinsic:

I didn't have a me. I had a body and I had a mind and I could say what I wanted and I could wear what I wanted and I could either wear like a bra and booty shorts and go out and be that or I could like put on like this outfit from Zumiez and be a skater. And then I could put on like these designer clothes and be like the preppy white girl that I wanted to be. And all of them attracted different crowds you know. (Jennifer, 18)

*Keeping secrets.* The skill of mastering secrecy became essential in molding the self, masking, and living multiple lives:

I was able to mold myself based on what I wanted to get from somebody or what somebody wanted from me. (Sandra, 17)

There is an underlying understanding that secrecy is an important component of maintaining the proper image:

My family was very secretive. Everything was a secret. You can't tell anyone anything about what's happening in your family. You can't trust everyone. You're closed off. And so it was lonely growing up being a kid but in this traditional family. I'm suffocated by my family, but then I have nowhere else to go. Because I can't trust anyone, I can't tell anyone. Just like friends aren't as valuable as family are. (Denise, 16)

Keeping secrets became a way of maintaining the *Shining the Self* and a source of power:

My mom kept a lot of secrets from me in middle school, but I knew about them because I was very curious. I could look on her email, listen through the wall, stuff like that. So I think part of that was me wanting to rebel against my mom and have secrets that she didn't know about. I don't really know, there's this rush that's just exciting. It's thrill-seeking kind of to have a secret and I don't know, it puts me one up kind of from other people. (Trinity, 17)

*Consequences of Shining the Self.* In the constant process of focusing externally by *Shining the Self*, these youth lost the energy and ability to focus internally. The concept of maladaptive perfectionism is driven by an intense need to avoid failure and appear flawless. Feelings that excessively high standards are expected and necessary to win approval and acceptance can lead to intense feeling of hopelessness. Consequences of *Shining the Self* are exhaustion, depression, false perception of self, and becoming the best of the worst.

*Exhaustion.* The energy used to create the self that is accepted and the process of continuously molding the self leads to a state of exhaustion:

But something that I just remember that at school, I'd be so fake and be so whatever anybody else wanted me to be that literally, I'd get home and I'd be so exhausted and so irritable. I'd fight with my parents. That was a lot of the difficulty with my family aspect was just physically being so tired of what other people wanted me to be and then coming

home and getting told like oh, your grades aren't good or we just got another call and we're having a truancy meeting. Just feeling like I was beaten down again by my family was just so exhausting and it happened every day. (Toby, 18)

The participants struggled with social anxiety in general. The idea of simply being around people is exhausting. The added pressure of maintaining certain images increase the level of exhaustion to become physically painful:

I used to be in a lot of physical pain all the time because of all the emotions I kept in my body and I never slept very well. Honestly, this also has to do with social anxiety and just my personality type, I think. Being around people in general was exhausting. If I had to be around a lot of people for a long time or even one person for a long time, absolutely exhausting. I'd come home from school every single day and I'd be wiped because it took so much energy to be around people and always feel like I have to watch my back or watch what I say or worry about what people are thinking about me and stuff like that. (Gabby, 16)

*Depression.* Mental health was a common theme in the interviews. Depression was specifically pertinent in the stories:

And so when I started feeling more and more depressed and I wanted people to know that I was depressed and the anger, I wanted people to see the anger, the drug life and all that stuff was so appealing to me because I was sick of trying to pretend that I deserve something better. And so I just kind of wanted to surrender to my feelings and my negative beliefs about myself. I wanted to be like fuck everything. This is what I deserve. This is what I want my life to be now because this is what I was meant to be. I was born to these pieces of shit parents and thrown away, why do I deserve anything better than...? Kind of like that, I think. (Gabby, 16)

Depression was discussed as a place of absolute hopelessness:

Because honestly, depression is like the point where you get so sad that you just don't feel anything and you become so hopeless -- that was a big one, hopeless -- then, yeah, I definitely had depression. (Vanessa, 17)

Depression for many of the participants became an identifier. It was their way to relate to the world around them based on how they were feeling:

I had a friend at the time who was obsessed with emo stuff, including, self-harm and she would tell me about it all the time. I was like, "That's disgusting. That's just very hardcore." But I knew that people that were depressed were usually people that killed themselves. That's what I said was that or that's what I thought that meant. So when I

started having suicidal thoughts, I was like, “I’m one of those people.” That was my identifier. I had always felt very sad throughout my childhood, but I didn’t contribute it to depression until I actually started having suicidal thoughts and then I was like, “That’s not normal at all.” (Charlotte, 18)

*False Perception of Self.* In the attempts to become the person that was expected of them, a false image was formed:

I finally was recognized as someone. Before then I wasn’t even a person. I was some shadow that walked the halls that no one really cared for. Like a joke where guys would ask me out to see how long they could keep the loser. That was like a thing they used to do on me or part the hall the whale is coming through. I was 120 pounds at that point, but I’m short so I had that baby fat and yet -- I know I was chunky at that point, but at the same time, it was like I got such a false image and I was like I want to be all these girls and not me and I need to forget that fucking girl. (Molly, 18)

It is this concept of the false image that leads to a false perception of self. The acceptance of this false image gives them that sense of belonging that is core to all of these dimensions:

So I started hanging out with different people. Then the next year was the big Bar Mitzvah years so I started to see what partying looked like. Not real partying, but I don’t know, that was really interesting for me. I liked being in that kind of environment with lots of people and I really liked the attention. I started hanging out with more guys. I think I had my first kiss and everything like that and I felt like I was one of the more advanced kids in my grade. I thought it was really cool for all of that. My brothers started to accept me more because they saw that I was one of the cool kids in my grade. So they were hanging out with me and things were looking up. (Charlotte, 18)

The participants’ perceptions of self were defined by the conditions of *Shining the Self* and so when they received the external approval they had been seeking through molding themselves, they held on to that identity:

Got a lot of followers. People told me I was pretty. I had nice cute tight short clothes. Guys were talking to me a lot. I was smoking weed. Then as I got older, the word cool changed to popular and that looked like posting pictures that -- my mom follows me on Instagram, like faints every time she sees it. Having a lot of followers and just being indecent, but people knowing my name, I guess. People always knew my name even when I was younger, but not even for anything good or bad. It was also a family thing. My family had a really good reputation. Everyone loved my parents. It’s like, “Oh, you’re my parent’s daughter. You’re Lola.” We were always well known. (Lola, 17)

By creating this false perception of self through seeking acceptance via the conditions that exist, this led to a deep confusion for these girls:

I just was so confused with myself, I think, just because I kept looking at the facts like, “Olivia, you really want to become a doctor and you are hurting yourself and the facts are right there. And all these people, these doctors, who you want to be are telling you what the facts are and you still are laughing about it and don't even care.” I was just confused like who am I really? (Olivia, 17)

*Best of the Worst. Shining the Self* is derived from this core dimension of *Seeking Belonging* and the necessity to be the best at whatever expectation is given. Once these youth realized that their best was not going to be like everyone else in their family or community, they became the “best of the worst”:

If I wasn't doing this stuff, if I didn't have this terrible reputation, then I would be a nobody. So if somebody called me an alcoholic or a slut, I had to be the best alcoholic or slut there is because that was my identity. (Cassie, 15)

They believed that at least being the best at the bad reputations they required (reputations will be discussed in more detail in a later dimension) was better than who they actually were:

Because being the best of the worst was a better image than the image I had when I was just sad. (Lily, 15)

By finally achieving status, even in the “worst” context, the egos of these youth were fueled. They were filled with a feeling of being invincible and “hot shit”:

Looking back, I was actually just a sad little white girl, but I thought I was the best of the worst. And that fueled my ego so much. I had such a big ego, which made me think I'd get away with anything. And I was invincible, but you're only invincible for so long. (Lily, 15)

They believed that they could get away with anything and that they were the exception to the rule:

I was sitting there, like two, three blunts in my fucking hand and there's all these dudes and they never had seen a girl be able to out smoke them, out drink. I used to do all that. I was not a girl, I was THE girl. I was one of the boys. I was the exception to everything. I was different. I was better, is how I was. I felt that this was an accomplishment that guys

would pussy out before me on smoking and drinking. I was the reigning champion of beer pong. I would destroy guys and no one could beat me and I was like I'm the hot shit. (Molly, 18)

Ultimately what we see in this dimension is the learning of skills early on in life surrounding these youth that feed into the way that substance use is approached. It is a constant competition to be the best, to be enough, and to exceed expectation. The concept of *Shining the Self* becomes the very tool needed to become the “best of the worst.”

***Shining the Self: summary of explanatory matrix.*** The youth had to shine their self because at the end of the day, social expectations led them to a deep feeling of not being enough. The skills acquired by *Shining the Self* leads to state of emotional and mental distress, physical exhaustion, and sets up the youth to pursue other ways of finding acceptance and dealing with pain of not being “shiny” enough. The pain that develops from a state of not finding belonging in core groups serves as a precursor for the next dimension, *Suffering*.

**Suffering: Dimension and explanatory matrix.** A child’s sense of self is largely formed by the opinions of his/her parents. The parent’s approval or disapproval provides the foundation upon which a child begins to have a sense of who he/she is and whether or not he/she is lovable. The impaired sense of self created in *Shining the Self* allows the youth to fly under the radar because the youth is so attuned to what is expected of them that they can pass off an inauthentic and fabricated sense of self as real. Yet, at the core of this process is pain from having their internal place of comfort and respite dangerously underdeveloped. The youth have been so successfully taught to train their vision outward that they have difficulty turning inward, being reflective, or simply taking time out from their lives to check in with themselves or give themselves a break. Table 4.5 lists the dimensional properties for the primary dimension *Suffering*.

Table 4.5

Properties for Primary Dimension of Suffering

Dimension	Conditions	Processes	Consequences
Suffering	<ul style="list-style-type: none"> <li>• Pain and Loss</li> <li>• Parenting styles</li> <li>• Being Different</li> <li>• Bullying</li> </ul>	<ul style="list-style-type: none"> <li>• Rebellion</li> <li>• Experimenting</li> <li>• Being the parent</li> </ul>	<ul style="list-style-type: none"> <li>• Vulnerability to ‘bad’ influences</li> <li>• Anger and Resentment</li> <li>• Relapsing</li> </ul>

*Conditions for Suffering.* The conditions for Suffering include pain and loss, parenting styles, being different, and bullying.

*Pain and loss.* Pain is a condition of suffering. Pain is not a choice. Pain was handed out in a multitude of ways to these youth. The condition of pain develops in only a way that these youth can describe:

I had been living my life on my own up until then, or at least that's what I wanted and that's what I'd been striving for, and so I was really, really lonely without knowing it. And so there was a lot of pain that I didn't know about. I couldn't identify it. It was just like I had pain so I had to cover it up. I didn't know what it was about. I was very, very lonely without knowing and I needed help. But I didn't want to admit that because that would make me weak. (Cassie, 15)

Pain was not only an emotional concept as described by depression in the prior dimension, but the participants also experienced physical pain:

They took me to a doctor and they diagnosed me with cancer and I started getting treatments. I was in the hospital for about 10 months, living there pretty consistently, or switching between hotel and hospital. I lost all my hair and it was really painful. I was exposed to death at a really young age like before I could even understand what it was. Because there was a lot of people dying around me which was, in retrospect, really difficult. (Sandra, 17)

For many of them, loss was too common of a theme which reinforced the idea that they were going to be abandoned and that everyone was going to leave them:



My mom married her high school sweetheart and he was in our lives for four months after they got married and then he died of a heart attack. My brother died of a heroin overdose when I was six. My grandpa died around the same time. My grandpa lived with my uncle and they were both alcoholics. So when my grandpa died, my uncle kind of went on a spiral. (Erin, 17)

I lost really significant people in my life around that time also due to just really quick deaths and just people that couldn't be a part of our lives anymore, like my family's lives. And so kind of a lot of people disappeared at once. (Toby, 18)

Whereas early trauma was not always the source of pain that lead to the behaviors around substance use, it was common in a variety of forms in these stories. It arose from sexual trauma in the family:

When I was just probably like six and a half years old, my uncle started raping me when I would spend the night at his house and that went on for about three years. (Erin, 17)

Out of the family:

That year, I was molested by this girl a couple of grades older than me, which I didn't tell anyone, really, until I was a lot older. (Gabby, 16)

There was trauma around neglect:

I was raised in a big family so I would struggle to find enough attention because I have a lot of siblings and just a big family overall. That was my first struggle growing up. (Lulu, 17)

There were abusive parents:

After my mom left, my dad started taking all of his anger out on me because I was just the other person in the house. I was small and pretty weak and couldn't stand up for myself so I was kind of the object of all of his rage and anger which was really hard. And I started getting really angry and we would have horrible fights. (Sandra, 17)

The differing nature of the family backgrounds and types of traumas experienced by this youth are an important finding in this study. This study truly shows how substance use and addiction can happen to anyone:

Awareness that there are things that can help. And just awareness that this shit happens. Once you get into stuff, you can become addicted. It is a thing that can happen to you. You can be a kid sitting there that says, "Well, it happened to every fucking body else

like me, but it won't happen.” It will. It can. You are not invincible. You are not immune to the things that happened in this world. Everyone is affected and yeah, your kid is affected but so are you. Everyone is affected by the decisions that people make. There is not one person in the world who doesn't matter. Therefore, there is not one person who isn't making a difference, good or positive or neutral. And there needs to be an awareness about that. There needs to be an awareness that sometimes kids just need help and they need help as hard as this is from people that are bigger than their parents, people that know more than their parents. It needs to be cheaper and it needs to be more available and people need to know about it. (Erin, 17)

*Being different.* Being different was an imminent source of pain. Not fitting in, being outside of what was considered normal or the right way of being caused an incredible source of suffering specifically when these youth are in developmental periods where their ultimate source of figuring out who they are is external to themselves:

I was told that I was the troublemaker. And looking back, I think I would agree just because I did things so differently from everyone else... It's another thing to add on to the list that I'm not, basically. Because actually just recently on a phone call with my parents, I cried, and I haven't cried in a while. But I cried on the phone call because I was like, “I'm sorry if I'm not the kid that you and mom were wanting so badly.” Because I'm the only kid out of us three who had to go to treatment. I was the only kid who's not that academic and the only kid who rebelled so much, I think. (Vanessa, 16)

Many of these youth found that they were different in a school setting which led to self-limiting beliefs around intelligence and ability:

I was very, very insecure at home and very afraid of rejection. I went to a very horrible school filled with many preppy and spoiled kids and I quickly was not liked there at all. I went there from Pre-K all the way until 8th grade and the teachers off the bat did not like me and so I was a target for the teachers a lot of the time. I'd get told I was doing everything wrong by the teachers, very straightforward. They'd embarrass me in front of the class and asked me to answer things when I clearly wasn't paying attention. So I was very quickly pegged as the class clown or the stupid kid. (Serena, 15)

Along with the condition of being different arises the desire to be normal. It is only through understanding and being taught early by society, school, and culture that a binary narrative exists. It is this binary narrative that allows this attachment to labels and the belief that

there is such a thing as normal and different. This desire to be normal was expressed by these youth:

That normal is actually a problem for me. I have this idea of what normal is and what isn't and that comes from how I was raised. I think normal is you get a boyfriend, you have sex, you have kids, and you go to school, you get all A's, you have a good job. That's what normal is and anything outside of that is not normal. That isn't true at all, this fact I said, but I believe it so much that I have a hard time believing I'm normal. I don't think anything that's happened to me is normal. Even though it's common because it doesn't fit my ideal of what normal is, I'm not normal. (Denise, 16)

These youth believe that being normal is the ability to drink and use substances and for many of them, that is not a possibility due to their disease of addiction, and because of that, they remain in conflict of who they are going to be:

I don't really know. I think just lately, I talked to a lot of people who have graduated from here who aren't sober but are doing well. I talked to friends who haven't been in treatment and drink, but they're just normal kids. So then in that way, I think it's fine and just part of being a teenager or college student, or whatever, and I want to be part of that. (Trinity, 17)

*Bullying.* Bullying became a common theme very quickly. Being bullied because of the differences these youth had from other peers created a condition that increased *Suffering* because it reinforced that they could not fit in being who they are:

I got bullied for the most stupid reason. I got bullied because I wasn't Jewish. I went to a - - we say junior school in London, but like a middle school. It wasn't a Jewish middle school, but the majority of them were Jewish, however. This group of Jewish boys and girls literally bullied me because I wasn't Jewish. I wasn't a blue-eyed blonde. I was a little brown haired, brown-eyed Persian kid with thick eyebrows. I just didn't live up to -- and I wasn't Jewish. So I kind of hung around the misfit crowd of; there were a couple black girls, a Chinese boy, a couple other Persians, I think an Indian boy. That was where I fit in. (Denise, 16)

And I guess just feeling very misunderstood as a child and really not understanding and feeling very much kind of out of the loop. People didn't understand me and therefore I was really bullied as a child, physically bullied, which really sucked. (Lina, 16)

Others found that their life made them an easy target for bullying:

I live in the most segregated city in the country. The school district that I'm in is right on the border of the black and white and so it's like the most diverse in pretty much the entire area. The white people were curious of me and the black people hated me because I was light-skinned or mixed because that's pretty and beautiful or whatever. And they're just better and that's just how it is. Also, I was adopted and I wasn't allowed to do things like other kids because my mom was so strict. I wasn't even allowed to paint my nails until I was eight years old. I wasn't allowed to get my ears pierced until I was 14. And so I was just different than a lot of the other kids. And the fact that my dad died and I was super vulnerable made me an easy target. (Gabby, 16)

This bullying persisted in the school setting, a place where these youth are supposed to be able to feel safe and find who they might be in social groups:

I was tired of getting bullied. Ever since I started school I was always bullied. (Molly, 18)

*Parenting styles.* Parenting styles can be described in three basic categories:

Authoritative, Authoritarian, and Permissive. Authoritative parents are those that are considered to provide the best environment for healthy development of self. In these stories, authoritative parenting styles did not exist. It was one of the two extremes, either authoritarian or permissive. Many of these youth describe a feeling of being suffocated due to their overly protective parents and how the sheltering that occurred created a strong desire for rebellion:

I've only been home alone one time in my entire life. My mom just always had me under a microscope. It's suffocating...  
I snuck out all the time because my mom was super controlling. (Gabby, 16)

Being very overprotected. As a child, I just wanted my mom to leave me alone. I wanted to be like all the rest of the kids and I didn't want her to care so much about me. So I could just go out and watch an R rated movie. (Lily, 15)

For others, it was the traditional approach that created an understanding of who these young ladies were to be in this world:

When I picture traditional, I think a very family, family, family. All you have is your family. You spend New Year's with your family. Every holiday is with your family. Weekends are with your family. For me, traditional also means being a girl, you don't have as many rights as a boy does. Like no sex until you have your college degree. No dating until you have your college degree. Very school oriented and focused and when you're not focused on school, you're focused on your family. (Denise, 16)

For many the parenting styles gave an early understanding of preconceived notions around substance use:

For my mom, because that's what I know, addiction runs in our family and her sister died of drug addiction. She tried to shelter me from that a lot and it comes off to me that she doesn't accept anyone who does drugs and just sees it as black and white like they do drugs or they don't do drugs. And so for that, I know that it's because she's afraid. But there's just this generalization. (Trinity, 17)

*Processes for Suffering.* The processes in *Suffering* expose the nature around not nurturing the development of self by avoiding all that is self. It is not possible to be perfect and vulnerable at the same time. The pursuit of perfection is a diversion from the messiness of life.

By not experiencing and surviving the messiness of life, pain becomes suffering:

I would go home and cry to my mom and she would be like, "Suck it up. You're going to get somewhere in life and they're not. Pull yourself up by your bootstraps. You're a tough cookie." I think constantly being told you're tough, you're tough, I believed it that I was tough. Things affected me, but I got better at keeping it away and pushing it as far down as I could. And I always had my dad up at the school screaming at them like, "Watch these kids. Get them away from my kid," or whatever, but I learned to be tough from a really young age. I wasn't tough. I was just learning how to hide it better and get better at just sucking it up and being okay. (Denise, 16)

*Being the parent.* For many of the youth who experienced loss or parents who were not around, they became the parent or the caregiver:

When I was eight, my dad died of a heart attack, sudden and unrelated to having cancer. I didn't understand what that meant, but it really affected my mom obviously, and my older brother. I immediately just went into caregiving and needless because my mom was totally disabled by it. I don't even remember ever crying about it. I went to private school starting in 6th grade which is two years after that, but I wouldn't tell anyone because I didn't want people's pity and that's just not part of my identity. But I took my family to appointments and went grocery shopping, made food and stuff. So I was put into that place very young. (Trinity, 17)

I believe at one point, she was arrested in that timeframe too and my brother and I were with my maternal grandparents -- my grandma. Then my brother and I were put up for adoption and went into the foster care system. There was a lot of moving around. My brother was mute, basically. He didn't talk and he was very violent and so we moved around a lot. I felt the need to become his caretaker. (Gabby, 16)

Due to either having to be a parent or the extreme need to go against what parents were enforcing, these youth explained that they did not have the ability to be a child:

When my dad left, I just kind of took it as I'm kind of on my own right now. I am my own adult right now and I didn't like that. As a small child, I didn't like -- it was confusing to have that much power of my mom being like I can eat anything in the kitchen. Go ahead. I was like, "Well, do I just grab this raw pasta? What do I do? I don't know what I want to eat. Can you make me something?" My mom would be like, "Sure." Then she'd just take out the cereal box and the milk and she'd be like, "Serve yourself." I'd be like, "Okay." (Lina, 16)

This was also a perception of the youth, that was later recognized as possibly reasonable, but the feeling at the time was that they were missing out on something that everyone else got to experience:

My mom loved me a little too much. They were very attached. Want to keep me right next to them all the time so I didn't have a lot of chance to be a kid and do things like listen to inappropriate music or watch R rated movies. I was very restricted from stuff like that which looking back is more realistic, but at the time, it was like I couldn't do a lot of the things that my friends were doing. And I was upset and unhappy that my family cared about me and it didn't make sense for a long time. (Lily, 15)

*Rebellion.* Rebellion is the process used to going against everything that was not working for the participants. For many it started in reaction to the parenting styles and family dynamics they grew up with:

It's the rebellion piece of it. It's like nobody wants to be a goody two shoes. I had been forced to be a goody two shoes as a kid, having all of those restrictions and other kids would be like, "Your mom won't let you watch horror movies? What do you mean? That's so weird." I didn't fit in with their group because I couldn't do the things they could do. I wanted the older kids and any of the kids -- I wanted people to be scared of me. That was the biggest thing that I wanted. I wanted people to see me and turn the other way and be intimidated because I was tough shit and they shouldn't fuck with me because you never know what's going to happen with Lily, stuff like that. (Lily, 15)

The desire to rebel infused the belief that these youth had to play catch up once they finally had a taste of what the world had to offer outside of their bubble:

And I was like that and I honestly like sent me into like I felt like I was behind you know the people my age and this idea that I needed to catch up went into a play. I met a girl in English class and we were on an English project together. And then she became my best friend. And she you know had had sex in middle school and was already doing drugs. (Jennifer, 18)

The majority of the participants wanted to be true to the images they were catching up with. First, they would lie and create stories around what might actually catch them up to these cool people by creating an image of a more advanced teen in order to be accepted. The stories would get such great feedback and response, that the participants believed they needed to actually follow through with the stories they created. They were trying to find a person they could be that would be accepted and if staying true to these stories would allow that acceptance, they were willing to follow through.

*Experimenting.* The desire to catch up and maintain the image portrayed through stories of excessive drinking or smoking led to experimentation:

That's when I started to make more nonworking friends. There's also a desire -- coming with wanting to be independent, I wanted to be older. I just hated being young and all that came from with it. And so friends that I had were typically either older or more mature for their age. It started off with me and my friends just wanted to experiment. It really felt innocent. We were very young for our age, but we just wanted to experiment with what the high schoolers were doing, and hang out with high schoolers and see what that whole like lifestyle is. (Cassie, 15)

Experimentation was a way of testing the waters to see what these youth were able to get away with:

I first relapsed on a home visit and I told a few people who graduated and who still weren't here and it didn't come out and I was like, "This is cool. Now I know that I can do this." It was like that thing where now that I started to do it I started to hear other things that people were doing. So then on my next visit, I did it again because I knew that I wouldn't get in trouble. (Trinity, 17)

Due to the very conditions set up by the parents to protect and shelter these youth, also allowed them to not receive any consequences the first time they began use:

Definitely, the first time. Because nothing went wrong and it just set the stage for everything else is going to be fine... The next day, I just walked into their room and I found it and I took it and they never knew. That got me into this such high and mighty place like I can do whatever I want, no consequences. I thought the rules didn't apply to me at all. (Sabina, 17)

***Consequences for Suffering.*** The dimension of *Suffering* leads to a shift in the participants lives. This shift is the movement into the shattered self that was described as a property of the core dimension. It is in this dimension when the participants start to lose the pieces of themselves that they need to recover later during their *Recovering Self* stage. The main consequences that come from this dimension are *vulnerability to bad influences, anger and resentment, and relapse.*

***Vulnerability to 'bad' influences.*** The participants found themselves vulnerable to populations of what they called "bad" kids:

I didn't really know that there were kids outside of my small private school because I was so sheltered in that community. I was very caged in. If I didn't wear designer brands, it was like you're all of a sudden, an outcast. You're a horrible. Like who are you? That was why people were bullied. Once I found out that there were kids outside of my private school, I flied to them. I flied to anybody I could be friends with. In order to get friends, I would wear things that were very inappropriate or I would do whatever they wanted me to do if I thought it would make them my friend. Eventually, it came down to it and I fell in with the bad group of kids. (Serena, 15)

For many of the youth, this vulnerability led to the impact of what was coded the iconic friend. This friend is the person that ultimately provides the entrance into the world of popularity and drugs. This individual epitomized the person they believed they wanted to be:

She was taking risks. She was a cool person. You know like I felt like my friends were in band you know like I know that that's not anything but I was like you know like the stereotypical losers you know. And she was she was a druggie. She was cool and I wanted to be cool so bad like I wanted people to stop thinking that I was the weird kid. (Jennifer, 18)

Typically, this person became the participant's everything:



Every weekend, I actually started hanging out with this girl named Zoey and her house was kind of the smoke spot for everyone because her mom was okay with it. Her mom sometimes provided us with weed. I started selling with her because she was selling and I thought that was really cool because she had money for weed and I thought that was just awesome. (Charlotte, 17)

Seeking these new groups came from a feeling of not being wanted, not feeling whole, and ultimately not having a grasp on who they might be:

Then the friends I had outside of MVS all thought it was the coolest thing ever that I got kicked out of school. And so I was like, okay, well, obviously -- I didn't think my parents wanted me. Nobody at MVS wanted me. So I'm going to go to the people who think this is the coolest thing ever and just at least do something with that. (Serena, 15)

Anger and Resentment. Religion became the basis for much of the anger and resentment that came with this sense of *Suffering*:

I don't know. I always have. When I was a kid, my dad used to wake my sister and I up at 4:00 in the morning to watch reruns of Joel Osteen and preach, preach the Bible to us. Preach it. Every time I saw him over and over, this idea of heaven and hell and wrong and right was drilled into my mind. My aunt is gay. She's married to a woman. I'm pansexual and my dad over and over and over and over was like, "They're going to hell. They're going to hell. This is a choice blah, blah, blah da, da, da," all the time and it was like the God that I grew up knowing was this very hateful, vengeful, ignorant god and I cannot get past that. (Erin, 17)

The participants shared a sense of resentment toward religion because for some of them, it was the reason they did not have their trauma and pain recognized:

That's when my resentment towards Christianity started because they also were telling me that in the Bible it says to love and forgive everyone. So yeah. For the following Christmases, they kept making me get breakfast with papa and either calling him on his birthday and saying like, "We love you. Happy birthday." Just fucked up. (Vanessa, 17)

The resentment for some of these youth gave rise to the need to reject values that were tied to family, tradition, and religion:

I completely rejected my values. They lied in Christianity. I rejected that. I rejected my family. Freshman year my step mom had an affair and I had no respect for my real mom because she was, she was a mess and we would get these huge fights and I started self harming a lot and. I I just. I honestly was just waiting to die. I did not think about myself. I didn't want to think about myself. I felt I got to that point of I had the right to feel

arrogant like I was better than people because I saw I still had friends who had like never kissed a boy. (Jennifer, 18)

Others developed resentment toward parents due to their suffocating nature:

I always say that I never had a curfew because I wasn't allowed out of the house. I was never allowed home alone. I've only been home alone one time in my entire life. My mom just always had me under a microscope. It's suffocating. So I had a lot of resentment towards her about that. (Gabby, 16)

*Suffering* is a dimension that encompasses the pain these youth feel and for many they carried it around as anger. Anger was a consequence of the discomfort their life provided for them:

Because I would get really angry when I felt discomfort. Like whenever someone questioned, which was rare, but whenever someone really got inquisitive, I'd get angry and shut them all out. People didn't really ask why because I didn't let them ask why. Whenever I ramble for a long time, things just make sense after a while. I'll say something and it will make no sense and then I'll like keep going and I'll be like, "Okay, yes." (Sabina, 17)

Anger arose from the pain of being left over and over again:

I had a lot of anger as I grew up because I had a lot of people leave. (Toby, 18)

They just knew they were angry and felt they had a right to be:

I had a pretty fucked up childhood. I was raped for three years. My brother died when I was a kid. My grandpa died. My fucking dog, Annie, died, and then my dog, Boone, died and it pissed me off. My dad was absent and he was old and I was embarrassed by him because people used to think he was my grandpa, and that not pissed me off. Not at him, but for some reason, that led to me being ashamed of him. I hated myself. I hated my stepdad. I hated my mom for not protecting me and not being there. I hated everything. I was just an angry kid. (Erin, 17)

*Relapse*. Relapse is a common reaction to the conditions and processes around Suffering. For many of these youth, they could be doing well and then something reminds them that they are not worthy or that they do not belong, and relapse occurs. This relapse only feeds the cycle that there is no reason to believe that these youth can accomplish anything positive:

It was this just huge emotionally train wrecking thing for my whole family. My mom got a lot of threats from Jen’s mom, texting her. Jen’s mom was accusing me of being on drugs. This was when I was two weeks sober, actually, trying to get sober because my mom threatened to send me away. She was accusing me of being on drugs and that brought that whole thing into the picture. It pissed my mom off and made my mom kind of upset at me because she just didn't know what else to do. After that whole thing happened, the arrest and getting kicked out of school, I started doing Vicodin again and I ran away from my house. (Sheila, 15)

**Summary of the dimension: *Suffering*.** This dimension fills every story shared.

Suffering is a common thread that is at the core of the addictive and reckless behavior experienced by this youth. It is in the *Suffering* where we can find the human that exists behind the outward appearances of aggressive behavior or substance use. For many of the youth participants, they want people to truly understand how deeply they were *Suffering* and that their use and behavior was not at all because they are bad people, just people who were hurting.

**Raising the Red Flag: Dimension and explanatory matrix.** In all the stories presented, there is a point when the youth are trying to let someone know that they are in trouble. The dimension has a range of extremes. The raising of the flag begins with a disclosure moment and reaches the height of suicide attempts. In these moments, the reaction to the cry for help reinforces the belief that the well-being of the individual is not of concern to anyone. This reaction leads to losing trust, a belief that asking for help leads to bad things, and ultimately that something might actually be wrong with the individual. Table 4.6 lists the dimensional properties for the primary dimension *Raising the Red Flag*.

Table 4.6

Properties for Primary Dimension of Raising the Red Flag

<b>Dimension</b>	<b>Conditions</b>	<b>Processes</b>	<b>Consequences</b>
Raising the Red Flag	<ul style="list-style-type: none"> <li>• Intergenerational disconnect</li> <li>• No One Talks About It</li> </ul>	<ul style="list-style-type: none"> <li>• Asking for help</li> <li>• Externalizing problems</li> </ul>	<ul style="list-style-type: none"> <li>• Losing trust</li> <li>• Feeling dehumanized</li> <li>• Something wrong with me</li> </ul>

- 
- Being institutionalized
  - Exposure to other options
- 

***Conditions for Raising the Red Flag.*** Participants articulated this desire to be noticed and acknowledged. Yet, even in those moments when they raised their flag, the conditions that existed did not allow their needs to be met or their cries for help to be taken seriously.

*No one talks about it.* A condition that became prominent in the individual process as well as the systemic process was that of No One Talks About It:

I know since being here, my best friend and I actually talk and I didn't know any of those things and she was my closest friend. Nobody really ever -- I think that's just also how we were raised. I know my parents didn't really talk about things that were going on or they didn't ever really express emotions. My brother definitely didn't. So I kind of modeled that and I didn't know how to talk about things or how to reach out to people to talk about things, not even therapy. (Toby, 17)

I think a lot of people just don't talk about it. Even if they know that kids do drugs or their kids do drugs and maybe they're understanding about that, they don't talk about it. So that belief can't really be shared at all. Now I know that some of my mom's friends have kids who do drugs. I know that now, but I didn't know that before when I maybe needed someone to talk to about that. (Trinity, 17)

The participants also discussed how the counselors and therapists they experienced early on never really talked about what was actually going on:

She was not equipped to deal with someone who was going through what I was going through. I told her that I was experiencing depression and dissociation and I wasn't present in my body and I didn't think things were real. I went back into therapy and the only thing they looked at was the fact that I had anxiety. They acknowledged some of the depression, but no one ever really talked about the dissociation which is what I'd originally gone to her for. (Lily, 15)

*Intergenerational disconnect.* In moment when these youth did decide to share what they were experiencing, the suffering, the bullying, moments when they needed help, there was a disconnect that existed due to not understanding the current generation:

Just because of the generation gap between me and my mom, she didn't have this social media aspect and she also went to small Catholic school so she really never had that relational experience. I could tell she has always wanted to be connected with me, but it's like when you don't have the same experience, it's really hard to be relational and help in that sense. It was really just the huge time gap. Everything was so different back then. When she would say like, "It's just middle school..."

The comment that my mom would say about that, it made me angry because, at the time, I felt like she didn't want to connect so it was actually a way for her to brush me off even more. Which is that kind of pattern of -- just general pattern that happened in my life with my brother like pushing me off to give attention to my brother, that sort of thing. So it just felt like another thing piled on to that pattern of pushing me away and kind of like my problems don't matter. It also was minimizing, too. "It's just middle school", that quote alone is just really minimizing and it just felt like it invalidated kind of how I was feeling. (Sheila, 15)

The conditions around not being able to communicate and ask for help reinforces this sense that they will not be understood or taken seriously. It leads to a silenced population as was discussed in the core dimension. Silence in the context of advanced substance use and dependence could ultimately lead to death.

***Processes for Raising the Red Flag.*** The participants felt a sense of desperation in trying to get someone to take them seriously. It was not teen dramatics that was at the core of their outbursts. It was true pain and suffering. These youth did what they could to be heard. These processes include asking for help, externalizing problems, and being institutionalized.

***Asking for help.*** There are disclosure moments when these participants take the chance to ask for help even when afraid or unsure of what might happen. The reactions that these youth receive reinforce the fear and decrease the desire for disclosure:

So he convinced me to go to the guidance counselor because he knew that my parents didn't really believe in that stuff. So he told me I should go to the guidance counselor and try to talk to him. I go to the guidance counselor at this school and I told him I think I'm really depressed. My parents won't listen. I just really want some help. And he was like, "Whoa, whoa, whoa, have you ever had suicidal thoughts before?" And I said, "Yeah, I do." He freaked out and he was like, "You can't live in the dorms. You're going to have to move at home and be a day student. You should go to the hospital." Freaking out. I was just completely shocked and didn't know what to do. (Charlotte, 18)

Whereas much of what these youth describe as being reckless and would be considered antisocial behavior, the young ladies acknowledge that the things they were doing were a cry for help:

Me and my mom were starting to drift and I always provoked her. Like that day when she picked me from school, I waved it in front for face and I was like, “This is something you'd love to read, but you're never going to find it.” I feel like that was a cry for help subconsciously. (Lola, 18)

They went extreme with their requests and statements because they believed that might be the only way they would be heard:

Over the summer, I had told my parents that I needed to go to the mental hospital because I wanted to die. And my mom was like, “Okay, just sleep on it and we'll take you in the morning.” And then I lied through the admission because I realized I didn't really want to go to the mental hospital. I just wanted my parents to acknowledge me. Even then they didn't. (Lily, 15)

Others got in trouble so that someone might finally take them seriously:

I purposely basically got myself arrested again because I wanted them to take me seriously like I am struggling. I need to help. And so that's kind of the direction it took at that point. (Gabby, 16)

*Externalizing behavior.* Externalizing problems show up as behaviors such as breaking rules, stealing, sneaking out, running away, and fighting. These behaviors were construed as being rebellious. As it was described before, rebellion is the process by which these youth go against the things that were not working for them. They have realized that asking for help and seeking support was not going to get them what they were desperately needing. These behaviors were extensively described by these youth as a way to determine if their parents really cared:

I started sneaking out of the house with friends. But we weren't doing anything bad at this time. We were walking up to the grocery store and getting Pringles and then going back home. But still, it was sneaking out of my house and it was against my parents' rules. I just remember that kind of being the first era of defiance for me.

I just think I wanted to do that because I wanted my parents to pay more attention to me and I didn't really care if it was you're consequenced kind of attention or if it was like we

love you kind of attention because it was still attention. That kind of started my whole downward spiral into this long era of defiance and destruction, I would say. (Sheila, 15)

What also might be construed as antisocial behavior was really the way the participant dealt with balancing their guilt and their inability to communicate with their own family members:

I just run away from the home and they just wanted to talk to me. But I wouldn't talk to them. So my mom pulled over the car and she looked back at me and she's like, "Cassie, talk to us." I wouldn't say anything, partially, because I wanted to not make it obvious that I was high, but also I just didn't want to talk to my family. My mom kept saying, "Cassie, talk to us. Say something," I opened the car door and started running. (Cassie, 15)

For many of the participants, what can be misunderstood, is that when the parents finally do notice, it is too late and handled inappropriately. The reaction and treatment of the ask for help leads the youth to believe that their value is non-existent. With that feeling, the response is a typical response from an adolescent in pain:

It became every night, every time I was out, it was a way to stop eating and sleeping because I loved being a night owl. I started sneaking out and I wanted to see if my alcoholic of a parents would notice so I stopped putting the screen back. It took them two and a half months before they fucking noticed. And when they did they were like, "What the fuck? Da da da." They freaked out. Gave me an ultimatum, basically kicked me out of the house. At this point, friends were cutting me off, giving me interventions, saying I have a problem, calling me a cokehead, and I was like, "You know what, fuck you. I'm not. I have it under control." So I started lying about it. (Molly, 18)

*Being institutionalized.* Extreme requests for help and externalizing behaviors did not have the affect the participants thought they would. All of the participants turned to self-harm and suicide attempts, hoping that would finally be enough to be taken seriously:

By the winter time, I tried to commit suicide that year through pills that I found. I think they were my brother's pain pills for some surgery he had or something, but it didn't work. I didn't tell my parents, but they walked in, I woke up to my dad holding me. But we didn't talk about it. We just left it at that. No one said anything. So I was really not good. We decided it was the school's fault though because we didn't ever blame the issues on anything, anyone in our family. It was the school's fault. So we moved back to my old

school which was also an all girls' school because I was super confident there and whatever. I think that was my freshman year. (Charlotte, 18)

Actions such as self-harm and suicide attempts led to being institutionalized when the youth just wanted someone to hear them:

I kept self-harming and then I was hospitalized for mental health when I was 11 because of the self-harm. I tried to kill myself, but it wasn't an actual, serious attempt. It was more of like a "Hey, help me. I'm hurting. Why aren't you guys doing anything?" Because I didn't take pills or jump off of anything or anything that I knew deep, deep down would end it, I just really like cut my arms a lot which was sad. Because I was so little and that shouldn't happen to a little kid. (Sandra, 17)

Being institutionalized could be hospitalization or it could be an inpatient or outpatient therapy that was prescribed. Either way, it led to feelings of not being taken seriously and a desire to just give up:

Then I got sent to an inpatient, which didn't really do anything, and I got out of that. Then I went to an outpatient therapy. I was really angry and I felt like no one was taking me seriously. They're all like, "You just need to fix yourself," and I was done with it. So I left home. I ran away and stayed with my boyfriend for a week. Then I was found and arrested again and they sent me to residential place. At the end of my residential place, I was assaulted by one of the guys there and then I came here. (Gabby, 16)

***Consequences of Raising the Red Flag.*** The consequences that occur after the youth attempt to get help are critical to the processes that lead to their extensive use. The consequences include losing trust, feeling dehumanized, something's wrong with me, and exposure to other options.

***Losing trust.*** Often during these processes of *Raising the Red Flag*, the youth feels betrayed and loses trust in the adult that they confided in:

After I was raped, I was afraid -- maybe a few weeks later, I was like, this happened. I told my friend and she was like, "You should tell your advisor because she's really cool." I needed to get a pregnancy test, that's what I decided and so I told her and she got me one. But then she told a different teacher and the other teacher told the Dean of Students and then that happened. (Trinity, 17)

They also begin to believe that there is no one they can trust:



This just enormous like who do I trust? Who do I talk to? Then I realized that I didn't have anyone that I could really talk to. Because I couldn't talk to my parents, really, because they were just really on edge and all the numbers they were supposed to call was, "Oh, let's call the prison ward so that they can admit you back." It was like, "Okay, I'm not going to go back there. Please don't do that." It was like, "Oh my God, no." I couldn't talk to my parents. I couldn't talk to a therapist because I was always afraid of therapists because it was like I didn't want their help because I didn't think that their help was going to be helpful. (Lina, 16)

This belief that there is no one they can trust and that adults are not there for their protection, caused participants to become silenced. It is here that they stop using their voice and take matters into their own hands. The many opportunities afforded to adults and authority figures to provide help have been lost and the youth simply do not want to be treated in the manner they had so far. Not only do the participants not feel safe asking for help, they begin to internalize the belief that something must be wrong with them since no one is willing to provide them with real help.

*Something's wrong with me.* When people who these youth believe are supposed to be helping them, mainly due to their status as an adult or authority figure, do not provide the help necessary, the participants start to wonder if there is something actually wrong with them:

When people didn't take me out of there and I felt like I didn't need it, I felt like I was the one that was crazy. I was like maybe I really am what they're telling me I am. Maybe I really am borderline or every single freaking diagnosis that they kept changing it to. What if I am this? What if I am that? It just became to the point where what am I and what do I need and why am I here? Why won't these people let me leave? Why can't I go home? (Lina, 16)

The concept of inferiority has already been explained. The idea of feeling less than is referenced again when the youth start to believe something is wrong with them. Ultimately, they have been battling this belief their whole life beginning with diagnoses and other disabilities:

For some reason, I felt like I was doing something wrong. There's something I'm doing wrong. Why am I the only one who is bored in here? There's something different between me and these kids. At that point, I did not know I had any sort of ADHD and I was told

actually, by my parents that I didn't have ADHD because they didn't want me to use any of the meds at that point. They didn't want me to take Adderall or anything. So they told me I did not have ADHD so I just thought there was something wrong with me. Once I was in 6th grade, my parents finally said, "Okay, yeah, your ADHD is very, very bad. You could need meds for it now." Then they told me and I was like, okay. That's when it got better. But I still was very widely hated by the teachers because it's a very small area, community. (Serena, 15)

Either the participants succumbed to the idea that they were truly unworthy because there was something wrong with them or they would create stories to make sense of something actually being wrong with them:

I was thinking so hard of what was wrong with me. I thought something must have happened that I was acting the way I was so I would make things up to explain why I was hurting. Like I made up that boys in my elementary school touched me, but it wasn't true. And I knew I was lying about it, but I was like I should have an explanation. I can't just be like this naturally. There has to be something. (Sandra, 17)

In either version, the participant is reinforced that what they believe and have to say can not be right or important. They realize that instead of being honest around who they are and how they feel, they must pretend, save face, and suffer silently.

*Feeling dehumanized.* Feeling dehumanized was not an isolated event. Many of the youth discuss that being an addict or someone struggling with addiction is not considered a human vice. In their responses around what people need to understand around what they are going through, they described that they are human beings with real emotional trauma that just need to be heard and treated like they have the right to be on this planet. One instance is an outlier due to her being the only one who actually was arrested and put on probation. Her instance of being dehumanized has a different context and is expressed:

But it's really, really dehumanizing especially because all the connotation to it. And then on top of that, they're treating you with so much disrespect and then you're being handcuffed and shoved in a car. Then because I was a minor, they're shutting you like, "You should be happy for what you have," and stuff like that. No wonder why I freaking attacked the cop when I was on coke because -- it also goes into feeling like this is what I deserve in life. This is where I'm destined to go in life because this is who you were born

to. This is what they were like and so that's what your life is going to be like. I don't know if that makes any sense. (Gabby, 16)

Many instances such as being treated as less than any other human continues to reinforce the beliefs that have been continuously instilled within these youth. The point when they reach exhaustion of fighting all of the reminders that they will just not be good enough and be accepted as they are, they allow themselves to fall prey to the meaning behind dehumanizing treatment.

*Exposure to other options.* Due to this early access to treatment and hospitalization, many of these youth were presented with influences that only provided them an alternative to all that they had been trying so far:

I was stuck there for around a year and a half, almost two years, a little bit longer than I've been at this school now. I just remember it being very rough and a lot of violence and just a lot of violence. People punching each other and people being sedated and people being restrained on the ground. Stuff like that. Stuff that was really horrible to be around. I remember being very influenced by the people who were around me because a lot of the people who were around me were 17, 16, doing drugs, a lot of heroin addicts, a lot of meth addicts. And so those were my friends. I was 10, 11 and my friends were all heroin addicts at a prison ward. (Lina, 16)

Prior to being in therapy or treated or hospitalized, the participants were moving through typical developmental processes of trying to deal with the hand they had been dealt. Due to the inability of parents and other authority figures to handle what was in front of them, the participants were shown that drugs treat illness and mental health, older kids would like them if they used drugs also, and that there was an external source to treating their pain.

Due to being hospitalized and being in therapy, most of the participants figured out very quickly how to fake it through the process to get out:

Yeah, just lied to my therapists all the time. I was like, "No, I've smoked weed like once. I hated it. It smells so bad." All my therapists were terrible. They were just so bad. Treated me like I was five. (Lola, 18)

I think this is the point where I learned how to lie my way through mental health system because I was basically like, "Yeah, I want to change, yada yada." Because I didn't want

to be hospitalized anymore. And I knew that in three or four months I could just manipulate my way out of the residential center. And that's what I did. I was accepted back and I like BS'd my way through, which basically entailed stopping the behaviors I was doing, acting like things were fine. (Sandra, 17)

This process of faking it to make it takes us back to the first dimension mentioned of *Shining the Self* and the ability to learn how to pass off an inauthentic self as real. The ability for these youth to do this seamlessly allows the *Suffering* to perpetuate leading to the next dimension, *Numbing the Pain*.

**Summary of Raising the Red Flag.** This dimension encompasses the attempts of these youth to actually get help. This dimension is important to acknowledge because it shifts the view that these youth are just rebellious and are doing what they please. In the struggle that these youth are experiencing, they want to find a way out. Even in the most extreme nature, the participants did not get what they needed, they lost trust in those who are supposed to be there to help them, and thus, they internalized the *Suffering* and moved on to other ways to handle it without needing adults.

**Numbing the Pain: Dimension and explanatory matrix.** Becoming numb and the process of numbing became a tactic for every participant. While there is this externalization during *Shining the Self* and the underlying *Suffering* without the appropriate responses to *Raising the Red Flag*, these youth have an internal void, a hole, that continues to grow causing the pain of their lives and actions and perceived image of self to become almost unbearable. The stories of these youth support that there is a self-medication aspect, but most often they do not realize that this is their choice. The decision to use substances is actually originally to gain acceptance into social groups and climb the social pyramid. It is only in the experimentation process that these youth realize that substances also serve as an anesthetic because most of them do not realize they are in pain, they just genuinely believe something is wrong with them. It also is not

only substances that are used for the numbing process. At the end of the day, these girls just did not want to feel their pain:

I just, at all cost, didn't want to feel pain and sadness. (Toby, 17)

Table 4.7 shows the dimensional properties of the primary dimension *Numbing the Pain*.

Table 4.7

Properties for Primary Dimension of Numbing the Pain

Dimension	Conditions	Processes	Consequences
Numbing the Pain	<ul style="list-style-type: none"> <li>• Bad Body Image</li> <li>• Self-hate</li> </ul>	<ul style="list-style-type: none"> <li>• Promiscuity</li> <li>• Substances as a solution</li> <li>• Escaping the current moment</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual assault</li> <li>• Shame and Guilt</li> <li>• Older kid attention</li> <li>• Downward spiral</li> </ul>

**Conditions for Numbing the Pain.** The conditions for this dimension are complex. The pain that was originally discussed as a condition for *Suffering* is also the pain that is being numbed in this dimension. These dimensions are largely intertwined and exist on their own but also because of each other. *Suffering* arises from allowing the pain to make us a victim of our lives. Even in this facet, suffering is being experienced. In this dimension, the pain is being numbed. The youth have found ways to find their own solutions since others would not help them.

**Bad body image.** For many of these girls, a thread of hating self is weaved through all these dimensions, but this begins largely with the image these young women hold of their bodies:

I hated myself. I hated myself. I thought I was so ugly, so fat, so disgusting. At one point, he started calling me sausage fingers, him and my sister, and literally to this day, I hate my hands. I have been asking my mom for years if there is such thing as finger elongation so that I can get my fingers stretched. I always had acrylics at home because it made my fingers look longer so they didn't look so fat. And for two years, probably, I

wore long sleeve shirts and sweatshirts and put the sleeves over my hands and held them there so no one could see my hands. That's just a minor example. I wore baggy clothes.

I hated myself so much, so much. Yeah, I hated myself. I did not want anything to do with anyone. I did not want anybody looking at me. If anyone looked at me for more than half a second or slightly in the wrong way or too fast or looked away too fast or stared for too long, I would fucking lose my shit. I could not handle it. I just could not handle it. (Erin, 17)

Other sources of this feeling of hate toward their bodies comes from comparison with peers:

I had this one friend named Gina that I remember she had a really flat stomach. And I was like, "Well, I want a flat stomach." I was like every morning when I wake up, my stomach is flat because all the food from last night is digested and whatever. And I was like maybe if I don't eat at all, then I will have that and that will make you happy." I think that was, in part, like a self-loathing. (Sandra, 17)

*Self-hate.* Self-hate resonated with each of the participants and has been one of the largest hurdles to overcome in the recovery process. For many, the decision to *Numb the Pain* came from a belief that they were not worthy of anything good and deserved the pain:

I think it was because I didn't really know how to find myself so then I took in other people's qualities and traits. And so I hated the fact that I couldn't be myself and I hated the fact that I couldn't find myself or figure out how to find myself. Since the society I live in is very pressuring, it's like, oh, that part of you is too fat or that you're not smart enough in this aspect. So I think I always beat myself down and didn't really know how to support myself. So I just hated myself all the time. (Toby, 18)

In the processes of trying to fit in, to look the right way, to be what is expected of them constantly, it never felt like enough and so these youth just wanted to be anything but who they were:

That's all I wanted to be. Anything but who I was, because then I'd have to figure out who that person was. And my biggest fear was that there'd be nothing there. (Lily, 15)

By having this feeling of not being good enough and wanting to be anyone else leads to these youth abandoning any self or foundation they do have and it leaves them alone and sad:

I don't know what it was other than just like I was just utterly alone and sad and didn't want to be who I was. (Jennifer, 18)

For many of these youth, *Numbing the Pain* occurred because they wanted to forget everything that made them hate themselves:

I didn't have self. Most of the time when I was high, at moments you could even say that I didn't know what my name was. But I wanted to forget that. I wanted to forget everything. I wanted to wake up and not know who I was because all the nightmares of who I had been before would just come back and I didn't want that. I'm not just talking about the bullying and the harassment, but just the awful images that went on throughout my entire life; being around things a little girl shouldn't be around and told to keep secrets of adult things that a kid never, never should be exposed to. It was easier to accept all of that. (Molly, 18)

The desire to forget also gets reinforced as the use progresses. The tactics used in numbing the pain creates shame and guilt (discussed in consequences) that lead to a further desire to forget. This condition is a driving force in decreased sober time.

***Processes for Numbing the Pain.*** Numbing is ultimately a process in and of itself. Yet, it holds the presence of a dimension due to the many processes used to accomplish numbing. The processes include promiscuity, using substances as a solution, and escaping the current moment.

***Promiscuity.*** The one process that did not necessarily have a numbing affect but still was used as a way to alleviate the pain is promiscuity. As a condition of this entire study, these young women just want to be normal and to many of them, promiscuity was normal:

I think wild comes from a lot of movies. Just movies that teenage girls are in. Even that one, Wild Child. I remember seeing that with my dad when I was six -- oh no, that's too young -- but like 11 and thinking, "Wow, I want to be her." So that is where wild came from. Everyone that I was around daily was a slut. Everyone had sex with everyone and to me, that just became normal. If you don't have sex with everyone you're a prude, was where my head was at. If you only have sex with one guy, there was something wrong with you. I thought it was normal. (Denise, 15)

Sex was used as a way to escape pain and validate the self around body image:

Compared to everything else it wasn't harmful, but also at that place, I started exploring with in person promiscuity. There was this guy there who was two years older than me.

I'm still 12 when I got out. We sexually experimented in a really weird way. So that happened and that's when I started to learn that that was another way to escape from my pain and also feel validated about my body and about who I was as a person and about my views and my worth and my purpose. (Sandra, 17)

For others, promiscuity was just a piece of the puzzle that went hand-in-hand with using, which lead to even more reason to numb the pain:

With the whole alcohol thing comes a lot of boys and sex and stuff. I was known as the biggest slut at the beginning of sophomore year. That was hard, but I lost all my friends from that. (Lulu, 17)

*Substances as a solution.* As stated earlier, it was not the original intention of these youth to use and become numb:

I remember the day so perfectly was when the first time I drunk was with my friend. Like I said, it started off with just an innocent experimentation in 7th grade. I really did not think that I would take my first sip of alcohol and this would become this huge, magical “you don't feel anything” sort of thing. But the first time I tried it, it wasn't nice necessarily, but it was just the feeling of there's a way that I don't have to feel pain was really relieving. The first time I tried it, that's when I realized wow, this like vodka can do so much for you. (Cassie, 15)

There is this deep desire to escape the pain and suffering that exists in these young ladies' lives:

When I was at home, I just needed to take something or do something to escape. Doing drugs became less about partying and more about escaping because I didn't have to deal with reality when I was taking drugs. (Denise, 16)

Substances became the solution for many of these youth. For some, it completely alleviated the anxiety that kept them from being the outgoing, carefree kids they were trying to be:

Especially with my anxiety, so much better because I didn't have to try to worry about what people thought of me. It made social situations so much easier. The anxiety wasn't there anymore. (Gabby, 16)

For others, using just became a source of comfort:



Drugs gave me a comfort in a lot of ways. It gave me the body I wanted. It gave me the confidence I wanted. It gave me the friends I thought I need. It gave me everything I thought that was good for me and that I'd always dreamed off. It just didn't give it to me in the right places. (Denise, 16)

Substances allowed a level of confidence and alleviated the pain around bad body image:

I distinctly remember how much fun I had. All my friends came and everybody thought I was so funny. I wasn't ashamed of my body or who I was. I was so fucked up. I didn't know what I was doing. It was a grand time for me. (Erin, 17)

For many, the use of substances became their coping mechanisms:

It was a coping mechanism, but also, that's how I really believe that true strength is through not feeling anything and that was the easiest way for me not to feel anything. (Cassie, 15)

The use of substances not only allowed a sense of confidence, but the use literally caused weight loss due to a lack of self-care providing a body that got the attention they had been seeking:

I started losing a bunch of weight because I was never eating and I got more sought after. Senior guys wanted me more and I thought this is better than anything else you could have ever gotten out of life so it can never stop. (Molly, 18)

There is a level of self-medication, but these substances are viewed not as a drug but as the answer to what they have been searching for:

At the time, I viewed it -- I didn't actually view it as a drug. I just viewed it as an antidote. (Vanessa, 17)

There is also a protective factor for these youth by blocking emotions and being emotionless:

Pretty much, they would numb any emotions that I had. For my social anxiety, I could just talk to people and not even think about it, which was really cool to me. I just felt comfortable. I thought that I was remembering everything that was happening and now I've realized I forgot a lot of stuff that happened. But it was just nice. It was just a break. (Trinity, 17)

*Numbing the Pain* serves so much more than just self-medication. It serves as a way to find some value and worth in the self, to protect the self from the pain that is being experienced, and to allow them the ability to find belonging somewhere by overcoming the very things that held them back.

*Escaping the current moment.* Numbing the Pain also provides a way to escape the moment. This way these youth never have to live in the now and experience the consequences of their life:

I guess the way I want to describe it is I always wanted to run away from my problems and I wanted -- I don't know how to phrase this. I wanted to feel a sense of life and I wanted to kind of had that whole live fast die young attitude about everything and just didn't know how else to cope with the emotions in my life. I'm a very addictive personality. I know I have that. Like if drugs weren't enough, I'd look for the next thing to fulfill that. Like shoplifting was my big thing at home or the drinking then going to drugs, like what was the next drug? Or even people sometimes. I know I have a very addictive personality so I just needed something to help escape the current moment. (Toby, 17)

The attitude of Live Fast, Die Young pervaded the approach to life for these youth. Using the processes for Numbing the Pain that allowed for escaping the moment, creates the ability for youth to disconnect and disassociate, discussed in the next dimension.

*Consequences for Numbing the Pain.* The consequences for this dimension result in the reinforcement of this dimension. The consequences include sexual assault, shame and guilt, older kid attention, and the downward spiral.

*Sexual trauma.* As it can be imagined, with the level of promiscuity that coincided with substance use, sexual trauma permeated these stories:

When I got there, I just remember that I was so messed up that I couldn't walk. She basically dragged me to this guy's house and then sold me to him so that he could have sex with me so that she could get money. That's when the whole her selling me to people started. I was raped a total of 11 times of everything I can remember. There's a lot that I don't remember those two and a half years of my life. So I don't remember most of it. (Lina, 16)

The trauma that occurred was not recognized as trauma at the time because the participants believed that they deserved the treatment and that the treatment was normal. The participants were also inebriated and thus, were not feeling anything:

That night, he started kissing me and then I didn't really know what was happening, but he grabbed my hand and lead me to behind some tennis court and basically raped me. Which was like ugh, God! I walked home by myself while the sun was coming up. It was a really awful experience except I didn't realize it at the time. (Sandra, 17)

*Shame and guilt.* A deep sense of shame and guilt came with the continuing processes of

#### *Numbing the Pain:*

I lost all my friends from that and then my party life didn't become so fun because it was shaming because everyone saw me as this drunk girl who would like to have sex with anyone that she saw. It was embarrassing at school when I would go the next day and everyone knew what had happened during my weekend. Because, I guess, I was a fun topic to speak about for the other people because I was kind of a total shit show and it's kind of hard to look away, like a train wreck type thing. I guess it was kind of comforting for other people to look at me. (Lulu, 17)

This was specifically true when the labels of addict or alcoholic were being used:

I was so ashamed when they were like you're an addict, you're a cokehead. I was like, "Fuck you! Don't ever say that to me." (Molly, 18)

This understanding of shame comes from the misunderstandings and the connotations around terms like addict and alcoholic. This same participant reflects on this very shame when she is in recovery:

I didn't realize to embrace the word and to take it upon myself as that, "Yeah, I'm a drug addict, but I'm a better person because of it and because that I'm sober." It puts life in perspective when you've been through the ringer and back, the hole and back or whatever you want to say. (Molly, 18)

Yet, there are others who carry a constant shame due to a lack of awareness and understanding of what is actually happening at the core of their use:

I guess something that I felt that I guess some people are not aware of that I wish they were more aware of is just being shamed from other parents and stuff. Like your kid is a druggie or you're a druggie, and them not being compassionate with the fact that like it's

not that simple and not that easy. People not understanding the complexity of it and just labeling kids as bad and good. Like you're a bad kid, and not understanding that it's deeper than that. (Shannon, 16)

Due to the use and the direct rebellion of the actions surrounding using, a feeling of guilt arose:

That is actually one of the biggest reasons why I started doing drugs more consistently because I felt a certain guilt disrespecting my parents as hardcore as I was when I was sober. Although I still did it, I felt like some kind of badness about it. So it was much easier for me to just do it and that was the end of it when I wasn't. (Denise, 16)

There is not only a guilt felt by external sources, but the participants share that even in their use, they recognize that what they are doing is hurting themselves and a level of guilt arises for treating themselves as they did:

I started to feel a lot more guilt around what I was doing to myself and doing in general because I started to realize that my actions weren't just hurting myself, they were really hurting the people around me. (Lina, 16)

What these examples of guilt and the underlying reasons for *Numbing the Pain* show is a real level of consciousness around what they are doing to themselves and to others. There is no grand desire to cause any harm or ill-will to any person, not even themselves. These young women are simply in so much pain, do not have the support systems necessary, and have been unable to develop an internal sense of self, an internal home, or any sense of autonomy and efficacy. Thus, the nature of the beast is that they know how to numb the uncomfortable feelings and so they continue because they have nothing else in their toolbox.

*Older kid attention.* There is another side to this dimension that provides something that the youth is seeking, but it is also that exact thing that reinforces the conditions of the dimension in the first place. In particular with *Numbing the Pain*, these youth are being sexually assaulted, their use is increasing due to the fulfillment as a solution, and this numbing actually allows for attention and influence from older kids and the ability to be cool:

Ever since then, the popular guys, older -- not older like old, old but grades older than me -- would start snap chatting me and texting me. I was like, "Oh my God, everyone likes me." But they didn't like me. They just wanted my services. I started literally going to guys' house just for that. We wouldn't even kiss, it was just for that. (Lola, 18)

Yet, this attention was not for positive aspects of the self and this is something these youth can recognize in their reflections, that they could not when they were in their use:

Most of them are older than me, I would say seniors in high school or supposed to be in college, but not having gone to college. For them, I think more than me, drugs was their life and that's what they did all day. I had to go to school. They didn't really seem to care about anything, but they were happy and that was very appealing to me. They always had my back in a way that other people -- they would take care of me and I know now that is because they wanted to use me to get them whatever they want it. But it was nice to have that attention. (Trinity, 17)

It is the response of these older guys that ultimately leads to more use:

And so I started getting random guys at the school. And like. I. I. Yeah. And then guys started inviting me to like these like. You know to like not necessarily parties they were just like one. Like an example was like this abandoned like apartment where like there were like 20 guys in there and they had like a lot of weed and they are just like hot boxing the whole house. And I was like the only girl but like I went to things like that you know. (Jennifer, 18)

There was an excitement around the response of older kids, specifically ones who were using drugs or drinking:

I felt excited because I was like this older guy with drug connections is interested in me, I was like oh my God, this is my chance. (Sandra, 17)

With this type of response from any peer group, specifically after peer groups that these girls attempted to join rejected them, their tolerance began to build:

And he was out of his mind high, texting me hours after and I had already had to do more because I wasn't high. I was high, but I wasn't high enough. (Lily, 15)

*Downward spiral.* The downward spiral involved the movement from using substances as a way to get into new in-crowds and find some type of identity and belonging to using substances because it was the only way to get through the day:

I didn't want anyone to know because I didn't want anyone to link it to the drugs. But it just got worse and worse and worse and doing drugs started becoming a completely different thing than it was before. It wasn't so much about creating this new identity or just trying to have fun, it was just about trying to feel better. Because I would feel really suicidal or sad and then I'd go out and smoke a bong. And as soon as I did, I would be thinking to myself -- I remember my thought process so clearly. It would hit me within five seconds of -- the first hit was just like, "Why would I ever be sad or why does that happen to my brain? Why do I get sad? This is how I should feel all the time." That was really weird because I think I knew that it was bad that I was using drugs to feel better because I had heard that so many times. But I still just -- I don't know, I thought that that was the way I should feel all the time. (Charlotte, 18)

This spiral downward involved the loss of friends:

I lost a lot of friends because they found out my addiction and they didn't want to be around the crazy and the guys and the drama. It was just kind of like the parade of things that would happen to my life that I thought was normal, but when you're under the influence all the time, things kind of lose its perspective.. (Molly, 18)

It also required finding new friends:

I started smoking a lot and my friends didn't like it, my friends from my school, and so I started hanging out a different group of people. This new group of people were a lot more relaxed and fun and didn't seem like I always had to put on a face for anyone. (Shannon, 16)

The downward spiral signifies the moment when the youth get trapped in a feedback loop of their actions and the feelings that arise from these actions. It is this downward spiral, this movement to new friends, reputations, and the continual feeling of self-hate that leads to the following dimension, *Disconnecting*.

***Summary of Numbing the Pain:*** This dimension is a crucial point of understanding in the process around development of self. Up until this point, the participants are seeking help, are trying to be what is expected of them, and truly have their lives driven by the world around them. It is the response to the attempts to be something else than what they are and the pain that has built over a childhood of neglect, trauma, and reinforcement of not being good enough, that these participants start to find ways to take care of it themselves. Unfortunately, due to their

upbringing, their developmental selves are stunted and the tools for true autonomy is there. Their false identity is the only one that has been good enough for acceptance and thus, they *Numb the Pain* of not being good enough as they are. It is a dimension that reinforces the cycling through of all the other dimensions:

It's kind of what it was. It was like this Ferris wheel I guess and goes on a circle of me getting fucked up, making people like me, being sober, hating myself, getting fucked up again so I don't have to hate myself, doing stupid things, getting people to like me over and over again. It literally got to a point where I was never sober. There was not a second -- God -- like this moment, the instant that I thought within the next two hours I could possibly be coming down off of something, I would take something else. Because I never wanted to deal with the crash or the realization of what I did last night. Because it ruined the fun. (Erin, 17)

**Disconnecting: Dimension and explanatory Matrix.** The dimensions up until this point have been building the scenario for disconnecting. As stated earlier, when we discuss the disease of addiction, it is a disease of separation. This dimension builds off of the dimensions that have been explained in detail thus far and the development that occurs when going from *Numbing the Pain* to *Disconnecting*. There is a continued theme of self-hate, a continued need for belonging, and an eventual feeling of being trapped:

At this point, I pretty much hated myself. I was very athletic and I got concussions. That's when I discovered drugs because they were prescribed to me. As soon as I started doing that, I found the people in my school who also use drugs. It wasn't that many because it's a small boarding school. But pretty quickly after that, I was very suicidal all the time and I could not not be relying on drugs. I also wasn't eating, not taking care of myself. Then when I would go home for holidays and things, I was completely covered up and I just didn't talk to my mom and I stayed in my room. As a result, I let people use me and I got myself into some pretty bad situations. I don't know, I wanted to be like other people so badly, but I couldn't because I already had a taste of this other life. I couldn't stop. I just didn't know what to do. (Trinity, 17)

Table 4.8 shows the dimensional properties of the primary dimension *Disconnecting*.

Table 4.8

Properties for Primary Dimension of Disconnecting

Dimension	Conditions	Processes	Consequences
Disconnecting	<ul style="list-style-type: none"> <li>• Existential Crisis</li> <li>• Being unloveable</li> <li>• Appeal of drug life</li> <li>• Movement from family</li> </ul>	<ul style="list-style-type: none"> <li>• Maintaining Reputations</li> <li>• Extreme Relationships</li> <li>• Not caring</li> <li>• Disassociating</li> </ul>	<ul style="list-style-type: none"> <li>• Becoming the Void</li> <li>• No concept of self</li> <li>• Drugs controlling my life</li> </ul>

***Conditions for Disconnecting.*** The conditions for *Disconnecting* are being unloveable, movement from family, existential crisis, and appeal of drug life.

***Being unloveable.*** Through the experiences of these youth, they came to the conclusion that they even though they had created an accepted and cool image, they were not loveable:

I thought of myself as cool. I thought of myself. As Really fucked up. I was failing out of school. And I was still really stupid. And You know nobody loved me...I was unlovable. I was I was hopeless. I was stupid. I was a drug addict. I was a whore and. I was like I said I was waiting to die. I had no discernible personality. Like parts of myself. There's really nothing to me. Let's see, I started throwing away all of my relationships to get drugs. And like nobody knew the double life that I was living. (Jennifer, 18)

This conclusion was derived from a belief that was validated by all of those around the participants:

Well, I was sent to the principal's office all the time so that hits the criteria. There's couple things that -- the criteria of a bad kid: always in trouble. My mom, I never felt like I made her proud or I did anything right. Just basically everything I did I felt bad about myself for doing and that was reinforced by everyone else. I felt bad about stealing and lying deep down. And everyone telling me that I am horrible and that I'm a liar and I'm a stealer and all this just kind of reinforced the fact that I felt like a bad kid. And I hurt other people, I was violent to other people and people didn't like me because I was mean. And so there's no way I could feel good about myself. (Gabby, 16)

The participants began the journey of *Seeking Belonging* with a feeling of inferiority and it has been through the processes in the primary dimensions that this feeling becomes warranted and the desire to fight for another outcome diminishes.



*Existential Crisis.* Many of the participants experienced what they called their Existential Crisis because they continuously questioned why they even existed:

This actually started to even further fuel the idea that I'd had in seventh grade that I didn't exist. It came back around, except it was I don't have emotions or feelings because I'm not a person. And I didn't have emotions or feelings because I was on so many drugs. But then I would go into that, "Well, if I don't really have any feelings, what is the feeling that I don't have any feelings?" And I would just spiral and spiral into what I call my existential crisis phase. I spent every waking minute of my life that I was sober enough to comprehend anything, questioning everything. Questioning the existence of myself, the existence of the earth, the existence of space, time, anything. (Lily, 15)

The participants ultimately believe there was no purpose for their existence and that it did not matter that they were around:

I had to reach the point of understanding that my importance didn't exist, actually, to get to the point where I thought my parents were, so then I could persuade myself to actually kill myself. When I say I was just done, I was overwhelmed with trying and I didn't understand life. I got so depressed. I didn't understand how life even got started. And then it just made me like -- yeah, I don't know. (Vanessa, 17)

At the core of this crisis was this belief that the participants did not have a future:

For some reason, I just thought I was going to die. I don't know why. At that point, I wasn't looking inward enough to think anything about myself. I was just very unmotivated and just for some reason, I had a feeling that I was going to die. Like somebody was going to hurt me. (Serena, 15)

For many of them, they reached the point where they wanted to die:

We had a big fight on the way to school the day after she confirmed everything that's happening and I was like, "I wish I overdosed." Then I just really wanted to die. I just really had no sense of self-worth. Hated my body, not necessarily even just for its appearance, I just felt betrayed by my body. And didn't have any attachment to myself or my life. Everything felt empty and cold. And if I couldn't have drugs or guys then there wasn't any reason for me to be alive. But those were also the things I was using to kill me. (Sandra, 17)

*Appeal of drug life.* Drug life was appealing due to reasons mentioned earlier such as alleviating anxiety and numbing emotions, but there is also the feeling that drug life is fun:

Not to feel numb, not to fit in, literally just to have fun. That's another thing is like it was so fun for me. That's another main reason why I did it. It's like I wasn't having fun in any

other part of my life. Then it would be like start off just on the weekends and then it would be like two, three times a week or whenever I could really get it or afford it. (Vanessa, 17)

For others, they believed that drug life made them a better person:

Xanax was my love, I said. My first real love and I thought I was a better person on them. (Molly, 18)

Drug life provided something the participants felt they were missing their whole life.

They finally got to do what everyone else was doing, they felt better than everyone else, they were having fun, and they were able to avoid the misery that was awaiting them.

*Movement from family.* The youth shared that they started to distance themselves from family:

So I started spending less and less time at home and all of my time at this girl's house getting high. (Charlotte, 18)

The participants explained that the more they hated themselves, the less of a relationship they had with their family:

I didn't like myself at all. I just thought everything is pointless. Like who cares what happens to me? I might as well try to have fun or something like that. Nothing really matters anyways. I didn't have a relationship with my parents. I would talk to them maybe once a day. I didn't want to talk to them. (Serena, 15)

They even used manipulative tactics to work family members against each other so the participants would not have to stop doing what they were doing:

When they did realize something was wrong, they tried to confront me about it and I completely cut them out. I started fighting with my mom all the time to the point where I was making plans to move out and live with Carter. And my dad, I manipulated him into agreeing with me that my mom was crazy and that I was the one that was the victim and she was absolutely insane. He completely believed me and was going to help me move in with her. (Charlotte, 18)

*Processes for Disconnecting.* The processes for disconnecting relate directly to belief that belonging can only occur through their false image. The processes are maintaining reputations, extreme relationships, not caring, and disassociating.

*Maintaining reputations.* At a certain point in the process, the participants explain that an image is made for them and they feel the pressure to maintain the reputation they have earned:

Then 8th grade came around and my reputation had gone very down, but that didn't stop me. That honestly, just motivated me to keep going because I had to live up to that reputation. (Cassie, 15)

I felt like I had to fit the reputation. (Shannon, 16)

I think because I've been to enough parties I'd seen those girls that had gone crazy and made out with every guy sort of thing and were talked about the next day. I so wanted to keep this perfect image up of who I was and what I could do and my reputation. (Toby, 17)

These reputations were earned and provided a sense of belonging. Even these reputations required energy to maintain. *Shining the Self* is a process that has followed them into the drug culture. Eventually, an image has been made for them through their drug reputations and the participants just allowed the image that had been made for them to persist:

Yes, it was exhausting. I didn't have any energy, to begin with so to put up a front every day, to be badass, it was so exhausting. I did it for a really long time until around April. Right before I got kicked out, I stopped because I just stopped caring. I was so out of everything that I didn't continue to put up the facade. I didn't stop putting it up, but I didn't ever really pursue it anymore because the image had already been made for me. (Lily, 15)

*Not caring.* Many of the participants explained that they lived out of an "I don't care" mindset:

Just the disconnect with myself just got worse and worse and worse or more and more and more. I did not even know who I was. That whole time period, middle school, it happened so quickly it feels like because I never made it to high school. Just everything happened so quick. I had lost respect for myself because all I cared about was doing what I wanted to do and being independent and having fun. My sense of self-respect was completely gone. I didn't really know what the word value meant or what it meant to have

values. But I thought I knew what I wanted in my life and what I wanted in my life was I didn't care, just let me live. I kind of just lived out of an "I don't care" mindset and I was completely disconnected from who I was and what I actually wanted and my emotions. (Cassie, 15)

The concept of not caring touch all these participants at some point in their story:

I didn't care. I didn't feel anything. Yeah, I didn't feel anything. I was still doing drugs, I was still drinking, and I was like, "If she won't do it, then my other friends will." I didn't care. I didn't feel anything around it. (Erin, 17)

The response of "I don't care" is something that is almost expected from adolescents because of their innate and developmental right to rebel against the norms. For these youth, not caring was a place they existed to avoid the fact that they really did care and did not know how to change what they were doing. It was easier to create the feeling and front of not caring than to face the pain and anguish of what it might look like to see what was actually going on underneath that mask.

*Disassociating.* The participants shared that many of them just began to disassociate with what was going on in their world as if it either was not actually them doing it or because it was something they did not want to believe had to do with them:

I think that -- let me think about the two choices. Something that tied in with that was when I look back, even when I was living that life, my memories were in the third person. I was always disassociated. I was always detached from myself. It was kind of like I wasn't a person in my body, I was just like watching my body do all of these things. I think that internally, I saw everything the same way no matter who I was around, but I did act differently. But I was always acting out of the same intension. My intention was the same and I was the same, but I was able to mold myself based on what I wanted to get from somebody or what somebody wanted from me. (Sandra, 17)

For many of the participants, the desire to disassociate came from feeling like a burden to any and every one that existed in their lives:

I guess I always had this disconnection for myself in the world. I felt like I was floating by myself. And this feeling of nothing was ever fun, nothing was ever right, nothing was ever worth doing. Just this sense of feeling like nothing was really going to lead to anything nice in my life and just feeling like it wasn't worth doing. Feeling like not

worthwhile. Feeling like I didn't deserve it anyway because I wasn't going to make the most of what was given to me. Someone could give me something in life and it was like, "You could have given it to that person who's actually going to do something with their life, not me." It was just this constant feeling of shaming myself and feeling like a burden and then at the same time feeling like I was different and I wasn't meant to be a part of a group of love. (Lina, 16)

*Extreme relationships.* It has been explained that for many of these youth, they had an iconic person that almost became an obsession for them. Extreme relationships not only existed with iconic people, but also with significant others:

I remember when I was with Andy, my hunch was like, "Sandra, you're turning into Andy. You listen to his music. You even talk like him." I was speaking exactly the way he did. (Sandra, 17)

It is in extreme relationships where we see that the participants' addiction is not only to substances but to anything that they can attach to in order to find meaning and make sense of themselves. The participants live in extremes, they lack a sense of balance, and this manifested in their relationships. The participants even explained that the person in these relationships became their new addiction:

That fueled the addiction even more because my addictive personality is not just to drugs. I was addicted to him. He was my god because he gave me the attention I wanted, even though he was a love avoidant. He gave me the attention I wanted and he gave me the drugs I wanted. So it was the best of both worlds. (Lily, 15)

*Consequences of Disconnecting.* The consequences for this dimension include becoming the void, no concept of self, and drugs controlling my life.

*No concept of self.* Disconnecting was a progressive process that started with severing pieces of the self so that the individuals did not feel whole to eventually losing any concept of the self:

I just didn't want people to reject me. I was terrified of people rejecting me. So what I wanted wasn't really ever taken into account in my mind, it was always what other people wanted. (Serena, 15)

Not only did these participants not know what they liked, they discovered that they did not even have a self:

I had no sense of self. I looked in the mirror and I had no idea what I looked like. (Lina, 16)

The participants realized that they never had a relationship with their self or had any idea that this was a possibility:

I have a relationship with myself that I can even conceptualize when I was in active addiction. (Sandra, 17)

For many participants as a consequence of their Existential Crisis, they believed that they were not even a person:

But in that time period is when I stopped thinking I was a person. I had formed this idea in my head that I didn't exist and that everything around me was a lie. That the entire world was a lie. That nothing was real. I didn't exist. I was so afraid to close my eyes in a car because I wouldn't know where I was. (Lily, 15)

The young women who shared their stories spent so much time focusing externally causing such an intense sense of disconnect that they just did not have any idea who they were:

I didn't understand anything about me. (Vanessa, 17)

I guess just with the aspect of not knowing who I was and that confusion from birth of like, who am I, what's my purpose on this planet even, I just wanted to find out who I was. (Toby, 18)

Not knowing who they were, the participants also found they did not value much:

I valued nothing. All I cared about was my addictions. My values really just consisted of trying to be okay, I guess. And okay meaning I have my drugs. I have a place that I can do my drugs. I have someone that can supply them for me when they run out. I have this person or that person. I have a place I can probably sleep tonight and if not that's fine too. I can find the place. I can always go to Dunkin' Donuts on 5th Street. It really just went around the very few things I cared about which was drugs and certain people I was addicted to. (Lina, 16)

*Becoming the void.* Through the progression of these dimensions and the spiraling downward induced by continuing use and defining self externally, the participants created a void

internally they tried to fill with substances and people and sex. There was a point in these stories when there was no difference between the thing they were using to fill the void and themselves:

That was all I ever wanted to be. At the time, I didn't really care about being anything else. I didn't care about being a person. When I had the drug identity, I didn't care about being a person. I just wanted to be seen as a drug addict and do drugs and have no one else care about any other part of me because then I have an excuse to do more drugs. And when the depression took a hold of me, I already really didn't think there was anything else to me. At the time, I didn't think that it was an identity thing. I didn't realize that's what I wanted to be. It was just all I knew. But once I find something like that or become a part of that, the obsession that I carry that's part of the disease of addiction takes over. The obsession part of my brain is like, "Oh, look at this thing that you're really good at. You're really good at being sad. You're really good at doing drugs. That should be all you are so you don't have to do anything else." (Lily, 15)

The participants took what they saw, the things and traits they thought made the perfect person and became those exact things:

I think it was those two people and then also since I didn't really have a sense of identity, I just combined what I saw. Because I know I'm a very intuitive person so I saw what other people thought were the best about a certain person so I took that in as my own personality or character, whatever so that I could combine all those things and be that perfect person. (Toby, 18)

In many ways, becoming the void was the way these youth fulfilled the prophecy set before them throughout their life experience. That self-fulfilling prophecy was described as being the "fuck up":

It became easier to be a fuck up with no expectations and the only expectation is that you're a fuck up than anything else. And it was a productive way of life, I guess, for a little bit. It seemed easy; no expectations, no one expecting anything. (Molly, 18)

*Substances controlling my life.* The ability to maintain multiple lives and identities only lasted as long as the substance use was invisible and controlled. For all of them, there is a point when the substances began controlling their lives:

That even when the drugs don't work anymore, even when you're still miserable and you can't get high that it would be worse to be sober. (Lily, 15)

And also it was I started taking Xanax to function. I took one bar to go to school and I took one to go to bed. It became a routine. (Denise, 16)

I couldn't really enjoy life because I was so worried and focused about the next time I was going to get high. (Sabina, 17)

It is at this point when these individuals lost their will power. Even if they wanted to stop, even if they wanted to go back to their families, they could not do it.

I really do see addiction as this giant black goobey thing inside of a person's brain and it just goobs all over everything. Slowly and slowly, as addiction takes over a person, I feel like that person dies. That's why people only see that when they see an addict. They only see the black goob. And they can't see past it because the person's literally being eaten away by the disease. (Lina, 16)

***Summary of Disconnecting.*** The dimension is described as the end product of these processes. It is the piece that leads to a full sense of addiction. This dimension happens along the entire process as all the dimensions due. It is in this dimension that these youth actually end up fully disconnecting from any type of belonging. The goal and core dimension is Seeking Belonging. At the end of the disconnect that was fueled by numbing and inappropriate or non-existent reactions to seeking help, the individuals have lost any sense of who they were, only know the false identity that has been approved, and their self-hate does not allow them to be accepted by anyone any longer. Even when they begin to acknowledge that family might actually care for them, they are unable to believe it themselves.

## **Conclusion**

This chapter provided an in-depth dimensional analysis that alluded to one core dimension and five primary dimensions. The core dimension of *Seeking Belonging* is central to each of the processes described by the primary dimensions. The primary dimensions of *Shining the Self*, *Suffering*, *Raising the Red Flag*, *Numbing the Pain*, and *Disconnecting* describe the complex social processes that the youth use in order to achieve that core sense of belonging. The



dimensions are intertwined and systemic in nature, in that they create conditions that enforce the other social processes. This chapter did not include the integral analysis of contexts for each of the dimensions as they will be described thoroughly in the next chapter through the use of situational analysis. In moving from the dimensional analysis to the situational analysis, it is essential to recall that the two analyses complete the whole, dynamic picture of the situation. The following chapter will fill in the necessary gaps that link the dimensions to macro cultural and social forces.

## **Chapter V: Findings of the Study - Situational Analysis**

In the previous chapter, the analysis of the data from GTM was presented. In this chapter, I will elucidate the findings of the situational analysis. As it has been stated previously, the situational and dimensional analysis are complexly intertwined even though the findings from each analysis is presented in separate chapters. The findings in this chapter provide a focused view of the forces involved in creating the conditions under which the social processes exist and are reinforced. The combination of the findings discussed in Chapters IV and V provides a systemic and holistic overview of the situation. The complexity of the conditions and contexts surrounding adolescents who struggle with substance use will be explored in this chapter. Each situation presented in this chapter earned a place in this analysis because the participants deemed it influential to their experiences. There are also situations presented that serve as a greater force that influences those pieces that were directly shared by the participants. These were determined through the analysis of discourses surrounding the situations.

Discourses explored in this situational analysis included those around popular culture, media, addiction, healthcare, therapy and treatment, family systems, federal policy, governing bodies, and integrative practices. The situational analysis was elaborated by reviewing relevant documents and media, such as articles, social media postings, and music lyrics, securing expert interviews in various fields, reviewing public media and articles, and diving deep into literature that would provide a fuller picture of the context. The expert interviews included the following fields: healthcare, therapy/treatment, criminal justice, integrative practices, and 12 step programs, The discourses that emerged were constructed into an overall project map. The project map not only describes the major social arenas involved in the situation, but it also places these

arenas in position with each other. Clarke (2005) described that all social arenas do not have to have the same viewpoint on the situation.

The necessity of the situational analysis became clear during the interviews in the topics and areas that were brought up by the participants. The situational analysis was solidified as the discourses were explored. The purpose of this study is to determine how these adolescents achieve this developmentally profound task of creating identity when struggling with substance use. What will be described in the findings of the situational analysis is how these youth are being asked to do identity work and determine that they are in a culture who cannot come to a consensus on what to believe these youth are or how to handle them. In this chapter, I will be looking at the sectors involved in the current debate around addiction and that determine addiction and drug culture. What we will find is that in the midst of the debate we are creating a situation that is confusing for those that exist within it, the adolescents that are at the hands of the leadership, specifically leadership in education, healthcare, treatment, and criminal justice, making decisions.

In these debates, as they will be presented, we find that there are so many perspectives and understandings of addiction, its labels, and how it should be treated that it is nearly impossible for these youth to determine who they might be. We, as a culture, ask them who they are going to be in this world and what purpose they will serve. Yet, we, as a culture, a cross-section of sectors, are unable to come to an understanding of how we identify these individuals and thus create barriers for reconnecting. How can we expect these youth to internalize any concept of self when the world and authority around them is defined by disagreement? It is dependent on the sector these youth fall into and how that arena decides to “handle” the youth that influences the understanding of who the youth might be. For example, in most types of

treatment, a 12-step program is prescribed. In this prescription, we ask these youth to one, be sober and relinquish any understanding of self they did have that was accepted by the immediate world around them, and two, give them a program that expects them to identify as an addict or alcoholic in order to participate and ultimately recover from their disease. Regardless of sobriety, the youth still carry the label of “alcoholic” forever in spite of the descriptor “recovering.” This example and the rest of the discourse will be presented in this chapter.

The followings sections include the presentation of the different maps created through the situational analysis and a description of how the discourses create a binary narrative that focus good and bad, and right and wrong, as well as the counter narrative that arises in the silent space that allows us to move away from the dominant narrative and allow the Recovering Self to emerge.

### **The Situational Analysis**

Adolescents who struggle with substance use find themselves in a challenging context with macro level pressures in nearly every context considered. Developmentally the participants are doing exactly what is expected of them, yet, due to these pressures, unknown and confusing to many of the participants, these youth end up overly-stressed, anxious, driving to attain perfection, and eventually are filled with a self-hate that drives substance use and disconnection. The situational maps created in the data collection will show the situation within which these youth are fixed.

Throughout the data collection process, I assembled many messy maps. These were emergent and constructed as data came out of the interviews. I determined the positioning of the dominant areas of influence as I determined their relationship to one another and the significance of the perceived influence. The messy map allowed for brainstorming without placing any

amount of weight on any particular element. Creating these maps allowed a playful attempt at putting the puzzle pieces together, determining connections, and to see the larger picture made up of the mess. Figure 5.1 depicts an early messy situational map followed by Table 5.2, which depicts the ordered situational map. The ordered map provided a way to take the brainstorm of the messy map and give it some structure. It is in this map that the situatedness of adolescents within the debate around addiction and the silent actors emerged, as situational analysis allows the silences or voids within the discourse to be recognized for the potential influence they might have.

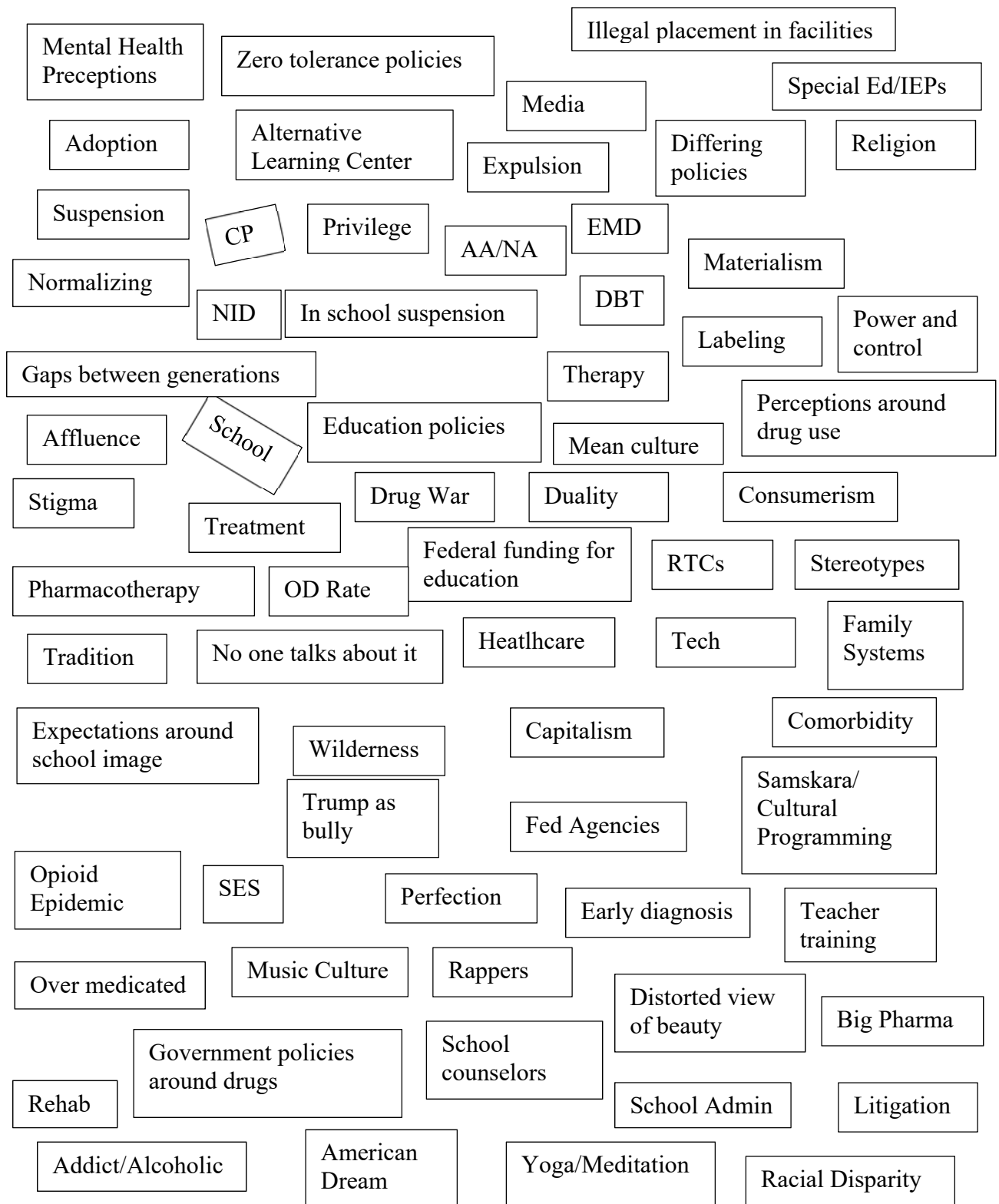


Figure 5.1. Messy situational map showing contextual factors.

Table 5.1

Ordered Situational Map

<p><u>Individual Human Elements</u>          Adolescents          Family          Peers          Authority Figures          Teachers          Therapists          Significant others          Sponsors          Police officers          Doctors</p> <p><u>Collective Human Elements</u>          Health-care          Education          Administration in Schools          News media          State and local government agencies          Federal regulatory bodies (eg., CPS, FDA)          Big Pharma          Professional organizations          Treatment centers          NIDA          Juvenile Justice</p> <p><u>Nonhuman Elements</u>          Drugs and Alcohol          Juuls          Social Media</p> <p><u>Implicated/silent actors</u>          Adolescents          Siblings          Non-white communities          People struggling with addiction          Mind-body based practices          Y12SR model          Recovery high schools          Integrative models</p>	<p><u>Discursive Constructions of Individuals and/or Collective Human Actors</u>          Comorbidity          Addict          Bad kid          Immoral          Being othered by intake process          Punishing addiction          Blaming/Finding external reasoning for epidemic instead of looking at culture and selves</p> <p><u>Discursive Constructions of Nonhuman Actants</u>          Media inducing fear</p> <p><u>Political/Economic Elements</u>          Materialism          Affluence          Capitalism          Drug Policy (Federal, State, In School)          President is a bully          Drug War          Education Policies          Zero Tolerance Policies</p> <p><u>Temporal Elements</u>          Development          Therapeutic Practices          Rise in Adverse Childhood Experiences          Access</p> <p><u>Major Issues/Debates Concepts</u>          Opioid Epidemic          Addiction          Terminology around addiction          Legalization          Pharmacotherapy          Early prescriptions for pain meds</p>
--	--

<u>Sociocultural/Symbolic Elements</u>	<u>Spatial Elements</u>
Privilege	United States
Racial Disparity	Private homes
Wealth Disparity	Residential Treatment Centers
Individualism	Treatment Centers
Perfectionism	Schools (Boarding, Therapeutic, and Traditional)
American Dream	Police Stations
Gender Roles	Jails
Normalizing	Hospitals
Mean culture	Affluent neighborhoods

From the ordered map, a project map was extrapolated that attends to the key macro and meso forces at play along with their positions in the dominant narrative. In order to move from the ordered map to the project map, the elements in the ordered map were grouped into major social arenas. The grouping of the elements in the ordered map into social arenas is depicted in Table 5.2. It is important to note that some of the elements overlap, this is described by the nature of the overlapping of the social arenas in the project map.

Table 5.2

Social Arena Grouping

Domain	Social Arena	Included Elements
<b>Pursuit of Happiness</b>	Family Systems	Family, Siblings, Adolescents, Development
	Religion	Tradition, Family, Christian Values, Authority Figures
	Gender	Gender Roles, Authority Figures
	Privilege	Privilege, Non-white communities, Authority Figures
	Capitalism	Materialism, Affluence, Capitalism, Wealth Disparity,
	Popular Culture	Social Media, Media Inducing Fear, Gender Roles, Normalizing, Peers, News Media



---

	American Culture	American Dream, Mean Culture, President as Bully, Individualism, Perfectionism
<b>Immersion in Addiction Culture</b>	Education	Schools, Teachers, Education, Administration in Schools, Bad Kids, Comorbidity, Zero Tolerance Policies, Education Policies, Affluence
	Criminal Justice	Jails, Legalization, Racial Disparity, Police Stations, Police Officers, Juvenile Justice, Being othered by intake process
	Government Regulatory Agencies	Government Regulatory Agencies, Federal Regulatory Bodies
	Federal and State Governments	Drug War, Opioid Epidemic, Big Pharma, President as Bully, Drug Policy
	Addiction Culture	Drug War, Addiction, Terminology around Addiction, Peers, Significant Others, Immoral
	Institutionalized Treatment	Authority Figures, Treatment Centers, Residential Treatment Centers, Addiction
	12-Step Programs	Authority Figures, Therapeutic practices, Addict, Sponsors
	Healthcare	Big Pharma, Opioid Epidemic, Hospitals, Doctors, Pharmacotherapy, Early Prescription of Pain Meds
	Therapeutic Milieu	Therapists, Comorbidity, Diagnoses, Therapeutic Practices, Rise in ACE's, Development
	<b>Recovering Self</b>	Integrative Practices

---

In order to create a greater level of understanding, the social arenas, positions, and places of contention were placed in domains. Domains exist as a way to capture the larger context within which each of these pieces exist (Moir, 2009; Shoop, 2008). The situation that is being

analyzed is complex and intertwined. The use of domains allows each piece to be described under an overarching context that ties them relationally and systemically together. The four existing domains are the Pursuit of Happiness, Addiction Culture, Treatment and Therapy, and Recovering self. In each of these domains, the relationships between the social arenas will be explicitly depicted through analysis of relevant discourse elements (documents, interviews, and related media) that exist within the situation of inquiry. The intention is to provide the data and understanding that lead to this project map and ensure that an understanding of the impact these arenas and major debates have on the adolescents in question unfold. The project map describes the dominant narrative, counter narrative, and the forces involved. The project map not only provides the social arenas involved in the situation, but it also provides a relational perspective between the elements. Figure 5.2 depicts the project map.

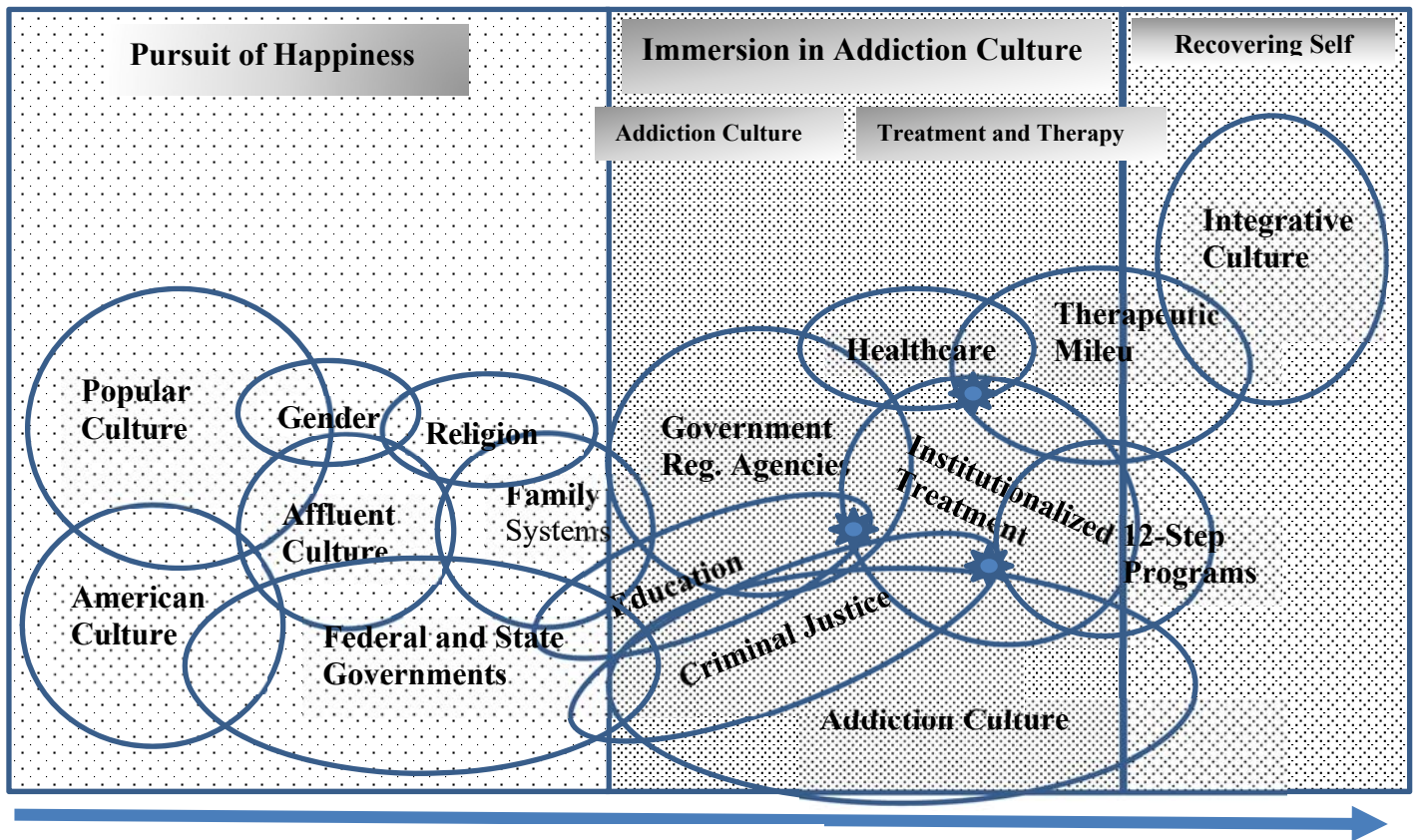


Figure 5.2. Project Map.

Sense-making of Identity

The social arenas are represented by the different shaped circles in the project map. Each circle is of relevant size, meaning that the size of the shape represents the magnitude of the social arena in the situation. The overlap of the circles describe the interconnected nature of the social arenas. Three gradients exist on the project map. The first gradient to left-most part of the map depicts the arenas that enforce unrealistic expectations that are a part of the dominant narrative carried throughout the situation contained by the domain Pursuit of Happiness. The second gradient captures the area that dominates the major areas of contention and debate contained by the label Immersion in Addiction Culture including both the domains of Addiction Culture and Treatment and Therapy. The stars in the map indicate the arenas where the major areas of contention exist that affect the youth as illustrated by the participants in this study. The final gradient covers the silenced actors of the map that make up the counter-narrative contained by the domain Recovering Self. Below the map is an arrow with the label “Sense-making of Identity.” This arrow indicates that the youth are moving through these arenas and domains while make sense of identity.

The domains represent a specific relationship to the social arenas, as well as the primary dimensions described in the dimensional analysis. The complete connection of all components is described in the Theoretical Model in Chapter VI. In order to frame the discussion around the domains for the situational analysis, each domain is presented with a summary of the domains in its relation to both the social arenas and primary dimensions.

Domain I: The Pursuit of Happiness encompasses the arenas and positions that determine the unrealistic expectations set upon the youth in the study.

Domain II: Addiction Culture encompasses the arenas and positions that create the space and forces for the participants to be silenced and pushed away from institutions and self. This

domain also encompasses positions of contention where arenas are debating between positions and those positions have major determinations as to what happens with these youth developmentally.

Domain III: Treatment and Therapy covers the arenas and position that determine accessibility, as well as, type of treatment or therapy available. This domain also encompasses positions of contention that allow for a continued immersion in addiction culture.

Domain IV: Recovering Self encompasses the arenas and positions that are in place to provide help and assistance to these adolescents through the relational pieces contained by the Therapeutic Milieu, as well as the processes that allow a reintegration of the shattered pieces of self. This domain is presented as the silenced voices and actors in the discussions of the domains Addiction Culture and Treatment and Therapy.

The following sections will describe the three main Domains, beginning with the Pursuit of Happiness.

### **Domain I: The Pursuit of Happiness**

The first piece of the project map and situational analysis that will be uncovered is the Pursuit of Happiness. The Pursuit of Happiness is not a social arena, but a context created by the overlapping expectations of specific arenas. The arenas are represented as quite large due to their impact on the expectations set before the participants. It was hypothesized that these youth were given unrealistic expectations and it was only through the context of their interviews and the situational analysis that the understanding of where these all come from were uncovered. For the sake of understanding this piece of the project map, the arenas creating the context will be discussed.

The Pursuit of Happiness is a well-known phrase that is stated directly in the United States Declaration of Independence. Perhaps the meaning in this document meant something different than it does now, but the current conjecture and understanding around pursuing happiness is driving a deep unhappiness and disconnection from the fundamental needs of human beings. Particularly in the group of individuals that were interviewed in this study, the idea of having, achieving, and perfection determined the level to which one could be happy. This section will discuss the effects of family systems, affluent culture, American culture, and popular culture on the ability to be happy, specifically with oneself, by setting expectations that can be considered unrealistic and unattainable for these youth.

### **Family Systems**

It is within the family system where the participants are first seeking belonging and first learn their habits, skills, abilities, and worth. Affluence has a major effect on the expectations set in families and for the participants in this group and will be discussed in the following section. To set the stage for understanding these forces in the situational analysis, it is important to understand the family system dynamic. In this study, it would have been insightful to speak with families but due to protection of the youth, this was a strict boundary decided upon early in the study. Instead, I explored family systems theories and research around expectations of families with adolescents, specifically adolescents exhibiting antisocial behaviors (ASB), and other research that might allude to understanding the family within which the participants existed.

**Families Systems Theory.** Family systems theory describes families as complex (Barr & Smetana, 2018). Just as with any other system, a family system is comprised of multiple subsystems. Brofenbrenner and Morris (2006) suggested that according to ecological systems theory a family is constantly developing over time. In this view, functioning in one subsystem

necessarily impacts the other subsystems in the family (Fosco & LoBraico, 2019). During adolescence, there is a major shift in the system, the roles of specific elements, and in relationships. Family systems theory posits that the marital subsystem sets the tone for the larger family system by creating the basis for the family environment (Barr & Smetana, 2018). Overall, it has been found that greater levels of marital conflict have been associated with greater internalizing and externalizing problems during adolescence.

For these participants it could manifest through divorce:

They got a divorce when I was in fifth grade. I'm a senior now. My entire life has just been them shit-talking each other behind each other's backs, doing nasty things to each other, like bringing each other to court, lawsuits, just really nasty stuff. It's really all I know when it comes to parenting, but I do go to friend's houses and I see how their parents act and their parents don't bring each other to court and do these terrible things all the time. (Olivia, 17)

We might also see infidelity as a source of marital conflict:

Seventh grade was also the year -- I was on my mom's iPad one day and I guess the iClouds were linked or something for my dad and I received these texts from this girl that my dad was cheating on my mom with and they were really disturbing. (Charlotte, 18)

Two hypotheses are presented in the family systems theory that are relevant to the current study: the spillover hypothesis and the compensatory hypothesis. The spillover hypothesis suggests that positive or negative behaviors or functioning in one of the subsystems transfers to other subsystems (Cox, Paley, & Harter, 2001). The compensatory hypothesis notes that family members will compensate for the negative functioning in one subsystem by putting more effort into another subsystem (Erel & Burman, 1995). These two hypotheses directly relate with the risk and protective factors within a family system and the processes that might be used to handle different dynamics within the family system. Also associated with those factors are parenting style. The following types of parenting styles were identified in the participant data, authoritarian and permissive. Parenting styles were presented as a condition of the primary dimension

*Suffering* in the previous chapter. The data presented for this condition clearly showed that parenting style existed on the extremes of the parenting continuum by the parents either being overly controlling and strict or by the parent being enmeshed with their child by acting as their friend and peer.

There is some controversy over these parenting styles especially in the midst of other cultures. There has been assertion that authoritative parenting benefits most youth. Yet, this type of parenting is more characteristic of middle and upper SES European American families than of ethnic minority or lower SES parents in the U.S. or of parents in non-Western cultures (Barr & Smetana, 2018). The parents of the latter are more often authoritarian. The parents of this study lie in the former group. The controversy lies in that the description of parenting styles does not accurately capture cultural beliefs of parents from other backgrounds. For example, Chinese parenting is considered authoritarian, as well as parent-centered and punitive. What Chao and colleagues (Chao & Aque, 2009) posit is that parenting in the Chinese culture are based on Confucian teachings. These teachings view strictness as child-oriented and necessary for training. This becomes relevant in the fact that strictness and sheltering are general themes in the parenting with the participants. There are two participants who have Asian parents and thus, the beliefs around parenting styles and what is best for the youth might be influenced by American culture, as well as their traditional culture. One of these participants shares her understanding of how parenting styles affected her:

I think it comes a lot from my relationship with my parents and just my mom, too. My mom is fully Japanese and she grew up in a house where, really, you shouldn't be crying. There's no reason to cry. Just work hard and then you'll be successful. She sort of portrayed that on to me and I grew up wanting this -- so desired to be independent. Crying meant weakness to me. Happiness was just like -- I really didn't care enough to be happy or sad. I just did what I want. (Cassie, 15)

In the family dynamics described, the participants make it clear that there seems to be very little control over what occurs in their lives. During adolescence, it is expected that youth distance themselves from their parents to gain autonomy and find out who they are. While developing autonomy is a necessary piece in healthy development of youth and self, parental monitoring is recognized as an important factor to reduce adolescents' involvement in delinquent behaviors. In order for parents to monitor their youth, they must be aware of their activities. Information management has been described as a tactic used by adolescence to gain greater autonomy (Barr & Smetana, 2018). The research around this process have found that disclosure and secrecy are two distinct processes and not ends of the same continuum (Frijns, Keijsers, Branje, & Meeus, 2010). It is also found that disclosure increases normatively and concealment increases during adolescence (Keijsers & Poulin, 2013).

In order for youth to actively and routinely disclose information, the relationship between parent and adolescent need to be warm, accepting, and trusting (Darling, Cumsille, & Dowdy, 2006). This routine disclosure decreases when parents are psychologically controlling or react negatively to the disclosure (Tilton-Weaver et al., 2010). Psychological control is when a parent attempts to manipulate the adolescents' thoughts and feelings. This is done by the parent being intrusive, inducing guilt, withdrawing love, and being disrespectful of the child (Barber, 1996; Barber, Xia, Olsen, McNeely, & Bose, 2012). Psychological control impedes on the development of autonomy and sense of self and thus, has been found to have detrimental effects for youth across cultures (Campione-Barr & Smetana, 2018). For the participants in this study, it was clearly demonstrated in the dimension of *Raising the Red Flag* that disclosure moments were met with negativity or in a dismissive manner and thus led to increased secrecy.



**Adolescent Antisocial Behavior.** An understanding around how antisocial behavior (ASB) is presented in the family systems literature and specifically in the context of the family is necessary. It is expected that during adolescence ASB increases (Hiatt & Dishion, 2007). The degree to which ASB gains traction during adolescence has profound life course implications, including substance use (Dishion & Patterson, 2006). Generally, ASB refers to the behaviors that are intentional and violate legal or moral codes (Calkins & Keane, 2009). Antisocial behavior is commonly referred to as problem behavior. It can be placed on the externalizing problems spectrum. This spectrum encompasses delinquency, conduct problems, attention difficulties, and general disruptive behaviors (Hiatt & Dishion, 2007). The relevance here is that externalizing problems is indeed a property of one of the dimensions. The externalizing of problems was directly in relation to asking for help. If asking for help, in this way, because it is found to be a last resort, is looked upon as a problem behavior, it will be treated as such.

Another family systems theory that is relevant to this study is coercion theory (Patterson, 2016). This theory was developed to capture the problematic interactions within the parent-child subsystem. Coercive processes occur in families when parents engage in harsh and inconsistent parenting (Patterson, DeBaryshe, & Ramsey, 1989). Inconsistent parenting is a continual theme for each of the stories shared by the adolescents in this study. In a coercive interaction, it is typically initiated by an aversive behavior, then followed by mutual escalations in anger or hostility, and will only end when one party acquiesced. There are two notable reinforcement process in these types of interactions: one for the “winning” party and one for the party that acquiesced. The party that came out on top is receiving positive reinforcement stating that using hostile and aggressive tactics work. The other party is reinforced to acquiesce in future interactions and may even avoid engaging in any interaction that might become coercive. This

acquiescence to aggression actually teaches children that they can control others by being aggressive (Van Ryzin & Dishion, 2013). This is a pattern that if it exists for too long can become challenging to break:

It just sucks. I feel I'm just treated so differently than the rest of my sisters for obvious reason. But it's just really weird. I feel like everyone walks on eggshells around me. My parents still do. They're scared of how I'm going to respond to things. Actually, I thought that when I was super explosive and crazy at home because during all this time when I was home, there was no talking to me, there really wasn't. I was violent with my parents and spitting. I was just like I had rabies. I was like a monster. I thought that was just because of the drugs, but even recently, when it was all of us during Family Training 1, we fought and I was explosive. But I wasn't hitting and kicking and punching. I wasn't physically, but I was loud and mean and explosive still and I'm not on drugs. (Lola, 18)

Children who display ASB within the family typically generalize their behavior to school and peer settings (Van Ryzin & Dishion, 2013). Family dynamics may influence ability to develop social interaction skills. Social interaction learning is a behavioral theory that postulates that what an adolescent experiences in the family shape their aggressive or antisocial behaviors in interpersonal situations (Patterson et. al, 1989). Youth with inept social interaction skills and those who engage in ASB are at risk for rejection by prosocial peers (Loeber & Hay, 1997). According to the literature, those youth who are rejected from prosocial groups often find others that will tolerate their behavior. Typically these groups are found lead to mutual deviance and coercive joining. Antisocial peers provide reinforcement and opportunity for ASB (Dishion & Patterson, 2006).

If we look at the behavior of the participants, it would be a possibility to say that this was their pattern. They all begin with dynamics of inconsistent, extreme parenting. The social skills they learn are developed through a lens of affluence and achievement and perfection. I believe when using a scale or survey, the data would suggest that this “at-risk” group are engaging in and at risk for ASB. It has been seen that this is true. Yet, using narratives, it is clear that they did not

find groups that would support their aggressive behavior. They found groups that would accept them. It was those that engaged in deviant behaviors that seemed to be easier going, perhaps due to their considered “antisocial” nature. It was stated by many youths how much they appreciated how these new friends just did not care, meaning they acted as if what others thought about them did not matter.

Their rejection from prosocial groups is due to their inability to meet the standards set by these groups, similar to the inability to meet the expectations and standards set by parents. These participants are typically able to meet standards at first yet are unable to keep up with the energetic requirements these supposedly prosocial groups have. These prosocial groups are also deemed acceptable by how well they meet the unrealistic expectations of class and status as defined by culture and families:

My parents loved her family. Good girl, comes from a good family. Her parents are just as uptight as we are, perfect. This is your friend and you can have her around whenever.  
(Denise, 16)

These prosocial groups are reinforcing the falsifying of self, the externalization of motivation, and exclusivity. They also reinforce the inability to be accepted as is. The person these youth are, is not enough.

Another sub-system in families that had a powerful impact on these participants were sibling relationships. Research specifically described the impacts of siblings and their relation to ASB. Sibling relationships are seen as protective and providing opportunities for interacting with similar age family members that help them shape social and relationship skills (Fosco & LoBraico, 2019). Age differences create a sense of status and admiration among siblings, a trend also seen among peers. This admiration leads to these older youth being the catalysts for deviancy in sibling relationships by reinforcing their younger siblings’ ASB (Whiteman, Jensen,

& Maggs, 2014). Older siblings have the ability to act as conduits to antisocial activities, so do deviant peer groups (Whiteman et al., 2014):

But I saw that they were starting to do all these grown-up kind of things and it made me kind of idolize them a little bit more. (Charlotte, 18)

The impact of older sibling as conduits to ASB occurred for the two participants who had older siblings. For each of them, the role of siblings was directly involved in behavior and introduction to substances.

We can see that through the family systems, these youth are primed to engage in what are considered antisocial behaviors. It is through these deviant actions and groups that the participants were able to find a false sense of belonging based on a false self. Yet, family dynamics are not the only factor to reinforce this process. The following section is going to discuss the effect of affluence on these youth.

### **Affluent Culture**

Whereas the specific demographic of household income was not collected in this study, the nature of wealth and privilege were alluded to by the participants. Also, due to the nature of the tuition for the school they attend (~ \$120,000/year), it can be ascertained that these participants come from affluent families. It is the precedent set by affluence that drives the understanding of much of what happens with these youth. It has only been recently that adolescents with affluent backgrounds have started to become recognized as an “at-risk” group (Luthar & Barkin, 2012). Affluent adolescents have some of the highest rates of depression, substance use, and anxiety disorders (Levine, 2006), and this is in spite of their social and economic advantages. Of particular relevance, the rate of depression of adolescent women is among the highest in any group of youth in the nation. Affluenza is a metaphorical illness

connoting hyper investment in material wealth. Luther and Barkin (2012) noted that affluenza is spreading rapidly among upper-middle class, white-collar families. This section will explain how affluence greatly determines the ability to achieve high enough standards to be “good enough” and the cultural influences and impacts that striving for affluence have on these youth, particularly in the search for self and understanding of the addiction cycle.

**Privilege.** Many of the participants are quite aware of the privilege that is awarded them by being White and coming from money:

If I hadn't been a 14-year-old white girl in a little-privileged community, I would have gone to jail. (Lily, 15)

Yet, it was this exact privilege that put the pressure of not being able to feel the emotions they actually were feeling:

So I felt like I didn't have a right to have those emotions. I felt like because I have all these things, I'm so privileged, I have all this stuff that I didn't have the right to feel the way I did. (Gabby, 16)

Privilege is a relative term in this country. Privilege does not necessarily mean existing in the 1-2% of the wealthiest family. Privilege does come with a lot of affluence. These youth have the privilege of not worrying about their next meal, of being able to attend the finest schools, of being able to wear the finest clothes. Yet, no matter the exterior of these youth, they are not navigating adolescence well at all. As was discussed in the family systems section of the analysis, privilege and affluence is stifled with unrealistic expectations, distant parents, and intense competition. With all that is afforded to these youth through their privilege, it is that exact thing that does not afford the opportunity to craft a sense of self (Levine, 2006). It is this ability to create a “false self” that is generally accepted by society as someone who is thriving and thus cover their emotional disorders and eventual substance use. It is this privilege and perspectives of those who are privileged that creates a sense of pressure around these adolescents

that they must always be fine because they do not have the right to be sad, depressed, or emotionally unstable in any way because they have everything. What the recent studies around privilege and affluence are showing is that these children of privilege are exhibiting unexpectedly high rates of emotional problems. These emotional problems begin in junior high and accelerate throughout adolescence (Levine, 2006). This is a trend that is seen in the participants in this study. For the situational analysis, it was necessary to look at pieces of culture that might be contributing to these psychological problems such as materialism, individualism, perfectionism, and competition.

**Materialism vs. having money.** Having money does not necessarily equate to being materialistic. Having money allows the ability to buy what are considered fundamental needs of human beings. Money allows people to buy food, shelter, and clothing. Thus, there is a comfort that exists when one has money. Yet, it is advertisements and media messages like one for Lexus car brand that reads “Whoever said money can’t buy happiness, doesn’t know how to spend it” that creates a sense of anxiety and necessity to spend money and feed into consumerism in order to ensure that happiness is not lost. Yet, years of research have shown that money does not make us any happier. This country is twice as wealthy as it was in the 1950s and yet, teen suicide has quadrupled and rates of divorce have doubled (Levine, 2006). What needs to be understood is that even though affluence can be a source of special opportunities, this drive to purchase all the newest gadgets or have the best of the best teaches these youth to seek externally for the things that will make you happy and fulfill your life. It leads to these youth being defined by what they wear and what they own. It leads, specifically for these adolescents, to the inability to grapple with the core issue of adolescence: autonomy.

Having money shows no connection to being happy once basic needs are met. Yet, materialism has been shown to predict a lack of happiness and satisfaction (Kasser, 2002). Materialism is a value system. It is a value system driven by capitalism and consumerism. After September 11, President Bush shared that it was our patriotic duty to shop (Levine, 2006). It is the foldout Macy's store advertisement that asks "What makes you happy?" and the inside of the ad answers "Shoes, Bags, and Jewelry" that drives this concept of value around the material world. This value system emphasizes wealth, status, image, and material consumption (Levine, 2006). It is materialism that keeps us wedded to the external measures of accomplishment for sense of self. Materialism distracts us from the development of an internal self or even a concept of self at the age of these participants. We find a reinforcement of disconnection from the internal self and as we saw in the last chapter, disconnection is a major process for these youth in completely losing any concept or sense of self. This is reinforced by famous author, actor, and comedian, Russell Brand, who has struggled with addiction for most of his life, when he shares that it is this type of cultural programming that is causing a rise in all kinds of addictions across the globe (Brand, 2017). It is not a long stretch from thinking that external "stuff" will alleviate emotional distress, such as "retail therapy", to thinking that drugs and sex will do the same thing. Having money can make it easy to externalize problems. This in turn can cultivate materialism and the endless path of attempting to purchase what is missing inside.

### **Popular Culture**

An increasing number of Caucasian American families attempt to raise their standards of living to reflect those of their community (Myers, Meehan, & Negy, 2004). Many Caucasian Americans idealize materialism and are avid consumers. These families submit to the internalized social pressure to get ahead and can lead family members, especially these youth, to

believe that gadgets and “stuff” are necessities and not luxuries. Many middle and upper class Americans will never have to worry about budgeting for groceries but create needless stress for themselves due to their insatiable appetite for material items (Myers et al., 2004). Yet, it is also popular culture that influences and captures the current mindset of the culture. Popular culture is generally recognized as the people’s culture, it represents the vernacular of the people at the time. Popular culture consists of the aspects of attitudes, behaviors, beliefs, customs, and tastes that define the people of any society. Popular culture is, in the historic use of term, the *culture of the people* (Delaney, 2007).

Popular culture allows a way to identify with mass culture. It provides a communal identity. It is a way to connect the masses at large. Popular culture is considered a way to provide opportunities for individual happiness. Popular culture is driven largely by media presentations. This could include popular music, TV shows, movies, fads, advertisements, articles, social media, and entertainment. Of particular interest in this study are popular music, TV, movies, and social media.

**Rap culture.** Popular music is of interest particularly because of the description of how these participants described how they knew who the perfect person was:

I can explain this. To me, at the time, the perfect person, in my opinion, was ASAP Rocky. He was the perfect person. That goes back to rap culture because it has a huge influence on all of my friends and a lot of kids out there that are doing drugs, including myself. Because I would see these people that are these super, super successful, beautiful, rich, wonderful, respected people and seemingly all that they do to gain that respect is smoke weed, party and rap. But mostly, smoke weed and do drugs and party and that's awesome. Everyone wants to be rich and hot and respected. It's not just rappers, though. There's models or the way that society makes these beautiful people look is that all that they do is eat good food, do some drugs and party and somehow they're rich for it. And that's exactly what I wanted. My goal in life, if I even had one, was just to be rich and famous for absolutely no reason and to do a lot of drugs because that's what I thought that those people were doing, like ASAP Rocky. (Charlotte, 17)



The current rap culture provides a view of how it is possible to maintain the lifestyle the participants find to be the perfect lifestyle. It shows that our culture will support the life that involves using drugs and will make them rich for it. When analyzing lyrics from current rap artists, they are laced (no pun intended) with drug references. Lyrics from a song by ASAP Rocky titled “Pharsyde” states:

And my generation fucked, and my society  
Very trippy pages in my diary  
It’s irony how LSD inspired me to reach the high in me

Whereas this is the music of today and many of the participants still listen to these artists, at the time of their use and disconnection and seeking for something that supported that they were going to be able to achieve all that was placed before them as the way to be happy and successful, these artists and these lyrics became real. It became their version of dogma. Another participant dated one of these rappers and did so because of the belief that it would get her friends and made her seem cool:

While I was in California, I met, actually, a very famous rapper. He just hit on me very, very quickly. He freaked me out, but the thing was everybody thought it was super cool that he was hitting on me. It was something that was very widely known very quickly and so I went with it. I would continue to hang around him and his posse. He had this posse of guys. I just would continue to hang around them. I met him at a mall and he hit on me. My brother was asking for a picture and he was like, “Okay, come to my concert tonight.” I would come to his concerts and of course, there would be strippers and things like that. It was disgusting and I hated every minute I was there. I felt very dirty. (Serena, 15)

This particular rapper is well known for a song titled “Drug Addicts.” The participant in the relationship was willing to put up with a situation that she found less than ideal and went as far as describing as “disgusting” simply for the reinforcement of peer acceptance.

**Distorted view of beauty.** As it was mentioned in the earlier quote, models were also mentioned. Popular culture ties directly into expectations around body image. Since bad body

image pervades all the stories of these participants, the distorted view of beauty presented in media will be discussed:

I'm not really sure. I think it just all started like I started getting full highlights in my hair to become blonde when I was a sophomore and I think that's where the insecurity started. Trying to be this tan, blonde, hot high schooler that I always dreamed of being I guess were the stereotype in my town and so when I wasn't tanned, I didn't have some kind of terrible self-tanner on, I felt insecure. I'd literally -- on those days where I'd wake up and have no tan, I'd feel gross. I'd actually feel very ugly. I would be much uglier on those days than I would with the tan and the nice hair and everything like that. So it took a lot of time.

I didn't wear much makeup, but it was much more to totally have a difference in what I looked like. Just mascara, concealer, foundation. Just making sure that I was tan and had good looking eyelashes and that's really what I cared about. And good hair. It stemmed from, I think, just starting this whole -- kind of caving into this whole society of this image of what beautiful looks like where I'm from, at least. (Olivia, 17)

There is an ideal set that a certain body type is what beauty is. Each of these participants had it in their minds that they did not meet the requirements and criteria and thus, many of them developed serious eating disorders. These youth gaze upon a world where models are tall, thin, and tan. Their view of perfection is determined by an airbrushed photo in a magazine or on social media. It is coupled with the affluent culture within which they exist that a certain level of fitness and upkeep are required. Affluent culture places an emphasis on appearance. It will keep already insecure adolescents in a perpetual state of worrying about clothes, skin, and bodies (Levine, 2006).

American society sets a precedent with beauty images in the media that are often unrealistic or unattainable, such as youthful appearance, exceptional thinness, blonde hair, long legs, and perfect skin (Jones, 2002; Want, 2009). It is found that even more often there is a combination of traits that exist that are nearly impossible physiologically to attain (ie. erotic sophistication with naive innocence) (Satzberg & Chrisler, 1997). Thinness ideals have dominated the media and become the central component of the ideal feminine body in the US.

Analyses of images of women in the media found that women are: thinner than images of women in the past few decades, thinner than the actual American female population, and often 20% underweight and thinner than the criteria for anorexia (Spitzer et al., 1999). Thinness is not only revered in these adolescents' peer and family culture, it is frequently emphasized and rewarded for women in weight lost, fitness, diet articles and advertisements that target females (Andersen & DiDomenico, 1992). These images and ideals socialize these young women to have unrealistic ideals as normative, expected, and central to physical attractiveness. This socialization leads to internalizing thinness ideals as standard (Gerbner, Gross, Morgan, & Signorielli, 1994). If women internalize unattainable beauty ideals, they will experience dissatisfaction with their bodies and in turn, engage in behaviors such as eating disorders, excessive exercise, and substance use for weight loss (Cash & Henry, 1995; Franzi & Klaiber, 2007; Want, 2009).

Media also teaches that beauty is good and advantageous. Research has corroborated that individuals perceive this message (Langlois 1987; 1990). School children have been found to perceive physically unattractive peers more antisocial and aggressive and physically attractive peers as more independent, fearless, and self-sufficient (Lerner & Lerner, 1977). Hollywood movies show physically attractive characters who have good morality, drive expensive cars, live in luxurious homes, and enjoy social life and success. The use of movies to portray that having is associated with good, beauty is associated with good, and a specific social life is associated with good, also insinuates that anything on the opposite end of the spectrum is bad. It also supports the belief that in this life it pays to be attractive.

Research has shown the physically attractive children and adolescents often report a greater popularity and social status among peers (Boyatzis, Baloff, & Durieux, 1998). On the contrary, appearance-based teasing and bullying are prevalent from elementary school to college

(Cheng, 2014). This teasing and bullying leads to negative psychological outcomes and perceived bad body image. Findings from different research studies show that recurrent appearance criticism during childhood lead to becoming dissatisfied with their body. This dissatisfaction increases vulnerability to developing eating disorders, depression, and social anxiety, all of which the participants claim to experience (Akan & Grilo, 1995).

**Social media.** The push for perfection is a dominant theme that influences all who live in our society. It may be particularly acute for the girls in this population. Young women from affluent backgrounds who exist in our dominant cultural narrative are often expected to achieve to the same high standards academically and athletically as boys, but they are also expected to meet the culture's standards of perfection in terms of femininity: thin, beautiful, kind, in control of her emotions, polite, and self-sacrificing. Social media, in particular, is a tool that allows these youth to create the illusion of perfection:

With myself and other people. With myself because I could just have this profile of who I wanted to be. This happy girl who has fun all the time. And so that was my way of connecting with myself like wow, this is really who I am because it's on my profile.  
(Cassie, 15)

Adolescents and parents alike share highly edited, beautiful versions of their lives with their friends and their communities. Adolescents especially, with the lack of life experience and depth of awareness, may falsely believe that the images their friends present on social media are an accurate depiction of their lives and then feel like their own lives are lacking (Fagan, 2017). Social media may reward these adolescents by adopting a certain online image, and in this process, dissuading them from authentic connection with others and exploring activities in a deep and meaningful way, but not as easily sharable on social media. The quality of connection with others and the extent to which one can explore meaningful activity are both predictors of better mental health outcomes in youth.

Social media is not only a means of creating the perfect illusion of self and family situation. It is also a means at which youth use to communicate, interact, and bully. Social media has become a hub of cyberbullying:

Grades did not matter because majority of students in my grade had lawyers because there was a terrible cyberbullying issue on an ominous website called ASKfm. It was so bad. Seventh graders were buying those disposable phones and texting from numbers that police couldn't track, cyberbullying people, telling them to kill themselves and all these terrible, terrible things. (Olivia, 17)

This is a type of bullying that is unique to this generation. It is only the technology age that has allowed this type of interaction. It was described in the last chapter that there is an intergenerational disconnect and it is largely due to how interactions have changed based on technology and the use of social media. Middle school pre-cell phone age was a different experience than today. Not only has social media created a larger disconnect between individuals, as seen when groups of friends sit together and speak to each other in text instead of with voice and eye contact, but it has also provided a means for bullying to occur anonymously and without actually being in the presence of another individual. Also, due to the reach of media, the bullying is far more impactful than it would be in a school hallway.

For these young people, social media was also used to get peer reinforcement that their use and delinquent behaviors were in fact cool:

I knew that everyone else thought I was cool. I would snap chat. I would post on my snapchat story and be like haha hope you guys are having fun for finals you know midterms or whatever and people would like you know swipe up I don't know if you have snapchat but like they would like swipe up and be like wow. Like how did you get away with that. (Jennifer, 18)

Social media made it easy for the participants to keep up the image they had “earned” and also disconnect from the world around them.

## American Culture

It is the American Dream that casts the need to meet certain, potentially unattainable standards such as Ivy League educations and subsequent lucrative careers. This dream spawns the belief that attaining these very expectations are critical for children's long-term happiness (Luthar & Latendresse, 2005). Yet, it is also a crutch of American culture that individuals are expected to be strong, independent, and able to make it on their own (Giordano & McGoldrick, 1996). It is also noted that the idea of suffering is to be handled alone and that voicing personal problems is unacceptable (Myers et al., 2004). American culture teaches that if you have any problems, you need to handle them on your own and if you are unable to do so, you are somehow weak or not self-sufficient. A strong sense of individualism and perfectionism permeates American Culture. It is a culture that drives "being the best" and thrives on "hard work." American Culture sells that idea that only in achievements, those that are bigger and better than the rest, is there success. It also sells the notion that it is here where that is possible and so creates a belief one must take advantage of this opportunity to the nth degree or the opportunity has been wasted. This drive to achieve or needing to achieve is supported by affluent culture and American culture and is described by many of the participants in many ways:

I started going really hard in school. I was taking all AP and IB, I don't know if you know what that is, but they're AP level classes. I was taking all eight of my classes were either AP or IB. (Lulu, 16)

It is ultimately this pressure to maintain the facade that all is well that couples with the affluent culture and the desire to high any blemishes that drives the need for "*Shining*" as presented in the last chapter. Affluent adults are typically concerned about keeping family troubles private (Luthar & Latendresse, 2005). There is a desire to hide problems for privacy and to avoid embarrassment. Feather and Sherman (2002) discussed a phenomenon called *schaden-*

*freude* that refers to the idea that the misfortunes of the wealthy evoke a malicious pleasure in people who are not as well-off. There is this belief to “pull yourself up by your own bootstraps” and this understanding, along with the desire to keep face, allows affluent families in particular to avoid seeking help until it is too late. We also see a model created at the macro and meso level for youth who are developing and understanding who they are and need to be to survive in this world from the world around them that asking for help is looked down upon and actually casts a shadow on a person’s individual strength and ability.

**Mean culture.** It is also American culture that is considered to be mean:

I don’t know, just the environment was so different. It felt a lot meaner in American public school than before. Everything was mean. (Cassie, 15)

Currently, in our country, being mean is popularized. There have been many interviews and articles written on how our current president meets the criteria of a schoolyard bully. Cyberbullying has been discussed and Donna Clark Love, a bullying expert, has claimed that our current president’s actions on Twitter and social media are akin to cyberbullying. Another bullying expert and UCLA psychology professor, Jaana Joven, has written extensively about bullying and harassment in middle school. Joven states that refusal to accept personal responsibility and a tendency to blame others are trademarks of aggressive children.

Joven also wrote that bullies can become liked for their assertiveness, especially in an anxious situation, whether it is middle school or the current state of our country. Leadership has been successful in teaching children that bullying can get you what you want. In the specific case around sexual assault, leadership ridiculed an alleged victim of sexual assault and the #metoo movement. This is particularly devastating for these young women, all of whom experienced sexual assault. It is another moment where the fact that they do not matter, they have no worth,

and no one is going to help them is reinforced. Bullies have this tact to take any type of resistance and spin it as a hysterical overreaction, placing blame back on the victim.

In the presidential election and campaign trail, Twitter was used as a platform to impose sound bites about other candidates. A study was done using the action on Twitter to determine the use of negative campaigning (Gross & Johnson, 2016). It was found that tweet negativity and overall rates of tweeting increases as the campaign season progressed. It was also found that there was typically a “punch upward” meaning that candidates would be negative toward those who were polling better than them. In terms of Donald Trump, he was found to send and receive the most negative tweets and showed no preference on negative tweets. He was just as likely to speak negative about someone polling poorly as someone who might be doing well. Trump’s campaign began with brutal negativity and has continued to popularize a mean culture throughout his reign, reinforcing that bullying is OK, and setting the precedent that this type of behavior should and can be accepted. It is important to that President Trump did not create the mean culture or the fear that exists in our culture, he has simply exploited it, using it to his advantage in rallying a following. Policies set forth by this president and the culture around addiction will be discussed in the next section.

### **Summary of Domain I: Pursuit of Happiness**

This domain encompasses the unrealistic expectations set by family systems, popular culture, American culture, and affluent culture. Through these influences, expectations are set that one must achieve, strive for perfection, and fit a very clear image in order to be successful and happy and reach any sense of belonging. This domain also creates double standards for those coming from affluent families and thus, the participants are not only expected to achieve at high levels, they are also expected to handle it alone. Current leadership in this country also suggests



that bullying and exploiting fear and emotion are a way to achieve that which you might want and need in order to be happy and powerful. The precedent set in this domain perpetuates the fear that exists around speaking up for oneself, asking for help, and being anything other than what media describes is the vision of perfection. Happiness is minding the p's and q's of societal expectations, even when a society supports the success of rappers who use substances openly. Happiness is built into society as something found externally. This domain demonstrated this concept. The following domain describes the culture around individuals who found their external happiness in substances.

### **Domain II: Addiction Culture**

The next section in the project map that will be discussed is covered by the arenas and positions that fill the domain of Immersion in Addiction Culture. For many years, addiction has been assumed as something that is controlled by free will. Recently, it has been medically declared a chronic disease. Even with this declaration and the Drug War to be seemingly a dying concept as indicated by the number of books, claims, and statements that the Drug War has ended, the culture of addiction still stems from and feeds fear into communities. It is still a racial battleground. It is still treated as a stigmatized version of leprosy in the eyes and hearts of the participants. It is also running rampant in our country and our world. There have been major places of progress when dealing with treatment and intervention. Yet, this progress creates a greater gap of confusion between the narratives around addiction for the participants. As far as policy is concerned, there has been very little change. This section will cover a wide variety of policy, procedure, and ideals that cumulatively create the current culture around addiction.

## **Addiction as Punishable**

Michael Boticelli was President Obama's Director of Drug Policy. He did a TEDTalk about addiction. Boticelli is an openly gay man, who has struggled with addiction. He described in his talk that the epidemic of HIV/AIDs in the 1980s runs many parallels with our current epidemic. He explains that public policy around addiction is held hostage by stigma and fear. In terms of addiction, silence equates death. Boticelli shared that only one in nine people actually get help for addiction. It has been a long-standing belief that we can arrest our way out of this problem. Boticelli altered drug policy under the Obama administration. He created a comprehensive plan that coupled with the Affordable Care Act to help make sure people received the help they needed. It has been over two years since Boticelli was replaced. In the history of drug policy reform, there have been brief breaths of fresh air like the one with Boticelli. Typically, the breath of fresh air is not a standing shift in continued leaderships. The interviews conducted in this study show that zero-tolerance still exists and that substance use is still treated as if it is taboo and a criminal act.

**Education.** It is in schools when these participants truly start to feel the rejection that comes along with their substance use. This occurs either through suspension, expulsion, or not being accepted back into schools after treatment or hospitalization:

All of a sudden, they were like, "You have to do this standardized testing thing to go to high school or apply this middle school that might not take you." I was like, "What if I just don't want to do any of that? Why can't I just go back to my old school?" They're like, "Because they kicked you out of there. They don't want you anymore there." I would be like, "Why? I didn't do anything wrong." They were like, "Because they were worried that you were going to murder yourself or hurt other people." I was like, "I was never going to hurt anyone, first of all." It was ridiculous. It was all bullshit. (Lina, 16)

There is a deep sense of fear that runs through the hearts of all beings around addiction. It was a fear that was used to fuel zero tolerance policies back in the 1990s. Today, these policies are again being used, with a specific focus currently on vaping. It is of interest because of the amount of research that shows that these types of policies do not work. In discussions with teachers in traditional schools, policies around substance use are still very punishment forward. There have been many alternatives developed such as restorative justice, PBIS (Positive Behavioral Interventions and Supports), and MTSS (Multi-tiered Systems of Support), all of which have had great outcomes and research supporting keeping youth in schools with the supports they need. These alternatives do not exist in the schools that the participants come from. It is speculated that they do not exist because the schools already have a high reputation for achievement in academics and athletics that the need for an alternative system is not necessary. For many of these youth, they recognize that the need for the school to maintain reputation was more important than what the youth needed:

I was accused of bringing alcohol to school. Yeah, I was accused of bringing alcohol to school which actually wasn't true. I was drunk at school, but they had no way to prove it. Basically, I got called into the principal's office and they told me, "We were told that a week ago you had alcohol on campus and that is not okay." They kept me in the room. They broke many laws in the way that they handled all of it. They kept me in that room questioning me for I think six hours and I just sat there all day. And they would just leave the room and they would come back and ask me more questions and say, "Did you bring it? Did you bring it? Did you bring it?" It was the same question every single time. Eventually, I just said, "I honestly, don't even know at this point," and they consider that me saying yes and admitting to it. Even though at that point I was just completely -- I just wanted to get out of there. They considered that as me saying yes and so they kicked me out of school. They were going to kick me out of school either way. They did not like me at that school. And my parents weren't willing to donate the amount of money in order to save me from getting in trouble. (Serena, 15)

Due to the treatment of these youth in schools and the policies around substance use, these participants began to believe that schools and teachers had the preconceived notion and idea that drugs are bad and thus, you are bad for doing drugs:

My other experiences with adults who -- I guess I have two other experiences. Adults who work in schools, it's their job to say that doing drugs is bad and all this stuff is bad so I don't even know really their personal opinion. It is bad, but whether it's something that they know it's going to happen or I don't know. I think that's a problem because then who do kids go to when they need help. At least I didn't know who I could go to about that. (Trinity, 17)

The participants also explain that teachers did not understand them or their needs and thus, moved quickly away from trying to succeed in school. This led to further disconnect to a core institution and more connection to the drug scene:

He is the teacher that no one wants to get, but of course, I got him. He's a history teacher, which is already one of my most difficult subjects. He likes to give out like ten assignments a night and wasn't really willing to listen to what I needed to learn in the class. He made examples out of me a lot in class and would make jokes a lot about me. I really dreaded going into that class. I felt like crap every time I left that class. So I kind of just stopped going to that class and then the next few classes after that because it was just easier than to have to face him. I also got super behind in work because I didn't understand the work and he'd give out like ten packets of work a day that were due the next day so I got really super far behind and just didn't want to have to face it all so I just stopped going. (Toby, 17)

Another element of education is the possibility of being sent to an alternative school. This has been found to be a favorite way of handling youth like these participants. Using alternative schools provides a way for removing these youth from main schools and suggesting that they might get more focused support in these other schools. By the time these participants are sent to alternative schools, they are already so far disconnected from education that it does not matter where they are, and placement only reinforces that they do not belong in an institution that expects them to succeed:

So they kicked me out of school and made me go to the Alternative Learning Center, ALC. And I was happy. I was so happy. I remember sending a text to one of my friends that was like, "I'm going to make friends with bad people," because that's what I wanted. And coincidentally, TK got sent away two days later. He got sent to ALC as well. So it was like, "Oh my God, Romeo and Juliet. Bonnie and Clyde. He's the love of my life. We do drugs and get in trouble together." God, it was bad. (Lily, 15)

For many of these participants, there are signs early on that they need help. The influence of affluence and privilege greatly affect the ability for these participants to be taken seriously before it is too late, as well as hide it as long as they can before drugs begin to control their life. This is discussed further in the section around treatment and therapy.

**Criminal justice.** Due to the illegal status of many drugs being used by the participants, their behavior is viewed as a crime. In 2013, 1,058,00 youth were newly processed by the juvenile courts in the United States and a total of 31 million youth fell under a juvenile court's jurisdiction (Hockenberry & Puzanchera, 2015). Of the offenses, it was estimated that 13% were drug related. Some of the participants had experiences with police officers and arrests. One participant in particular is an outlier in that she is biracial and her experience with the justice system directly reflects the nature of race is on our justice system and the binary nature of the experiences of the participants:

So I went right back to it, more hard drugs. I got sexually assaulted and arrested again. Then I got sent to an inpatient, which didn't really do anything, and I got out of that. Then I went to an outpatient therapy. I was really angry and I felt like no one was taking me seriously. They're all like, "You just need to fix yourself," and I was done with it.

So I left home. I ran away and stayed with my boyfriend for a week. Then I was found and arrested again and they sent me to residential place. At the end of my residential place, I was assaulted by one of the guys there and then I came here. So that's pretty much the string of my life. (Gabby, 16)

For the youth who did get arrested, their privilege and status kept them from ever seeing charges:

About a week later, I was arrested for possession of marijuana and controlled substances. I got released after being in holding for 12 hours because all they put on my record at the time was the PLM. If they had put any of the other charges on me I would have gone to juvie. I would have had to go to trial the next day. Scheduled to controlled substances in the state of Texas can have a minimum of a year in jail. I had over 30 pills total and seven different types of pills on me, including, Tramadol, Hydrocodone, Percocet, Vicodin, Oxymorphone also known as Dilaudid which is actually horrible. I stole it from my grandma's house. I would steal pills from my dead grandma and I would take my dog pills. I had Concerta and Gabapentin, all of these things on me that I could have been imprisoned for.

They sent all the way to the lab to test them and see what they were so they can put the charges on me and it never came back around. Never came back around, which I am so fucking grateful for because most of those are felony charges. If I hadn't been a 14-year-old white girl in a little-privileged community, I would have gone to jail. (Lily, 15)

A field expert was consulted in this context. She is a criminal justice lawyer and has been for over 20 years. She works with adult teens (18 and 19). Her husband is a judge. In her interview, she explained that getting involved with criminal justice directly affects how these youth see themselves and it perpetuates mental illness. She is a private lawyer and thus has specific tactics to ensure that these youth she is representing do not end up in the system. One of them is getting them into counseling right away, before they see a judge. It is a way to show that these youth are actively working to get better. She mentions very clearly that this is not what normally happens. The typical approach is that these kids get into trouble and then, they start their counseling after in the system. Typically, this approach is seen by adults with substance abuse as an opportunity to get better. Often, with teens and juveniles, it is seen as a punishment. She mentioned the approach with these youth differs from county to county. In some of the counties she works with, if one of the teens gets in trouble, they will very clearly get a second chance. In others, they will not receive another chance. The field expert claims that jail does not help someone to not reoffend and getting fines do not help either. It is especially complicated when dealing with substance use. If someone is truly addicted and cannot stop using, that individual is going to continue getting in trouble.

The labels from being involved in the justice system can be damaging. When an adolescent is labeled as a criminal, their self-worth goes down and it becomes self-perpetuating. It is especially compounding when the federal government can take away federal aid for schools because of drug charges. Studies show that kids become institutionalized after 10 days. The field

expert provided that being incarcerated is demoralizing and that exact act reinforces that the youth are not good enough and that who they are will not meet expectations. The field expert deeply believes we need to “get ‘em out and get ‘em help.”

The participants in this study shed light on the experience of being arrested or facing charges. They are also individuals who show how the current debate in the justice system and decisions made in the justice system directly affect the youth’s ability to recover. Since all of the participants who were arrested were able to avoid charges, they were able to receive treatment and help. There exists of point of contention with the criminal justice system in that there is a debate that is pulling decisions between treating addiction as a crime or treating it as a mental and public health issue. The current opioid epidemic represents this point of contention well and will be discussed in the next section.

### **The Opioid Epidemic**

It is not possible to discuss addiction culture in this day without discussing the current opioid epidemic. The last section discussed how treatment when using can be demoralizing and dehumanizing. Participants named the approach of the opioid epidemic as having the same effects:

I see it in the news too like with the opioid epidemic. Just adults saying this number of people does drugs. It's very dehumanizing. (Trinity, 17)

This epidemic has not only touched these participants closely due to their use being around opioids, but it also has effects on how they can identify based on following the sociocultural and political aspects of the epidemic. This section will discuss the opioid epidemic in terms of policy shift and ultimate blame shift due to the currently affected population, White Americans.

Conventional wisdom has it that drug epidemics bring with them an accompanying rise in crime (Szalavitz & Rigg, 2017). Major gun violence accompanied the heroin wave of the 1970's and the crack crisis of the 1980's. In contrast to media coverage today, during the prime crack years, crime and its media coverage were almost inescapable in America (Hartman & Golub, 1999). US crime rates have been declining for decades. Yet, overdose deaths are so high that they are causing a shift in life expectancy for the country. Scientists claim that once someone is addicted, their brain becomes "hijacked" and a person will continue to consume drugs even though their use is causing significant psychosocial, medical, or legal problems (Teresi, 2011). This hijacking is referred to as a little manipulator by the participants of the study:

People need to understand that the disease of addiction, first of all, it really is a disease. It's not like you can be like, "I'm not going to do this," and not do it. It doesn't work like that. It's literally like your brain is manipulating you constantly and you have to constantly battle between differentiate between what is you and what is the part of you that's just your addiction. Feeling this constant war with yourself. (Lina, 16)

The belief is that in an effort to satisfy these cravings or to avoid withdrawal symptoms, individuals might start committing crimes in order to pay for what they now believe they need (Stephen, 1991). The correlation between addiction and crime is not clear. It is heavily dependent on economic experiences and childhood experiences (Chaiken & Chaiken, 1990). It is rare for addicted individuals that come from high socioeconomic status, to start to commit crimes to feed their drug habit, because they either have money to buy drugs or have access to it (Benson & Moore, 1992). Once again, the aspect of money and affluence plays a role in reducing the "expected" warning signs of addiction.

Another aspect that is necessary to discuss is the issue of race. The current opioid epidemic skews white, meaning that the affected population by this epidemic consists of mostly



white individuals. The reality is that white drug users are less likely to get arrested or get convicted for their use than their Black or Hispanic counterparts.

And he was arrested later for sitting in a parking lot down my street, basically, for being black. (Gabby, 16)

For example, Blacks have been arrested nationwide on drug charges at higher rates than whites for nearly three decades (Human Rights Watch, 2009). To add to this conundrum, white drug users are more likely to receive shorter sentences for their crimes (Demuth & Steffensmeier, 2004). The white population may avoid prison altogether via jail diversion programs (Dannerbeck, Harris, Sundet, & Lloyd, 2006).

I was suspended for having weed at school and they put me in a diversion programs which isn't like probation. (Sandra, 17, White)

Due to the reduced criminal affect, harm-reduction is a real part of whites facing addiction. If they are not put in the system, they are able to avoid the blemish of a criminal record. The media coverage of the opioid epidemic has focused opioid addiction as a white problem and thus have given a major boost towards viewing addiction as a medical rather than a moral problem (Yankah, 2016; Lopez, 2016). It has been clearly found that policies used for the US “war on drugs” failed. Those policies proved that criminalization and harsh penalties only make addiction worse (Szalavitz & Rigg, 2017). It is just unfortunate that is has taken a white drug epidemic for this country to accept that criminalizing the problem does not work.

It is difficult to ignore the racial double standard of the current epidemic. Due to the population affected, the blame has shifted. It is no longer the problem of the people but the problem of Big Pharma and doctors. When it is an epidemic that is affecting the white culture, it is called a public health crisis and a new federal commission is named with a budget to combat the crisis through rehabilitation. Even though President Trump and Chris Christie, leader of the

Commission on Combating the Drug Addiction and the Opioid Crisis, have delivered impassioned speeches, both Christie and Trump have consistently supported criminal crackdowns towards marijuana and crack (Christie, 2017). Crack addiction was only ever considered a criminal justice issue that prompted decades of mass incarceration. Those who are in jail due to those times are not seeing any reprieve from current policies for the opioid epidemic. Media portrayal has had a huge effect on both epidemics. The crack epidemic was represented in the media through criminal and violent behavior. Current press and media coverage have infused the belief that people need supportive treatment and recovery options.

In President Trump's most recent speech outlining his plan for combating the opioid epidemic includes strengthening criminal penalties for drug dealing. There are cases when his plan calls for the death penalty (Wagner, 2018). African Americans have historically been incarcerated at greater rates than whites for dealing (Om, 2018). The present approach through policy and media focus makes it difficult to not wonder if there is motivation to provide health support to white victims, while increasing harsh sentences for black dealers (Om, 2018). In the view of the participants, if they are to look out on a world that is biased in accountability, how are they going to internalize this world and treatment of addiction? While this may seem to be enough complexity to thoroughly alter the ability of the participants to develop an understanding of who they are, they also become a part of drug culture once their use begins. Drug culture is described in the following section.

## **Drug Culture**

Drug culture is not quite the same as addiction culture. Addiction culture is the beliefs, ideals, and policies that create systemic understandings or approaches around the disease of addiction. Drug culture on the other hand fosters addiction and plays off of those systemic

understandings. It is the subculture that turns the story of addiction from being scary to addiction, more so drug use, as being cool and a means of rebelling. Yet, even that belief is just a facade that gets these youth to participate in the culture. Many of the participants are hooked by an initial person or group of people that introduce them to the “druggie” lifestyle. For some of the participants, that is all that the drug culture is, a group of kids maintaining the drug lifestyle and druggie identity. It is a lifestyle that is very lonely in that the peers are influential to each other, but they are also willing to drop anyone in order to get their next fix or to avoid getting in trouble:

Like my friends who did drugs wanted to get out of it very fast, which I understand. My friends would have drugs in their room and start putting them in my room and I was confused by that, but it's just because they wanted to get totally out of it and they knew I was in trouble so they were going to put it on me. (Trinity, 17)

It is in this culture where the participants feel they find people who are actually taking care of them and supporting them. In drug culture, what this means, is that the people around you are supporting getting the next fix and having a “safe” place to do those drugs:

She always took care of me. She took care of me. By taking care of me I mean like we were in Spanish Harlem which is the really bad neighborhood in New York and she'd leave me there when we heard gunshots and I'd be like laying on the ground drunk not being able to get up, bad. (Lina, 16)

Many perceptions around drug culture assume that these people are choosing the lifestyle and that they could get out at any time. The participants shed light on this idea:

Every night, I would come and that would be like a bunch of guys I didn't know there. And they would just say, “Well, tonight's festivities are...” and then they just introduce a drug and I'd be like, no, of course. Then they would coax me into it and be like, “Well, you know what will happen if you don't do this.” And I didn't know what would happen. Eventually, I asked what would happen after maybe doing this like seven or eight times, the whole process of sneaking out, doing drugs. One of them was like, “Well, I'm going to have to slap you or something's going to have to happen.” Because I was just like, “No, I'm not going to do this.”

At one point, they put stuff in front of my face and I was like, “Absolutely not. I'm terrified about it.” And they were like, “Well, I'm going to have to physically do something.” Eventually, the threats turned to like, “Okay, now we're going to rape you,” and it was like, “Okay, well, I'm going to do this.” And so I would do it and then I would completely black out. I don't know how I got back into my room. I really do not. (Serena, 15)

Drug culture around these youth also create a sense of drug use being normalized. If they are in a world where this is what everyone does, it does not seem like they can have a problem because then everyone else must also have a problem:

Because it's still -- I think especially with our culture, everything like drugs and partying and drinking and stuff is very normalized. (Cassie, 15)

The participants describe that the normalizing factor comes from their family members as in it is a normal part of being an adult that you drink, to friends create a sense of normality around using drugs, and finally, as claimed above, the sense of the culture in this country is that it is normal to use drugs, drink, and party. The perception around addiction and the need to see the humanity of the disease are discussed in the next section.

### **Humanity of Addiction**

The interviews provided a space for the participants to discuss what they believed needed to happen in order for others to truly understand what was happening in their situation. The major themes described were that addiction is not that far away from you, it happens to and affects everyone, and we are humans throughout it all:

But I don't know. I would hope that I could explain to them the humanity in people and like behind drug use or any kind of addiction, there's an emotion behind it or something that wasn't met for them that they needed or that they need. (Trinity, 17)

It was described that even though there has been a huge push to decrease stigmatization around drug use, the fear that pervades this country and is reinforced through systemic processes will allow that stigma to persist:

I also feel that people don't understand that people who are addicts have a disease, but we're still normal human being. Sometimes I talk to my mom and she acts like people who do heroin are totally crazy. She's like, "Oh my gosh, why would you stick a needle on your own arm or do that? That's crazy." It's not. It's not that much of a crazy concept. It's just that I feel like people stigmatize it so much to the point where it's not nearly close to what it really is, which is just it's a drug and it's literally something that makes you high and people are addicted to that feeling because they are feeling disconnected within themselves. And that's probably why they went to it in the first place. And once it gets hold of you, it's like you have introduced this manipulator into your brain that will control you, basically, for the rest of your life. And you have to break away from that somehow and not let it control you to figure out who you are and what's not you. (Lina, 16)

These participants make it clear that it is love and acceptance and pushing past the fears that arise when seeing someone who is struggling with addiction that is needed to help this community:

Yeah. Actually, there's one big thing. This goes for addicts, homeless people, people that just aren't perfect, so everyone, but especially addicts, I guess -- well, everyone but for me, at least, usually people tend to shun them and be scared of them. It's not a good thing. It's not. But addicts need to be shown, probably, the most love than anyone else because a lot of the reason that a lot of people even get into it was because they want to feel loved. The fact that since people are scared or it's just not good, like people just push them away or are scared of them or send them or make them be homeless or whatever it is, doesn't help. (Lola, 18)

Even with addiction being declared as a chronic disease, a lifelong battle, these participants still experience that people feel it has to do with will-power and that they have control over it:

I think something that a lot of people think is that it was our choice -- when I say ours, it's addicts and stuff. It was not our choice to become addicts. A lot of it's in our genes or even just circumstances. Like we talked about earlier, when you were describing this, is like people don't see the life, they see just the results. I think that something that I would add to that is just an understanding. Some people can go just drink a single glass of wine and feel fine. But that's not what other people can be like. It's not what other's lives look like. I think there's, I don't know the word I'm looking for. There's some idea around addicts that we're crazy or that we'll never be able to be social people that can live normally, whatever people's normal ideal is. I think there just all around needs to be an understanding and more of an interest instead of a judgment. (Toby, 17)

Much of what the participants share is that the fear-based understanding and tendencies that undergirded the “War on Drugs” is still alive and well and what many understand about addiction is wrong. The work done by Hari (2015) supports this as well and his work will be discussed further in Ch. VI. What these youth describe is that we need to create a culture that is able to see the humanity behind the addiction, no matter who holds it, whether it is a homeless person or young, white female in high school, because at some point, they are one in the same.

### **Summary of Domain II: Addiction Culture**

The domain of Addiction Culture encompasses how addiction is punishable and treated as such for these participants in both the education and criminal justice sectors. It describes how the current opioid epidemic represents the points of contention and the power that exists in the hands of leadership in determining the difference between public and mental health issues versus criminal activity. This domain describes that with the movement from the “Drug War”, we may still be living in a culture that is driven by fear and is only treating the current epidemic as a means to save face for a specific group of people. This section also describes the difference between the drug culture and addiction culture. It is completed with a possible different view of addiction. The overlooked and under-represented understanding of the humanity of all of those who struggle with addiction is explicitly described by the participants and gives voice to a very faint and skewed part of the conversation in addiction culture. The following domain will describe the options for those who struggle with addiction and substance use, particularly in understanding how the variety and choices of treatments have direct effects on the development of the youth in this study.

### **Domain III: Treatment and Therapy**

All of the participants began therapy at a very young age, were hospitalized multiple times, sent to inpatient or outpatient treatment, attend rehabs, went to Wilderness therapy, and eventually ended up at the therapeutic boarding school. Treatment and Therapy take a dominant position in the situation and thus is represented as such in Figure 5.2. The reason this arena takes such a dominant position is actually because it is full of different entities that create a deep misconception and misunderstanding around substance use and addiction. The participants described often how they received different messages from people they were working with that were in conflict with each other. This specifically confuses the ability to construct identity. As an adolescent who is newly sober, trying to get sober, or has been sober, struggles to determine what these labels and terms mean when they are coming from authority figures around them. This section provides the analysis of the confusion the participants shared. In order to triangulate the data for this section, literature was extensively reviewed, media articles were analyzed, and expert interviews were conducted. Interviews were conducted with the owner of a transition home for young adults (Dr. Treadway), a pediatrician who works at a renowned and model adolescent substance abuse program (Dr. Schram), a lay person who is in recovery and participates in 12-step programs, and a yoga instructor who is also in recovery and who works with individuals in recovery. Due to the last two being in recovery, the decision was made to keep their names anonymous.

#### **Access**

Access to treatments, therapies, and institutions for substance use and dependence is not available to all youth who need it. For the participants in this study, access is considered more available with affluence. The participants have the means to pay for levels of care and

institutions not available to others who do not have the same means. It was discussed earlier that affluence runs a theme through the experience of these participants. The privilege that these participants have includes the ability to have access to any type of treatment that might serve them well. In the interviews, the participants were asked what they thought needed to be done or considered in order to make sure that all people got the help they needed. In their insight, the expressed the need for access:

It needs to be cheaper and it needs to be more available and people need to know about it. (Erin, 17)

Access is not necessary just for the sake of getting all of those who need help, the help they deserve, but also by making a privilege to affluent communities, it sends the message that mental health can be bought. The issue of access reinforces that money allows for a better way of living. It allows those in affluent communities to continue to externalize problems, focus on finding blame and a solution and then, buying it. As it has been mentioned, focusing externally reinforces the same cycle that is used in addiction to substances. It is that the external force will help fix the internal hole and only in seeking for the next best or greatest external piece, treatment center or therapist, will that hole truly be full. In the cycle of addiction, it is the same process except we replace therapist with substance.

Money does not buy mental health. Money does not buy a sense of self. Money, status, class, and race can prevent the type of access needed. For this domain, it is important to understand the barriers of access even for affluent youth. It is assumed by affluent parents and even practitioners that when a child comes from an affluent family, they should be able to handle their problems easier than others and should have less of them. It was described often by the youth that the early therapists they saw or the counselors at schools they approached did not take



them seriously and also did not understand why these youth were so sad when they had everything:

I remember sobbing the whole time because my dad was like, “We give you everything. I don't understand how you can't be happy. You have a lake house to go to. You have a jet ski to drive,” Just the most random things. He was like, “You even have a car to drive, blah, blah, blah.” And I was like, I even said right there. I was like, “I feel like you're pulling this rich card. Just because I have all these things which, by the way, I'm not ungrateful for, that doesn't mean that I can't be depressed or sad at the same time.” And he's like, “I just don't understand that.” Then I looked at the counselor lady and I was like, “This is why I'm depressed or suicidal because...” and she was like, “Well actually, I don't understand why you are sad, Vanessa.” And I was like, “Okay.” That's where I was like, “You're horrible at your job,” in my head. (Vanessa, 17)

It has been suggested in research that school psychologists hesitate to express concerns of youth to high-income parents because they anticipate resistance and sometimes even threats of litigation (Luthar & Latendresse, 2005). In paradox to what is understood in the context of access, wealthy youth can end up having less access to school-based counseling services than do students who are less well-off (Pollak & Schaffer, 1985). Clinicians may also minimize problems they see among the wealthy. The same symptoms are more often viewed as signs of mental illness among the poor than among the affluent (Luthar & Latendresse, 2005). Those coming from rich families are often dismissed as “not needing help” even when they report distress (Luthar & Sexton, 2004). It is an important note in the context of overlap that decades of work on children's mental health policies have established that psychotherapy to address crystallized maladjustment is largely unproductive when a child's everyday life continues to present major challenges to adjustment (Knitzer, 2000).

**Government agencies.** Some of the participants gained access to treatment through government agencies. One participant in particular was hospitalized due to interactions with Child Protective Services:

The government actually, they called CPS because they were like, “Her parents are neglecting her. She is going to die if she keeps doing this.” So they were like, “Okay, we're going to put her in this prison ward.” So they put me there for a long time. (Lina, 16)

The importance around discussing this particular situation involves the major role that government agencies play and the power they have when it comes to determining if a child gets help and the type of help they receive. This particular participant, among others, were hospitalized with an inappropriate age group who were violent and became more damaged through those interactions and through being overmedicated:

That obviously didn't help me very much. I don't know what they thought when they put me there, but I just think it's absolutely ridiculous. It's actually ridiculous. I'm like, “Who would think that that's a good idea?” Honestly, I think the people who were in charge of me were out of their minds, more out of their minds than I was because I wasn't really out of my mind. I was just on a lot of medications because they were out of their minds. I think the whole system there is a little bit fucked up. (Lina, 16)

For many of the participants, they look back on how they were treated or the options they were given and they knew it was not right, they knew that the treatment they were receiving was just a means to an end, and they were consumed with a feeling that they were not being taken seriously. They felt as if they were being treated like another throw-away criminal who did not deserve to be valued:

Then I went into my outpatient and I just felt like no one was taking me seriously in the sense of no one's listening to me that I'm still in a lot of pain. Like things aren't better magically now. This isn't working. Stupid DBT doesn't do shit. I purposely basically got myself arrested again because I wanted them to take me seriously like I am struggling. I need to help. And so that's kind of the direction it took at that point. (Gabby, 16)

It was received in the interviews that the treatments and therapies that were enforced by government agencies did not meet their needs. The type of therapies used and the qualifications of the therapists themselves only reinforced that something was wrong with these children, that they could only be helped through being sent away, and that medications were going to help

resolve the mental health issues. The participants that were placed in these types of treatment explain that it is where they learned about drugs as an option for numbing pain and it led to the vulnerability that led to major negative influences by older adolescents causing even further drug use and self-abuse.

The participants did discuss therapy and treatment that has had a positive effect on them. Many of them describe Wilderness Therapy as being a necessary stepping stone to succeeding in the therapeutic boarding school. A participant reflects the type of realizations that came from being in “the woods”:

And what really changes it is understanding what you possess as a human being and fighting for that, instead of fighting for anything external. Because you're not going to want to fight for your own life because your mom told you to or because your dad told you to or because you have a dog or because you have a close friend. The only person that you can fight for is for yourself. When I was in the woods, I really realized I actually have things to offer in this world and I don't want to throw that away, that's when I was like, “So this is what I'm going to do about it.” You can really kind of wallow in your own despair, but when you realize that you have something to offer to yourself into the world, it changes the situation. Recognizing what you have and finding that willpower. (Lina, 16)

They also describe that Wilderness alone would not have been enough. Yet, it is in Wilderness where most of them go their first experience of a therapist that actually connected with them and had an impact. The major perk of this type of therapy is the removal from all the impactful external forces and being forced to spend time addressing the internal self. Access to this type of therapy is reserved for those who can afford it. It is not a common choice when youth are struggling.

Another type of therapy that was discussed that helped was the use of EMDR (Eye Movement Desensitization and Reprocessing):

That's why EMDR has been super important for me because it's helped me to remember a lot of things I thought I'd forgotten. I've done so much work on this. It's pretty intense and it's been a pretty intense process, but I've worked through a lot of it. (Lina, 16)

The participants spend so much of their adolescent years numbing the pain, as was discussed in the last chapter, and this is done in an effort to forget everything that has happened to them.

EMDR is a type of therapy that helps the participants find the deep-seated traumas that have been repressed so far down into their tissues. EMDR is not a type of therapy that is provided by government agencies either. It is only through attending the therapeutic boarding school where these young women have been provided the access to the caliber of therapists who have the training and experience in this type of therapy.

## **Diagnoses**

Receiving diagnoses has been a major part of these youth's existence. They make sense of who they are based on these different diagnoses that are placed on them. Many of them actually become their diagnosis:

When I got diagnosed as bipolar, I really felt that. I remember reading somewhere like two weeks to two months and I was very strict about that, with pretending to be having, pretending to be sad that I'd be like, two weeks of being happy. I remember telling my friends, I'm like, "Yes, bipolar people are happy for about two weeks." Now, I know that's totally off, but I was totally into that. People would be like, "How long has it been that you've been happy?" I'd be like, "Only about a week and a half now." They're like, "Okay, so maybe a half a week and then you're probably going to get really sad," I'll be like, "Yes." Then I'd follow it to the day and I'd be like, "Okay, something is supposed to happen around this day." (Sabina, 17)

For many of them, they also self-diagnosis based on what they see in media. The response to a question asked about how the participant knew she was depressed, her response was:

Because of social media. (Charlotte, 18)

Over medication and medicating inappropriately has been part of the blame for the current opioid epidemic, as discussed, but many of the participants discuss this exact issue:

Around when I was nine was when I started to suffer from some serious depression. I had to go on medication for it. At first, it was just like Prozac, but then they changed it many, many times and there was one point where I was on 10 different medications at once. (Lina, 16)

Placing diagnoses on these youth is similar to labelling these youth and for many of them, it becomes a self-fulfilling prophecy, as do many labels. Diagnostics in schools and in therapy have become a way for the adults working in these areas to achieve a better understanding of the youth. In schools, IEPs (Individual Education Plans) are written out to discuss needs of youth and their shortcomings in education. These plans often carry with them the history of diagnoses that the youth have accumulated over time. The participants use their diagnoses as a mask and excuse. For them, it seems as if the hurdle is too large and since everyone already knows that she is unable to meet the academic expectations placed on her, she might as well play into it and give up on the belief that it is ever possible to succeed academically.

Dr. Schram, one of the field experts interviewed in the healthcare system, greatly believes in the need for both diagnoses and IEPs. In her consultations with adolescents, she will describe that she can help get them an IEP and access to extra help. In her eyes, she finds it as a way to get the support the youth needs to stay in a core institution. The effort and underlying intention are valid. These participants too often move from school, a core institution where socializing and development of self occur. Yet, to these youth, an IEP is synonymous with being stupid or “special,” in their terms. Even with an in-depth conversation around why these supports might be necessary, when these participants feel unworthy due to their already scathed status, it only sounds like another way to say they are not good enough.

Dr. Schram’s belief in diagnoses is grounded as well. She is a part of an institution and movement to remove stigmatized language around substance abuse treatment. It is through using the diagnoses for substance use disorders as determined by the DSM-V that terms like addict are

avoided. The movement to diagnoses stems from the need to reduce stigma around addiction and the stigma that keeps people from walking into a hospital or recovery center or meeting. Many people believe doctors place a stigma around substance use and thus, do not want to be honest and be seen going anywhere where they could be identified as an addict. Many of the participants claim that they wanted to avoid being labeled as an addict. They also suggested a lack of trust with doctors, not because of stigma, but due to not trusting that they would maintain patient confidentiality. The youth would be more willing to ask for help or be more upfront if they believed that the information was not going to get to their parents.

The need for diagnoses becomes essential for getting treatment. In order for insurance to cover any part of treatment or therapy, a diagnosis must be placed on the participant. Insurance details have become more complicated in the shift from ObamaCare to current healthcare legislation. Diagnoses are being influenced by macro policy forces and influence all the way down to the individual being. The other piece to discuss around these diagnoses is that they follow the youth. If an adolescent is diagnosed with a Substance Use Disorder, any person who has access to these records will know this and even though the terminology of SUDs is to reduce stigma, that does not mean that stigma does not exist.

The participants were asked for their diagnoses in the interviews. Many of them did not describe having a SUD, even if they did. They resonated with having an addictive personality, being an addict, or having an addiction. A diagnosis to these youth represents something that can be overcome and not exist anymore. It is the feeling that I am diagnosed with depression and once I have worked on my depression and overcome it, I am not longer diagnosed. That diagnoses goes away once I am “cured.” This is the same context these participants are receiving with SUD diagnoses. Dr. Schram believes that this is a huge misconception that has occurred

across sectors because the proper education is not presented to those who are diagnosing and to the diagnosed, as well as believing that not enough people are using the diagnosis instead of terminology used in 12-step programs or other methods.

The belief for educating around drug use is prevalent in the healthcare arena. The National Institute for Drug Abuse provides extensive education around drug use and even has a week dedicated to educating teens around use. The belief is that if the youth know what these drugs can do, they will steer away. The participants share a different perspective. When one is at a point of not finding worth in themselves or wanting to die, knowledge around drug use allows them to know which ones will do exactly what they need:

I would do a lot of researching online about what drugs would get me highest. I'd find some pill and I'd search up the serial numbers or whatever. And I'd go on Reddit and I'd scroll through all the stuff like what's the best way to get high off of this, and all that stuff. (Lily, 15)

These participants acknowledge that when participating in drug abuse education or drunk driving, it only fuels their beliefs in themselves, reinforces the outcome of their lives, and determines another reason for the participants to feed into their false sense of self.

**Pharmacotherapy.** A point of contention in the debate around how to treat addiction is around the use of pharmacotherapy. The healthcare arena is in a complicated space. Healthcare is attempting to drive away the stigma of addiction while many are being blamed for the current opioid epidemic, along with Big Pharma, and they are in a desperate push to stop the number of overdoses from increasing. A manner through which the healthcare sector attempts this is through the use of pharmacotherapy. It is believed by this sector that it will and does save lives. Pharmacotherapy does carry its own stigma. Many believe that the use of this type of therapy is just a replacement of one drug for another. This is in particular alignment with the belief system in 12-step programs. It seems that a place of confusion exists for a patient when a doctor

prescribes a certain drug to help with the disease of addiction and then prescribes attending meetings while the program supports abstinence. The participants did not explicitly describe pharmacotherapy unless it was discussed as used in a detox setting to help with withdrawal symptoms. Many did discuss the use of drugs to solve problems and came to the conclusion as adolescents with trauma struggling with substance use, that throwing drugs at the problem does not help. The following sections discusses the influence of 12-step programs.

### **The Program: Alcoholics Anonymous and Narcotics Anonymous**

It is common that when it is discovered that an adolescent is struggling with substances and attends any type of treatment, they are prescribed a 12-step program. Many of the participants describe their experience with 12-step programs. Most of the participants actually really love attending. It is a place where the participants find a sense of belonging. They are able to walk into a meeting and be sober and be accepted. It is for them, the first place where they are accepted as themselves and not the false identity attached to their druggie identity. This particular understanding was supported by the reports shared with Dr. Schram from her adolescents. Dr. Schram reported that the youth she prescribes 12-step programs to, also find a sense of belonging. Her patients enjoy attending and produce stories that support that joy. Yet, this sentiment is not shared by the participants in Dr. Treadway's transition program. Dr. Treadway's patients do not appreciate the program and the terminology used in 12-step programs is avoided in her care due to the reactions of her patients. In the interview, Dr. Treadway's conclusion, that supported my hypothesis, is that it is due to the age of the population. Her participants are in their early 20s. Identity development is still a key task but belonging is not such an unmet need in her population.



The caveat of 12 step programs is that in the program, it is common to introduce yourself with the statement “I am an addict/alcoholic” after stating your name. Many of the participants of this study avoid sharing at first because of this statement in particular. Even though the participants resonate with the stories of those in the rooms, it is still difficult for them to come to terms that they might be an addict:

It's like then why am I going to AA if you're telling me I can't be an addict, kind thing. It's like, “Oh well, it's still good for you, anyway.” The whole sticking to the word addict and being really strict about giving it to people, giving out that label to people, but then also being like it doesn't matter if you're addict, but the whole thing is centered around being an addict. It's kind of conflicting to me. Because I'll go to meetings and they're great and then I'll leave and then I'll kind of feel guilty then for not being a real addict because I'm under the age of 18. But then I'm like how I was lying, sneaking, using people, there was something there that was more than myself. I was totally psychologically addicted to it. (Sabina, 17)

The label “addict” has evolved from a term that means someone with an addiction to an “old homeless man who beats his children” (Molly, 18). It is a stigmatized term that represents the “scary” nature of substance use. It is a term that has been used to induce fear. Even with the huge push to move from stigmatizing language, these participants still feel and know the stigma of the term addict:

I don't know. I think it's like not always, but I kind of paired with criminal. Because if you're addicted to drugs chances are they're illegal, just the whole thing. But the image I got was these people were addicts and ruined their life. So they were just senseless bad people. (Trinity, 17)

It becomes a complex process when these participants are asked to go to meetings because it claims to help them and their therapist suggests it. First, many of the youth struggle with the language around religion and then the need to label yourself an addict. Many participants, eventually accepted the label addict and use it freely and with confidence. For the majority of the participants, this term becomes a badge of honor. It allows them to hold on to a part of their past identity, as well as become exclusive. For many of these youth, their lives have

been about becoming a part of the exclusive groups that would make them something. Due to this exclusivity, a hierarchy of drug use exists among these youth:

Now I'm here and I don't know. I want to be sober and I go to the meetings and stuff, but I'm not really -- I feel like every time I go to meetings, I kind of get less and less motivated to be sober. Because -- this is going to sound kind of fucked up and every time I talk to someone about it, they always tell me that's the addict thinking. But I feel pretty entitled when it comes to sobriety, if that's make sense. I hate that there is no priority for AA meetings. They put girls to go that have smoked weed once or twice and then there's a couple people that actually need to go to these meetings, but they're never able to go and I feel like that's me. People go every week and they're like, "I'm an addict," and they've smoked weed. And I'm like maybe to them that is what being an addict is, but to me it just makes me pissed off. It just makes me not want to do it. (Lola, 18)

Some participants who might get something out of AA/NA will not go because they have had their use made out to not be worthy of attending meetings:

I think it's also weird for me to talk about it just because everyone downplays it. People here, people in the outside world, this is always so downplayed and so for me to talk about this in a way like hey, it's really not downplayed and this is a legit thing. Look at the facts, look at the studies, ask any doctor, it's not okay. I think I'm still having trouble understanding this is a little bit bigger than I thought it was. (Olivia, 17)

In the interviews with both the layperson in recovery attending 12-step programs and the yoga instructor, who happened to also be in recovery, these experiences and narratives were supported. Both of these field experts actually resonated directly with the youths' shared experiences of having to maintain a certain face and level of expectation, the inability to seek and ask for help, and the need to accept the badge of honor that is the label addict/alcoholic to be supported by 12-step programs. The layperson is in her 60s and the yoga instructor is in his mid-20's. This resonance in their experience the field experts and youth suggest that the culture around addiction and treatment has been perpetuated by our system and society for much longer than this study encompasses. It was the yoga instructor who explained that his experience of AA was exactly the same as these young women. He felt that he could not be a part of the program unless he was willing to call himself an alcoholic. He felt it was a badge of honor that had to be

earned in order to be a part of the program and get help. This sentiment is felt by the young women in the study. The only way to attend and fully get the support from the program, they must accept this new identifier.

The field expert in AA and NA discussed her experience of having youth in meetings. She experienced this youth as distant and cliquy. Many of them are forced to be there by their parents or someone else and it is not of their own devices that they are choosing to get help. Her approach with them is just to talk to them, help them feel welcome and comfortable. In the interview, she made these revelations that she had not even considered what it might mean for an adolescent to call themselves an addict or alcoholic. She felt it was not an appropriate way for these youth to go about working the program. It was claimed by the participants that the old-timers in the rooms would state they were not able to be addicts because of age or life experience. The field expert did not have any expectations around length of time or age to be in the rooms, but she has experienced others be preachy to these youth. There is a level of confusion around attending meetings and actually being able to be an addict that is expressed with high levels of concern and frustration by these youth:

That is something that I view as so important not to happen to anyone. Because whether I am an addict or not, whether anyone is an addict or not, especially at my age, but for anyone's age, is when you have finally come to a place where you should be as a fucking 17-year-old of, "I'm not going to use. I'm not going to drink because I don't want to know what's going to happen, I don't want to find out," and then to have someone who, whether you're close to them or not, but someone of authority, someone older than you say, "Well, you can," it messes with your mind. Because for so long, they've been saying you can't, but then once you decide I'm not going to then it's like okay, but don't label yourself. Don't put yourself in that category because you can. It fucks with my mind. It fucks with people's minds. It's almost invalidating everything that they've been trying to tell us. (Erin, 17)

When the participants receive confusing and conflicting information from authority figures, specifically in treatment, they have a difficult time making sense of who they are. They

become unsure as to what is true and what it is they are just being told to get them to stop using. The confusion debunks all the work that had been and validates that they might be able to use and everything will be OK:

When I hear stuff like that, it's kind of a good excuse to say I'm not an addict. So I can go out and safely use drugs and do whatever I want and so it's probably not helpful. For my age, it's just validating. (Trinity, 17)

**Integrative practices.** Integrative practices are found on the outskirts of the project map. They fall within treatment and therapy as they are found in the treatment milieu, but they do not exist in the major debate as far as treatment is concerned. There has been a big shift in starting to focus on mindfulness and mind-body based practices in order to approach childhood trauma. This has been a very recent shift and it is just beginning to gain stride (Bethel et al., 2016). Currently at the therapeutic school these participants attend, yoga and movement classes is part of their daily curriculum. Mindfulness and breathing are tools provided as suggestion to help with anxiety and stress. The school also does the best they can to titrate the young women off the many medications they tend to show up with. One of the participants who graduated and has the most sober time explains that meditating and making time for yoga every day is essential to maintaining her sobriety:

I still do yoga 20 minutes every single morning. I'm starting to do it for five minutes a night and then I meditate in the morning and at night, which helped me so much. (Sandra, 17)

It was in the depths of the interview with the field expert who is a yoga instructor, in recovery, and works with an integrative rehabilitation center when I really got to the core of the connection between true integrative practices and what is happening with these youth. In the discussion this far, the dominant culture and conversation has created the conditions for a binary narrative to exist in the world. It creates a space where it is necessary to stay attached to some

label and thus, some type of story. What came up in the discussion with this field expert was that labels were dismissed in integrative practices. There was no use of the terms addict or alcoholic or even the use of diagnoses in terms of discussing who one was. This is described as an important piece because it allows the people working on their recovery to release any attachment to any story that they have created for themselves. There is a theme of non-duality. The focus is on taking care of the energetic body. In these integrative practices, the focus is on “I was just a spiritually hungry being” and not anything about something being wrong with me, which we have heard throughout both chapters. This need for spirituality was described by a participant in a moment of giving advice in the interview:

People need to understand that the disease of addiction, first of all, it really is a disease. It's not like you can be like, “I'm not going to do this,” and not do it. It doesn't work like that. It's literally like your brain is manipulating you constantly and you have to constantly battle between differentiate between what is you and what is the part of you that's just your addiction. Feeling this constant war with yourself. *And that's part of the reason why spirituality is so important in the recovery process.* Just this entire attitude of oh, treatment is stupid and whatever people think, this is ineffective or AA is ineffective. I thought a lot of those things, but just knowing that slapping a medication on it doesn't really do anything. (Lina, 16)

Most therapeutic and treatment processes ended up giving the participants a reason to believe that there was something wrong with them, that they were “crazy” or “psychopathic,” in the literal sense.

This expert interview described how yoga brings people into the moment and thus, out of the toxic imagination. Disconnect goes away when they come into the moment, since the moment is what these youth are disconnected from. What he sees in the people he works with is a starving for something deeper in life. In integrative work, he finds that the identity of the participants shifts quite a bit. He also mentioned that many people begin by identifying as the trauma they carry and that this identity feeds patterns. Through the yoga practice and releasing

attachment to identities, the patients move to see the larger picture and find a “delicate balance of somebodiness.” Yoga is used as a way to address suffering. Suffering is there, but it is believed to be a choice. The pain is real. In order to heal, one must liberate from suffering and that belief is deeply rooted in Hinduism and Buddhism. This is difficult to do because through our identification processes, we have objectified ourselves.

The concept of suffering was a core part of the interview and the concepts were explored further in a program founded by Nikki Myers known as Y12SR (Yoga for 12-step recovery) and literature around happiness and suffering. For example, in the current study suffering is defined by not having and not meeting a certain level of socioeconomic class. The youth perceive through cultural definition that being imperfect is reason to suffer because imperfection leads to lack of acceptance and love. The field expert explained his entire view of suffering shifted by going to India and was forced to see an entirely different reality. He was forced to take a step back and see beyond his own suffering. Being liberated from suffering is not possible when we live in a society that supports disassociating from our shadow sides. We try to pretend it does not exist and as the youth in the study, try to shine ourselves to meet expectations. It is necessary to embrace those parts of self because those versions are teachers. Y12SR shares that yoga allows belonging and wholeness and addiction is separation. Addiction is becoming separated from ourselves and who we really are. As biological beings, we want homeostasis, a sense of balance, a sense of integration. Our human body systems are constantly looking for a state of “yoga.” It is through integrative treatment and therapeutic processes that bring the whole self back together that Liberation from Dis-Ease occurs, and the Recovering Self emerges.

### **Summary of Domain III: Treatment and Therapy**

The domain of Treatment and Therapy described the arenas and positions that have affected the participants of this study nearly their whole lives. As the participants' problems progressed, so did their diagnoses. Government agencies got involved and the majority of the participants were hospitalized. Many found that they were treated with too many medications or not treated with seriousness due to their family and socioeconomic status. The participants eventually were provided with therapeutic opportunities that allowed them to do some self-discovery and find a sense of liberation. It is only through access to these types of therapies that the participants are able to receive the type of help they eventually received. Many were introduced to a sense of integrative practices, but the depth to which these types of practices could be experienced are a silenced part of the conversation. It is only through these integrative practices do we focus on releasing the need for the labels and attachment to stories that are created in all the other types of therapy. The following section will be a conclusion to the analysis in this chapter.

### **Conclusion**

The purpose of the situational analysis was to capture the forces that create conditions that reinforce and perpetuate use and addiction cycles within the participants in the study. The analysis also uncovered the debates among the social arenas that create confusion for the youth, as well as, provide a differentiated form of treatment and outcome. The situation was depicted by a variety of maps and then described through analysis of discourse. The social arenas and their positions were broken into three domains. Those domains were the Pursuit of Happiness,

Addiction Culture, and Treatment and Therapy. Each of the domains presented the situation within which these youth exist and that their use and the ability to develop a sense of self is far more complicated than just a matter of free will and determination. The situational analysis suggests that unrealistic expectations are placed on these youth, the youth are silenced, and barriers are created to enforce disconnection and disallow reconnection, and that the debates that exist are based in and amongst specific arenas that create confusion and inequality of treatment for the participants. This analysis describes a situation that is a charged debate and it is so charged that it not only runs through the hearts of the individuals in the study but through all the sectors mentioned.

Based on the environment provided by the system, it can almost be suggested that these youth are simply adapted to their environment and their use is means of adaptation. For example, Jennifer is a young woman who did everything she could to be a part of the prosocial groups determined perfect by her family, community, and culture. She also began to fix her external image through makeup and the right clothes and hair. Even with every attempt to be a part of these groups, she was not accepted. Jennifer began to search for ways to adapt to the environment within which she existed by finding people who were considered cool and perfect. Jennifer began experimenting with drugs and sex. By doing this, she abandoned the Christian values placed upon her. Jennifer's experimentation provided her with the attention of older guys and peers she never had before. This experimentation also allowed Jennifer to avoid how she felt internally by abandoning anything she knew of herself. In Jennifer's creation of her pseudo-identity and continued use, she found a way to find belonging. Jennifer adapted to an environment that could not accept her as is by providing an identity that proved to be one worth moving up the social pyramid. The following chapter will provide the discussion of the findings



of this study, as well as, theoretical propositions. Chapter VI will also provide implications for practice and leadership.

## **Chapter VI: Discussion and Conclusion**

When love (addiction) and hate are both absent  
Everything becomes clear and undisguised.  
Make the smallest distinction, however,  
And heaven and earth are infinitely set apart...  
To set up what you like against what you dislike  
Is the disease of the mind...  
Be serene in the oneness of things  
And such erroneous views will disappear by themselves.  
(Sengstan, 1976)

The purpose of this study was to theorize how adolescents attempt to develop identity and navigate a sense of self while struggling with substance use and dependence. The previous two Chapters described the findings of both the dimensional and situational analysis. Chapters IV and V both produced the findings presented by the data describing a complexly intertwined and systemic situation full of social processes involving the adolescents' attempt at discovery of self. This Chapter introduces the theoretical model that integrates both sets of analyses into one visual (Figure 6.1). It is also in this Chapter where I will revisit the literature, describe the gaps bridged by this study, and propose theoretical propositions.

The intention of this study was to make sense of the lived experience of adolescents who are struggling with substance use and dependence, based on their own perceptions. There is a dearth of studies prior to this one that directly asked the population themselves how they make sense of who they are as they are traveling through this life experience. The choice in methodology and layout of this study was intentional to give these youth the voice they have been seeking and what I uncovered in the findings of this study is that they are not only willing to share their story and insight, they provide insight that has profound implications for leadership practice and future research. In order to fully make sense of the findings in this discussion, we will first return to the original research questions of this study. The primary question was How do adolescents who struggle with substance use and dependence form identity and construct a

sense of self? The sub-questions focused upon were: What are the external and internal influences that drive this developmental process? How do those influences allow or obstruct navigation and understanding of different identity constructs? What are the interconnecting complexities that either allow or inhibit these youth from finding themselves, their self-efficacy, and ultimately their ability to share their talents as an adult in this world? How can we approach this population with dignity, so they can once again find their worth?

We found in the previous two Chapters that the willful responses of the participants answered the questions clearly and in depth. In this Chapter, we will use the theoretical model to compile the findings of both the dimensional and situational analysis to describe how these questions are answered, as well as propose theoretical propositions and implications for future research, practice, and leadership. The overarching purpose of this study was to theorize how the adolescents make sense of themselves and attempt identity development while struggling with substance use and dependence and to understand the forces involved that affect the shaping of these youth and their situation. The following section will present the theoretical model for this study. The theoretical model will be described in detail to give an overview of the entirety of the phenomenon under study. Since, this study focuses on the development of identity, it is necessary to understand the missed or stunted developmental stages these adolescents experienced. Following the model, a discussion on identity development will be presented in the context of the theoretical model and experience of these youth. This discussion will be followed by the theoretical propositions, limitations, and implications for research, practice, and leadership.

## **The Theoretical Model**

This section will provide an in-depth look into the construction and meaning of the theoretical model of this study. The theoretical model is an intentional representation of the dynamic processes depicted by the participant data, as well as the forces described as impactful to the social processes participated in by the youth. The theoretical model will be presented in two manners. Figure 6.1 provides how the findings from the dimensional analysis and situational analysis relate and interact. This model will be described in detail in order to recapture the findings but also to understand how the integration of both sets of findings provide a full understanding of the situation. Figure 6.7 provides the complexity, dynamic movement, and embodied experience of the situation. The first figure represents the situation well but could be considered a snapshot of the situation, one in which we can stop the chaos and look closely at each component. The second figure provides a silhouette image that describes the feeling of being in this situation allowing for the chaos. It is important to note that each of these models not only went through many iterations, but each version was presented to and discussed with a group of adolescents comparable to the participants in this study, who are attending the therapeutic boarding school I am affiliated with. It was important to me as the researcher that what the model emulated from data also resonated with the youth who provide the data. These final versions were approved by and supported by these youth.

### **Understanding the Theoretical Model**

In some philosophies and views of thinking, we can describe each individual as the universe itself. There is no difference between the universe within us and the universe around. We are one in the same. The old tendency to regard the world and ourselves as separate parts gives way to viewing things as interconnected and interdependent. Modern physics views the

universe as a single indivisible unit. The manifestation of the theoretical model came from a systems perspective that the universe is interconnected and interdependent. The experience of these youth describes a complex interconnection of components that are representative of their universe. The theoretical model depicted in Figure 6.1 provides a look into this universe of the self for these adolescents.

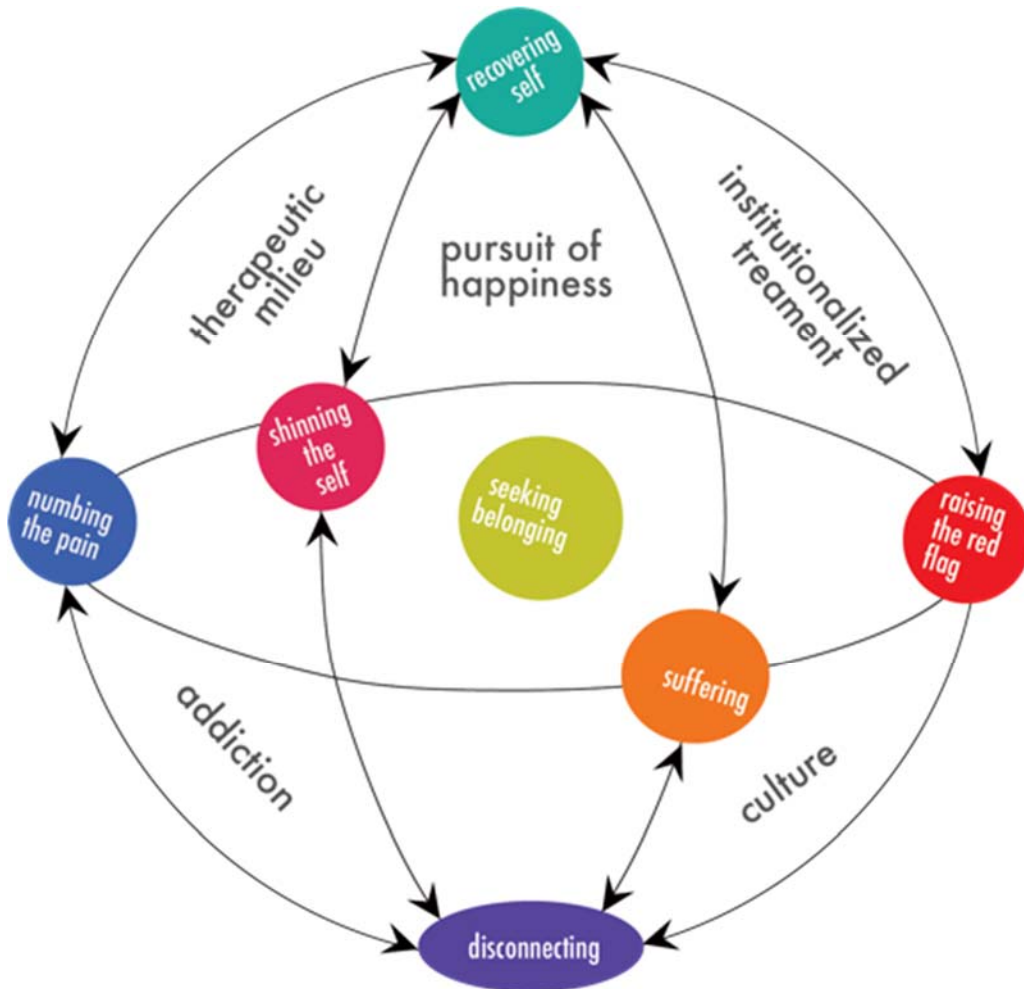


Figure 6.1. Theoretical Model Snapshot of the Lived Experience of Adolescent Substance Use

To begin the discussion of the model, I will begin in the middle. The core dimension *Seeking Belonging* sits at the middle of the entire model while all primary dimensions and major domains from the situational analysis are situated in purposeful places around that core

dimension. Central to all the primary dimensions is *Seeking Belonging*, it is the reason and purpose the social processes exist. That central point in the model can be viewed as the star and light that these youth carry into the world with them. The adolescents entered this world shining brightly fueled by their own sensitive, intuitive, and creative natures. The deep need to love and be loved allowed this light to shine brightly. Yet, in the search for belonging, the cultural contexts and processes used began to pull the light energy from that core dimension. This light energy is used by the primary dimensions, draining the core of the energy it has to maintain its only level of brightness. The energy is drawn through the primary dimensions of *Shining the Self*, *Suffering*, *Raising the Red Flag*, and *Numbing the Pain*. The energy eventually gets drawn down to the primary dimension of *Disconnecting* by the abyss that is Addiction Culture. It is important to note at this point, that the arrows in this model are double-sided, due to its reciprocal influence. It is possible that the energy and direction has the ability to shift to the *Recovering Self*. At this stage of the discussion, we can imagine that the primary dimension of *Disconnecting* is a black hole that can swallow energy and entities, but it can also provide a shift from negative to positive energy, as well as create a new sense of life. Just as black holes are stigmatized for being seen as what is visible or not, the youth at this stage are assumed to be only what we can visibly make sense of by their external presentation. The following sections will break down Figure 6.1 into multiple dynamic visuals.

**Shining the Self and Suffering.** Moving out from the center, we find the primary dimensions of *Shining the Self* and *Suffering*. These two processes are situated closest to the core dimension. As stated before, every placement in this model is intentional. These two dimensions are located the closest to the core dimension because they are the dimensions that are maintained in all variations of this model. As the youth are moving through the process of *Seeking*

*Belonging*, they shift back and forth between *Shining the Self* and *Suffering*. The movement of the dimensions is depicted in Figure 6.2. These processes occur at the beginning stages of this developmental need and continue through therapeutic process into recovery. As we know, the original light that these youth carried within their core self has begun to be drawn into these other processes. *Shining the Self* is relevant in this context because even though the youth had their own beautiful light, it was dimmed by the expectations placed by the contexts that make up the domain of the Pursuit of Happiness. Instead of the youth being able to maintain the self they came into this world with, they begin to use any energy they have to burn a different light. They begin to shine at a different wavelength and frequency. They find a way to align with frequencies set by their family, community, culture, and society. Since this set of new wavelengths are not in alignment with what these youth carry naturally, they fall into states of *Suffering*. The youth will move back and forth between *Shining the Self* and *Suffering*.

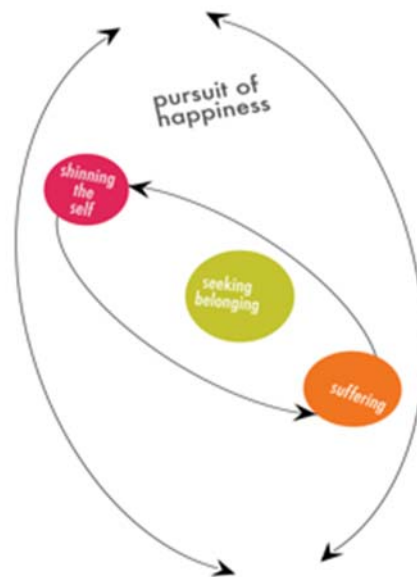


Figure 6.2. Interaction of *Shining the Self* and *Suffering*

Figure 6.2 shows the nature of the dimensions Shining the Self and Suffering. In the static theoretical model, the two dimensions are shown situated closest to Seeking Belonging. Figure 6.2 describes the movement and the shift in positioning that actually occurs of these primary dimensions. Shining the Self and Suffering move around the core dimensions and the specific distance of each dimension to the core dimension shifts depending on the position in time of the youth in the process. As the two dimensions move around the central dimension, they also shift positioning as to which is on the illuminated side of the model and the shadow side of the model representing that one dimension can become more dominant than the other, yet the other dimension does not disappear, it becomes shadowed by the other.

**Raising the Red Flag and Numbing the Pain.** In alignment with *Suffering*, we find another primary dimension closely placed, *Raising the Red Flag*. *Raising the Red Flag* is the dimension when these youth let their *Suffering* known. They ask for help. They self-harm. They attempt suicide. In this place, these youth are not *Shining the Self*. They are showing their wounds, wearing their pain on their sleeve, and hoping someone will take them seriously. Due to the response of practitioners in schools and therapy and treatment, along with family systems, these youth are disregarded until it becomes too late. Due to the privileged status of these youth that allow them to maintain their shine for so long, the symptoms that might be taken more seriously for youth who are considered typical “at-risk” (ie. non-white, low socioeconomic status) are ignored. Yet, when they do receive help, they become institutionalized. They are either sent to an alternative school, hospitalized in mental health facilities, or placed in court-ordered inpatient and outpatient treatments. For many of the participants, this is where they learn about the potential of drug use. They are also typically over medicated in these institutions. It is the immersion in Addiction Culture that occurs in these institutions that drive the participants to



*Disconnecting* as opposed to the *Recovering Self*. What the youth learn in *Raising the Red Flag* is that asking for help simply makes everything worse. Eventually the responses in this dimension create loneliness which reinforces Suffering and silences the youth which reinforces the need to *Shine the Self*, finally leading to *Numbing the Pain*.

*Numbing the Pain* sits on the other side of the model. The positioning is counter to *Raising the Red Flag*. If the youth are asking for help, they are not taking it into their own hands. It is when the youth do not get help or are not being taken seriously, they decide that it is up to them to fix their problems. Substances and promiscuity become a solution in this dimension. What the youth have learned so far is that they do not meet the expectations placed upon them and they have used all the energy they could in maintaining a self that is accepted by familial, cultural, and societal expectations. Entry into this dimension is not typically instigated by a desire to self-medicate, it is instigated by a peer or group of peers that is willing to accept the youth for a very minimal energetic exchange, such as drinking a beer. The core dimension of *Seeking Belonging* is at the center of this interaction. These youth have spent the majority of their life trying to figure out who will accept them. They find the group. Once entry into this new friend groups happen, the participants start to receive the attention they have been seeking for their entire lives. Substances allow their anxiety to melt away and increase confidence, give the youth a sense of power and control. They lose weight due to lack of self-care that is associated with substance use and thus, their bad body image does not seem as relevant when older guys are contacting them and giving them attention. As the use continues, the participants continue to disconnect more and more from themselves.

Figure 6.3 depicts the movement that occurs with the addition of the primary dimensions *Raising the Red Flag* and *Numbing the Pain*. *Seeking Belonging* is maintained at the center of all

movement as the core dimension. *Shining the Self* and *Suffering* maintain the closest positioning to the core dimension. They are also situated in a manner that allows them to be in their own orbit around *Seeking Belonging* but also maintained in the orbits of *Raising the Red Flag* and *Numbing the Pain*. The movement of *Numbing the Pain* and *Raising the Red Flag* wobbles through time. The dimensions maintain staying on opposite sides of *Seeking Belonging*. Their movement might shift the dimension closer to the core dimension or the primary dimensions of *Suffering* and *Shining the Self*. The wobble effect of this specific orbit allows the dimensions of *Numbing the Pain* and *Raising the Red Flag* to be more influenced by the contextual factors named in Figure 6.1 of *Addiction Culture, Institutionalized Treatment, and the Therapeutic Milieu*.

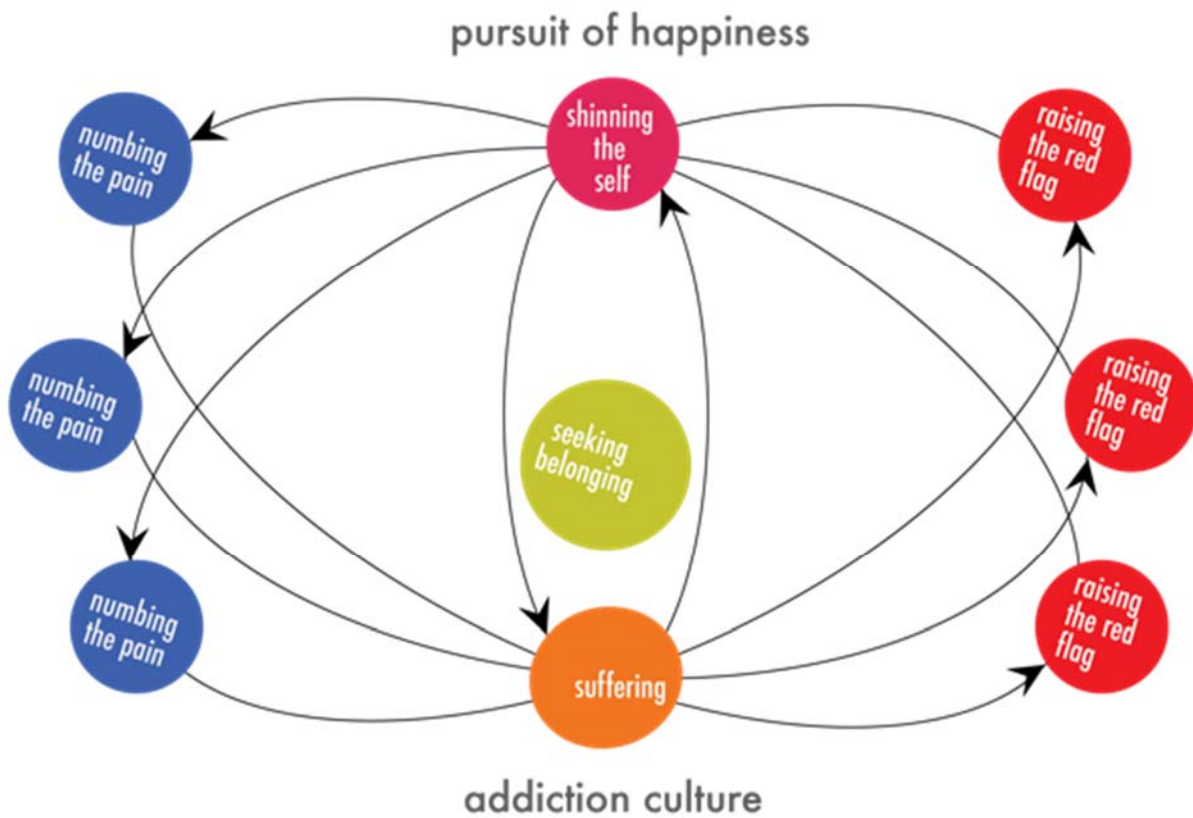


Figure 6.3. Interaction of Raising the Red Flag and Numbing the Pain

**Disconnecting.** Throughout this entire process, the movement through the dimensions of *Suffering, Shining the Self, Numbing the Pain, and Raising the Red Flag*, aspects of the self have been *Disconnecting*. The youth have been slowly shattering like a windshield that gets hit with a small pebble. The longer, the bumpier the road, the farther the crack extends and more cracks appear. It is through *Disconnecting* that these youth are able to maintain the reputation of their pseudo-identity. Figure 6.4 depicts the energetic movement from the core dimension through the primary dimensions of *Suffering, Shining the Self, Numbing the Pain, and Raising the Red Flag*, and down to *Disconnecting*.

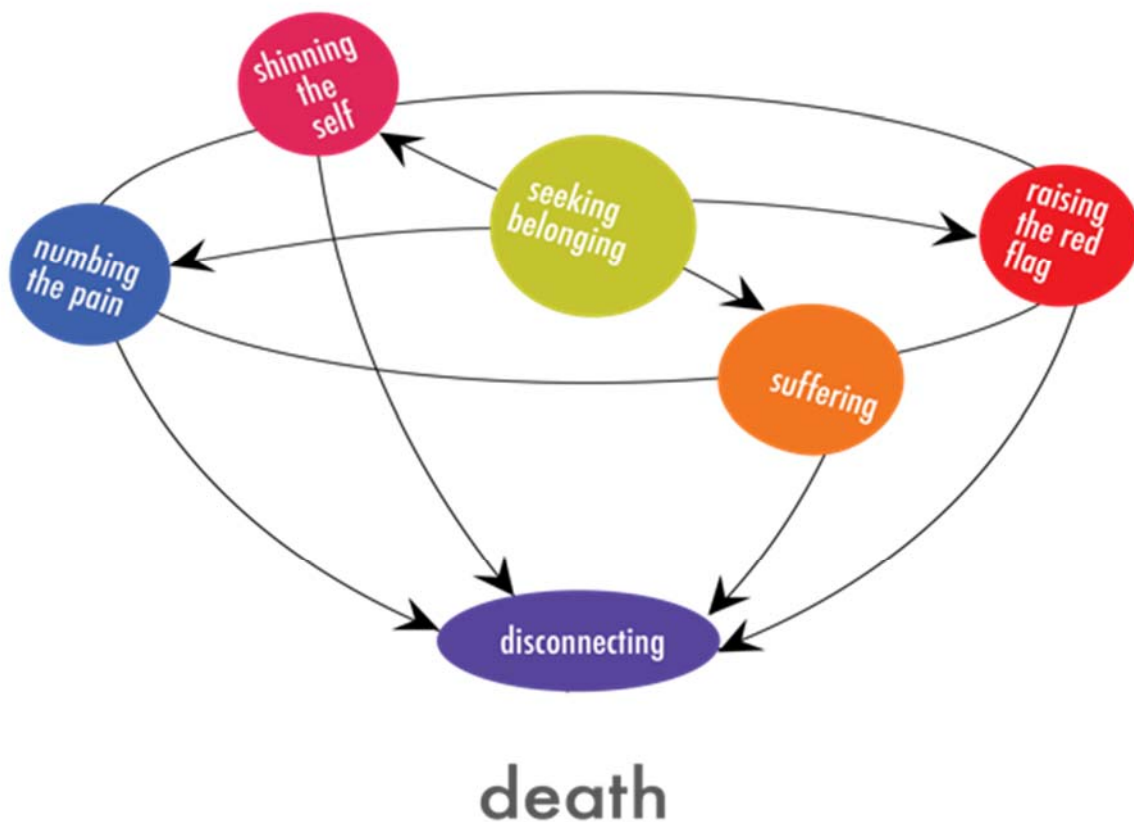


Figure 6.4. Path to *Disconnecting* and Death

The participants know that this false self that is being accepted is not truly them. They also know that it is a self that is being accepted. The youth understand that the person they truly are was not accepted when they tried to be that person and now, they are so disconnected from who they might be, that they are afraid to stop their use. If they stop their use and attempt to reconnect the pieces of their shattering, the youth believe that they are going to be nothing of worth sitting there. This stems from beginning interactions in *Seeking Belonging*. The option is to continue use, disassociate from the pain of going against the self, and eventually become the void that is *Disconnecting*. As can be seen in the Figure 6.1 and 6.4, the domain of Addiction Culture pervades the space from the core and primary dimensions in the center down to the primary dimension of *Disconnecting*. Addiction Culture is the space where major cultural and societal debates exist. These debates create confusion around the understanding and treatment of substance use. It is important to note that the Pursuit of Happiness also enters this space and creates a connection to *Disconnecting*. The relevance of both of these domains in relation to *Disconnecting*, as well as other primary dimensions, is the culture of No One Talks About It. Due to fear-based policies and treatments and the need to maintain a certain facade when existing in an affluent culture, mental health, substance use, and addiction are not talked about. They are considered taboo. The youth are taught early on that talking about it either is going to get them labeled with diagnoses or the terms addict or alcoholic or it is going to deface the shiny status of their family and reputation. The youth exist in a space where they are surrounded by multiple, conflicting definitions of who they might be. These definitions do not even align with who they truly are. The youth finally give in, abandon any idea around getting to know themselves, and focus externally.

In examination of Figure 6.4, outside of the cycle, below Disconnecting, is the term “Death.” At this stage in the process, death becomes the option to break this cycle. The concept around death can manifest as an overdose or suicide. In a state of complete disconnection, the youth find that the only option they have is to not live for very long. The desire to die fueled by self-hate and acceptance of the pseudo-identity allows the spiraling into deeper states of use that too often lead to this option of breaking the cycle. The following section will provide another option for breaking the cycle.

**Recovering Self.** As we move to the upper hemisphere of the model, a section that has not been addressed is the Therapeutic Milieu. At the bottom of that triangle are the primary dimensions of *Numbing the Pain* and *Shining the Self*. At the top of the triangle is the emergent property of the core dimension *Recovering Self*. Therapeutic Milieu covers more than just being in therapy. This context describes the relational pieces that draw these youth to find their *Recovering Self*. Figure 6.5 depicts the upper hemisphere of the model, as well as the energetic movement that exists between the primary dimensions, core dimension, and the *Recovering Self*. This figure describes that movement through the dimensions is reciprocal in nature and the ability to move back into an old pattern or habit is readily available at any stage of the recovering process.

## functional recovery

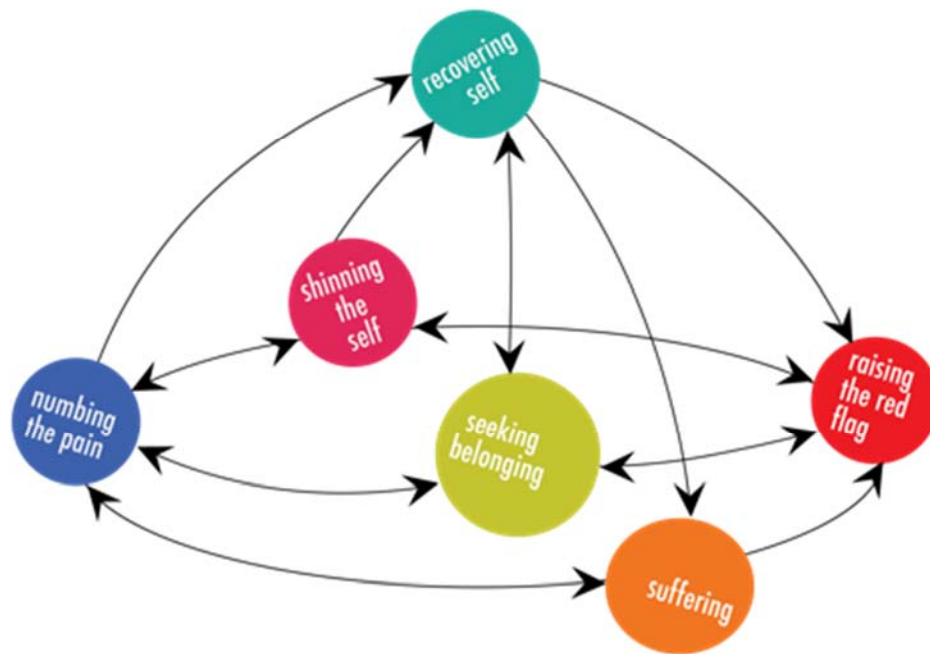


Figure 6.5. Path to *Recovering Self* and Functional Recovery

The youth describe a multitude of people who allow them to face the masks they maintain, to face and address the pain underlying the numbing, and ultimately allow the shattered pieces of self to resurface so that these youth have the ability to pull them back together. Many of the participants describe that they continue their pattern of *Shining the Self* in therapeutic and treatment practices. Due to the deeply ingrained belief and understanding that they are privileged and getting therapy and being in treatment is a privilege due to limitations on access (specifically cost), the youth believe that they must be getting better since they are getting help. The youth will continue to put on the masks, they will find other more acceptable ways to express their addictive personalities (ie. exercise), and they will feel the pressure of needing to find the self

that will be accepted in this arena. Entrance into therapy and treatment still have the ability to maintain immersion in Addiction Culture. This is core to why the double arrows exist. The youth may move up and get closer to *Recovering Self* but there is always the possibility that they will be pulled back into old processes and back down into disconnection.

As youth enter treatment, they are asked to be sober. By being sober, they are letting go of the one version of self that they have mastered and found to be a positive identity in that it provides a level of acceptance and belonging. Then, these youth are expected to act at a developmental level of an adolescent when their emotional development stalled when belonging was not achieved and substances were used to achieve that belonging. The youth then gets diagnosed and 12-step programs are prescribed. The youth are provided options of what identity might fulfill the need to belong again instead of being given the skills and tools to uncover who they are. It is in pivotal relationships where finding the *Recovering Self* begins to be a possibility. In Figure 6.5, the term “Functional Recovery” is placed above the dimension *Recovering Self*. Functional Recovery is the option for breaking the cycle on this side of the sphere. This is the point when the youth have become the recovered self and are no longer trapped in the cycle that is represented by the entire theoretical model. In order to reach Functional Recovery, the entirety of the self needs to be considered and incorporated back into being. The following section describes this process.

**Dark Side of the Moon.** If we consider the shape of the model, it is a sphere. If we consider *Seeking Belonging* as this central light, there is a shadow side to this sphere. Figure 6.6 represents the movement of the sphere and highlights the shadow side of the theoretical model.

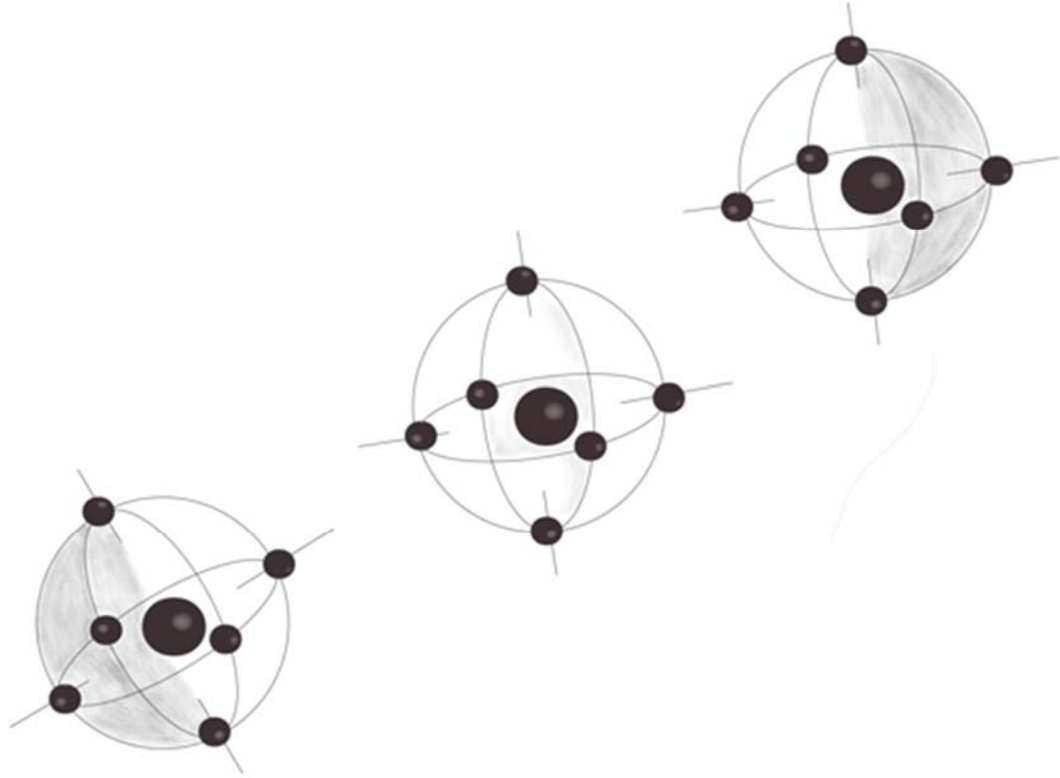


Figure 6.6. Light and Shadow Side of the Lived Experience

In order to reach the *Recovering Self*, the youth need to bring the light and the shadow sides of the sphere together. It is through the pivotal relationships, as well as types of treatments and therapies that allow the hidden pieces of self that would be associated with the shadow side to be addressed and given a new narrative. The Pursuit of Happiness dominates the central sphere containing *Shining the Self, Suffering, Disconnecting, and Recovering Self*. It is this context that drives the youth to “forget” those things associated with what is described as their shadow, when it is really this shadow that provides the greatest teachers for the youth. It is the Pursuit of Happiness that drives the need to shine so brightly that no one can see the shadows, even though they persist and get darker the longer they are over shown. Whereas Figure 6.1



depicts the model with the fully illuminated side visible, Figure 6.6 makes it clear that there is a shadow side to the model and cycle, that movement happens while the youth are in the cycle, and that the amount of energy that is required to only how the shining side of the self requires energy that takes away from achieving Functional Recovery.

**The embodied experience of the theoretical model.** The version of the theoretical model provided in this section attempts to provide a connection to the how it feels to actually be immersed in this situation. Often when we are provided models to understanding a situation, we look at it from the outside to determine what is going on there. For this research, it is important to experience how the participants feel. Without understanding the feeling of being torn in multiple directions, sacrificing pieces of yourself, eventually abandoning anything that might be you, and being treated as if it is all your fault, we cannot begin to truly understand the situation. Figure 6.7 provides the overlay of all the dynamic pieces of the theoretical model that have been presented so far. The figure is meant to invoke a level of chaos, motion, and dysregulation. This model does not have a level of balance or equilibrium. It is a model that moves between

extremes while spinning fast enough to create a level of nausea that few could withstand without the support of a temporary anesthetic.



*Figure 6.7.* Dynamic Theoretical Model of the Lived Experience of Adolescent Substance Use

The dynamism that is depicted in Figure 6.7 not only relates to the embodied experience but also to the temporality of each dimension. Over and through time, the individual moves through different processes and each day, moment, represents a different dominant process or dimension for the youth. Whereas time does not fall back on itself, this process in and of itself is a cyclical process where the youth may move forward, backward, up, down, or side to side. Dimensions may fall into the shadow side not to be seen or move to the illuminated side. The cyclical process is represented here intentionally due to the entire situation and processes not being linear. The curved space is representative of how the youth moves from and through the dimensions.

Taking the theoretical model snapshot and the dynamic theoretical model, we can see and feel the situation within which these youth exist. From these models, we can derive theoretical propositions. The theoretical propositions are:

Proposition 1: Development of the pseudo-identity through substance use is an adaptation to the internal and external environment of the adolescent.

Minor Proposition 1: Behaviors associated with pseudo-identity reflect the adolescent's view of self.

Proposition 2: Core cultural and societal positions around treatment of substance use have direct and indirect effects on well-being and identity development of adolescents.

Proposition 3: Current modalities of treatment and therapy, specifically the prescription of 12 step programs, allows reinforcement and attachment to false identities.

Proposition 4: Integrative practices support development of relational well-being, non-attachment to pseudo-identity, and reconnection to the lost pieces of self.

The following section will provide an in-depth discussion of the theoretical propositions.

### **Theoretical Propositions**

The research conducted provided empirical evidence that lead to theoretical propositions as determined by the theoretical model and data. This section provides an in-depth explanation of the theoretical propositions, as well as integrates the extant literature presented in Chapter II of this dissertation.

**Proposition one: Development of the pseudo-identity through substance use is an adaptation to the internal and external environment of the adolescent.** This proposition addresses the situation through a multitude of lenses. First, to address how this proposition emerged, we take a look at the research done by Alexander (2008). Alexander (2008) did

research to address the nature of addiction. This research focused on one single rat with an option of cocaine or not, and the rat almost conclusively chose cocaine. Yet, Alexander (2008) addressed addiction as a response to a lack of bonding. He created a community known as Rat Park and placed cocaine in this community. The rats not only did not die from overdose as they did when they were alone, but they also simply did not choose the cocaine option even though it was available. Our nature as human beings is to bond with other human beings. This is seen in this study with the core dimension being Seeking Belonging. If humans are unable to bond, humans will find something that will fill that need. Humans will adapt to their situation. When they are happy and healthy, they bond with others. When they are not, they find unhealthy ways of coping with the lack of bonding. This view on addiction is a shift from the concept of drugs hijacking the brain. In this study, it is essential to also connect the idea of adaptation to developmental needs for the adolescents.

**Adolescent development.** Belonging is a developmental need according to leading developmental psychology researchers (Erikson, 1964; Maslow, 1943; Judith, 2004; Levine, 2006). Where belonging falls in developmental stages varies between the researchers. According to Maslow (1943), this sense of belonging is met between the ages of 18 months and four years old. Yet, Judith (2004) who works within a yogic philosophy context aligns belonging with the chakra system. She mentions that Maslow's concept of belonging should actually be in the four to seven-year-old range and his need of self-esteem should be in the earlier range of 18 months to four years old. This suggestion is based on self-esteem being related to the 3rd chakra (Manipura) which aligns with will power. Erikson (1964) did not provide belonging in his stages of development. He described during the age ranges where Maslow and Judith placed belonging is the stage of trust vs. mistrust. For the participants, there is a variety of whether they come into

the world with a trust or mistrust view of the world around them. Judith (2004) suggested that a relational step is missing in Erikson's developmental stages. She believed that a stage of separation vs. belonging should be placed for the six months to two-year age range. Whether the development need of belonging is placed at two years old versus seven years, we are experiencing youth who are learning from a very early age that the person they are is not worthy of belonging. This belief becomes so deep-seated because it is in such a core and crucial set of developmental ages.

Going back to Bowlby's (1979, 1982) attachment theory, we understand that attachment refers to the deep-seated emotional tie between individuals and their primary caregivers. If these primary caregivers create a situation where there are certain expectations around being accepted or not, the youth internalize this meaning and use it when trying to form other relationships. It is from the interactions in the earliest years when the youth determine how to create a relationship and a bond. For the youth in this study, they learn through the types of attachments that they do have, that acceptance is conditional. Conditional acceptance does not allow for guilt-free and shame-free exploration of self. It does not provide a stable foundation for identity development or exploration. A young child's sense of self is formed largely by the opinions of his/her parents. Their approval or disapproval provides the foundation upon which a child begins to have a sense of whether they are loveable or not (Levine, 2006). The youth in this study clearly state a level of self-hate that pervades all dimensions which includes not being loveable. A sense of lovability is core to the healthy development of self (Levine, 2006). We can see from the earliest stages of development, the youth are seeking belonging within conditional boundaries.

**Identity work.** Whereas these youth strive for perfection, life is not perfect. It is hard to develop an authentic sense of self with a constant pressure to adopt a socially accepted, highly

competitive, performance-oriented, unblemished self that is promoted by adults (Levine, 2006). For most children, including those in this study, attempting to achieve this unblemished self encourages dependency, depression, and no sense of self. Not only are the participants managing a set of unrealistic expectations and conditional acceptance from adults in their world, the very nature of the family system and social context affect the development of autonomy and self-efficacy. By having parents that are overprotective and strict, with whom insecure attachments have been formed, the youth are denied the ability to figure out their own values, desires, and interest. The outcome of this type of situation is despairing dependency (Levine, 2006). The youth become dependent on external means of understanding self and reinforcing worth. It is in this space that these youth create versions of the self that are more likely to be accepted by everyone else even if it means that there is a disconnection with the internal self. The youth adapt to not being good enough to be accepted in the conditional boundaries by creating a pseudo-identity that meets expectations for popularity, attention, and acceptance. They use their attunement to what is expected of them in their affluent, privileged culture to fly under that radar with this pseudo-identity.

The process to and the endurance of this identity is also an adaptation to an underdeveloped sense of efficacy, agency, and autonomy. Affluent communities and the types of parents that exist in these communities diminish a child's sense of efficacy and autonomy. The type of overprotective and intrusive approach of these parents makes these youth hesitant to actively approach a world that the parent portrays as dangerous. As an adolescent, these youth have to choose between healthy and self-defeating behaviors and activities all the time. If the youth does not have a sense of self-efficacy, the ability to do so diminishes (Bandura, 1997). Youth who enter adolescence with a compromised sense of personal efficacy are far more likely

to fall victim to self-defeating behaviors. The youth in this study show a level of agency in finding a positive identity and acceptance into social groups through this pseudo-identity attached to substance use. Yet, it is the lack of efficacy and autonomy that gives the youth the belief that they have no control over their lives and allows easy manipulation by others. The participants use a drug or party identity to achieve acceptance. Yet, the friends and people surrounding the participants were all described as using and manipulating the participants in order to get what they wanted whether it be some sexual act or access to drugs.

Identity work encompasses a range of agentic tactics (Roberts & Creary, 2011). The youth use tactics to shape the meaning or significance of their identity in the given context. Identity negotiation research suggests that individuals will negotiate with themselves until they achieve social validation for their authentic selves (Swan, 1987). Identity work is maintained to be a tactic to use to achieve positive identity. Characteristics of positive identity are typically described as virtuous. Yet, the youth in the study created what they perceived as a positive identity through agentic identity work, such as determining what is needed to achieve a level of popularity and acceptance and taking on those characteristics as part of the identity. In this study this developed in ways such as the participants dressing in a particular way, achieving the proper body, being sexual promiscuous, and being better than boys in terms of drinking and drugging. This work around who the participants were seen as allowed a level of attention and acceptance that allowed movement to the top of the social pyramid. In the description of positive identity, using drugs, being promiscuous, and becoming popular would not be considered virtuous. Yet, it is the process of social interactions, of re-developing self through possible selves, and the feedback provided in those social interactions that tell the youth that this pseudo-identity is a positive identity. I would argue that many of the youth believed this pseudo-identity to be their

authentic self. In achieving a positive identity, specifically in the context of these youth, the society and persons with whom the youth interact for feedback provide views of a positive identity that does not align with an understood self.

The youth in this study have dangerously underdeveloped internal homes, the internal place within self, resulting in the inability to find respite from the turmoil and rapid change of adolescence. They also exist in an affluent culture that places expectations and focus on external ways of being, looking, and acting. The youth only find a sense of acceptance conditionally and the only time they feel fully accepted is by carrying this pseudo-identity. It is the place where the external maintenance of the right look, clothes, and appearance allow the continued behavior that allows the youth to be accepted without question into these other groups existing in the drug culture. The youth *Shine the Self* to maintain the multiple lives and masks that allow them to survive in a world where they feel dangerously disconnected.

This theoretical proposition also provides a minor proposition. This minor proposition will be discussed in the next section.

**Minor Proposition: Behaviors associated with pseudo-identity reflect the adolescent's view of self.** One of the participants shared that what she was doing to herself was a direct reflection of how she felt about herself. Destructive behaviors endured because the youth believed that they were not worthy of existing and also that they could only handle the maintenance of their pseudo-identity for long. While the behaviors were allowing them to maintain their pseudo-identity, the behaviors were also being use to destroy a self that these youth hated. In much research around antisocial behavior, it is this type of behavior that begins to earn a negative view from external sources (Issmer & Wagner, 2015). These youth do achieve a negative view. The intention of their behavior is misunderstood. Most of the behavior is due to



not having any relationship with self and hating the self that exists due to responses that the youth have gotten through their lives. The behavior that is actually showing how much these youth despise themselves continues to get negative feedback, reinforcing the belief that they have no worth. Levine (2006) shares that the boredom, the vagueness, the reliance on others, and I posit the considered antisocial behavior points to youth who have run into difficulty developing the internal structure that would be considered the self. As a result, behaviors continue and become more destructive and extreme while continuing to align with the formed and accepted pseudo-identity.

**Proposition two: Core cultural and societal positions around treatment of substance use have direct and indirect effects on well-being and identity development of adolescents.**

In the description of the theoretical model, this proposition was alluded to by the description of the ability of Addiction Culture to drive motion through the model toward the primary dimension of *Disconnecting*. The concept of the “drug phobia” is well established in Chapter 2. Robinson (2012) described that societal norms construct whose lives are worth living and whose lives are not worth living. It is a relevant concept in this study. Specifically, Robinson (2012) also mentions that the norms that dictate livability can only remain norms if they continue to be acted out and reproduced as norms in social life. While the War on Drugs has been described as being over, research (Loren, 2013; Skiba & Knesting, 2001; Teasly, 2014; Fabelo et al., 2011) explicitly shown that fear-based, zero-tolerance policies do not work especially in supporting recovery from substance use. Whereas the “war” may be deemed over, I would argue based on the findings of this study that a fear-based approach is still being used to control substance use. The basis for this argument comes from the description of zero-tolerance in the narratives along with the amount of institutionalization that still exists in the narratives of these youth. In being

phobic toward a group of people or culture, the culture of power tries to suppress the thing that they fear so that the marginalized group is denied power. These youth are denied power in that they lose their ability to speak. Through the interactions of asking for help, the youth are silenced. The culture of not talking about that which could blemish our society forces the youth to pretend they are doing ok, to create multiple versions of the self, and leaves them with lack of agency, efficacy, and autonomy.

**Effects of major debates on treatment.** The major debates in existence that suggest impact on the participants are the following:

- Use of terminology (ie. addict/alcoholic vs. Substance Use Disorder)
- Use of Pharmacotherapy
- Reaction to Substance Use
  - Education System (Zero-Tolerance Policies vs. Restorative Justice)
  - Criminal Justice System (Incarceration vs. Treatment)

The following sections will describe how each of these debates affect treatment.

**Use of terminology.** Room (2005) explained that the stigma toward substance abuse is seen as both a form of deterrent social control and a damaging force towards individuals already dependent on drugs. Accordingly, substance abuse is one of the most stigmatized forms of mental health (Link, Phelan, et al., 1999). Due to this stigma, there is a decreased amount of mental and physical health service utilization by substance users (Rasinski, Woll, & Cooke, 2005). Due to the affluent status of these youth, they are less likely to receive the needs they want, because they experience clinicians who minimize their symptoms due to their socioeconomic status (Luthar, 2005). It is also seen that parents in affluent communities tend to only seek help when their children have extreme symptoms. There is drive to keep problems

private due to the need to maintain the expected appearance of a wealthy family including the ability to take care of one's problems, as well as, the understanding that misfortunes of the wealthy tend to evoke a malicious pleasure in people who are less well-off (Feather & Sherman, 2002).

Individuals seeking treatment become associated with stigmatized labels (Link, 1987). This stigma attaches huge costs to seeking help, as well as increases in psychological distress experienced by these individuals (Janulis, 2010). Specifically, adolescents exhibit increased stigma and discrimination toward individuals who are labelled with mental illness when they are more familiar with mental illness (Corrigan, Lurie, Goldman, Slopen, Medasani, & Phelan, 2005). Thus, adolescents may have an increased belief that entering treatment may affect all aspects of identity and acceptance with their in-group. Due to the effects of stigma on seeking treatment, the concept of stopping the use of stigmatized language in the healthcare setting was discussed at the first national drug policy reform summit at the White House in 2013 (Kelly, Wakeman, & Saitz, 2015).

While the youth in the study experienced the terminology from AA/NA as highly stigmatized, it was the terminology that allowed the greatest sense of belonging and support. It felt easier to accept the terminology because it allowed a sense of acceptance for the sober version of self. Medical professionals and therapists use the terminology of Substance Use Disorders, based on professional practice. These are given to the youth based on meeting criteria from the DSM-V. For the youth, there is a disconnect between the two. A diagnosis of a disorder is something that they can get rid of, once the symptoms of the diagnosis are gone, the youth need to no longer worry about it because they are healed. The terms addict/alcoholic provide a connection with the disease addiction and thus the long-term impacts, yet also carries the stigma.

As a participant claimed, “It is not the flu” (Lina, 16), in reference to understanding the impact of addiction or substance use on an individual. There is a deep disconnect and misconception between the terms addiction and disorder for these youth. The term addiction has more meaning for what the youth experience. Yet, this study shows that stigma is still a felt factor in substance use. Where addict may feel more in alignment with what the youth are experiencing, the youth do not want to identify with the stigmatized term.

Another level of terminology confusion is presented by different authorities. For many of the youth, they are expected to accept the terminology in both the 12-step and therapeutic arena. As discussed, these arenas present different terms for describing the status of the youth and the youth feel more aligned with the term addict. Yet, as many of the youth achieve sober time and complete step-work, they begin to hear that they are not actually addicts and that they do not have enough life experience to have an addiction from both arenas. Not only do the youth become confused and frustrated, but they once again have to make sense of their identity because what they were provided with as an option for their identity is once again becoming a false identity. The youth are provided with labels in the arenas of therapy, healthcare, and the 12-step program when they are newly sober and desperately seeking an identity to hold on to. At the beginning of treatment it feels as if all sectors support each other and then, as the youth progresses, disorders are removed, addict labels remain but are combatted by certain authority figures, and the youth are left turned upside down without a clear sense of who they are, as they did when they began treatment.

**Use of pharmacotherapy.** Pharmacotherapy is the use of medications to assist in abstaining from drug use. Medication-assisted treatment has become more prominent in wake of the opioid epidemic (Kolodyn, Courtwright, Hwang, Kreiner, Clark, & Alexander, 2015). The

use of Methadone is an established effective treatment for opioid addiction. Federal regulations prohibit most methadone programs from admitting patients under the age of 18 (Committee on Substance Use and Prevention, 2016). The use of Buprenorphine has FDA approval to be used with patients 16 years or older. Buprenorphine is not a full opioid agonist like methadone, but it has proven to be effective with adults and more studies are emerging to support its use with adolescents (Committee on Substance Use and Prevention, 2016). Using Naltrexone is another option. It works for opioid addiction and alcohol cravings. Naltrexone treatment provides an option for adolescents with co-occurring opioid and alcohol use disorders. Pharmacotherapy with adolescents are most often coupled with other therapeutic options in order to support the resolution of the underlying causes of the use.

The use of pharmacotherapy is a sensitive subject. Pharmacotherapy itself is quite stigmatized. For many, the belief is that there is just the replacement of one drug with another. The use of pharmacotherapy is largely supported by the healthcare sector to prevent overdose. Pharmacotherapy is not supported by 12-step groups, abstinence is the goal. The believe in the world of 12-steppers is that by using pharmacotherapy, one is not ever truly able to address the control the drugs have over their life or gain full control over the life they have. The healthcare world is pressured to reduce the number of overdoses. The overdose rate is used as one of the greatest fear factors in the presentation of substance use. Pharmacotherapy has a thread of fear-based reaction. For youth who are a part of both worlds, the message that they receive is that a range of authority figures are telling me that their option is the best and the other is not and how are these youth expected to determine the right answer in the fragile state they exist.

**Reaction to substance use.** This debate falls out into two sections: education and criminal justice. Reactions to substance use vary greatly in the education system by either using

zero-tolerance policies or restorative justice policies. Criminal justice also falls into a debate between incarceration and treatment. The following sections will describe the debates under both sections, education and criminal justice.

***Education system.*** Inconsistencies have flooded the educational system over the past two decades in discipline, except the reliance on suspensions and expulsions as swift sanctions to disruptive classroom behavior (Fabelo et. al, 2011). The specifics of how punishment was to be carried out are loosely packed in the zero-tolerance policy and thus vary greatly from state to state. Policies about how students are directed following suspension or expulsion vary greatly as well. Ultimately, this meant students could end up serving their time in an alternative education school, juvenile hall, or at home. Study after study recognizes that students of African American descent, those labeled disabled or in need of special instruction, and males over females are more likely to be subject to suspension and expulsion over any other group (Fabelo, 2011; Togut, 2011; Torbet, 1998). There is also a link to socioeconomic status as an indicator of those with a greater rate of being expelled (Togut, 2011). This study reflects the possibility for this finding. For the participants, all of them were suspended and expelled. Due to the affluent nature and impact the family had, the youth were able to remove the expulsion from their records and replace it with medical leave. This finding is important in understanding that these youth are not necessarily getting expelled less, it is the treatment of those in an affluent culture and the fear of litigation from those in affluent culture that allows disparity of treatment of the youth. Zero tolerance punishments send a clear message to potential troublemakers that certain behaviors will not be tolerated. Exclusion was the major tool and central feature for zero tolerance policies as supported by the large numbers of suspensions and expulsions by schools (Fabelo et al., 2011).

“Restorative justice is an alternative to retributive zero-tolerance policies that mandate suspension or exclusion of students from school for a wide variety of misbehaviors including possession of alcohol or cigarettes, fighting, dress code violations, and cursing” (Sumner et al., n.d., p.2). Restorative justice is based on the development of a value set that includes building and strengthening relationships, showing respect, and taking responsibility (Teasley, 2014). The major appeal of restorative justice is the restoration in and of community as opposed to punishment. Restorative justice also calls for school-wide support causing collaboration and consistency. This type of justice in schools also is a means to give the students voice and agency in the process. Youth are held responsible for their infractions, but they are also a part of the decision to restore and repair damages rendered (Teasley, 2014). In order to implement restorative justice, a systemic change is required. Implementation techniques require all school-based personnel to undergo training sessions and skills development for the purpose of understanding restorative justice practices (Sumner et al., n.d.). Restorative justice also builds relationships with communities and thus focuses on community culture, norms, and values. Due to the fact that restorative justice calls for training and for entire school buy-in, it is largely underused. It is also impacted by federal policies, as well as the fear inducing messages around substance use and overdose rates. Yet, the main components of restorative justice with an integration of positive identity development largely meet the needs of the youth in this study.

***Criminal justice system.*** Currently the debates and discussion in culture and society provide a deep level of confusion for the youth. The current movement for aid in the form of policy to assist those affected by the opioid epidemic gives the youth the impression that they once again are going to be provided access to help and that their level of accountability is less than other classes and non-white communities. It is also through their affluent upbringing where

accountability for actions was not enforced. This current movement provides the idea that these youth can possibly continue their use, that it is not as big of a deal for them, and that they may actually be invincible as they thought they were when they were doing drugs. To couple with this movement, the justice system is divergent in their belief on how to handle substance use. The action varies from county to county. For some it is about getting the youth the support they need and for others it is about enacting punishment for action. Depending on where these youth end up on the continuum determines the effect had on well-being and identity. For the youth in the study, it was either they became the self-fulfilling prophecy in the system or dodged the charges and made it to another treatment facility.

The juvenile justice system represents the largest single referring system of publicly funded treatment in the United States (SAMHSA, 2009). The youth who are detained have more access to treatment options as compared to their counterpart, but they are also faced with a ten times greater likelihood to face several mental health concerns (Fazel, Doll, & Langstrom, 2008). As youth move through the justice process, substance use and its related problems complicate the experiences of juvenile offenders (Belenko & Logan, 2003; Chassin, 2008; Grisso, 2004). Juvenile arrest is already linked to high school dropout (Kirk & Sampson, 2013) and re-offense (Lieberman, Kirk, & Kim, 2014). Among delinquent youth, substance use is associated with recidivism (Cottle, Lee, & Heilbrun, 2001; Stoolmiller & Blechman, 2005), sexually transmitted diseases (Kingree & Betz, 2003), psychiatric comorbidity, and early violent death (Laub & Vaillant, 2000; Abram, Teplin, McClelland, & Dulcan, 2003; Randall, Henggeler, Pickrel, & Brondino, 1999). Many youths will resume abusing drugs after being released from detention (Vandam, 2009). The challenges seen in the juvenile justice system calls for collaboration with child psychiatrists, mental health professionals, police, courts, and detention centers to stop the



revolving door of adolescents entering and re-entering juvenile detention (Welty, Hershfield, Abram, Han, Byck, & Teplin, 2017). This is directly supported by the data in the study.

With a healthcare system focused on diagnoses while moving away from use of stigmatized language, a justice system split based on the beliefs of who is driving policy and decision, schools using zero-tolerance versus using restorative justice, and treatments and therapies that focus systemically or on individual will-power, the youth are split. With the lack of collaboration, the gap between the sides of the debates is getting larger over time. The youth who are immersed in the midst of these debates receive the message that they are not safe, they cannot ask for help, and the people who are supposed to be helping them cannot agree on how to define and approach these youth and so they are going to shine and avoid, suffer silently, and even when they reach the Recovering Self, maintain an awareness around where they have to conceal certain parts of their identity. The following section will describe the effects of these debates specifically on how the youth construct their narrative identity.

**Effects of the debates on narrative identity.** Narrative identity is the “internalized and evolving story of the self that a person constructs to make sense and meaning out of his or her life” (McAdams, 2011, p. 99). According to James (1892, 1963), the full self appears in three different guises across the human life course. These three guises appear through the conjoining of the “I” and “Me”. These guises are the self as the actor, the self as agent, and the self as author. Infants begin as social actors and develop into authors during adolescent years. The I becomes an author and seeks to turn Me into a self-defining story during the adolescent years (McAdams, 2011). This self-defining story is the narrative identity. It explains “what the social actor does, what the motivated agent wants, and what it all means in the context of one’s narrative understanding of self” (McAdams, 2011, p. 103). The intentionality of a human is at

the center of the narrative (Bruner, 1986; McAdams, 2011). The range from how parents converse to cultural norms impact the development of storytelling (McAdams, 2011). When considering modern society, adolescents are urged to begin thinking about who he or she really is and who he or she wants to become by social and cultural forces (Habermas & Bluck, 2000). Modern society presents different narrative opportunities and constraints. Thus, the narrative identity has the ability to reflect gender and class divisions, as well as, the patterns of economic, political, and cultural hegemony (Franz & Stewart, 1994; Gregg, 2006; Rosenwald & Ochberg, 1992). Narrative identity allows the individual to present a story that is a reflection of the person in social context and all the messiness that comes along with a constant reconstruction of identity based on that interaction with social context.

The participants reflected the impacts of the current debates in the narratives used. It became clear that in the process of creating the narrative, the disconnect that exists between sectors directly affects the sense-making of the youth. Each narrative identity is uniquely designed for the social ecology of a person's life (McAdams, 2011). Yet, as I found, the narratives of all 20 young women reflected the impacts of these major debates. The amount of confusion and felt stigma that was enacted by the debates emerged from the constructed narrative of the participants. Using the narrative product in analysis allows important psychological insights about the storyteller to be revealed since people's internalized life stories are broad and stable enough to be coded for themes (McAdams, 2011). People perform their narrative identities in accordance with particular social situations and in respect to specific discourse (Bamberg et al., 2011). To note, the use of narrative identity is not commonplace in the therapeutic and treatment practices for these youth. Many of the participants described sharing their life story once for their step-work in AA/NA. They directly mentioned the number of realizations they had

sharing their narrative and focusing on identity. Narrative identity practices allowed the youth to make sense of and connections between who they were in their use and who they are in recovery and that the individual is one and the same. It is also in that narrative where the impact of deeply ingrained familial and cultural norms allow the acceptance of and reinforcement of that individual.

**Proposition three: Current modalities of treatment and therapy, specifically the prescription of 12 step programs, allows reinforcement and attachment to false identities.** A major finding in this study was that the prescription of the 12-step program allowed for a sense of belonging, but it also allowed for the attachment to the “druggie” identity. Even with sober time, by using the term addict and alcoholic, the youth could still say in their own way “I used to do that.” The status of current treatment modalities really focuses on the need for identifiers and labels. Diagnoses and labels are used to make sense of what all is ensuing, keep records, and meet the needs of insurance companies. Yet, these exact things allow the youth and almost force the youth to maintain a connection to the narrative aligned with their pseudo-identity.

**12-step programs.** This approach is based upon the 12-step model of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). This treatment option usually requires the adolescent to work through a portion of the steps during inpatient programs and finish the rest in an outpatient setting. This model is common through many programs, but it presents challenges. The basic tenets of the 12-step model are designed for adults going through the program. The applicability has been questioned for the developmental stage of adolescents, specifically around the developmental milestones of identity development and independence from authority figures (Winters et al., 2009). Another struggle for many youths that experience this type of support in

treatment is that when they leave treatment, most self-help groups (AA/NA) are composed of adults (Kelly, Myers, & Brown, 2005).

Kelly, Myers, and Brown (2005) wrote an article on adolescent attendance of 12 step programs and that age might be a variable for prolonged involvement and activity. The findings were not generalizable but suggested that youth would get more out of the program and would have increased involvement if prescribed to attend meetings that had similar age groups (ie. young people's). In my experience and from the findings of the study, age was not the issue. Many of the youth actually really appreciated having the "old timers" in the meeting. Identity is the central issue. Being required or feeling required to claim that "I am an addict/alcoholic" requires the youth to take on the identifier and grapple with whether this is a piece of their identity or not. If the prescription and attendance is mandatory as determined by a therapist or other authority figure, the youth begin to feel that they need to accept the terminology.

**Prevention and intervention.** Unfortunately, American society's response to major problems such as substance use has been reactive (Catalano et al., 2012; Harrop & Catalano, 2016). The systems to deliver treatment intervention are developed for the most common and costly substance use and allied psychological disorders once these problems have developed. Given that services are organized and delivered by separate organizations, community prevention coalitions are needed to bring together professionals, information, and funding to create teamwork and cooperation across different community sectors (Harrop & Catalano, 2016). According to LeNoue and Riggs (2016), there is a greater need for effective school-based intervention for the growing number of middle and high school students with problematic substance use and the estimated 10 to 15% who would meet diagnostic criteria for SUD. The use of school-based intervention not only needs to be effective, but it also needs to be timely and

spanning all youth, not just those considered to be disadvantaged. It has been mentioned that the youth in this study were overlooked by school-based counselors because of their privileged status. It is also mentioned that any intervention by the school did not happen until the youth was unable to control drug use, meaning that there were a multitude of signs and symptoms earlier in the process that were ignored.

Most existing community-based substance use treatment programs predominantly serve youth referred by the juvenile justice system. Very few substance treatment options exist for the growing number of high school students with SUDs who are not yet involved with the juvenile justice system (LeNoue & Riggs, 2016). For these youth, treatment and therapy were always an option because they could afford access. It was not until the youth came into contact with possible judicial ramifications did treatment or intervention seem to be necessary. In order to promote positive human development across the lifespan, applied developmental science has fused with developmental science research to affect policies and programs (Lerner, Fisher, & Weinberg, 2000). Positive youth development (Damon, 2005; Eichas, Meca, Montgomery, & Kurtines, 2015) takes the perspective that all youth, even those from disadvantaged backgrounds and marginalized groups, are able and eager to explore the world and contribute to the world. The shift in this perspective is moving to engaging young people in growth-promoting activities rather than treating them for their maladaptive tendencies (Eichas et al., 2015). In the context of positive youth development (PYD), it is necessary to remember that some affluent youth can also be considered “at-risk” (Luthar, 2005). The focus for many interventions and preventions are on lower socioeconomic areas with considered disadvantaged and marginalized youth. Intervention and prevention need to span across all youth.

Identity literature has provided an examination of the theoretical rationale for identity intervention for youth over the past 30 years (Archer, 1989; 1994; 2008; Kerpelman, Pittman, & Adler-Baeder, 2008; Marcia, 1989; Montgomery, Hernandez, & Ferrer-Wreder, 2008; Waterman, 1989). Positive identity rejects the dichotomy of person versus context because a person's sense of identity develops at the interface between self and society (Kurtines, Berman, Ittel, & Williamson, 1995). The sense of a person's identity reflects the embodied person-in-context. This sense of identity also provides a psychosocially integrated target for developmental interventions (Eichas et al., 2010). Developmental change is systematic and successive (Lerner, 2002). In an identity-focused developmental intervention, the person-context relationship is intentionally directed. The contextual contribution to the person-context exchange in this type of intervention works to promote the consolidation of a self-constructed self-structure (Eichas et al., 2010). Identity based intervention has been shown to be necessary in this research. It is the understanding of self, or lack thereof, that drives the creation of alternative identities and abandonment of all that could actually be true self. This study also suggests that identity interventions, along with any other type of intervention, are more consequential in early stages of development. Recognizing that preventions and interventions need to be provided at earlier stages than current practice is a major outcome of this study. Waiting until youth end up in hospitals or when use becomes visibly out of control provides a longer road back to the *Recovering Self*. It is not to say that preventions and intervention should not be provided at any and all stages of use. It is to say that more effort needs to be placed on earlier prevention. Whenever interventions or preventions are provided, identity needs to be a focus. In order to have the greatest impact on later substance use and eventual dependence, the youth need to

develop skills around building an internal world and developing a positive identity that comes from intrinsic factors.

**Relapse prevention.** An important piece that aligns with this proposition is relapse prevention. The resonance of this topic in this proposition is the understanding that addiction is a chronic disease. It requires lifelong attention and support. As noticed with the youth in this study, transitions are difficult and if the environment is not supportive, the youth go back to what they have known their entire life. We understand from this study that the participants have embedded the social processes represented from an early age. Without considering prevention and intervention to be either a lifelong support or provided at a much earlier stage in development, we are allowing attachment and reattachment to false identities. White (2009) maintained that recovery does not truly begin until the adolescent is back in his or her environment and that without a community that will support the youth, he or she has a greater chance of relapse. For many youths, returning to the home environment is especially challenging because they have returned from a program that has not given them sober practice in their home environment (Cavaiola, Schiff, & Kane-Cavailo, 1990) or prepared them for living soberly in an unstructured environment (Gonzales et al., 2012). The youth in the study, specifically those who graduated or were on the verge of graduating, related to this. The youth get practice being at home and practice being with friends. Yet, the youth also exist for 14 - 18 months in a place where everyone is sober and are guided by strict guidelines. When they go back into the “real world”, the youth find that the world is not full of a bunch of sober teenagers who are all about maintaining sobriety. This transition creates real confusion in the understanding of who they are, and how to negotiate their identities. The youth know that they relate with the people in the rooms and have been calling themselves an addict/alcoholic, yet, they have also received

information from other authority figures that contradicts that information, as well as a society that maintains the same approach to these youth as before they entered treatment.

There are a handful of factors that impact the possibility of relapse. The first factor is how severe the initial use at intake is (Anderson, Ramo, Schulte, Cummins, & Brown, 2007). The next factor is the actual motivation and skills for abstinence (Chung & Maisto, 2006). This specific factor is important in relation to this study. The motivation for abstinence is reduced when everyone around the youth is not reminding them that it is not in her best interest, along with the fact that most adolescents are still experimenting. The skills developed really only are supported by being a part of the 12-step program. Whereas many admit to trying to maintain attendance, the drive to actually consistently attend diminishes without having others attend with the youth or having someone tell them they have to go. Another fact that impacts the possibility of relapse is whether an individual has a co-occurring mental illness (Chung & Maisto, 2006). All of these youth experience comorbidities. The youth continue to see therapists and take medications for diagnoses such as ADHD. The study does not directly examine this affect. Yet, it is important to acknowledge the level of comorbidity that exists in the youth about to enter community. Another relevant factor is where a safe and supportive family environment is available (Richter, Brown, & Mott; 1991), family's attitude and action toward substances greatly affect the ability of a youth to feel he or she is able to remain sober. Specifically, for these youth, many of the parents and families have opened their minds around their understanding of substance use as a mental health issue. The parents become so attached to the youth's sobriety that the youth feels that they must maintain that sobriety when they leave otherwise, they might let their parents down or get sent back to treatment. So, if the youth do relapse, they go back to old processes and lie to their parents to avoid causing any more pain and guilt. Lastly, having



peers that are supportive of one's recovery is an important factor (Kelly & Myers, 2007), if the in-group of an individual requires substance use as one of the key actions to be marked as part of the group, the youth may feel inclined to use just to remain part of the group they have always known. Many of the youth, specifically the ones who are younger, crave friendship and connection. It is difficult to recreate what exists in a therapeutic setting in the real world. Without communal support and accountability, it becomes very difficult to not reattach to the old identity.

**Proposition 4: Integrative practices support development of relational well-being, non-attachment to pseudo-identity, and reconnection to the lost pieces of self.** The theoretical model shows that to achieve the Recovering Self an integration of the lost pieces of self and movement away from the pseudo-identity that directed energy toward disconnecting were essential and that this occurred through the development of relationships. An important notion mentioned in the findings is that integrative processes allow the ability to come into the moment and release attachment to the narrative. Culture and society create a binary system where things, people, diseases are characterized as good or bad. By removing the attachment to the narratives, the person is able to see who they are in that moment.

**Integrative practices.** Well-being emerges when a system is integrated (Siegel, 2007a). When the differentiated components of a system become connected, that system moves toward an integrated state. Integration can be defined as the linkage of separate elements into a functional whole, a process that is in an ever-moving state of being (Siegel, 2007b). This integration is what is described by the *Recovering Self* and the dynamism of the model represents that this is an ever-moving process, it is not static. Just like recovery is a lifelong process, so is the development of and understanding of self. Well-being is a dynamic process that is in a continual state of emergence and it involves three elements: the mind, the brain, and

relationships (Siegel, 2007b). I would argue that the heart would be another major component of this dynamic process. A coherent mind, an integrated brain, and attuned, empathic relationships mutually reinforce and create each other. An open and willing heart allows relationships that provide growth, resilience, and a greater understanding of reciprocity and unconditional love. Integration requires not only looking at the cognitive aspects of the individual, but also the affective and conative aspects. The use of integrative practices allows integration of the self to emerge. By using these types of practices, a mind-body integration emerges. The creation of secure attachments, effective psychotherapy, and mindful practices may each involved the development and activity of the middle prefrontal cortex (Siegel, 2007b). When considering interpersonal neurobiology, the mind is not just the brain or cognitive functioning, this is an important distinction. The mind is defined as a process that regulates the flow of energy and information. The mind is emerging from moment to moment as energy and information flow between neurons and among people (Siegel, 2007a). The development and emergence of the mind is relational and ever-changing. The practices to support these youth should be the same. Types of therapies that support this modality are family systems therapy and EMDR. Each of which have been discussed by the participants and presented in the findings.

The mindful work and practices such as yoga have also been integral for these youth. The practice of yoga is directly connected to breath and that breath brings the youth into the moment. It removes the anxiety of what might happen in the future and relieves the depression of what has happened in the past. By using practices to enter a present moment, the youth are able to focus on the now and what is emerging in that moment without attachment to any narrative. In the context of relational Buddhism, it is directly made aware that nobody is on an island. We live in a dependent origination with “the other.” It is a communal culture that determines our

understandings of happiness (Kwee, 2013). Happiness is a relational event that is not about revealing truth but about unveiling reality as it is constructed. Whether an experience is happy or sad is shaped historically in the tradition we live by. Emotion and motivation are entwined in culturally immersed patterns. Rather on relying on judgement of human agency, action and responsibility are better viewed as an outcome of mutual relationships implanted in intertwined networks. Psychology often offers the false image that reality is controllable and that sufficient progress, such as a graduation from a program, will alleviate suffering (Kwee, 2013). In the Buddhist perspective, it views human functioning as a non-abiding cultural process of meaning creation.

Techniques such as motivational interviewing (MET) have come to the forefront of therapeutic approaches for substance use disorders, most recently with adolescents (Winters et al., 2009). The premise of this approach is to guide the youth in a set of questioning that allows them to examine their patterns and all the facets that make up those patterns. The youth is asked to create a pro and con list of their use and create goals around achieving what they would consider a healthier lifestyle. While respecting the freedom of the youth to choose any option, the therapist will provide feedback. This type of approach is becoming more popular due to the cost effectiveness and accessibility (Winters et al., 2009). MET and brief interventions (BI) can be conducted in a school setting and thus would provide direct access to make an intervention sooner and more efficient. BIs are also seen in juvenile detention centers, emergency rooms, mental health centers, and other health care settings. The lack of agency described by the participants support the modalities that allow options and the ability to view parts of their life with new descriptors and understanding. Therapies that allow holistic approaches, integration of

the entire systemic being, as well as agency and autonomy are supported by the needs the participants share as either unmet or having profound affects when being met.

**Intersectionality.** Intersectionality emphasizes that identities are not additive but interactive (Crenshaw, 1991). Intersectionality refers to the consequences of belonging to multiple social categories (Cole, 2009; Roberts & Creary, 2013). Intersectionality highlights the ways in which groups experience marginalization (Linder & Rodriguez, 2012). By examining identity alone, the different meanings and experiences that can come from the interaction of multiple memberships to groups cannot be explained. Essentially, intersectionality allows the researcher to unearth the power and status embedded in identities, and show that by having intersecting identities, both opportunity and oppression are created (Roberts & Creary, 2013). Cole (2008) stated that intersectionality “requires that we think about social categories in terms of stratification brought through practices of individuals, institutions, and cultures rather than primarily as characteristics of individuals” (p. 445). Bowleg (2008) claimed that researchers have the responsibility to connect participants’ experiences with sociohistorical inequality to explain how multiple identities intersect and interact with systems of domination.

Critical identity theorists posit this exact belief and that it is the intersections of race, class, gender, and sexuality that influence the formation of personal and social identities (Cole, 2009). Roberts and Creary (2013) stated “critical identity theorists treat identities as multiple, shifting, competing, temporary, context-sensitive, and evolving manifestations of subjective meanings and experiences in the social world” (p. 7). Critical identity theory, critical theory, and critical race theory are all concerned with issues of power (Roberts & Creary, 2013, Kincheloe, 2008; Crenshaw, Gotanda, Peller, & Thomas, 1995). The critical identity theorist perspective challenges that of social identity theorists in the concept of the free will to self-categorize. In the

perspective of critical identity theorists, socioeconomic, institutional, cultural, and historical boundaries play a significant role in the categories within which an individual or group exist. The identity research surrounding this perspective typically looks to determine root causes of stigmatization and discrimination (Linnehan & Konrad, 1999). The fundamental objective of critical identity theory is the empowerment of marginalized groups. Research from a critical theory standpoint explicitly seeks to construct information that is useful in the struggle against suffering and oppression (Kincheloe, 2008). In the understanding of critical identity, it is important in treatment for the youth that focus should be on identity clarification and integration, as well as positive identity construction and negotiation, specifically in the context of the cultures that marginalize those who struggle with substance use. It is also essential that the narrative around getting help and receiving treatment shifts so that treatment does not also maintain the ability to be a stigmatized identity.

Intersectionality fits within this proposition because it is the area in identity work where the integration of all selves becomes relevant. It is also the focus and understanding of the places where marginality exists and power silences that exists in intersectionality that allows us to unearth why there is a struggle for true integration of all selves into one being that emerges moment by moment. Many of these youth carry multiple concealed stigmatized identities. The use of their visible identities actually allows the avoidance of developing true identity. The concealable stigmatized identities, including being in treatment, are negotiated constantly even after a considered successful treatment. This once again provides barriers to connection, a drain on energy, and an obstacle for integration. The use of integrative practices while in a therapeutic setting would allow the youth to make greater sense of who they are as a whole person who has healed completely before stepping back into a world that tore them a part in the first place. It

requires less work to keep a glued vase together in the wind than it is to try and place the shards together.

**Theoretical proposition conclusion.** This section stated the proposed theoretical propositions based on the theoretical model and findings from the study while integrating extant literature discussed in Chapter II of this dissertation. The propositions presented were:

Proposition 1: Development of the pseudo-identity through substance use is an adaptation to the internal and external environment of the adolescent.

Minor Proposition 1: Behaviors associated with pseudo-identity reflect the adolescent's view of self.

Proposition 2: Core cultural and societal positions around treatment of substance use have direct and indirect effects on well-being and identity development of adolescents.

Proposition 3: Current modalities of treatment and therapy, specifically the prescription of 12 step programs, allows reinforcement and attachment to false identities.

Proposition 4: Integrative practices support development of relational well-being, non-attachment to pseudo-identity, and reconnection to the lost pieces of self.

The theoretical propositions describe a system that is broken and that the tools used to effectively survive in that system determine varying outcomes for the youth along with a confused identity and lack of self. The propositions determined by the research suggest ways in which we can investigate the social processes and macro forces to provide a more developmentally supportive, functional, and integrative system. The following section will provide the implications and practical applications based on the study findings and theoretical propositions.

## **Implications for Leadership Practice**

Revealing the complexity of the situation within which the participants of the study exist alludes to a multitude of implications for leadership and practice. The situation for these youth is largely defined by actions by leadership and practices around substance use. This section will describe these implications. Table 6.1 will present the practical applications based on these implications

### **Call to Action**

The participants of the study provide a direct call to action for all leadership. For these youth, leadership is any adult or person of authority. They call for a level of awareness and understanding around adolescent substance use and addiction. The youth acknowledge that actions are fear-based and ignorant toward those who struggle with addiction. The youth call for a higher level of awareness and consciousness, a place where all individuals are seen as human and treated with the same love and respect no matter what they may look like or where they come from. This call to action is a thread maintained through the other implications that align with a more holistic view and approach to substance use. This call to action directly involves leadership at all levels and in all sectors. Effective leadership for those working with youth struggling with SUDs need to employ relational, transformative leadership, and collective systemic practices, build high quality relationships with the youth, model authenticity and vulnerability, and enforce a framework of culturally responsive pedagogy.

### **Create a Culture of “Talking About It”**

Even with an attempt to move from stigmatizing language around addiction, discussing the fact that addiction is not far off from anyone, any community, or any class is absent. With the absence of openly discussing the truth around the situation, there remains a feeling of shame and

need to hide any association with substance use and dependence. Creating open and real conversations gives the youth the understanding that it is safe to discuss substances without repercussions. This would require a deep shift in mindset, appropriate training for educators, therapists, healthcare providers, and policy makers, and approaches that do not punish those who are asking questions or for help. It is necessary to create a level of comfort and understanding coupled with compassion and empathy so that these youth can be cradled by a helping hand instead of beaten by a hand clenched in fear.

### **Collaboration Across Sectors**

Collaboration amongst all sectors is key to creating a unified understanding and language that supports identity development instead of creating confusion. Sectors mentioned in this study that were at odds with each other were education, healthcare, therapy, treatment, criminal justice, federal, and state policy. The current position of sectors creates a binary narrative that makes it seem as if people within the same space who are supposed to be helping these youth are not sure what these youth actually need. Key personnel from all sectors, including bottom, middle, and top-level personnel, need to align and create an understanding that allows the youth to not fall prey to the turf and territory issues between sectors. The cross-sector approach really forces leadership to check their own ego and shadow side so that they are able to communicate in a manner that support the best for the youth and not what would give that sector the most recognition. This collaboration should also directly involve youth in this situation. Adults making decisions for what is best for these youth have not worked. Allowing agency and voice for these youth in the process of helping find solutions for the situation could be the most impactful practice.



## **Developmentally Appropriate Treatment**

This study clearly showed that when considering identity development and the level of emotional development of the youth at the time of sobriety, many treatments and therapies are not developmentally appropriate. It is essential to understand that the youth are at a stage when they are determining who they are and might be in the future. Providing treatments and supports such as 12-step programs that require adherence to certain identifiers or labels as a means for entry and acceptance are reinforcing prior patterns and not allowing a true development of self. The suggestion is not to eliminate 12-step work but to provide an avenue that is developmentally appropriate such as 12-step meetings that are developed specifically for youth and do not require the use of specific terminology. This could be provided in means of support groups that allow youth to explore that which they are struggling with without the need to find labels to describe that struggle. The use of circles creates a space where adults and authority figures model being open and vulnerable on a daily basis while allowing a consistent opportunity for fearless disclosure. The affective pieces of the 12-step model can be used to integrate a sense of belonging and acceptance, as well as the safety that the anonymity presents, especially if maintained as a characteristic of the community culture. Being developmentally appropriate also requires an understanding of where youth are mentally, emotionally, physically, and spiritually when they first find sobriety. It is unreasonable to expect the youth to act, think, and respond at the developmental age that relates to their actual age. Developmentally appropriate therapy and treatment need to help build the skills to have key developmental needs and milestones met.

## **Integrative Practice**

The use of integrative practices has been recognized by the healthcare and therapeutic sector. It has been recognized that when dealing with adolescent substance use, there needs to be more than just a pediatrician or therapist. An interdisciplinary team of experts need to sit at the

same table to work together to support and provide the number of avenues that are best for meeting developmental needs. This would require that all persons understand the developmental needs of the youth sitting in front of them and would also require that it is recognized where the youth is in their emotional development. In the integration of practices, it has also been shown that having an individual who actually understands and knows the culture within which these youth exist (ie. someone who knows their music, their language/slang, the technology they are using) is imperative. Lastly, a large piece of the integrative practices mentioned are the use of integral relationships that foster a positive sense of self, as well as the focus on the present releasing attachment to terminology that carries certain narratives that allow for easy attachment. We have come a long way from treating teenagers as mini adults. Yet, we also need to recognize that we cannot just give them a diagnosis or label and have them deal with it the same as an adult would. They are in a stage of developing identity and those labels and diagnoses are going to be directly incorporated or will negate all pieces of self, perhaps to the point of just simply becoming a diagnosis, as was seen in this study. Integrative practices also provide means to allow science and spirituality to meet. Integrative practitioners view those struggling with substance use as individuals who are starving from spiritual hunger, ultimately who are lacking a deep connection with self and with the world at large. Creating and making space for the development of a purpose and reason for living greater than the self while integrating exploration of self is essential for these youth and their healthy development and recovery.

### **Positive Identity Development**

Positive identity development and the integration of self-exploration are provided as proactive strategies prior to substance use, as well as, a strategy in the treatment phase.

**Proactive strategy prior to substance use.** The use of positive youth development and positive identity development needs to be used as a proactive prevention beginning at the toddler age. Positive identity development should be an organizational component of all schools, integrated in curriculum and be a part of professional development. The youth who struggle with substance use enter that part of their lives already believing they are not good enough, not worthy, not pretty enough, and ultimately have a negative view of themselves as human beings. By providing the ability to create positive identity even in the face of trauma and struggle and not fitting in, the youth will be less likely to feel the need to develop a pseudo-identity. What we have seen in this study is that youth create a false self, named the pseudo-identity, due to not being accepted or fitting in. It is an adaptation and development in response to their external world and underdeveloped internal world. By allowing the exploration of self and building a tool box for viewing all pieces of self in an accepting and compassionate way, the youth will build an internal world and thus, have a stronger sense of self not feeling the need to allow the false sense of self to be the one that is accepted

**Strategy in substance use treatment.** Since juvenile justice and therapeutic systems will also continue to exist for these youth, for the time being, positive identity development should also be associated at the organizational and structural level in these areas. The use of narrative identity and life story for these youth has shown to have the ability for the youth to reconstruct and make sense of the self while focusing the story on identity. Providing the ability for the youth to integrate self-exploration allows an opportunity to understand and examine the self within a broken system and that their use and other adaptive behaviors have been in response to surviving in that system. The use of positive identity development moves treatment away from

something is wrong with you and we need to fix you to an understanding of who the youth felt they needed to be in order to survive and build a toolbox for other ways and means of survival.

### **Community, Societal, and Cultural Level Relapse Prevention**

Currently, there exists a need to provide relapse prevention at the community level that is reinforced by societal and cultural norms. I believe that the integration of interventions and preventions in schools will set up youth who are struggling with substance use for better outcomes. It is necessary to have community buy in and support. It is well understood that much of what happens in the classroom and at school can be immediately erased once the youth go home or get involved in other community level groups. This means that if youth attend school and are taught that disclosure is safe and allowed but the community and familial culture is one of secrecy, youth are more likely to maintain patterns enforced in family and community settings. Again, this is not suggesting that having support in one location is not a worthy effort. The research implies that there is a greater chance to prevent relapse if all levels of involvement with the youth are providing the same narrative and message. This collaborative support and collective narrative include societal and cultural norms. The collaboration and connection amongst all levels of leadership and support is a necessity for successful relapse prevention. Where the specific means used in programs may and should vary from community to community, the messages should be the same: You are safe. You are not alone. You can ask for help. We will not judge you. You will not be treated like a criminal. You are good enough and have a place where you belong.

### **Restorative Justice Practices**

Zero-tolerance policies need to be a thing of the past, not something that we fall back to when we are induced with the fear of the unknown possibilities around new drugs or epidemics.

Research has shown time and again that zero-tolerance does not work. We cannot arrest away the problem of substance use. Restorative justice should be adopted in all schools in order to teach youth that they can take responsibility for what they are doing but that does not require them to be disassociated from “normal” society. The use of restorative justice will keep the youth in the institutions that are necessary for growth and specifically identity development, toward accountability and taking up agency, and not criminalization. Restorative justice would also mean that the community and entire school staff has bought into this view that these youth are not going to be punished, they are going to be supported in and by the community and would create a systemic means of reinforcing that the youth is worth the effort to keep them as a part of the school. This type of approach would also allow for professional development and training of school staff, administration, and educators which could directly include warning signs of substance use and means for positive identity development. Community-based relationship building and inclusion are key to implementation and success of any restorative practices. In developing programmatic content, it is necessary to get a deep understanding of community culture, norms, and values. Town forums and school-based meetings with parents and community stakeholders would need to take place.

### **Create Support for Development of Agency, Autonomy, and Efficacy**

It is important to understand that the message in any of the implications does not involve power over these youth. The implications and practices provided are to allow the youth to feel that they can stand on their own two feet. Building agency, autonomy, and efficacy happens through support on all levels and in all sectors. It begins in the family system, specifically with parenting style. In the data, we saw that the parents were one of two extremes in parenting styles and what was needed is more of an authoritarian style parenting. This style allows for structure

and boundaries, a level of consistency, and clear definitions of the roles of parents and children. In all sectors, developing these skills require a set of boundaries and structure that support the youth in using their own voice, being who they are, and facing and overcoming adversity. This looks like creating democratic relationships and roles for the youth in schools, normalizing personalized instruction, and allowing for real choice in the process of school and treatment for the youth. It is also clear through the study that the current American and affluent culture do not support the development of these exact skills. A cultural level shift in paradigm around what success and happiness are is required to support these youth.

**Practical Application**

The following table (Table 6.1) will organize the practical applications mentioned in the implications in this section. The practical applications provide a means to alleviate the symptoms of the broken system within which the youth have adapted to live in. A systemic approach is taken to offer application for multiple sectors and leadership.

Table 6.1

Implications for Practical Applications

Need	Application
<b>Open, Fearless Dialogue</b>	Education
	<ul style="list-style-type: none"> <li>• Restorative Practices</li> </ul>
	<ul style="list-style-type: none"> <li>• Circle Practices</li> </ul>
	<ul style="list-style-type: none"> <li>• Modeling Vulnerability</li> </ul>
	<ul style="list-style-type: none"> <li>• Create opportunities for disclosure</li> </ul>
	Family Systems
	<ul style="list-style-type: none"> <li>• Address the uncomfortable topics early and often</li> </ul>
	<ul style="list-style-type: none"> <li>• Allow sibling relationships to develop</li> </ul>
	<ul style="list-style-type: none"> <li>• Discuss personal experiences</li> </ul>
	<ul style="list-style-type: none"> <li>• Provide safe space for difficult conversations without threatening disappointment</li> </ul>
Healthcare	
<ul style="list-style-type: none"> <li>• Normalize early conversations around substance use</li> </ul>	
<ul style="list-style-type: none"> <li>• Maintain confidentiality with patient</li> </ul>	

---

<b>Development of Agency, Efficacy, and Autonomy</b>	<ul style="list-style-type: none"> <li>• Build rapport with youth prior to substance use</li> </ul> <p>Criminal Justice</p> <ul style="list-style-type: none"> <li>• Decriminalize substance related offenses</li> </ul> <p>Education</p> <ul style="list-style-type: none"> <li>• Student Voice Practices</li> <li>• Relational level democratic practices with youth and faculty/staff</li> <li>• Autonomy to decide what and how a student learns</li> </ul> <p>Family Systems</p> <ul style="list-style-type: none"> <li>• Authoritarian parent styles</li> <li>• Freedom to achieve developmentally tasks</li> <li>• Removal of fear-based discipline</li> <li>• Maintaining consistency in parenting strategy</li> <li>• Removal of externally focused therapies (ie. shop therapy)</li> </ul>
<b>Positive Identity Development</b>	<p>Education</p> <ul style="list-style-type: none"> <li>• Normalizing personalized instruction</li> <li>• Intentional language that does not other</li> <li>• Incorporation of positive identity and self-exploration into curriculum</li> <li>• Rethink dress code</li> </ul> <p>Treatment and Therapy</p> <ul style="list-style-type: none"> <li>• Incorporation of positive identity and self-exploration</li> <li>• Use of life story and narrative identity</li> <li>• EMDR and other practices to address trauma and re-integration of shadow self</li> <li>• Integrative practices</li> <li>• Non-duality approach to substance use</li> </ul> <p>Use of Terminology</p> <ul style="list-style-type: none"> <li>• Consistent and culturally appropriate language use across sectors</li> <li>• Education around the meanings of current terminology</li> <li>• Removal of stigmatized language</li> </ul>
<b>Effective Leadership</b>	<p>Overall Leadership Practice</p> <ul style="list-style-type: none"> <li>• Relational Practices</li> <li>• Building high quality relationships with youth</li> <li>• Collective systemic processes</li> <li>• Transformative leadership</li> <li>• Engage in reflective practices</li> </ul> <p>Education</p> <ul style="list-style-type: none"> <li>• Training to ensure teachers are fully equipped to hold space for struggling youth</li> <li>• Teacher, staff, and community buy-in</li> <li>• Culturally responsive pedagogy</li> </ul> <p>Policy Development</p> <ul style="list-style-type: none"> <li>• Consistent policy at county, state, and federal level that support treatment and proper development of youth</li> </ul>

---

- 
- De-criminalization of substance use for all persons
  - Removal of zero-tolerance policies
  - Policy development based on compassion and understanding vs fear

Elected Officials

- Removal of bully leadership
  - Individuals able to address underlying trauma to fear-based policies
  - Leaders capable of addressing self, ego, and trauma
  - Adaptive, evolving, understanding
  - Culturally responsive
- 

### **Limitations of the Study**

This study is limited in size and scope. The participant sample was 20. All the participants came from affluent homes, were mostly white, and were all female. The study was also a single site qualitative study employing multi-methods of data collection and analysis. Being a single-site study did not allow for comparisons in other therapeutic and treatment institutions. The use of qualitative research allowed for an in-depth understanding of the phenomenon, but it did prevent sampling from more diverse and expansive populations. The use of quantitative methods could have broadened the research findings. These limitations also provided strength for the current outcomes of the study. Where the sample size was small, it allowed an in-depth understanding of each narrative. While this study was a single approach study, it included multi-methods which allowed the situation around these participants to be understood at a micro, meso, and macro level, through different data collection methods and sites. The study also found limitations in the vulnerability of the population. Due to the ethical design of the study, families were not able to be interviewed for a deeper view into family systems and specific iconic images of the school itself were not revealed due to the ability to identify the school. The focus on a single site and the specific population allowed the ability to



control for certain factors that might have shifted data, as well as, provide a standard for comparison.

### **Recommendations for Future Research**

Scholarship and research need to continue around this topic. Avenues for research would be to include a variety of genders, diverse locations and socio-economic levels. Research needs to discover if the situation for these youth is similar to other adolescents experiencing substance use and dependence. The current narrative around substance use and appropriate approach is based on where youth come from, what they look like, and their socioeconomic status. This narrative allows the understanding that substance use and the experiences of identity development while in substance use are different among groups. Yet, a major piece of substance use is that the majority of people diagnosed with substance use disorder experience the same hopelessness and despair and it would be relevant and necessary to determine if that is reproducible in data. Another avenue of research that should be explored is the role of siblings and the use of sibling type mentorships in intervention and prevention. Siblings maintained an important role in the narratives. Yet, it was not possible in to have conversations with siblings, due to ethical boundaries set in the IRB. Further research should also include mixed-method approaches to adolescent substance use and identity, as well as action research in determining the impact of using identity focused interventions and preventions in the outcome of substance use. Lastly, research needs to span across multiple cultures and not just focus on a Western way of thinking and doing research.

### **Concluding Remarks**

“To be addicted to having things one way is to develop aversion to other ways. It is also to lose sight both of the underlying commonality out of which the opposing halves were carved and of

their interdependence. At this stage we are also likely to forget that whether we perceive opposition or complementarity it is, in part, our choice.” (Walsh, 1984, p. 35)

This study allows deep insight into a taboo topic that is typically avoided or treated as if we want to wash our hands of it. The research presented allowed us to see the depths of what an adolescent experiences when struggling with substance use. We were also able to understand the impact of current micro, meso, and macro level forces on the ability for these youth find a sense of self and form identity. We see that it is not only the disadvantaged and considered “at-risk” youth who face addiction, being institutionalized, or being treated as they are less than. The study allows us to view addiction and the pain and suffering that underlies and pervades the culture and experience does not occur in a silo. What I believe the narratives of these youth truly drive us as individuals, as a community, as a society, and as a country to look at our own traumas, fears, and shadow sides. If we as the people leading our youth and providing models and examples of how to deal with hardship are being avoidant and using external means, then so will these youth.

I began this research in search of determining why youth who struggle with substance use and dependence hated themselves. I heard time and again the phrase “I am a bad kid” from youth who I thought were incredible. I embarked upon this research journey to find how these youth achieve identity, characteristics of that identity, value, and self-worth. What I came across was phenomenal. I experienced the insight of a generation that has not even reached adulthood and is calling adults to a level of action and leadership that is centered on love, compassion, and equality. The youth in this study did not determine they were bad people because of their use, they determined this prior to their use based on their treatment by society, culture, and family. Using substances was a way to find belonging and to create a version of the self that aligned with what they had been told their entire lives. From family systems to political systems, actions and

ideals were created and enforced that extinguished the light of these individuals early on and created an uphill battle to reignite it. This research has brought an awakening, understanding, and a level of compassion to all sectors involved with adolescents struggling with substance use. The results of the study have broadened the scope of current scholarship and have established essential avenues for practical application. I charge leadership across sectors to answer the call to action in order to see true healing and alleviate the need to adapt to environments through the use of substances and abandonment of self.

## References

- Abram, K. M., Teplin, L. A., McClelland, G. M., & Dulcan, M. K. (2003). Comorbid psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 60(11), 1097-1108. <https://doi.org/10.1001/archpsyc.60.11.1097>
- Adams, G. R., & Marshall, S. K. (1996). A developmental social psychology of identity: Understanding the person-in-context. *Journal of Adolescence*, 19(5), 429-442. <https://doi.org/10.1006/jado.1996.0041>
- Ahern, J., Stuber, J., & Galea, S. (2007). Stigma, discrimination and the health of illicit drug users. *Drug and Alcohol Dependence*, 88(2-3), 188-196. <https://doi.org/10.1016/j.drugalcdep.2006.10.014>
- Albrecht, R. E. (2007). A model of self-transformative identity development in troubled adolescent youth. Unpublished doctoral dissertation. Florida International University, Miami. <https://doi.org/10.25148/etd.fi13101567>
- Alvesson, M., Ashcraft, K. L., & Thomas, R. (2008) Identity matters: Reflections on the construction of identity scholarship in organization studies. *Organization Studies*, 15, 5-28. <https://doi.org/10.1177/1350508407084426>
- Alvesson, M., & Willmott, H. (2002). Identity regulation as organizational control: Producing the appropriate individual. *Lund University School of Economics and Management Institute of Economic Research Working Paper Series*, 15, 5 - 28. <https://doi.org/10.1111/1467-6486.00305>
- Anderson, K. G., Ramo, D. E., Schulte, M. T., Cummins, K., & Brown, S. A. (2007). Substance use treatment outcomes for youth: integrating personal and environmental predictors. *Drug & Alcohol Dependence*, 88(1), 42-48. <https://doi.org/10.1016/j.drugalcdep.2006.09.014>
- Andlin-Sobocki, P., & Rehm, J. (2005). Cost of addiction in Europe. *European Journal of Neurology*, 12(Suppl. 1), 28-33. <https://doi.org/10.1111/j.1468-1331.2005.01194.x>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni Jr, A. J. (2002). Measuring risk and protective factors for use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. *Evaluation Review*, 26(6), 575-601. <https://doi.org/10.1177/019384102237850>
- Bamberg, M., De Fina, A., & Schiffrin, D. (2011). Discourse and identity construction. In S. J. Schwartz, K. Luyckx, V. L. Vignoles, S. J. Schwartz, K. Luyckx, V. L. Vignoles (Eds.),

*Handbook of identity theory and research* (pp. 177-199). New York, NY, US: Springer Science + Business Media. [https://doi.org/10.1007/978-1-4419-7988-9\\_8](https://doi.org/10.1007/978-1-4419-7988-9_8)

Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.

Bandura, A., Barbaranelli, C., Caprara, C. V., & Pastorelli, C. (2001). Efficacy beliefs as shapers of children's aspirations and career trajectories. *Child Development*, 72, 187-206. <https://doi.org/10.1111/1467-8624.00273>

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215. <https://doi.org/10.1037//0033-295x.84.2.191>

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall. <https://doi.org/10.5465/amr.1987.4306538>

Bandura, A. (2000). Cultivate self-efficacy for personal and organizational effectiveness. *Handbook of Principles of Organization Behavior*, 2, 0011-21.

Barnes, G. M., & Welte, J. W. (1986). Patterns and predictors of alcohol use among 7-12th grade students in New York State. *Journal of Studies on Alcohol*, 47(1), 53-62. <https://doi.org/10.15288/jsa.1986.47.53>

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497. <https://doi.org/10.1037//0033-2909.117.3.497>

Baumohl, J., Speiglmán, R., Swartz, J. A., & Stahl, R. (2003). Substance abuse and welfare policy at the new century. *Contemporary Drug Problems*, 30, 501-537. <https://doi.org/10.1177/00914509030301-218>

Beck, A., & Weishaar, M. (2005). Cognitive therapy. In R. J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (7th ed., pp. 238-268). Belmont, CA: Thomson Brooks/Cole Publishing. [https://doi.org/10.1007/978-1-4757-9779-4\\_2](https://doi.org/10.1007/978-1-4757-9779-4_2)

Becker, H. S. (1974). Labelling theory reconsidered. *Deviance and social control*. London: Tavistock, 41-66.

Bedard, L., Prost, S. G., & Smith, T. E. (2017). Civil citations for cannabis possession: Alternatives to arrest for adolescent substance use. *Child and Adolescent Social Work Journal*, 34(5), 461-466. <https://doi.org/10.1007/s10560-016-0487-8>

Belenko, S., & Logan, T. K. (2003). Delivering more effective treatment to adolescents: Improving the juvenile drug court model. *Journal of Substance Abuse Treatment*, 25(3), 189-211. [https://doi.org/10.1016/s0740-5472\(03\)00123-5](https://doi.org/10.1016/s0740-5472(03)00123-5)

- Blumer, H. (1969). *Symbolic interactionism: Perspective and method* (1<sup>st</sup> ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Blumer, H. (1986). *Symbolic interactionism: Perspective and method* (2<sup>nd</sup> ed.). University of California Press.
- Booyesen, L., Bendl, R., & Pringle, J (Eds.). (2018) *Handbook of research methods on diversity management, equality, and inclusion at work*. Cheltenham, UK: Edward Elgar.
- Benner, A. D., & Wang, Y. (2014). Demographic marginalization, social integration, and adolescents' educational success. *Journal of Youth and Adolescence*, 43(10), 1611-1627. <https://doi.org/10.1007/s10964-014-0151>
- Benningfield, M. M. (2016). Meeting youth where they are: Substance use disorder treatment in schools. *Child and Adolescent Psychiatric Clinics of North America*, 25(4), 661-668. <https://doi.org/antioch.idm.oclc.org/10.1016/j.chc.2016.05.003>
- Berzonsky, M. D. (1986). Discovery versus constructivist interpretations of identity formation: Considerations of additional implications. *Journal of Early Adolescence*, 6(2), 111-117. <https://doi.org/10.1177/0272431686062001>
- Berzonsky, M. D. (1993). Identity style, gender, and social-cognitive reasoning. *Journal of Adolescent Research*, 8, 289-296. <https://doi.org/10.1177/074355489383004>
- Berzonsky, M. D. (2011). A social-cognitive perspective on identity construction. In S. J. Schwartz, K. Luyckx, V. L. Vignoles, S. J. Schwartz, K. Luyckx, V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 55-76). New York, NY, US: Springer Science + Business Media. [https://doi.org/10.1007/978-1-4419-7988-9\\_3](https://doi.org/10.1007/978-1-4419-7988-9_3)
- Beyers, W., & Goossens, L. (2008). Dynamics of perceived parenting and identity formation in late adolescence. *Journal of Adolescence*, 31(2), 165-184. <https://doi.org/10.1016/j.adolescence.2007.04.003>
- Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: a tool to enhance trustworthiness or merely a nod to validation?. *Qualitative Health Research*, 26(13), 1802-1811. <https://doi.org/10.1177/1049732316654870>
- Blumer, H. (1954). What is wrong with social theory?. *American Sociological Review*, 19(1), 3-10. <https://doi.org/10.2307/2088165>
- Borrero, N. E., Yeh, C. J., Cruz, C. I., & Suda, J. F. (2012). School as a context for 'othering' youth and promoting cultural assets. *Teachers College Record*, 114(2), 1-37.
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal Of Orthopsychiatry*, 52(4), 664-678. <https://doi.org/10.1111/j.1939-0025.1982.tb01456.x>

- Bowlby, J. (1979). On knowing what you are not supposed to know and feeling what you are not supposed to feel. *The Canadian Journal Of Psychiatry / La Revue Canadienne De Psychiatrie*, 24(5), 403-408. <https://doi.org/10.1177/070674377902400506>
- Bowleg, L. (2008). When Black + lesbian + woman ≠ Black lesbian woman. *Sex Roles*, 59, 312-325. <https://doi.org/10.1007/s11199-008-9400-z>
- Brannen, J. (1988). Research note the study of sensitive subjects. *The Sociological Review*, 36(3), 552-563. <https://doi.org/10.1111/j.1467-954x.1988.tb02929.x>
- Brekhus, W. (2003). *Peacocks, chameleons, centaurs: Gay suburbia and the grammar of social identity*. University of Chicago Press. <https://doi.org/10.1086/424635>
- Brewer, D. D., Hawkins, J. D., Catalano, R. F., & Neckerman, H. J. (1995). Preventing serious, violent, and chronic juvenile offending: A review of evaluations of selected strategies in childhood, adolescence, and the community. *Serious, violent, and chronic juvenile offenders: A sourcebook*, 61-141.
- Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Social Services*, 87(1), 43-52. <https://doi.org/10.1606/1044-3894.3483>
- Brown, B. B., & Larson, J. (2009). Peer relationships in adolescence. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology: Vol. 2 Contextual influences on adolescent development* (3rd ed., pp. 74–103). Hoboken, NJ: Wiley. <https://doi.org/10.1002/9780470479193.adlpsy002004>
- Bruner, J. S. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press. <https://doi.org/10.2307/1773049>
- Casey, B. J., Jones, R. M., & Somerville, L. H. (2011). Braking and accelerating of the adolescent brain. *Journal of Research on Adolescence*, 21(1), 21-33. <https://doi.org/10.1111/j.1532-7795.2010.00712.x>
- Catalano, R. F., Fagan, A. A., Gavin, L. E., Greenberg, M. T., Irwin Jr, C. E., Ross, D. A., & Shek, D. T. (2012). Worldwide application of prevention science in adolescent health. *The Lancet*, 379(9826), 1653-1664. [https://doi.org/10.1016/s0140-6736\(12\)60238-4](https://doi.org/10.1016/s0140-6736(12)60238-4)
- Cavaiola, A. A., Schiff, M., & Kane-Cavaiola, C. (1990). Continuing care for the chemically dependent adolescent: Aftercare or afterthought?. *Journal of Child & Adolescent Substance Abuse*, 1(2), 77-93. <https://doi.org/10.1080/10678289009512308>
- Cavanaugh, D., Kraft, M. K., Muck, R., & Merrigan, D. M. (2011). Toward an effective treatment system for adolescents with substance use disorders: The role of the states. *Children and Youth Services Review*, 33, S16-S22. <https://doi.org/10.1016/j.childyouth.2011.06.008>

- Chambers, T. T. V., & McCreedy, L. T. (2011). 'Making space' for ourselves: African American student responses to their marginalization. *Urban Education, 46*(6), 1352-1378. <https://doi.org/10.1177/0042085911400322>
- Charmaz, K. (2000). Experiencing chronic illness. *Handbook of social studies in health and medicine, 277-292*. <https://doi.org/10.4135/9781848608412.n18>
- Charmaz, K. (2005). Grounded theory in the 21st century: A qualitative method for advancing social justice research. *Handbook of qualitative research, 3*, 507-535.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications Ltd.
- Charmaz, K. (2014). *Constructing grounded theory: A practical guide through qualitative analysis* (2nd ed.). Thousand Oaks, CA: Sage Publications Ltd.
- Charmaz, K., Denzin, N. K., & Lincoln, Y. S. (2003). Strategies of qualitative inquiry. *Grounded theory: Objectivist and constructivist methods, 249-291*.
- Charmaz, K., & Keller, R. (2016). A personal journey with Grounded Theory methodology. Kathy Charmaz in conversation with Reiner Keller. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research 17* (1).
- Chassin, L. (2008). Juvenile justice and substance use. *The Future of Children, 18*(2), 165-183. <https://doi.org/10.1353/foc.0.0017>
- Cheng, P. (2015). *Examining a sociocultural model: Racial identity, internalization of the dominant white beauty standards, and body images among Asian American women*. (2015-99180-185). Retrieved from <http://antioch.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2015-99180-185&site=ehost-live&scope=site>
- Cherney, I. D., & Shing, Y. L. (2008). Children's nurturance and self-determination rights: A cross-cultural perspective. *Journal of Social Issues, 64*(4), 835-856. <https://doi.org/10.1111/j.1540-4560.2008.00591.x>
- Chung, T., & Maisto, S. A. (2006). Relapse to alcohol and other drug use in treated adolescents: Review and reconsideration of relapse as a change point in clinical course. *Clinical Psychology Review, 26*(2), 149-161. <https://doi.org/10.1016/j.cpr.2005.11.004>
- Ciesla, J. R., Valle, M., & Spear, S. F. (2008). Measuring relapse after adolescent substance abuse treatment: A proportional hazard approach. *Addictive Disorders & Their Treatment, 7*(2), 87-97. <https://doi.org/10.1097/adt.0b013e31805ea095>



- Clarke, A. (2003). Situational analyses: Grounded theory mapping after the postmodern turn. *Symbolic Interaction*, 26(4), 553–576. <https://doi.org/10.1525/si.2003.26.4.553>
- Clarke, A.E. (2005). *Situational analysis: Grounded theory after the postmodern turn*. Thousand Oaks, CA: SAGE Publications, Inc. <https://doi.org/10.1525/si.2003.26.4.553>
- Clarke, A. E., Friese, C., & Washburn, R. S. (2017). *Situational analysis: grounded theory after the interpretive turn*. Sage Publications. <https://doi.org/10.4135/9781848607941.n17>
- Cole, E. R. (2008). Coalitions as a model for intersectionality: From practice to theory. *Sex Roles*, 59, 443-453. <https://doi.org/10.1007/s11199-008-9419-1>
- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3), 170.
- Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York: Routledge.
- Cook, J. E., Arrow, H., & Malle, B. F. (2011). The effect of feeling stereotyped on social power and inhibition. *Personality and Social Psychology Bulletin*, 37(2), 165-180. <https://doi.org/10.1177/0146167210390389>
- Cooley, C. H. (1902a) *Human nature and social order*. New York: Charles Scribner and Sons.
- Cooley, C. H. (1902b). The looking-glass self. *The production of reality: Essays and readings on social interaction*. Pine Forge Press.
- Cooley, C. H. (1909). *Two major works: Social organization. Human nature and the social order*. Glencoe, Ill.; Free P.
- Corrigan, P. W., Lurie, B. D., Goldman, H. H., Slopen, N., Medasani, K., & Phelan, S. (2005). How adolescents perceive the stigma of mental illness and alcohol abuse. *Psychiatric Services*, 56(5), 544-550. <https://doi.org/10.1176/appi.ps.56.5.544>
- Corrigan, P. W., Watson, A. C., & Miller, F. E. (2006). Blame, shame, and contamination: The impact of mental illness and drug dependence stigma on family members. *Journal of Family Psychology*, 20(2), 239-246. <https://doi.org/10.1037/0893-3200.20.2.239>
- Corrigan, P.W., River, L.P., Lundin, R.K., Uphoff-Wasowski, K., et al. (2002). Challenging two mental illness stigmas: Personal responsibility and dangerousness. *Schizophrenia Bulletin*, 28, 293-310. <https://doi.org/10.1093/oxfordjournals.schbul.a006939>
- Corrigan, P., Kerr, A., & Knudsen, L. (2005). The stigma of mental illness: explanatory models and methods for change. *Applied & Preventive Psychology*, 11(3), 179 -190. <https://doi.org/10.1016/j.appsy.2005.07.001>

- Corrigan, P., & Watson, A. (2002). The paradox of self-stigma and mental illness. *Clinical Psychology, Science and Practice*, 9(1), 35-53. <https://doi.org/10.1093/clipsy.9.1.35>
- Cottle, C. C., Lee, R. J., & Heilbrun, K. (2001). The prediction of criminal recidivism in juveniles: A meta-analysis. *Criminal Justice and Behavior*, 28(3), 367-394. <https://doi.org/10.1177/0093854801028003005>
- Courtwright, D. T. (2001). Why Oswald missed: Don DeLillo's libra'. *Novel History: Historians and Novelists Confront America's Past (and Each Other)*, 77-91. <https://doi.org/10.5860/choice.39-2056>
- Courtwright, D. T. (1982). The female opiate addict in nineteenth-century America. *Essays in Arts and Sciences*, 10(2), 161.
- Courtwright, D. T. (2004). The controlled substances act: How a 'big tent' reform became a punitive drug law. *Drug and Alcohol Dependence*, 76(1), 9-15. <https://doi.org/10.1016/j.drugalcdep.2004.04.012>
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299. doi:10.2307/1229039
- Crenshaw, K., Gotanda, N., Peller, G., and Thomas, K., eds. (1995). *Critical race theory: The key writings that formed the movement*. New York: New Press. <https://doi.org/10.2307/j.ctv39x51k.25>
- Creswell, J.W., & Plano Clark, V.L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage.
- Crocetti, E., Meeus, W. H. J., Ritchie, R. A., Meca, A., & Schwartz, S. J. (2014). *Adolescent identity: Is this the key to unraveling associations between family relationships and problem behaviors?* In L. M. Scheier, W. B. Hansen, L. M. Scheier & W. B. Hansen (Eds.), *Parenting and teen drug use* (pp. 92-109). New York, NY: Oxford University Press.
- Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (Vol. 2, 4th ed., pp. 504-553). New York: McGraw-Hill
- Cutcliffe, J. R. (2000). Methodological issues in grounded theory. *Journal of Advanced Nursing*, 31(6), 1476-1484. <https://doi.org/10.1046/j.1365-2648.2000.01430.x>
- D'Augelli, A. R., & Grossman, A. H. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence*, 16, 1008-1027. <https://doi.org/10.1177/088626001016010003>

- Damon, W. (2005). Looking back, for a change: A story of directions in child and adolescent development. *New Directions for Child and Adolescent Development*, 109, 15-19.
- Deas, D., Riggs, P., Langenbucher, J., Goldman, M., & Brown, S. (2000). Adolescents are not adults: Developmental considerations in alcohol users. *Alcoholism: Clinical and Experimental Research*, 24(2), 232-237. <https://doi.org/10.1097/00000374-200002000-00015>
- Decena, C. U. (2011). *Tacit subjects: Belonging and same-sex desire among Dominican immigrant men*. Durham, NC: Duke University Press  
<https://doi.org/10.1215/9780822393900>
- Dey, I. (1999). *Grounding grounded theory*. San Diego: Academic Press.  
<https://doi.org/10.1016/b978-012214640-4/50011-5>
- Didier, E., & Michael, L. (2004). *Insult and the making of the gay self*.  
<https://doi.org/10.1215/9780822385493>
- DiPlacido, J. (1998). Minority stress among lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatization. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 138 - 159). Thousand Oaks, CA: Sage. <https://doi.org/10.4135/9781452243818.n7>
- Due, P, Krølner, R, Rasmussen, M, Andersen, A, Trab Damsgaard, M, Graham, H, & Holstein, BE (2011) Pathways and mechanisms in adolescence contribute to adult health inequalities. *Scandinavian Journal of Public Health* 39(6), 62–78.  
<https://doi.org/10.1177/1403494810395989>
- Duncan, S. C., Duncan, T. E., & Strycker, L. A. (2002). A multilevel analysis of neighborhood context and youth alcohol and drug problems. *Prevention Science*, 3(2), 125-133.  
<https://doi.org/10.1023/a:1015483317310>
- Dunne, C. (2011). The place of the literature review in grounded theory research. *International Journal of Social Research Methodology*, 14(2), 111-124.  
<https://doi.org/10.1080/13645579.2010.494930>
- East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: an approach that can help to develop resilience. *Nurse Researcher (through 2013)*, 17(3), 17.  
<https://doi.org/10.7748/nr2010.04.17.3.17.c7742>
- Eichas, K., Albrecht, R. E., Garcia, A. J., Ritchie, R. A., Varela, A., Garcia, A., ... & Jaccard, J. (2010). Mediators of positive youth development intervention change: Promoting change in positive and problem outcomes?. In *Child & Youth Care Forum* 39(4), 211-237.  
<https://doi.org/10.1007/s10566-010-9103-9>

- Eichas, K., Meca, A., Montgomery, M. J., & Kurtines, W. M. (2015). Identity and positive youth development: Advances in developmental intervention science. *The Oxford handbook of identity development*, 337-354.
- Eichas, K., Montgomery, M. J., Meca, A., & Kurtines, W. M. (2017). Empowering marginalized youth: A self-transformative intervention for promoting positive youth development. *Child Development*, 88(4), 1115-1124. <https://doi.org/10.1111/cdev.12866>
- Englund, M. M., Egeland, B., Oliva, E. M., & Collins, W. A. (2008). Childhood and adolescent predictors of heavy drinking and alcohol use disorders in early adulthood: a longitudinal developmental analysis. *Addiction*, 103(s1), 23-35. <https://doi.org/10.1111/j.1360-0443.2008.02174.x>
- Erikson, E. (1959). *Psychological issues*. New York, NY: International Universities Press.
- Erikson, E. H. (1968). *Identity: Youth and crisis*. New York, NY: Norton.
- Erikson, E.H. (1995). *Dialogue with Erik Erikson*. Baltimore, MD: Jason Aronson, Incorporated.
- Fabelo, T., Thompson, M. D., Plotkin, M., Carmichael, D., Marchbanks, M. P., & Booth-Tucker, A. (2011). *Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement*. New York, NY: Council of State Governments Justice Center.
- Fazel, S., Doll, H., & Långström, N. (2008). Mental disorders among adolescents in juvenile detention and correctional facilities: a systematic review and metaregression analysis of 25 surveys. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(9), 1010-1019. <https://doi.org/10.1097/chi.0b013e31817eef3>
- Fisher, E. A. (2014). Recovery supports for young people: What do existing supports reveal about the recovery environment?. *Peabody Journal of Education*, 89(2), 258-270. <https://doi.org/10.1080/0161956x.2014.897104>
- Fosco, G. M., & LoBraico, E. J. (2019). *A family systems framework for adolescent antisocial behavior: The state of the science and suggestions for the future*. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles & M. A. Whisman (Eds.), (pp. 53-68). Washington, DC: American Psychological Association. <https://doi.org/10.1037/0000100-004>
- Franz, C., & Stewart, A. J. (Eds.) (1994). *Women creating lives: Identity, resilience, resistance*. Boulder, CO: Westview Press
- Furey, R. J. (1993). *The joy of kindness*. Crossroad Pub Co.
- Gestsdottir, S., Lewin-Bizan, S., von Eye, A., Lerner, J. V., & Lerner, R. M. (2009). The structure and function of selection, optimization, and compensation in middle

- adolescence: Theoretical and applied implications. *Journal of Applied Developmental Psychology*, 30(5), 585-600. <https://doi.org/10.1016/j.appdev.2009.07.001>
- Gibler, J. (2011). *To die in Mexico: Dispatches from inside the drug war*. San Francisco, CA: City Lights Books.
- Gilgun, J. F. (2002). Conjectures and refutations: Governmental funding and qualitative research. *Qualitative Social Work*, 1(3), 359-375. <https://doi.org/10.1177/147332500200100309>
- Giordano, B., & McGoldrick, M. (1996). European families: An overview. In M. McGoldrick, J. Giordano, & J.K. Pearce (Eds.) *Ethnicity & family therapy* (2nd ed.), (pp. 427 - 441). New York: Guilford Press.
- Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA.: Sociology Press.
- Glaser, B. G. (1992). *Basics of grounded theory: Emergence vs. forcing*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. (1998). *Doing grounded theory: Issues and discussions*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. & Holton, J. (2004). *Remodeling Grounded Theory*. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*. <https://doi.org/10.17169/fqs-5.2.607>
- Glaser, B. G. & Strauss, A. L.(1967). *The discovery of grounded theory: Strategies for qualitative research*. Hawthorne, NY: Aldine de Gruyter. <https://doi.org/10.1097/00006199-196807000-00014>
- Godley, M. D., Godley, S. H., Dennis, M. L., Funk, R., & Passeti, L. L. (2002). Preliminary outcomes from the assertive continuing care experiment for adolescents discharged from residential treatment. *Journal of Substance Abuse Treatment*, 23(1), 21-32. [https://doi.org/10.1016/s0740-5472\(02\)00230-1](https://doi.org/10.1016/s0740-5472(02)00230-1)
- Goffman, E. (1959). The moral career of the mental patient. *Psychiatry*, 22(2), 123-142.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs,NJ: Prentice-Hall.
- Gosine, K., & Islam, F. (2014). 'It's like we're one big family': Marginalized young people, community, and the implications for urban schooling. *The School Community Journal*, 24(2), 33-61.

- Grigorenko, E. L., & O'Keefe, P. A. (2004). *What do children do when they cannot go to school?* In R. J. Sternberg & E. L. Grigorenko (Eds.), *Culture and competence: Contexts of life success* (pp. 23-54). Washington, DC: APA. <https://doi.org/10.1037/10681-002>
- Grisso, T. (2004). *Double jeopardy: Adolescent offenders with mental disorders*. University of Chicago Press.
- Gross, J. J. (2002). Emotion regulation: Affective, cognitive, and social consequences. *Psychophysiology*, *39*(3), 281-291. <https://doi.org/10.1017/s0048577201393198>
- Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin*, *126*, 748-769. <https://doi.org/10.1037//0033-2909.126.5.748>
- Haggerty, K. P., Skinner, M. L., MacKenzie, E. P., & Catalano, R. F. (2007). A randomized trial of Parents Who Care: Effects on key outcomes at 24-month follow-up. *Prevention Science*, *8*(4), 249-260. <https://doi.org/10.1007/s11121-007-0077-2>
- Hall, J. M., Stevens, P. E., & Meleis, A. I. (1994). Marginalization: A guiding concept for valuing diversity in nursing knowledge development. *Advances in Nursing Science*, *16*(4), 23-41. <https://doi.org/10.1097/00012272-199406000-00005>
- Harper, M. S., Dickson, J. W., & Welsh, D. P. (2006). Self-silencing and rejection sensitivity in adolescent romantic relationships. *Journal of Youth and Adolescence*, *35*(3), 435-443. <https://doi.org/10.1007/s10964-006-9048-3>
- Harrop, E., & Catalano, R. F. (2016). Evidence-based prevention for adolescent substance use. *Child and Adolescent Psychiatric Clinics of North America*, *25*(3), 387-410. <https://doi.org.antioch.idm.oclc.org/10.1016/j.chc.2016.03.001>
- Hart, C. (2013). *High price: Drugs, neuroscience, and discovering myself*. Penguin UK.
- Harzke, A. J., Baillargeon, J., Baillargeon, G., Henry, J., Olvera, R. L., Torrealday, O., ... & Parikh, R. (2012). Prevalence of psychiatric disorders in the Texas juvenile correctional system. *Journal of Correctional Health Care*, *18*(2), 143-157. <https://doi.org/10.1177/1078345811436000>
- Hayfield, N., Clarke, V., & Halliwell, E. (2014). Bisexual women's understandings of social marginalisation: 'the heterosexuals don't understand us but nor do the lesbians'. *Feminism & Psychology*, *24*(3), 352-372. doi:10.1177/0959353514539651
- Havighurst, R. J. (1972). *Developmental tasks and education*. New York: David McKay.
- Hawkins, J. D., & Catalano Jr, R. F. (1992). *Communities that care: Action for drug abuse prevention*. Jossey-Bass.

- Higgins, E. T. (1989). Self-discrepancy theory: What patterns of self-beliefs cause people to suffer?. In *Advances in experimental social psychology*, 22, 93-136. Academic Press. [https://doi.org/10.1016/s0065-2601\(08\)60306-8](https://doi.org/10.1016/s0065-2601(08)60306-8)
- Higgins, E. T. (1991). Development of self-regulatory and self-evaluative processes: Costs, benefits, and tradeoffs. In M. R. Gunnar & L. A. Sroufe (Eds.), *Self processes and development*. (pp. 125–165). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc. Retrieved from <https://search-ebscohost.com.antioch.idm.oclc.org/login.aspx?direct=true&db=psyh&AN=1991-97029-004&site=ehost-live&scope=site>
- Higgins, E. T. (2012). Regulatory focus theory. *Handbook of Theories of Social Psychology*, 1, 483-504. <https://doi.org/10.4135/9781446249215.n24>
- Holder, E. (2013). Remarks at the annual meeting of American bar association's house of delegates. *Federal Sentencing Reporter*, 26(2), 75-79. <https://doi.org/10.1525/fsr.2013.26.2.75>
- Holloway, E., & Schwartz, H.L. (2018). Drawing from the margins: Grounded theory research design and EDI studies. In Booyesen, L., Bendl, R., & Pringle, J. (2018) *Handbook of research methods on diversity management, equality, and inclusion at work* (660-708). Cheltenham, UK, Edward Elgar: .
- Holton, J. (2007). The coding process and its challenges. In Bryant, A. & Charmaz, K. *The SAGE handbook of grounded theory* (pp. 265-289). Thousand Oaks, CA: SAGE Publications Ltd. <https://doi.org/10.4135/9781848607941.n13>
- Issmer, C., & Wagner, U. (2015). Perceived marginalization and aggression: A longitudinal study with low-educated adolescents. *British Journal of Social Psychology*, 54(1), 1-18. doi:10.1111/bjso.12075
- Jack, D. C., & Dill, D. (1992). The silencing the self scale: Schemas of intimacy associated with depression in women. *Psychology of Women Quarterly*, 16(1), 97-106. <https://doi.org/10.1111/j.1471-6402.1992.tb00242.x>
- Jainchill, N. (1997). Therapeutic communities for adolescents: The same and not the same. *Community as method: Therapeutic communities for special populations and special settings*, 161-177. Westport, CT: Praeger Publishers.
- James, W. (1892/1963). *Psychology*. Greenwich, CT: Fawcett.
- Janulis, P. F. (2010). Understanding addiction stigma: Examining desired social distance toward addicted individuals. *Journal of Applied Social Psychology*, 43(5), 1065 - 1072. <https://doi.org/10.1111/jasp.12070>

- Jeon, Y. H. (2004). The application of grounded theory and symbolic interactionism. *Scandinavian Journal of Caring Sciences*, 18(3), 249-256. <https://doi.org/10.1111/j.1471-6712.2004.00287.x>
- Kearney, M. (2007). From the sublime to the meticulous: the continuing evolution of grounded formal theory. In Bryant, A. & Charmaz, K. *The SAGE handbook of grounded theory* (pp. 127-150). Thousand Oaks, CA: SAGE Publications Ltd. <https://doi.org/10.4135/9781848607941.n6>
- Kelly, T. H., Kazura, A. N., Lommel, K. M., Babalonis, S., & Martin, C. A. (2009). A biological/genetic perspective: The addicted brain. In *Adolescent Substance Abuse* (pp. 15-43). Springer, Boston, MA. [https://doi.org/10.1007/978-0-387-09732-9\\_2](https://doi.org/10.1007/978-0-387-09732-9_2)
- Kelly, J. F., & Myers, M. G. (2007). Adolescents' participation in Alcoholics Anonymous and Narcotics Anonymous: Review, implications and future directions. *Journal of Psychoactive Drugs*, 39(3), 259-269. <https://doi.org/10.1080/02791072.2007.10400612>
- Kelly, J. F., Myers, M. G., & Brown, S. A. (2005). The effects of age composition of 12-step groups on adolescent 12-step participation and substance use outcome. *Journal of Child & Adolescent Substance Abuse*, 15(1), 63-72. [https://doi.org/10.1300/j029v15n01\\_05](https://doi.org/10.1300/j029v15n01_05)
- Kelly J.F., Wakeman S.E., Saitz R. (2015) Stop talking 'dirty': Clinicians, language, and quality of care for the leading cause of preventable death in the United States. *American Journal of Medicine*, 128(1), 8-9. <https://doi.org/10.1016/j.amjmed.2014.07.043>
- Kelly, J. F., Saitz, R., & Wakeman, S. (2016). Language, substance use disorders, and policy: The need to reach consensus on an “addiction-ary.” *Alcoholism Treatment Quarterly*, 34(1), 116-123. <https://doi.org/10.1080/07347324.2016.1113103>
- Kerpelman, J. L., Eryigit, S., & Stephens, C. J. (2008). African american adolescents' future education orientation: Associations with self-efficacy, ethnic identity, and perceived parental support. *Journal of Youth and Adolescence*, 37(8), 997-1008. <https://doi.org/10.1007/s10964-007-9201-7>
- Kerpelman, J. L., Pittman, J. F., & Adler-Baeder, F. (2008). Identity as a moderator of intervention-related change: Identity style and adolescents' responses to relationships education. *Identity: An International Journal of Theory and Research*, 8(2), 151-171. <https://doi.org/10.1080/15283480801940073>
- Kerr, T., Small, W., Ayutthaya, P. P. N., & Hayashi, K. (2018). Experiences with compulsory drug detention among people who inject drugs in Bangkok, Thailand: A qualitative study. *International Journal of Drug Policy*, 52, 32-38. <https://doi.org/10.1016/j.drugpo.2017.11.016>
- Killen, M., Kelly, M. C., Richardson, C., Crystal, D., & Ruck, M. (2010). European American children's and adolescents' evaluations of interracial exclusion. *Group Processes &*



- Intergroup Relations*, 13(3), 283–300. [https://doi-org.antioch.idm.oclc.org/10.1177/1368430209346700](https://doi.org/10.1177/1368430209346700)
- Killen, M., Kelly, M. C., Richardson, C., & Jampol, N. S. (2010). Attributions of intentions and fairness judgments regarding interracial peer encounters. *Developmental Psychology*, 46(5), 1206. <https://doi.org/10.1037/a0019660>
- Kim, D. H., & Senge, P. M. (1994). Putting systems thinking into practice. *System Dynamics Review*, 10(2-3), 277-290. doi:10.1002/sdr.4260100213
- Kincheloe, J. (2008). *Critical pedagogy primer* (2nd ed.). New York, NY: Peter Lang.
- King, K. M., & Chassin, L. (2008). Adolescent stressors, psychopathology, and young adult substance dependence: A prospective study. *Journal of Studies on Alcohol and Drugs*, 69(5), 629-638. <https://doi.org/10.15288/jsad.2008.69.629>
- Kingree, J. B., & Betz, H. (2003). Risky sexual behavior in relation to marijuana and alcohol use among African–American, male adolescent detainees and their female partners. *Drug & Alcohol Dependence*, 72(2), 197-203. [https://doi.org/10.1016/s0376-8716\(03\)00196-0](https://doi.org/10.1016/s0376-8716(03)00196-0)
- Kirk, D. S., & Sampson, R. J. (2013). Juvenile arrest and collateral educational damage in the transition to adulthood. *Sociology of Education*, 86(1), 36-62. <https://doi.org/10.1177/0038040712448862>
- Koepke, S., & Denissen, J. J. (2012). Dynamics of identity development and separation–individuation in parent–child relationships during adolescence and emerging adulthood–A conceptual integration. *Developmental Review*, 32(1), 67-88. <https://doi.org/10.1016/j.dr.2012.01.001>
- Kools, S., McCarthy, M., Durham, R., & Robrecht, L. (1996). Dimensional analysis: Broadening the conception of grounded theory. *Qualitative Health Research*, 6(3), 312-330. <https://doi.org/10.1177/104973239600600302>
- Kosterman, R., Hawkins, J. D., Guo, J., Catalano, R. F., & Abbott, R. D. (2000). The dynamics of alcohol and marijuana initiation: patterns and predictors of first use in adolescence. *American Journal of Public Health*, 90(3), 360. <https://doi.org/10.2105/ajph.90.3.360>
- Kroger, J. (2007). *Identity development: Adolescence through adulthood* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Kroger, J., & Marcia, J. E. (2011). The identity statuses: Origins, meanings, and interpretations. In S. J. Schwartz, K. Luyckx, V. L. Vignoles, S. J. Schwartz, K. Luyckx, V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 31-53). New York, NY: Springer Science + Business Media. doi:10.1007/978-1-4419-7988-9\_2

- Kunst, J. R., & Sam, D. L. (2013). Expanding the margins of identity: A critique of marginalization in a globalized world. *International Perspectives in Psychology: Research, Practice, Consultation*, 2(4), 225-241. doi:10.1037/ipp0000008
- Kurtines, W. M., Montgomery, M. J., Ferrer-Wreder, L., Berman, S. L., Lorente, C. C., & Silverman, W. K. (2008). Promoting positive youth development: Implications for future directions in developmental theory, methods, and research. *Journal of Adolescent Research*, 23(3), 359–378. <https://doi.org/antioch.idm.oclc.org/10.1177/0743558408314383>
- Kwee, G. T. M. (2013). Relational Buddhism: An integrative psychology of happiness amidst existential suffering. In S. A. David, I. Boniwell, & A. Conley Ayers (Eds.), *The Oxford handbook of happiness*. (pp. 358–370). New York, NY: Oxford University Press. Retrieved from <https://search-ebshost-com.antioch.idm.oclc.org/login.aspx?direct=true&db=psyh&AN=2013-08793-028&site=ehost-live&scope=site>
- Ladson-Billings, Gloria. (1998) Just what is critical race theory and what's it doing in a nice field like education? *Qualitative Studies in Education*, 11(1), 7-24. <https://doi.org/10.1080/095183998236863>
- Lagermann, L. C. (2015). Sticky categorizations: Processes of marginalization and (im)possible movements of transcending marginalization. *International Journal of Qualitative Studies in Education*, 28(5), 573-593. doi:10.1080/09518398.2014.916012
- Laub, J. H., & Vaillant, G. E. (2000). Delinquency and mortality: A 50-year follow-up study of 1,000 delinquent and nondelinquent boys. *American Journal of Psychiatry*, 157(1), 96-102. <https://doi.org/10.1176/ajp.157.1.96>
- Lederman, C. S., Dakof, G. A., Larrea, M. A., & Li, H. (2004). Characteristics of adolescent females in juvenile detention. *International Journal of Law and Psychiatry*, 27(4), 321-337. <https://doi.org/10.1016/j.ijlp.2004.03.009>
- Lee, H., & Petersen, S. R. (2009). Demarginalizing the marginalized in substance abuse treatment: Stories of homeless, active substance users in an urban harm reduction based drop-in center. *Addiction Research & Theory*, 17(6), 622-636. doi:10.3109/16066350802168613
- Lefebvre, H. (1991). *The production of space*. Oxford, UK: Wiley Blackwell.
- Lehalle, H. (2006). Cognitive development in adolescence: Thinking freed from concrete constraints. In S. Jackson & L. Goossens (Eds.), *Handbook of adolescent development*. (pp. 71–89). New York, NY: Psychology Press.
- Lempert, L. B. (2007). Cross-race, cross-culture, cross-national, cross-class, but same-gender: Musings on research in South Africa. *NWSA Journal*, 19(2), 79-103.

- Lempert, L. (2007b). Asking questions of the data: memo writing in the grounded theory tradition. In Bryant, A. & Charmaz, K. *The SAGE handbook of grounded theory* (pp. 245-264). SAGE Publications Ltd. <https://doi.org/10.4135/9781848607941.n12>
- LeNoue, S. R., & Riggs, P. D. (2016). Substance abuse prevention. *Child and Adolescent Psychiatric Clinics of North America*, 25(2), 297-305. <http://doi.org.antioch.idm.oclc.org/10.1016/j.chc.2015.11.007>
- Lerner, R. M. (2005, September). Promoting positive youth development: Theoretical and empirical bases. The Science of Adolescent Health and Development, National Research Council/Institute of Medicine. *Washington, DC: National Academies of Science*. <https://doi.org/10.1093/oxfordhb/9780195187243.013.0014>
- Lerner, R. M., Fisher, C. B., & Weinberg, R. A. (2000). Toward a science for and of the people: Promoting civil society through the application of developmental science. *Child development*, 71(1), 11-20. <https://doi.org/10.1111/1467-8624.00113>
- Lerner, R. M., Jacobs, F., & Wertlieb, D. (Eds.). (2005). *Applied developmental science: An advanced textbook*. Thousand Oaks, CA: Sage Publications. <https://doi.org/10.4135/9781452233512>
- Lerner, R. M., & Overton, W. F. (2008). Exemplifying the integrations of the relational developmental system: Synthesizing theory, research, and application to promote positive development and social justice. *Journal of Adolescent Research*, 23(3), 245-255. <https://doi.org/10.1177/0743558408314385>
- Levine, M. (2006). *The price of privilege: How parental pressure and material advantage are creating a generation of disconnected and unhappy kids*. New York, NY: HarperCollins Publishers.
- Liberman, A. M., Kirk, D. S., & Kim, K. (2014). Labeling effects of first juvenile arrests: Secondary deviance and secondary sanctioning. *Criminology*, 52(3), 345-370. <https://doi.org/10.1111/1745-9125.12039>
- Linnehan, F., & Konrad, A. M. (1999). Diluting diversity: Implications for intergroup inequality in organizations. *Journal of Management Inquiry*, 8(4), 399-414. <https://doi.org/10.1177/105649269984009>
- LeNoue, S. R., & Riggs, P. D. (2016). Substance abuse prevention. *Child and Adolescent Psychiatric Clinics of North America*, 25(2), 297-305. <http://doi.org.antioch.idm.oclc.org/10.1016/j.chc.2015.11.007>
- Linder, C., & Rodriguez, K. L. (2012). Learning from the experiences of self-identified women of color activists. *Journal of College Student Development*, 53(3), 383-398. <https://doi.org/10.1353/csd.2012.0048>

- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>
- Link, B. G., & Phelan, J. C. (2006). Stigma and its public health implications. *The Lancet*, 367(9509), 528-529. [https://doi.org/10.1016/s0140-6736\(06\)68184-1](https://doi.org/10.1016/s0140-6736(06)68184-1)
- Link, B. G., Phelan, J. C., Bresnahan, M., Stueve, A., & Pescosolido, B. A. (1999). Public conceptions of mental illness: labels, causes, dangerousness, and social distance. *American Public Health Association*, 89, 1328-1333. <https://doi.org/10.2105/ajph.89.9.1328>
- Link, B. G., Struening, E. L., Neese-Todd, S., Asmussen, S., & Phelan, J. C. (2001). Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatric Services*, 52, 1621– 1626. <https://doi.org/10.1176/appi.ps.52.12.1621>
- Link, B. G., Cullen, F. T., Struening, E., Shrout, P., & Dohrenwend, B. P. (1989). A modified labeling theory approach in the area of mental disorders: An empirical assessment. *American Sociological Review*, 54, 100 –123. <https://doi.org/10.2307/2095613>
- Link, B. G., Yang, L. H., Phelan, J. C., & Collins, P. Y. (2004). Measuring mental illness stigma. *Schizophrenia Bulletin*, 30, 511 – 541. <https://doi.org/10.1093/oxfordjournals.schbul.a007098>
- Lintonen, T., Obstbaum, Y., Aarnio, J., von Gruenewaldt, V., Hakamäki, S., Kääriäinen, J., . . . Joukamaa, M. (2012). The changing picture of substance abuse problems among finnish prisoners. *Social Psychiatry and Psychiatric Epidemiology*, 47(5), 835-842. doi:10.1007/s00127-011-0390-8
- Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine*, 71(12), 2150-2161. <https://doi.org/10.1016/j.socscimed.2010.09.030>
- Locker, T. K., Heesacker, M., & Baker, J. O. (2012). Gender similarities in the relationship between psychological aspects of disordered eating and self-silencing. *Psychology of Men & Masculinity*, 13(1), 89. <https://doi.org/10.1037/a0021905>
- Luoma, J. B., Twohig, M. P., Waltz, T., Hayes, S. C., Roget, N., Padilla, M., & Fisher, G. (2007). An investigation of stigma in individuals receiving treatment for substance abuse. *Addictive behaviors*, 32(7), 1331-1346. <https://doi.org/10.1016/j.addbeh.2006.09.008>
- Luthar, S. S., & Barkin, S. H. (2012). Are affluent youth truly 'at risk'? vulnerability and resilience across three diverse samples. *Development and Psychopathology*, 24(2), 429-449. <https://doi:10.1017/S0954579412000089>

- Luthar, S. S., & Latendresse, S. J. (2005). Children of the affluent: Challenges to well-being. *Current Directions in Psychological Science*, *14*(1), 49-53. <https://doi:10.1111/j.0963-7214.2005.00333.x>
- Luthar, S. S., & Sexton, C. C. (2004). The High Price of Affluence. In R. V. Kail (Ed.), *Advances in child development and behavior*, Vol. 32. (pp. 125–162). San Diego, CA: Elsevier Academic Press. [https://doi-org.antioch.idm.oclc.org/10.1016/S0065-2407\(04\)80006-5](https://doi-org.antioch.idm.oclc.org/10.1016/S0065-2407(04)80006-5)
- Maddahian, E., Newcomb, M. D., & Bentler, P. M. (1988). Risk factors for substance use: Ethnic differences among adolescents. *Journal of Substance Abuse*, *1*(1), 11-23. [https://doi.org/10.1016/s0899-3289\(88\)80004-x](https://doi.org/10.1016/s0899-3289(88)80004-x)
- Maddux, J. E. (2009). Self-efficacy: The power of believing you can. In S. J. Lopez & C. R. Snyder (Eds.), *Oxford handbook of positive psychology*, 2nd ed. (pp. 335–343). New York, NY: Oxford University Press.
- Markus, H. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology*, *35*, 63–78. <https://doi.org/10.1037//0022-3514.35.2.63>
- Markus, H., & Nurius, P. (1986). Possible selves. *American Psychologist*, *41*, 954–969. <https://doi.org/10.1037//0003-066x.41.9.954>
- McAdams, D. P. (2011). Narrative identity. In S. J. Schwartz, K. Luyckx, V. L. Vignoles, S. J. Schwartz, K. Luyckx, V. L. Vignoles (Eds.), *Handbook of identity theory and research* (pp. 99-115). New York, NY: Springer Science + Business Media. doi:10.1007/978-1-4419-7988-9\_5
- McAdams, D. P., & Pals, J. L. (2006). A new Big Five: Fundamental principles for an integrative science of personality. *American Psychologist*, *61*(3), 204. <https://doi.org/10.1037/0003-066x.61.3.204>
- McCabe, K., & Barnett, D. (2000). First comes work, then comes marriage: Future orientation among African American young adolescents. *Family Relations*, *49*, 63–70. <https://doi.org/10.1111/j.1741-3729.2000.00063.x>
- McCollum, B. (1995). The Struggle for Effective Anti-Crime Legislation-An Analysis of the Violent Crime Control and Law Enforcement Act of 1994. *University of Dayton Law Review*, *20*, 561. Retrieved from <https://heinonline.org/HOL/Page?handle=hein.journals/amcrimlr35&collection=journals&id=1271&startid=&endid=1328>

- McKay, J. R. (2001). Effectiveness of continuing care interventions for substance abusers: Implications for the study of long-term treatment effects. *Evaluation Review*, 25(2), 211-232. <https://doi.org/10.1177/0193841x0102500205>
- Mead, G. H. (1934) *Mind, self, and society*. Chicago: University of Chicago Press.
- Meadows, Donella H. (2008) *Thinking in systems: A primer*. White River Junction, VT: Chelsea Green Publishing Company.
- Meilstrup, C., Thygesen, L. C., Nielsen, L., Koushede, V., Cross, D., & Holstein, B. E. (2016). Does self-efficacy mediate the association between socioeconomic background and emotional symptoms among schoolchildren? *International Journal of Public Health*, 61(4), 505-512. <https://doi.org/10.1007/s00038-016-0790-3>
- Messiou, K. (2006). Conversations with children: Making sense of marginalization in primary school settings. *European Journal of Special Needs Education*, 21(1), 39-54. doi:10.1080/08856250500491807
- Mischel, W., Shoda, Y., & Rodriguez, M. I. (1989). Delay of gratification in children. *Science*, 244(4907), 933-938. <https://doi.org/10.1126/science.2658056>
- Moberg, D. P., & Finch, A. J. (2008). Recovery high schools: A descriptive study of school programs and students. *Journal of Groups in Addiction & Recovery*, 2(2-4), 128-161. <https://doi.org/10.1080/15560350802081314>
- Moir, M.J. (2009) *Contextual leadership: The social construction of leadership in a comprehensive healthcare system* (Doctoral dissertation). Retrieved from <https://aura.antioch.edu/etds/136>
- Montgomery, M. J., Hernandez, L., & Ferrer-Wreder, L. (2008). Identity development and intervention studies: The right time for a marriage?. *Identity: An International Journal of Theory and Research*, 8(2), 173-182. <https://doi.org/10.1080/15283480801940115>
- Morrall, A. R., McCaffrey, D. F., & Ridgeway, G. (2004). Effectiveness of community-based treatment for substance-abusing adolescents: 12-month outcomes of youths entering phoenix academy or alternative probation dispositions. *Psychology of Addictive Behaviors*, 18(3), 257. <https://doi.org/10.1037/0893-164x.18.3.257>
- Morse, J. M. (2007). Strategies of intraproject sampling. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (4th ed., pp. 529–539). Sudbury, MA: Jones and Bartlett.
- Musto, D. F. (1999). *The American disease: Origins of narcotic control*. Oxford University Press.

- Musto, D. F. (Ed.). (2002). *Drugs in America: A documentary history*. New York, NY: NYU Press.
- Myers, C. A., Meehan, D. C. M., & Negy, C. (2004). Caucasian Americans: The Forging of an Identity and Culture. In C. Negy (Ed.), *Cross-cultural psychotherapy: Toward a critical understanding of diverse clients*. (pp. 187–204). Reno, NV: Bent Tree Press.
- Neary, J., Egan, M., Keenan, P. J., Lawson, L., & Bond, L. (2013). Damned if they do, damned if they don't: Negotiating the tricky context of anti-social behaviour and keeping safe in disadvantaged urban neighbourhoods. *Journal of Youth Studies*, *16*(1), 118-134. doi:10.1080/13676261.2012.710745
- Nurmi, J.-E. (1991). How do adolescents see their future? A review of the development of future orientation and planning. *Developmental Review*, *11*, 1–59. [https://doi.org/10.1016/0273-2297\(91\)90002-6](https://doi.org/10.1016/0273-2297(91)90002-6)
- Nurmi, J.-E. (2005). Thinking about and acting upon the future: Development of future orientation across the life span. In A. Stratham & J. Joireman (Eds.), *Understanding behavior in the context of time: Theory, research, and application* (pp. 31–57). Mahwah, NJ: Erlbaum.
- Oettingen, G., & Zosuls, K.M. (2005). Culture and Self-Efficacy in adolescents. In F. Parajes & T. C. Urdan (Eds.) *Self-Efficacy Beliefs of Adolescents* (pp. 245 – 265). Charlotte, NC: Information Age Publishing.
- Overton, W. F. (2010). Life-span development: Concepts and issues. In W. F. Overton & R. M. Lerner (Eds.), *The handbook of life-span development, Vol 1: Cognition, biology, and methods*. (pp. 1–29). Hoboken, NJ: John Wiley & Sons Inc. <https://doi-org.antioch.idm.oclc.org/10.1002/9780470880166.hlsd001001>
- Oyserman, D., & Markus, H.R. (1990). Possible selves and delinquency. *Journal of Personality and Social Psychology*, *59*, 112 - 125. <https://doi.org/10.1037//0022-3514.59.1.112>
- Oyserman, D., & Saltz, E. (1993). Competence, delinquency, and attempts to attain possible selves. *Journal of Personality and Social Psychology*, *65*, 360 - 374. <https://doi.org/10.1037//0022-3514.65.2.360>
- Oyserman, D., & James, L. (2011). Possible identities. In S. J. Schwartz, K. Luyckx, V. L. Vignoles, S. J. Schwartz, K. Luyckx, V. L. Vignoles (Eds.) , *Handbook of identity theory and research* (pp. 117-145). New York, NY: Springer Science + Business Media. doi:10.1007/978-1-4419-7988-9\_6
- Oyserman, D., & Packer, M. J. (1996). Social cognition and self-concept: A socially contextualized model of identity. In J. L. Nye & A. M. Brower (Eds.), *What's social about social cognition? Research on socially shared cognition in small groups* (pp. 175-

- 201). Thousand Oaks, CA: Sage Publications, Inc.  
<https://doi.org/10.4135/9781483327648.n8>
- Oyserman, D., Johnson, E., & James, L. (2011). Seeing the destination but not the path: Effects of socioeconomic disadvantage on school-focused possible self content and linked behavioral strategies. *Self and Identity, 10*(4), 474–492. <https://doi-org.antioch.idm.oclc.org/10.1080/15298868.2010.487651>
- Ozechowski, T. J., & Liddle, H. A. (2000). Family-based therapy for adolescent drug abuse: Knowns and unknowns. *Clinical Child and Family Psychology Review, 3*(4), 269–298. <https://doi-org.antioch.idm.oclc.org/10.1023/A:1026429205294>
- Padgett, D. (2004). *The qualitative research experience*. Pacific Grove, CA: Wadsworth Thomson Learning.
- Padilla-Walker, L., Coyne, S. M., & Memmott-Elison, M. (2019). Media and the family. In B. H. Fiese, M. Celano, K. Deater-Deckard, E. N. Jouriles & M. A. Whisman (Eds.), (pp. 365–378). Washington, DC: American Psychological Association.  
<https://doi:10.1037/0000100-023>
- Pagan, J. L., Rose, R. J., Viken, R. J., Pulkkinen, L., Kaprio, J., & Dick, D. M. (2006). Genetic and environmental influences on stages of alcohol use across adolescence and into young adulthood. *Behavior Genetics, 36*(4), 483–497. <https://doi.org/10.1007/s10519-006-9062-y>
- Paley, D. (2014). *Drug war capitalism*. Chico, CA: AK Press.
- Pardini, D. (2016). Empirically based strategies for preventing juvenile delinquency. *Child and Adolescent Psychiatric Clinics, 25*(2), 257–268. <https://doi.org/10.1016/j.chc.2015.11.009>
- Patel V, Flisher AJ, Hetrick S, McGorry P (2007) Mental health of young people: A global public-health challenge. *Lancet, 369*, 1302–1313. [https://doi.org/10.1016/s0140-6736\(07\)60368-7](https://doi.org/10.1016/s0140-6736(07)60368-7)
- Patterson, G. R., & Dishion, T. J. (1985). Contributions of families and peers to delinquency. *Criminology, 23*(1), 63–79. <https://doi.org/10.1111/j.1745-9125.1985.tb00326.x>
- Peterson, J. L., & Zill, N. (1986). Marital disruption, parent–child relationships, and behavior problems in children. *Journal of Marriage and the Family, 48*(2), 295–307. <https://doi-org.antioch.idm.oclc.org/10.2307/352397>
- Peterson, P. L., Hawkins, J. D., Abbott, R. D., & Catalano, R. F. (1994). Disentangling the effects of parental drinking, family management, and parental alcohol norms on current drinking by black and white adolescents. *Journal of Research on Adolescence, 4*(2), 203–227. [https://doi.org/10.1207/s15327795jra0402\\_3](https://doi.org/10.1207/s15327795jra0402_3)



- Quinn, D. M., & Chaudoir, S. R. (2009). Living with a concealable stigmatized identity: the impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology*, 97(4), 634. <https://doi.org/10.1037/a0015815>
- Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identities and psychological well-being. *Social and Personality Psychology Compass*, 7(1), 40-51. <https://doi.org/10.1111/spc3.12005>
- Randall, E. (2012). *A mediational model predicting adjustment in affluent adolescents: The role of parental perfectionism, perceived parental pressure, and organized activity involvement* (Doctoral dissertation). Retrieved from [https://ecommons.luc.edu/luc\\_diss/383](https://ecommons.luc.edu/luc_diss/383)
- Randall, J., Henggeler, S. W., Pickrel, S. G., & Brondino, M. J. (1999). Psychiatric comorbidity and the 16-Month trajectory of substance-abusing and substance-dependent juvenile offenders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 38(9), 1118-1124. <https://doi.org/10.1097/00004583-199909000-00015>
- Rasinski, K. A., Woll, P., & Cooke, A. (2005). Stigma and substance use disorders. In P. W. Corrigan (Ed.), *On the stigma of mental illness: Practical strategies for research and social change*, (pp. 219-236). Washington, DC: American Psychological Association. <https://doi.org/10.1037/10887-010>
- Richter, S. S., Brown, S. A., & Mott, M. A. (1991). The impact of social support and self-esteem on adolescent substance abuse treatment outcome. *Journal of Substance Abuse*, 3(4), 371-385. [https://doi.org/10.1016/s0899-3289\(10\)80019-7](https://doi.org/10.1016/s0899-3289(10)80019-7)
- Ritsher, J. B., Otilingam, P. G., & Grajales, M. (2003). Internalized stigma of mental illness: psychometric properties of a new measure. *Psychiatry Research*, 121(1), 31-49. <https://doi.org/10.1016/j.psychres.2003.08.008>
- Rivers, I. (2010). Narratives of marginalisation: The legacy of homophobia at school. *International Journal of Adolescence and Youth*, 16(2), 157-177. doi:10.1080/02673843.2011.9748053
- Roberts, L. M., & Creary, S. J. (2013). Navigating the self in diverse work contexts. *The Oxford handbook of diversity and work*, 1, 73-97. <https://doi.org/10.1093/oxfordhb/9780199736355.013.0005>
- Robins, L. N., & Przybeck, T. R. (1985). Age of onset of drug use as a factor in drug and other disorders. *NIDA Res Monogr*, 56, 178-192. <https://doi.org/10.1037/e472252004-001>
- Robinson, B. A. (2012). Is this what equality looks like? how assimilation marginalizes the dutch LGBT community. *Sexuality Research & Social Policy: A Journal of the NSRC*, 9(4), 327-336. doi:10.1007/s13178-012-0084-3

- Robinson, Z. D., & Riggs, P. D. (2016). Cooccurring psychiatric and substance use disorders. *Child and Adolescent Psychiatric Clinics*, 25(4), 713-722.
- Rodriguez, L. (2018). Methodological challenges of sensitive topic research with adolescents. *Qualitative Research Journal*, 18(1), 22-32. <https://doi.org/10.1108/qrj-d-17-00002>
- Rogers, C. M., & Wrightsman, L. S. (1978). Attitudes towards children's rights: Nurturance or self determination? *Journal of Social Issues*, 34(2), 59 – 68. <https://doi.org/10.1111/j.1540-4560.1978.tb01029.x>
- Room, R. (2005). Stigma, social inequality and alcohol and drug use. *Drug and Alcohol Review*, 24(2), 143-155. <https://doi.org/10.1080/09595230500102434>
- Room R, Rehm J, Trotter RT II, Paglia A, Üstün TB. (2001) Cross-cultural views on stigma valuation parity and societal attitudes towards disability. In: Üstün TB, Chatterji S, Bickenbach JE, et al., eds. *Disability and culture: Universalism and diversity*, (pp.247-291). Seattle, WA: Hogrefe & Huber.
- Rosenwald, G. C., & Ochberg, R. L. (Eds.). (1992). *Storied lives: The cultural politics of self-understanding*. New Haven, CT: Yale University Press. <https://doi.org/10.2307/2074553>
- Sampson, R. J., & Lauritsen, J. L. (1994). Violent victimization and offending: Individual-, situational-, and community-level risk factors. In A. J. Reiss, Jr., J. A. Roth (Eds.) & National Research Council, *Understanding and preventing violence, Vol. 3. Social influences* (pp. 1-114). Washington, DC, US: National Academy Press.
- Sanders, J., & Munford, R. (2007). Speaking from the margins—Implications for education and practice of young women's experiences of marginalisation. *Social Work Education*, 26(2), 185-199. <https://doi.org/10.1080/02615470601042698>
- Scabini, E., & Manzi, C. (2011). Family processes and identity. In *Handbook of identity theory and research* (pp. 565-584). New York, NY: Springer. [https://doi.org/10.1007/978-1-4419-7988-9\\_23](https://doi.org/10.1007/978-1-4419-7988-9_23)
- Schachter, E. P., & Ventura, J. J. (2008). Identity agents: Parents as active and reflective participants in their children's identity formation. *Journal of Research on Adolescence*, 18(3), 449-476. <https://doi.org/10.1111/j.1532-7795.2008.00567.x>
- Schatzman, L. (1991). Dimensional analysis: Notes on an alternative approach to the grounding of theory in qualitative research. In A.L. Strauss & Maines, D.R. (Eds.), *Social organization and social process: Essays in honor of Anselm Strauss*. New York, NY: A. de Gruyter.

- Schwartz, S. J. (2000). The Exploration Enhancement Workshop: An exploration-based approach to facilitating identity formation in young adults. Unpublished doctoral dissertation. Florida International University, Miami.
- Schwartz, S. J. (2002). In search of mechanisms of change in identity development: Integrating the constructivist and discovery perspectives in identity. *Identity: An International Journal of Theory and Research*, 2(4), 317–339. [https://doi.org/10.1207/s1532706xid0204\\_03](https://doi.org/10.1207/s1532706xid0204_03)
- Schwartz, S. J. (2006). Predicting identity consolidation from self-construction, eudaimonic self-discovery, and agentic personality. *Journal of Adolescence*, 29, 277–293. <https://doi.org/10.1016/j.adolescence.2005.11.008>
- Schwartz, S. J. (2001). The evolution of Eriksonian and, neo-Eriksonian identity theory and research: A review and integration. *Identity: An International Journal of Theory and Research*, 1(1), 7-58. <https://doi.org/10.1207/s1532706xschwartz>
- Schwartz, S. J. (2005). A new identity for identity research: Recommendations for expanding and refocusing the identity literature. <https://doi.org/10.1177/0743558405274890>
- Schwartz, S. J., Beyers, W., Luyckx, K., Soenens, B., Zamboanga, B. L., Forthun, L. F., . . . Waterman, A. S. (2011). Examining the light and dark sides of emerging adults' identity: A study of identity status differences in positive and negative psychosocial functioning. *Journal of Youth and Adolescence*, 40(7), 839-859. <https://doi.org/10.1007/s10964-010-9606-6>
- Schwartz, S. J., Côté, J. E., & Arnett, J. J. (2005). Identity and agency in emerging adulthood: Two developmental routes in the individualization process. *Youth & Society*, 37(2), 201-229. <https://doi.org/10.1177/0044118x05275965>
- Schwartz, S. J., Mason, C. A., Pantin, H., & Szapocznik, J. (2008). Effects of family functioning and identity confusion on substance use and sexual behavior in Hispanic immigrant early adolescents. *Identity: An International Journal of Theory and Research*, 8(2), 107-124. <https://doi.org/10.1080/15283480801938440>
- Schwartz, S. J., Luyckx, K., & Vignoles, V. L. (2011). *Handbook of identity theory and research., Vols. 1 and 2*. New York, NY: Springer Science + Business Media. doi:10.1007/978-1-4419-7988-9
- Sedlovskaya, A., Purdie-Vaughns, V., Eibach, R. P., LaFrance, M., Romero-Canyas, R., & Camp, N. P. (2013). Internalizing the closet: Concealment heightens the cognitive distinction between public and private selves. *Journal of Personality and Social Psychology*, 104(4), 695. <https://doi.org/10.1037/a0031179>
- Sengstan (1976). *Verses on the Faith of Mind*, (R. Clark, Trans.). Sharon Springs: Shanti Sadan.

- Sharma, A., & Morrow, J. D. (2016). Neurobiology of adolescent substance use disorders. *Child and Adolescent Psychiatric Clinics of North America*, 25(3), 367-375.  
<http://doi.org.antioch.idm.oclc.org/10.1016/j.chc.2016.02.001>
- Sher, K. J., Walitzer, K. S., Wood, P. K., & Brent, E. E. (1991). Characteristics of children of alcoholics: putative risk factors, substance use and abuse, and psychopathology. *Journal of Abnormal Psychology*, 100(4), 427. <https://doi.org/10.1037//0021-843x.100.4.427>
- Sherman, S. J. (2017). *Examining the influence of perceived parental academic pressure and absence on affluent, high-achieving adolescents* (Dissertation). Retrieved from ProQuest Dissertations and Theses database (2016-58397-113).
- Siegel, D.J. (2007a). *The mindful brain in psychotherapy: How neural plasticity and mirror neurons contribute to emotional well-being*. New York: Norton.
- Siegel, D.J. (2007b) *Mindsight*. New York: Bantam/Random House.
- Simmons, C., Lewis, C., & Larson, J. (2011). Narrating identities: Schools as touchstones of endemic marginalization. *Anthropology & Education Quarterly*, 42(2), 121-133.  
[doi:10.1111/j.1548-1492.2011.01120.x](https://doi.org/10.1111/j.1548-1492.2011.01120.x)
- Skinner, N., Feather, N. T., Freeman, T., & Roche, A. (2007). Stigma and discrimination in health-care provision to drug users: The role of values, affect, and deservingness judgments. *Journal of Applied Social Psychology*, 37(1), 163-186.  
<https://doi.org/10.1111/j.0021-9029.2007.00154.x>
- Smart, L., & Wegner, D. M. (1999). Covering up what can't be seen: Concealable stigma and mental control. *Journal of Personality and Social Psychology*, 77, 474-486.  
<https://doi.org/10.1037//0022-3514.77.3.474>
- Snow, D. A., & Anderson, L. (1987) Identity work among the homeless: The verbal construction and avowal of personal identities. *American Journal of Sociology*, 92, 1336-1371  
<https://doi.org/10.1086/228668>
- Soja, E. (1996). *Thirdspace*. Oxford, UK: Blackwell.
- Spear, S. F., Ciesla, J. R., & Skala, S. Y. (1999). Relapse patterns among adolescents treated for chemical dependency. *Substance use & misuse*, 34(13), 1795-1815.  
<https://doi.org/10.3109/10826089909039427>
- Spear, S. F., & Skala, S. Y. (1995). Posttreatment services for chemically dependent adolescents. *NIDA research monograph*, 156, 341-363. <https://doi.org/10.1037/e495732006-015>
- Spears, R. (2011). Group identities: The social identity perspective. In S. J. Schwartz, K. Luyckx, V. L. Vignoles, S. J. Schwartz, K. Luyckx, V. L. Vignoles (Eds.), *Handbook of*

- identity theory and research* (pp. 201-224). New York, NY: Springer Science + Business Media. doi:10.1007/978-1-4419-7988-9\_9
- Stafford, M. C., & Scott, R. R. (1986). Stigma, deviance, and social control. In *The dilemma of difference* (pp. 77-91). Springer, Boston, MA. [https://doi.org/10.1007/978-1-4684-7568-5\\_5](https://doi.org/10.1007/978-1-4684-7568-5_5)
- Steca, P., Abela, J. R., Monzani, D., Greco, A., Hazel, N. A., & Hankin, B. L. (2014). Cognitive vulnerability to depressive symptoms in children: The protective role of self-efficacy beliefs in a multi-wave longitudinal study. *Journal of Abnormal Child Psychology*, 42(1), 137-148. <https://doi.org/10.1007/s10802-013-9765-5>
- Steele, C.M., Spencer, S. J., & Aronson, J. (2002). Contending with group image: The psychology of stereotype and social identity threat. In M.P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 379 - 440). San Diego, CA: Academic Press, Inc. [https://doi.org/10.1016/s0065-2601\(02\)80009-0](https://doi.org/10.1016/s0065-2601(02)80009-0)
- Stoolmiller, M., & Blechman, E. A. (2005). Substance use is a robust predictor of adolescent recidivism. *Criminal Justice and Behavior*, 32(3), 302-328. <https://doi.org/10.1177/0093854804274372>
- Strauss, A. L. & Corbin, J. M. (1998). *Basics of qualitative research: Grounded theory procedures and techniques* (2nd ed.). Newbury Park, CA: SAGE. <https://doi.org/10.4135/9781452230153>
- Stryker, S. (1980). *Symbolic interactionism: A social structural version*. Menlo Park, CA: Benjamin Cummings.
- Substance Abuse and Mental Health Services Administration. (2009). Results from the 2008 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD.
- Susman, E. J., & Dorn, L. D. (2009). Puberty. *Handbook of adolescent psychology*.
- Szapocznik, J., & Coatsworth, J. D. (1999). An ecodevelopmental framework for organizing the influences on drug abuse: A developmental model of risk and protection. In M. D. Glantz & C. R. Hartel (Eds.), *Drug abuse: Origins & interventions* (pp. 331-366). Washington, DC, US: American Psychological Association. <https://doi.org/10.1037/10341-014>
- Tajfel, H. E. (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations*. Cambridge, MA: Academic Press.
- Tajfel, H. (1981) *Human groups and social categories: Studies in social psychology*. Cambridge, UK: Cambridge University Press.

- Tajfel, H. and Turner, J. C. (1979). 'An integrative theory of intergroup conflict'. In: Austin, W. G. and Worchel, S. (Eds.) *The social psychology of intergroup relations* (pp. 33-47). Monterey, CA: Brooks/Cole.
- Tajfel, H., and Turner, J. (1986). The social identity theory of intergroup behavior. In S. Worchel and W. Austin (Eds), *Psychology of intergroup relations*; 2nd ed. (pp. 7-24). Chicago: Nelson-Hall.
- Teplin, L. A., Abram, K. M., McClelland, G. M., Dulcan, M. K., & Mericle, A. A. (2002). Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59(12), 1133-1143. <https://doi.org/10.1001/archpsyc.59.12.1133>
- Thomas, D. S. T. (1929). Some new techniques for studying social behavior. *Child development monographs* (No. 1). New York City, NY: Teachers College, Columbia University.
- Thomas, O., Davidson, W., & McAdoo, H. (2008). An evaluation study of the Young Empowered Sisters (YES!) program: Promoting cultural assets among African American adolescent girls through a culturally relevant school-based intervention. *Journal of Black Psychology*, 34(3), 281-308. <https://doi.org/10.1177/0095798408314136>
- Thornberry, T. P. (1987). Toward an interactional theory of delinquency. *Criminology*, 25(4), 863-892. <https://doi.org/10.1111/j.1745-9125.1987.tb00823.x>
- Togut, T. D. (2011). The gestalt of the school-to-prison pipeline: The duality of overrepresentation of minorities in special education and racial disparity in school discipline on minorities. *American University Journal of Gender, Social Policy the Law*, 20(1), 163-182.
- Tolman, E. C., Hall, C. S., & Bretnall, E. P. (1932). A disproof of the law of effect and a substitution of the laws of emphasis, motivation and disruption. *Journal of Experimental Psychology*, 15(6), 601. <https://doi.org/10.1037/h0073609>
- Torbet, P. and Szymanski, L. (1998). State Legislative Responses to Violent Juvenile Crime: 1996-97 Update. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. <https://doi.org/10.1037/e318212004-001>
- Tukundane, C., Zeelen, J., Minnaert, A., & Kanyandago, P. (2014). 'I felt very bad, I had self-rejection': Narratives of exclusion and marginalisation among early school leavers in uganda. *Journal of Youth Studies*, 17(4), 475-491. doi:10.1080/13676261.2013.830703
- Van, D. P., & Mheen, V. D. (2006). Young people using crack and the process of marginalization. *Drugs: Education, Prevention & Policy*, 13(1), 45-59. doi:10.1080/09687630500402891
- Vandam, L. (2009). Patterns of drug use before, during and after detention: a review of epidemiological literature. In Marc Cools, S. De Kimpe, B. De Ruyver, M. Easton, L.

- Pauwels, P. Ponsaers, G. Vande Walle, et al. (Eds.), *Contemporary issues in the empirical study of crime* (Vol. 1, pp. 227–255). Antwerp, Belgium ; Apeldoorn, The Netherlands: Maklu.
- Vasas, E. B. (2005). Examining the margins: A concept analysis of marginalization. *Advances in Nursing Science*, 28(3), 194-202. <https://doi.org/10.1097/00012272-200507000-00002>
- Walsh, R. (1984). *Staying alive: The psychology of human survival*. Boulder, CO: New Science Library/Shambhala Publications.
- Waterman, A. S. (1984). Identity formation: Discovery or creation?. *The Journal of Early Adolescence*, 4(4), 329-341.
- Waterman, A. S. (1989). Curricula interventions for identity change: Substantive and ethical considerations. *Journal of Adolescence*, 12(4), 389–400. [https://doi.org/10.1016/0140-1971\(89\)90062-6](https://doi.org/10.1016/0140-1971(89)90062-6)
- Waterman, A. S. (1990). Personal expressiveness: Philosophical and psychological foundations. *Journal of Mind and Behavior*, 11(1), 47–73. Retrieved from <https://search-ebscohost-com.antioch.idm.oclc.org/login.aspx?direct=true&db=psych&AN=1990-25314-001&site=ehost-live&scope=site>
- Welty, L. J., Hershfield, J. A., Abram, K. M., Han, H., Byck, G. R., & Teplin, L. A. (2017). Trajectories of substance use disorder in youth after detention: A 12-year longitudinal study. *Journal Of The American Academy Of Child & Adolescent Psychiatry*, 56(2), 140-148. doi:10.1016/j.jaac.2016.10.018
- White, W. L. (2009). The mobilization of community resources to support long-term addiction recovery. *Journal of Substance Abuse Treatment*, 36(2), 146-158. <https://doi.org/10.1016/j.jsat.2008.10.006>
- White, W. L. (2012). Recovery/remission from substance use disorders: An analysis of reported outcomes in 415 scientific reports, 1868–2011. *Drug & Alcohol Findings Review Analysis. Pittsburgh, PA: Philadelphia Department of Behavioral Health and Intellectual disability Services and the Great Lakes Addiction Technology Transfer Center*. Retrieved from <https://archive.org/details/2012RecoveryRemissionFromSubstanceUseDisordersFinal>
- Woods, J. (2001). Methadone Advocacy. *The Mount Sinai Journal of Medicine*, 68(1), 75-78. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11135509>
- Williams, J. R. (1976). Effects of labeling the “drug-abuser”: an inquiry. *NIDA Research Monograph Index*, 6(i-v), 1-39. <https://doi.org/10.1037/e497462006-001>

- Wilson, D. B., Gottfredson, D. C., & Najaka, S. S. (2001). School-based prevention of problem behaviors: A meta-analysis. *Journal of Quantitative Criminology*, 17(3), 247-272. [https://doi.org/10.4324/9780203166697\\_chapter\\_4](https://doi.org/10.4324/9780203166697_chapter_4)
- Winans-Solis, J. (2014). Reclaiming power and identity: Marginalized students' experiences of service-learning. *Equity & Excellence in Education*, 47(4), 604-621. <https://doi.org/10.1080/10665684.2014.959267>
- Winters, K. C., Botzet, A. M., Fahnhorst, T., Stinchfield, R., & Koskey, R. (2009). Adolescent substance abuse treatment: A review of evidence-based research. In *Adolescent Substance Abuse* (pp. 73-96). Boston, MA: Springer. [https://doi.org/10.1007/978-0-387-09732-9\\_4](https://doi.org/10.1007/978-0-387-09732-9_4)
- Wright, E.R., Gonfrein, W.P. and Owens, T.J. 2000. Deinstitutionalization, social rejection, and the self-esteem of former mental patients. *Journal of Health and Social Behavior*, 41: 68–90. <https://doi.org/10.2307/2676361>
- Wu, S. S., Schoenfelder, E., & Hsiao, R. C. (2016). Cognitive behavioral therapy and motivational enhancement therapy. *Child and Adolescent Psychiatric Clinics of North America*, 25(4), 629-643. <http://doi.org.antioch.idm.oclc.org/10.1016/j.chc.2016.06.002>
- Wyer, R. S., Jr. (1999). *Perspectives on behavioral self-regulation: Advances in social cognition, Vol XII*. (R. S. Wyer Jr., Ed.). Mahwah, NJ: Lawrence Erlbaum Associates Publishers. Retrieved from <https://search-ebshost-com.antioch.idm.oclc.org/login.aspx?direct=true&db=psyh&AN=1999-04188-000&site=ehost-live&scope=site>
- Yeh, C. J., Borrero, N. E., Tito, P., & Petaia, L. S. (2014). Intergenerational stories of “othered” youth through insider cultural knowledge and community assets. *The Urban Review*, 46(2), 225-243. <https://doi.org/10.1007/s11256-013-0249-2>
- Young, S. E., Corley, R. P., Stallings, M. C., Rhee, S. H., Crowley, T. J., & Hewitt, J. K. (2002). Substance use, abuse and dependence in adolescence: Prevalence, symptom profiles and correlates. *Drug and Alcohol Dependence*, 68, 309–322. [https://doi.org/10.1016/s0376-8716\(02\)00225-9](https://doi.org/10.1016/s0376-8716(02)00225-9)
- Zedillo, E. (2016). Drug policy: A shameful failure of modern civilisation. In R. Branson, *Ending the war on drugs*, (pp. 23-38). London: Virgin Books.



## Appendix

## Appendix A: School Letter of Authorization

September 10<sup>th</sup>, 2018

Antioch University  
900 Dayton St  
Yellow Springs, OH 45387

Please note that Ms. Danielle Treiber, AU PhD Student, has the permission of the Spring Ridge Academy to conduct her research, "A Grounded Theory Study into the Lived Experiences of Adolescent Substance User".

Ms. Treiber will conduct interviews with current and former students of SRA, as well as possible members of the leadership team. She will also conduct observations in different settings. Ms. Treiber will use her access to find contact information and demographic data but agrees to not use any information that has not been approved by our institution and the IRB. Her plan is to have all the interviews set up by the end of the month and completed within two months after that. Ms. Treiber's on-site research activities will be finished by December 31<sup>st</sup>, 2018.

Ms. Treiber has agreed not to interfere with the flow of the academic or therapeutic day and will only conduct observations and interviews at a time that is determined to be in the best interest of the participants. Students and employees will not be allowed time from their school, therapeutic, or work duties to complete the interviews. Ms. Treiber has also agreed to provide to my office a copy of the Antioch University IRB-approved, stamped consent document before she recruits participants on campus, and will also provide a copy of any aggregate results.

If there are any questions, please contact my office.

Signed,

Executive Director

## Appendix B: Parent Permission

**Study Title:** A Grounded Theory Study of Identity in Adolescent Substance Users

**Researcher:** Danielle Treiber

**Email Address:** XXXXX

**Telephone:** XXXXX

**Research Supervisor:** Lize Booyesen

**Email Address:** [XXXXX](#)

Your child is invited to be part of a research study. I am Danielle Treiber, a PhD candidate enrolled in the Leadership and Change program at Antioch University. As part of this degree, I am completing a project to develop a theory around how teens figure out their identity when they struggle with substance use. The information in this form is provided to help you decide if you want to allow your child to participate. The form describes what your child will have to do during the study and the risks and benefits of the study. You may talk to anyone you feel comfortable talking with about the research and take time to reflect on whether you want to allow your child to participate or not. You may ask questions at any time.

If you have any questions about or do not understand something in this form, you should ask me. Do not sign this form unless I have answered your questions and you decide that you want to be part of this study.

### WHAT IS THIS STUDY ABOUT?

I want to learn about the lived-experiences of adolescents who have been identified or self-identify as a substance abuser and how it relates to how they see themselves and make sense of who they are and their situation. The purpose of your child's piece of the study is to provide her personal story that will drive the understanding of the process and theory development to provide recommendations around prevention and treatment.

### WHY AM I BEING ASKED TO BE IN THE STUDY?

Your child is being invited to be in the study because she:

- Is an adolescent between the age of 15 and 19.
- Has been identified or self-identifies as having or had problematic substance use.
- Speaks English.

All participants will be between the ages of 15 and 19.

If you do not meet the description above, you are not able to be in the study.

### HOW MANY PEOPLE WILL BE IN THIS STUDY?

Your child will be one of about 30 participants in this study.

### WILL IT COST ANYTHING TO BE IN THIS STUDY?

You do not have to pay for your child to be in the study.

### WHAT WILL HAPPEN DURING THIS STUDY?

If you decide to allow your child to be in this study and if you sign this form, your child will do the following things:

- answer questions during an interview about her personal experience being an individual with problematic substance use. The interview will last around 60 minutes in a place of her choosing.
- contact her for a follow up interview.

While your child is in the study, your child will be expected to:

- Tell me if she wants to stop being in the study at any time.

### **WILL I BE RECORDED?**

I will audiotape your child's interview. I will make an audio recording when I meet with your child for the sole purpose of generating a transcript for coding and analysis. I may also take handwritten notes. Your child may request during the interview to speak off the record and your child may also choose to stop the interview at any time. The interview will be transcribed by a professional transcription service bound by confidentiality. I will share the transcript with your child; your child will have the opportunity to review the transcript and strike any information if you wish. You, as the parent, will not have access to this document. I will then strip the transcript of identifying data and share the final transcript with my coding team and dissertation chair during the periods of analysis. During the research study, the notes, transcripts, and recordings of the interviews will be kept in a locked, secure location. Sections of the interviews may appear – with personally identifying information removed – in the dissertation and that dissertation will be published in an open access repository. If you do not agree to your child being audiotaped, your child may not participate in this study.

I will only use the recordings of your child for the purposes you read about in this form. They will not use the recordings for any other reasons without your permission unless you sign another consent form. The recordings will be kept for seven years and they will be kept confidential. The recordings will be destroyed after seven years.

### **VOLUNTARY PARTICIPATION**

Your child's participation in this study is completely voluntary. Even with your permission, your child will also have to assent to being a part of the study. Your child may choose not to participate or end participation at any time. You and your child will not be penalized for your decision not to participate or for anything of your contributions during the study. Your grade or process at the school will not be affected by this decision or your child's participation.

### **RISKS**

There are minimal risks to participation. The main risks that arise are the discomfort of sharing a personal story and sitting for a lengthy interview. Your child will have the option at any point to not answer any question or end the interview. Your child will have access to her therapist and/or recovery specialist if the need arises to work through a situation that has come up in the interview.

### **BENEFITS**

You and your child will not be provided any monetary incentive to take part in this research project. However, your child's participation will contribute to furthering the understanding of about how having a substance use disorder as an adolescent affects the ability to form identity and self-efficacy and the social structures and processes involved. It may feel empowering for your child to share her experiences on this topic, be heard, and ultimately inform the theory developed in this research.

### **CONFIDENTIALITY**

I will not share your child's individual responses with anyone. In any reports, your child's name and your child's school name will be replaced with a pseudonym to keep your identity secret. Your child's comments will be mixed with other students' comments into general themes. Any direct quotes or specific comments that may identify your child will be generalized as part of a theme to protect your child's identity.

### **LIMITS OF PRIVACY CONFIDENTIALITY**

In general, I will keep what your child says or does private, but there are times when I cannot keep things private. I cannot keep things private when I learn:

- a child or vulnerable adult has been abused
- a person plans to hurt him or herself, such as commit suicide,
- a person plans to hurt someone else,

There are laws that require me to take action if I think a person is at risk for self-harm or are self-harming, harming another or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, I must tell a government agency if someone is being abused or plans to harm themselves or others. Please ask any questions you may have about this issue before agreeing to be in the study. It is important you or your child do not feel betrayed if I cannot keep something private.

### **FUTURE PUBLICATION**

The primary researcher, **Danielle Treiber**, reserves the right to include any results of this study in future scholarly presentations, future research and/or publications. All information will be de-identified prior to publication (your name and your school's name will **not** be included in any publication.)

### **WHO TO CONTACT**

If you have any questions regarding the study, you may ask now or later. To contact the primary researcher, email Danielle Treiber at: XXXX or at: XXXX. If you have any ethical concerns about this survey, contact Lisa Kreeger, PhD, Chair, Institutional Review Board, Antioch University Ph.D. in Leadership and Change, Email: XXXX.

**This proposal has been reviewed and approved by the Antioch International Review Board (IRB), which is a committee whose task it is to make sure that research participants are protected. If you wish to find out more about the IRB, contact Dr. Lisa Kreeger.**

### **DO YOU GIVE PERMISSION FOR YOUR CHILD TO BE IN THIS STUDY?**

**I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions I have asked have been answered to my satisfaction. I voluntarily consent to be a participant in this project.**

Participant Name \_\_\_\_\_ Guardian Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

Date \_\_\_\_\_  
Day/Month/Year

**DO YOU ALLOW YOUR CHILD TO BE AUDIO RECORDED IN THIS STUDY?**

I voluntarily agree to let the researcher record my child's **voice only** for this study. I agree to allow the use of my child's recordings as described in this form.

Participant Name \_\_\_\_\_ Guardian Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

Date \_\_\_\_\_  
Day/Month/Year

*To be filled out by the researcher or the person obtaining consent:*

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by participants have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**A copy of this Informed Consent Form has been provided to the participant.**

Print Name of Researcher/Person obtaining consent \_\_\_\_\_

Signature of Researcher/Person obtaining consent \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

## Appendix C: Invitation to Participate

Dear Participant,

You are invited to be part of my research study. The purpose of this study is to understand how teens make sense of being teens and figuring out who they are when they struggle with substance use. My goal is to learn about your personal story and make sense of it amongst many other stories so that we can help others understand all the factors in this process and the ones you find most important.

If you decide you want to be a part of this study, you will be asked to be a part of at least one interview that will last about one hour long. We can set up that interview whenever it works best for you and in the medium that makes you most comfortable. This interview will happen in a place of your choosing. I will also ask you some basic information like your age and where you live.

No one, including your parents, teachers, or anyone outside of my research team, will know your responses or what is said in your interview. The interview will be recorded so that I can make a transcript of what is said and all identifying information will be taken out and you will even have the chance to look it over and get rid of anything you don't feel comfortable including.

Participation or the decision to not participate will not affect your grade in the classroom or any of the relationships with your teachers or staff.

Of course, you do not have to do this if you do not want to, even if your parents give permission. It is OK with me if you do not want to be a part of this study and I won't let anyone know that you decided to decline. It is your right always to decide if you want to participate, not participate, or stop participating at any time!

Ask me any questions that you might have! You may talk to anyone about this and take your time before deciding to be a part of the study.

To be a part of this study, you will have to tell me you:

- Want to be a part of the study
- Agree to being audio-recorded

If you verbally agree by saying that you want to be a part of this study and that you are OK with being audio-recorded, that means that you have read this form, understand what is being asked of you, and have had all your questions answer.

Remember you can ask questions at any time and stop participation at any time. You can contact me at either XXXX or XXXX.

I truly look forward to working with you and hearing your story.

Thank you,

Danielle Treiber  
Antioch University, PhD Leadership and Change



## **Appendix D: Informed Consent Form**

**Study Title:** A Grounded Theory Study of Identity in Adolescent Substance Users

**Researcher:** Danielle Treiber

**Email Address:** [XXXX](#)

**Telephone:** XXXX

**Research Supervisor:** Lize Booyen

**Email Address:** [XXXX](#)

You are invited to be part of a research study. I am Danielle Treiber and you may know me as an employee of your school. I am also a PhD candidate enrolled in the Leadership and Change program at Antioch University. As part of this degree, I am completing a project to develop a theory around how teens figure out their identity when they struggle with substance use. The information in this form is provided to help you decide if you want to participate. The form describes what you will have to do during the study and the risks and benefits of the study. You may talk to anyone you feel comfortable talking with about the research and take time to reflect on whether you want to participate or not. You may ask questions at any time.

If you have any questions about or do not understand something in this form, you should ask me. Do not give verbal permission unless I have answered your questions and you decide that you want to be part of this study.

If you do participate in this study, it is important for you to know that I will be interacting with you as a researcher and not as an employee of the school. I will be wearing a different hat to maintain my role as a researcher and an employee of the school separate. If you have any questions regarding this, please ask!

### **WHAT IS THIS STUDY ABOUT?**

I want to learn about the lived-experiences of teens who have been identified or self-identify as a substance abuser and how it relates to how they see themselves and make sense of who they are and their situation. The purpose of your piece of the study is to provide your personal story that will drive the understanding of the process and theory development to provide recommendations around prevention and treatment.

### **WHY AM I BEING ASKED TO BE IN THE STUDY?**

You are invited to be in the study because you are:

- An adolescent between the age of 15 and 19.
- You have been identified or self-identify as a substance abuser.
- You speak English.

All participants will be between the ages of 15 and 19.

If you do not meet the description above, you are not able to be in the study.

### **HOW MANY PEOPLE WILL BE IN THIS STUDY?**

You will be one of about 30 participants in this study.

### **WILL IT COST ANYTHING TO BE IN THIS STUDY?**

Your parent/guardian does not have to pay for you to be in the study

### **WHAT WILL HAPPEN DURING THIS STUDY?**

If you decide to be in this study and if you sign this form, you will do the following things:

- answer questions during an interview minutes about your personal experience being an individual with a substance use disorder. This interview will take place at a location of your choosing and will last around 60 minutes.
- may be contacted for a follow up interview.

While you are in the study, you will be expected to:

- Tell the researcher if you want to stop being in the study at any time.

### **WILL I BE RECORDED?**

The researcher will audiotape your interview. I will make an audio recording when we meet for the sole purpose of generating a transcript for coding and analysis. I may also take handwritten notes. You may request during the interview to speak off the record and you may also choose to stop the interview at any time. The interview will be transcribed by a professional transcription service bound by confidentiality. I will share the transcript with you; you will have the opportunity to review the transcript and strike any information if you wish. I will then strip the transcript of identifying data and share the final transcript with my coding team and dissertation chair during the periods of analysis. During the research study, the notes, transcripts, and recordings of the interviews will be kept in a locked, secure location. Sections of the interviews may appear – with personally identifying information removed – in the dissertation and that dissertation will be published in an open access repository. If you do not agree to be audiotaped, you may not participate in this study.

The researcher will only use the recordings of you for the purposes you read about in this form. They will not use the recordings for any other reasons without your permission unless you sign another consent form. The recordings will be kept for seven years and they will be kept confidential. The recordings will be destroyed after seven years.

### **VOLUNTARY PARTICIPATION**

Your participation in this study is completely voluntary. You may choose not to participate or end participation at any time. You will not be penalized for your decision not to participate or for anything of your contributions during the study. Your grade will not be affected by this decision or your participation.

### **RISKS**

There are minimal risks to participation. The main risks that arise are the discomfort of sharing your personal story and sitting for a lengthy interview. You will have the option at any point to not answer any question or end the interview. You will have access to your therapists if the need arises to work through a situation that has come up in the interview.

### **BENEFITS**

You will not be provided any monetary incentive to take part in this research project. However, your participation will contribute to furthering the understanding of about how having a

substance use disorder as an adolescent affects the ability to form identity and self-efficacy and the social structures and processes involved. It may feel empowering for you to share your experience on this topic, be heard, and ultimately inform the theory developed in this research.

### **CONFIDENTIALITY**

I will not share your individual responses with anyone. In any reports, your name and your school name will be replaced with a pseudonym to keep your identity secret. Your comments will be mixed with other students' comments into general themes. Any direct quotes or specific comments that may identify you will be generalized as part of a theme to protect your identity.

### **LIMITS OF PRIVACY CONFIDENTIALITY**

In general, I will keep what you say or do private, but there are times when I cannot keep things private. I cannot keep things private when I learn:

- a child or vulnerable adult has been abused
- a person plans to hurt him or herself, such as commit suicide,
- a person plans to hurt someone else,

There are laws that require me to take action if I think a person is at risk for self-harm or are self-harming, harming another or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, I must tell a government agency if someone is being abused or plans to harm themselves or others. Please ask any questions you may have about this issue before agreeing to be in the study. It is important you do not feel betrayed if I cannot keep something private.

### **FUTURE PUBLICATION**

The primary researcher, **Danielle Treiber**, reserves the right to include any results of this study in future scholarly presentations, future research and/or publications. All information will be de-identified prior to publication (your name and your school's name will **not** be included in any publication.)

### **WHO TO CONTACT**

If you have any questions regarding the study, you may ask now or later. To contact the primary researcher, email Danielle Treiber at: XXXX or at: XXXX. If you have any ethical concerns about this survey, contact Lisa Kreeger, PhD, Chair, Institutional Review Board, Antioch University Ph.D. in Leadership and Change, Email: XXXX.

**This proposal has been reviewed and approved by the Antioch International Review Board (IRB), which is a committee whose task it is to make sure that research participants are protected. If you wish to find out more about the IRB, contact Dr. Lisa Kreeger.**

### **DO YOU WISH TO BE IN THIS STUDY?**

- *I understand I do not have to take part in this research study.*
- *I have been invited to participate in an interview as a part of the study "Identity and Navigation of Self in Adolescents Substance Users"*

**I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it, and any questions I have asked have been answered to my satisfaction. I voluntarily consent to be a participant in this project.**

Participant Name \_\_\_\_\_ Guardian Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

Date \_\_\_\_\_  
Day/Month/Year

**DO YOU WISH TO BE AUDIO RECORDED IN THIS STUDY?**

I voluntarily agree to let the researcher record my **voice only** for this study. I agree to allow the use of my recordings as described in this form.

Participant Name \_\_\_\_\_ Guardian Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

Date \_\_\_\_\_  
Day/Month/Year

*To be filled out by the researcher or the person obtaining consent:*

**I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by participants have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**A copy of this Informed Consent Form has been provided to the participant.**

Print Name of Researcher/Person obtaining consent \_\_\_\_\_

Signature of Researcher/Person obtaining consent \_\_\_\_\_

Date \_\_\_\_\_  
Day/Month/Year

## Appendix E: Permission for Figure 3.1



**Fran O'Sullivan** <francine@e-elgar.co.uk>

Tue, May 21, 1:26 AM (1 day ago)



to John, Lize, me ↵

Dear Lize and Danielle

We are happy to authorise use for the figure as outlined in the email below. Please do just reference the handbook chapter next to the figure.

Good luck with the completion of the dissertation.

With best wishes

Francine  
**Francine O'Sullivan**  
Publisher, Management  
**Edward Elgar Publishing**

[www.e-elgar.com/subject/business-and-management](http://www.e-elgar.com/subject/business-and-management)

follow us on twitter for new book updates: @elgar\_business

see our blog for in-depth info on our books and how to publish: <https://elgar.blog/>

*Independent Publisher of the Year 2017 - Independent Publishers Guild*

*Academic & Professional Publisher of the Year 2017 & 2014 - Independent Publishers Guild*

*Digital Publisher of the Year 2015 - Independent Publishers Guild*

*Independent Academic, Educational and Professional Publisher of the Year 2014 & 2013 - The Bookseller*