

FAMILY DISCONNECTION AND LACK OF BELONGING AS A CONTRIBUTOR TO ADOLESCENT SUBSTANCE ABUSE

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Submitted in fulfilment of the requirements for the degree of Masters of Social Work in the
Faculty of Social Sciences and Humanities at the University of Fort Hare.
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December 2013

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ABSTRACT

Adolescence, the family, sense of belonging and substance abuse, are areas of discussion that can contribute to a compilation of knowledge. When integrated, these areas can be correlated and analysed with the purpose of evolving towards a fully functioning society. This study added to the knowledge base and contributes to the empowerment of families in dealing with adolescent substance abuse.

Fifteen adolescents, who have or who are using cannabis, participated in this exploratory-descriptive study. These participants were chosen as a result of completing a drug awareness program through a non-governmental organisation called NICRO (National Institute for Crime prevention and Reintegration of Offenders). Their thoughts, feelings and experiences were explored with regards to their substance use in relation to their sense of belonging and disconnection within their family environment. This allowed the researcher and the participants to explore whether feelings of belonging and disconnection within the family contributed to adolescent cannabis abuse.

The major findings related to this study included: the waterpipe; sense of belonging and disconnection; the family's response to adolescent substance abuse; quality family time; substance use as a coping mechanism; the development of a 'don't care' attitude; and family attributes concerning structure and substance abuse. These seven major findings emerged as a result of this research study.

Keywords: adolescence, cannabis, waterpipe, family, belonging, disconnection

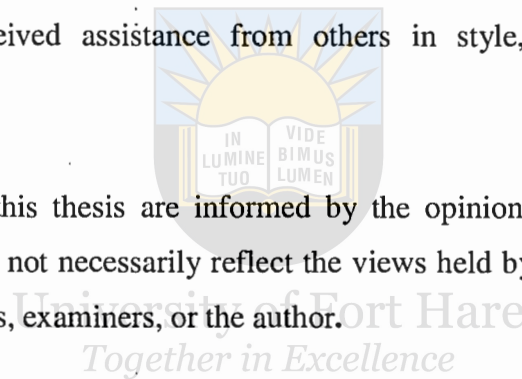
DECLARATION

“I hereby declare that the above-mentioned dissertation is my own work and that it has not previously been submitted for assessment to another University or for another qualification.

Any contribution made to the research by others is explicitly acknowledged in the document.

I also declare that the intellectual content of this thesis is the product of my own work, even though I may have received assistance from others in style, presentation and linguistic expression.

The views expressed in this thesis are informed by the opinions of the participants and the available literature and do not necessarily reflect the views held by the University of Fort Hare, the promoters / supervisors, examiners, or the author.



I consent to submission of the attached abstract to Dissertations Abstract International, Nexus South Africa and any other relevant databases.”

Samantha Beaumont

.....

Signed

.....

Date

DEDICATION

For Cheryl Beaumont, my dearest mother,

It is because of you that I know what it means to have a sense of belonging and a feeling
of connectedness... and I thank you!



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ACKNOWLEDGEMENTS

I would like to express my sincere gratitude and appreciation to the following people for their continuous support and encouragement during the completion of this research:

- First and foremost, to my Lord and Saviour, for not forsaking me and for guiding me throughout my entire research experience. I give thanks, and I praise your name.
- To John Rautenbach, for supervising me, for encouraging me, and empowering me to do my best at all times.
- To my family, for your continuous support and understanding during this strenuous time of my life. I am grateful for your love.
- To my friends who have stuck by me no matter what. I thank you for your understanding, and the support you have shown me over the years.
- To NICRO, for the many years of valuable and unforgettable experiences that I have gained through working for the organisation. Because of you, I can truly understand what it means to 'make a difference' in the lives of others.
- To the University of Fort Hare. Thank you for accommodating me during my eight years of tertiary education. I am who I am because of the opportunities you have given me.
- To the teenagers who participated in this research study, thank you for your willingness and openness to share your personal experiences with me. I feel privileged to have been given the opportunity to know you and to understand your perceptions.
- To my most faithful and loyal four-legged furry companion, Djukie. You have been by my side every step of the way. I am honoured to be loved by you.

TABLE OF CONTENTS

Abstract..... i

Declaration..... ii

Dedication iii

Acknowledgements iv

Table of Contents v

Chapter One: Introduction to the Study..... 1

1. Introduction 1

2. Title and Field of Research 2

3. Background Information and Research Problem 3

3.1 Purpose of Study..... 3

3.2 Research Aim and Objectives..... 3

3.3 Statement of the Research Questions 4

3.4 Significance of Study..... 4

4. Theoretical Framework 5

4.1 Baumeister and Leary’s Belongingness Hypothesis 5

4.2 Family Systems Theory 5

5. Research Methodology in Brief 6

5.1 Research Methodology and Design..... 6

5.2 Sampling and Recruitment 7

5.3 Data Collection 7

5.4	Data Coding and Data Analysis.....	8
6.	Delimitations and scope of the study	8
7.	Organisation of the study	9
7.1	Chapter 1: Introduction.....	9
7.2	Chapter 2: Review of Related Literature	9
7.3	Chapter 3: Theoretical Framework.....	9
7.4	Chapter 4: Research Methodology and Procedure	9
7.5	Chapter 5: Data Display and Analysis.....	10
7.6	Chapter 6: Findings, Conclusions and Recommendations	10
7.7	References and Appendixes.....	10
Chapter Two:	Review of Related Literature.....	11
1.	Introduction	11
2.	Definition of terms	11
2.1	Adolescence.....	11
2.2	Substance Abuse.....	11
2.3	Family.....	12
3.	Adolescence	12
3.1	Adolescent Stage of Development	12
3.2	Adolescent Health.....	15
4.	Substance Abuse	16
4.1	Defining Substance Abuse.....	16
4.2	Adolescence and Substance Abuse.....	17

4.3	Trends in South Africa	19
4.4	Factors Affecting Adolescent Substance Abuse.....	34
5.	Sense of Belonging and Connection	41
5.1	Defining Sense of Belonging and Connection	41
5.2	Sense of Belonging and Well-being	42
5.3	Sense of Belonging and the Adolescent	43
5.4	Sense of Belonging and the Peers.....	43
5.5	Sense of Belonging and the Family	44
6.	The Family	46
6.1	The Family Defined.....	46
6.2	The Family as a Functioning Unit	47
6.3	Family Connectedness and Sense of Belonging	48
6.4	Family Involvement in Treatment	59
7.	Conclusion.....	60
Chapter Three: Theoretical Framework		61
1.	Introduction	61
2.	Theoretical Framework and Philosophical Position.....	61
2.1	Baumeister and Leary's Belongingness Hypothesis	61
2.2	Family Systems Theory	65
2.3	Interpretive Phenomenological Analysis.....	68
3.	Conclusion.....	76

Chapter Four: Research Methodology and Procedure	77
1. Introduction	77
2. Social Work and Research	77
3. Research Methodology and Design.....	78
3.1 Qualitative Research Methodology	78
3.2 Exploratory-Descriptive Research.....	80
3.3 Interpretive Phenomenological Analysis.....	81
4. Starting Out	82
4.1 Preparation.....	82
4.2 Choosing a Topic.....	82
4.3 Initial Literature Review.....	82
4.4 Developing Aims and Research Questions	83
4.5 Finding a Sample	83
4.6 Sample Size	83
4.7 Planning for Time.....	83
5. Data Collection.....	84
5.1 Literature Review	85
5.2 In-depth Semi Structured Interviews.....	85
5.3 Sampling and Recruitment	86
5.4 The Interview Schedule.....	92
5.5 Semi-Structured In-depth Interviewing	95
6. Data Processing	105
6.1 Transcription.....	105

6.2	Categorization the Data	106
7.	Data Coding and Data Analysis	108
7.1	Interpretative Phenomenological Analysis	108
7.2	Step 1: Reading and Re-reading	111
7.3	Step 2: Initial Noting	111
7.4	Step 3: Developing Emergent Themes	112
7.5	Step 4: Searching for Connections across Emergent Themes	113
7.6	Step 5: Moving to the Next Case.....	113
7.7	Step 6: Looking for Patterns across Cases.....	114
8.	Issues to be addressed when carrying out research	116
8.1	Rigour/ Trustworthiness	116
8.2	Bracketing.....	117
8.3	Reflexivity	118
8.4	Triangulation	119
8.5	Ethical Considerations.....	119
8.6	Limitations.....	123
9.	Conclusion.....	125
Chapter Five:	Data Display and Analysis.....	126
1.	Introduction.....	126
2.	Description of the Participants	126
2.1	Names	126
2.2	Age Range	127

2.3	Gender	128
2.4	Ethnicity.....	128
2.5	Home Language.....	129
2.6	Level of Education.....	130
2.7	Common Types of Substance Use.....	131
2.8	Present Illegal Substance Use.....	132
2.9	Summary of Participants Description.....	133
3.	Analysis of Interviews/Questions.....	134
3.1	QUESTION 01: When did you start using illegal substances?	134
3.2	QUESTION 02: What influenced you to start and to continue?	137
3.3	QUESTION 03: Is there a history of substance use in your family? Please explain.....	141
3.4	QUESTION 04: Could you please share your personal experience of substance abuse and the impact that it has had on your life? What effects did the substance have on you?	143
3.5	QUESTION 05: Describe your family setting.	147
3.6	QUESTION 06: Does your family know about your substance use? If so, how did they find out?	149
3.7	QUESTION 07: Describe the relationship you have with each family member.	151
3.8	QUESTION 08: Are there differences in your relationship with your family from before you used substances and now? Explain	153
3.9	QUESTION 09: How does this influence how you feel in relation to your family members?	157
3.10	QUESTION 10: How would you describe your family's response to you emotionally?	159

3.11	QUESTION 11: During this time in your life, did you ever feel disconnected or a lack of belonging in your family? Please explain.	161
3.12	QUESTION 12: Do you think your substance use plays a role in this? Please explain.	163
3.13	QUESTION 13: How would you describe the role of family members in dealing with or supporting a family substance user?	165
3.14	QUESTION 14: What factors within the family can have a negative impact on the substance user?	168
3.15	QUESTION 15: What would you like from your family with regards to dealing with your substance use? Please explain.	171
3.16	QUESTION 16: In your opinion, what can help adolescents especially in their family environments to stop using or abstain from illegal substances?	174
4.	Conclusion.....	178

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Chapter Six: Findings, Conclusions and Recommendations	179
1. Introduction	179
2. Summary of Major Findings	179
2.1 The Waterpipe (Oka Pipe).....	180
2.2 Sense of Belonging and Disconnection	183
2.3 Family's Response to Substance Use	189
2.4 Quality Family Time	198
2.5 Coping Mechanism.....	201
2.6 Don't Care Attitude	204
2.7 Family Structure and Family Substance Abuse.....	206

3.	The Aim, Objectives and Research Question of the Study	209
3.1	Research Aim	209
3.2	Research Objectives	209
3.3	The Research Question	210
4.	Discussion of Major Findings	211
5.	Implications for Social Work Practice	216
5.1	Recommendations for Social Work Practice	216
5.2	Suggestions for Future Research	217
6.	Concluding Comments	218
References		219
Appendixes		240
1.	APPENDIX ONE: Consent Form	240
2.	APPENDIX TWO: Interview Schedule for Adolescents	242
3.	APPENDIX THREE: Question One Interview Transcript	244
4.	APPENDIX FOUR: Two Newspaper Articles	246



Table of Figures and Graphs

Figure 1: Cycle of Adolescent Family Disconnection.....	2
Figure 2: Cannabis Plant.....	21
Figure 3: Cannabis Material.....	22
Figure 4: Illustration of a Waterpipe.....	29
Figure 5: Maasel Tobacco Commonly Used for Waterpipe Smoking.....	29
Graph 1: Participants by Age Range.....	127
Graph 2: Home Language of Participants.....	129
Graph 3: Present Level of Education.....	130
Graph 4: Common Types of Substance Use.....	131
Graph 5: Present illegal Substance Use.....	132
Graph 6: Initial illegal Substance Use.....	134
Graph 7: Initial Substance Use.....	137
Graph 8: Continued Use.....	139
Graph 9: Family Substance Use.....	141
Graph 10: Marriage and Divorce of Parents.....	147
Graph 11: Family Structure.....	148
Graph 12: Informants.....	149
Graph 13: Positive Relations.....	151
Graph 14: Family Relationships Changed.....	153
Graph 15: Family's Emotional Response.....	159
Graph 16: Feelings of Disconnection.....	161
Graph 17: Substance use affects family disconnection.....	163
Graph 18: The Role of the Family.....	165
Graph 19: Factors Influencing Substance Use.....	168
Graph 20: What Participants Want From Their Family.....	171
Graph 21: Parental Assistance.....	174

CHAPTER ONE: INTRODUCTION TO THE STUDY

The following research was inspired by my work experience at an organisation that deals with adolescents who have used or who are abusing illegal substances. Through assessment and intervention, it was found that many of these adolescents experienced disconnection within their family which motivated their continued cannabis use which was often used through the use of a waterpipe. Often the parents of these adolescents would approach me, angry with their teenager, giving up on them, verbally aggressive with regards to their substance use and expecting me to 'cure' the adolescent's drug use. On the other hand, I also came across adolescents who were angry and frustrated with their parents. These adolescents often reported how they would leave home and smoke cannabis in order to help them calm down and deal with the negative feelings they had towards their parents. Through my experience I found that assisting the family together with the adolescent was more successful rather than assisting the adolescent on his/her own. This was reinforced when the researcher began the interviewing process and the data was analysed.

1. INTRODUCTION

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Adolescence and substance abuse have been extensively researched as separate fields of study. When combined in research, these topics can be compared and their impact on various areas of human functioning can be systematically assessed. This allows for greater insight into problems of adolescence and substance abuse in society, which is ultimately significant to social work practice and service delivery.

This research explored the topic of substance abuse amongst a group of adolescents in the East London area, which is located in the Eastern Cape of South Africa. Specific attention was directed at understanding the link between the user's feelings of disconnection and belonging within their family, related to their substance abuse (which later focused specifically on cannabis abuse through the use of a waterpipe) and their emotional wellbeing. The researcher hoped to gain an in-depth understanding of adolescents and the influence of this critical stage on their individual and family wellbeing in order to contribute to the relevant knowledge and theory in this field.

2. TITLE AND FIELD OF RESEARCH

The title of the thesis is:

FAMILY DISCONNECTION AND LACK OF BELONGING AS A CONTRIBUTOR
TO ADOLESCENT SUBSTANCE ABUSE

This research is an exploratory-descriptive study of adolescents within a family context who have or who are using illegal substances (specifically cannabis and the waterpipe). This research examined the sense of belonging and disconnection that adolescents experienced within their family environment. Furthermore, this study explored the adolescent’s family experiences of disconnection and explored any contributions that the use of their substance use might have contributed. This research was studied so that families can develop a profound understanding of how to manage adolescent substance use rather than contributing to its development.

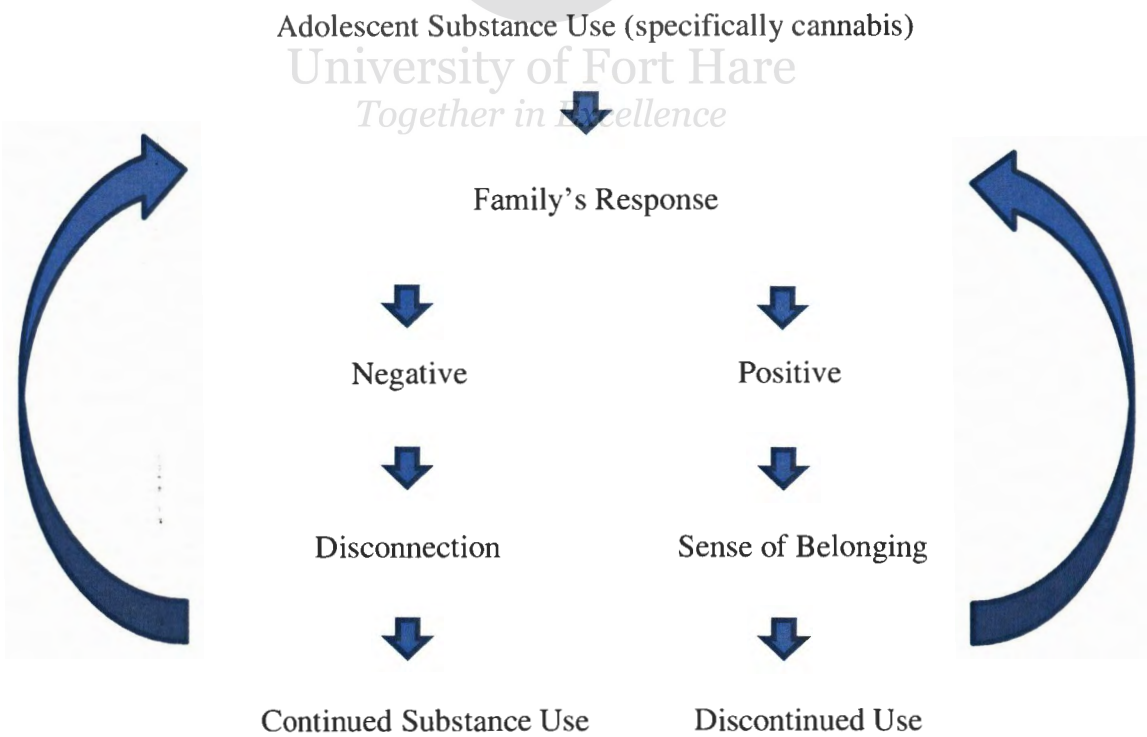


Figure 1: Cycle of Adolescent Family Disconnection

3. BACKGROUND INFORMATION AND RESEARCH PROBLEM

3.1 Purpose of Study

This research intends to explore the feelings of belonging and disconnection that are felt by adolescents within their families and the role of this family disconnection in contributing to their substance use. Initially this substance use included all illegal substances, however, as the data was collected and analysed, this illegal substance use was concerned specifically with cannabis use. This will be done by exploring the emotional life of a group of adolescent research participants as it relates to substance use and their family functioning. Furthermore, the research intends to explore whether disconnection within the family and feelings of family connection/belonging affects adolescent substance abuse.

3.2 Research Aim and Objectives

This research aims to explore the emotional experiences including the feelings and thoughts of adolescents about their experiences of disconnection and belonging within their family and the role of substance use in relation to this interaction.

The objectives of the research would therefore be to:

- Explore feelings of belonging and disconnection amongst adolescents within their family.
- Explore the experiences of adolescents involved in substance use.
- Explore the link between general feelings of disconnection and belonging related to adolescent substance abuse.
- Identify common trends and features in substance use and family relationships.

3.3 Statement of the Research Questions

The research questions can be presented as follows:

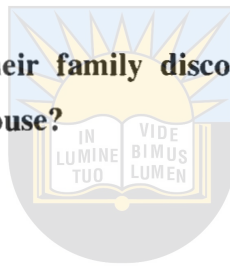
How do adolescents describe their feelings of family disconnection and belonging?

How do adolescents describe their experiences of substance use?

How is family disconnection and belonging related to adolescent substance abuse?

What are the common trends and features with regards to substance use and family relationships?

How do adolescents describe their family disconnection and sense of belonging in contributing to their substance abuse?



3.4 Significance of Study

Adolescence and substance abuse are critical determining factors in the well-being of individuals, families, and communities. Adolescence is a stage of development that all families, who choose to reproduce, will experience and thus this research can become a significant contributor to many in all social standings. This research is important as it may contribute to a better understanding of adolescence and their interaction within the family setting. Therefore, these aspects can be compared and their impact on various areas of human functioning can be systematically assessed allowing for greater insight into problems of substance abuse in society today, which is ultimately significant in social work practice. Furthermore, service providers such as social workers, psychologists and child minders, just to mention a few, can benefit from this study.

4. THEORETICAL FRAMEWORK

4.1 *Baumeister and Leary's Belongingness Hypothesis*

In the 1990s, Baumeister and Leary (1995) reviewed research accumulated over decades pertaining to belonging and formulated a belongingness hypothesis. This theory emphasises the importance of forming and maintaining strong, stable interpersonal relationships and suggests that the need to belong is as compelling as the need for food whose satisfaction is associated with psychological wellbeing (Baumeister & Leary, 1995, p. 505-506). According to Baumeister and Leary (1995) belongingness appears to have effects on emotional patterns and on cognitive processes. These theorists reported that significant human behaviour, emotion and thought are caused by this fundamental interpersonal motive and its lack can also negatively affect behaviour. This theoretical framework will guide the research.

4.2 *Family Systems Theory*

Family Systems Theory is central to social work theory and practice, and this theory guided the research further. In social work, family systems theory highlights the interconnectedness of human beings and human systems (Turner, 2005). It suggests that the family is composed of interrelated subsystems and a change in one will likely affect the lifestyle of all members of his/her family and the nature of the family's interactions with outside systems (Turner, 2005). This understanding will be important in assessing the family systems as it relates to adolescent substance abuse in the context of this research study.

Therefore, this study is guided by two significant theories. Firstly, Baumeister and Leary's Belongingness Hypothesis Theory which emphasises the importance of forming strong, stable relationships as the lack thereof may negatively affect a person's behaviour (Baumeister & Leary, 1995) which relates to the purpose of this study and will therefore reflect in the findings of this study. Secondly, Family Systems Theory which highlights the interconnectedness of human beings and that change in one family member will likely affect the lifestyle of other members (Turner, 2005).

Baumeister and Leary's hypothesis theory is more dominant in psychology, however, together with the family systems theory, it is relevant to social work as the theory relates to 'belonging' within systems. Furthermore, a family is part of a system and the belonging aspect has an impact on the family as well as society. For the purpose of this study, it is thus essential that the clients' sense of belonging be assessed within their family system as this will relate to the findings of this study.

5. RESEARCH METHODOLOGY IN BRIEF

5.1 Research Methodology and Design

According to Royse (1991, p. 44) qualitative research methodology is used as very little information, regarding the topic, is known or available to the researcher. This methodology will be used to guide the research as this approach is used to reach an in-depth understanding of each participant and their experiences that are unique to them (Williams, 2003, p. 287).

According to Polit & Hungler (2001, p. 167), a research design can be described as "the researcher's overall plan for answering the research question or testing the hypothesis". Furthermore, according to Royse (2004, p. 24), a research design is a blueprint that outlines the approach that will be used to collect data for the research study. For the purpose of this study, exploratory-descriptive research design is used as investigations will be made into relatively unknown areas of research (Terre Blanche, Durheim & Painter, 2006, p. 44) and by doing so, the researcher gathers facts that define and describe social conditions related to the research study (Engel & Schutt, 2010, p. 09).

This research study specifically focuses on the in-depth opinions of a small sample (as opposed to a quantitative large sample) of substance abusing adolescents within the family context with regards to their feelings and experiences of belonging. A semi-structured interview schedule was used to collect the data and the researcher allowed the participants to share their options, feelings and experiences with regards to the research topic. The interviews were guided by an interview structure but ultimately the participants were encouraged to report as much as

they possibly could until themes became evident. Therefore this research was qualitative and exploratory-descriptive in nature.

5.2 Sampling and Recruitment

5.2.1 Criteria for Participation

During my employment as a social worker at NICRO (National Institute for Crime prevention and Reintegration of Offenders), I have delivered services to hundreds of adolescents from all walks of life. Roughly 80 percent of these adolescents were either using or had used illegal substances regularly during this adolescent stage of development. These adolescents, who had successfully completed a NICRO program, became the possible candidates for this study. Therefore, adolescents who have used/ are using substances, were identified from the researcher's previous caseloads and this became the criteria for participation. Fortunately, the researcher was already familiar with the candidates and a trusting relationship existed which was beneficial for the study.

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5.3 Data Collection

Data collection is sometimes also referred to as the "implementation of the study" (Royse, 2004, p. 32). It involves the researcher entering the research setting and conducting the research according to the planning that was done for the study (Nicholas, 2004, p. 552).

After the researcher reviews the list of possible candidates, the list was condensed to include participants that are more easily accessible. These participants were contacted and after explaining the purpose of the study, their role as participants and their rights with regards to confidentiality, appointments were made with the participants that were willing to take part in the study. A semi structured interview then took place with at least 15 of the participants (or until sufficient data was collected) while guided by an interview schedule. These interviews were voice recorded with the consent of each participant.

5.4 Data Coding and Data Analysis

Before data can be interpreted, it needs to be organised and summarised (Bordens & Abbott, 2008, p. 380). This stage is underpinned by a process of coding, organising, integrating and interpreting of data (Reid et al., 2005, p. 22). Analysis of qualitative data is an active and interactive process (Polit & Hungler, 2001, p. 383) which relies on the process of people making sense of the world and their experiences, firstly for the participant, and secondly for the analyst (Reid et al., 2005, p. 20). This process is twofold which includes familiarising oneself with the data (revealing the themes) and secondly, making sense of the data by establishing a series of analytic codes that reflect the nature of participants' experiences and thus provide answers to the research question (Shaw, 2001, p. 49).

The voice recorded interviews were transcribed by the researcher. These recorded interviews were recorded into two tables, first in relation to questions, then in relation to participants. Interviews were revised repeatedly, the data was coded manually and themes were identified that began to emerge. All data was analysed through the use of Interpretative Phenomenological Analysis and the contributions by all participants will be produced in the form of a narrative. This involved reporting exact statements made by participants and providing the evidence as to which participants had stated them. This will be discussed in more detail (see Chapter Four).

6. DELIMITATIONS AND SCOPE OF THE STUDY

In order to gain a deeper understanding of the study and the focus area that it involves, the following is a list of delimitations that specifies areas which are, unintentionally, excluded within the study. The research excludes:

- Female participants
- Race variation
- School drop-outs
- Drug dependent individuals
- Illegal substances other than Cannabis
- Adolescents who have not undergone out-patient substance abuse treatment

7. ORGANISATION OF THE STUDY

7.1 Chapter 1: Introduction

This chapter outlines the focus, purpose, aims and significance of the research. It provides a brief overview of the theoretical framework as well as the research methodology involved in this study. The delimitations and scope of the study is also discussed. This chapter concludes with this organisation of the study.

7.2 Chapter 2: Review of Related Literature

This chapter provides an overview of related literature and existing research with regards to adolescence, substance abuse and family belonging and disconnection. Initially the researcher conducted an initial literature review, however, after the research data was analysed, the researcher conducted a more detailed literature review which related directly to the research findings. This ensured that the research data guided the literature review and that the researcher was able to bracket all pre-existing thoughts and ideas about the topic.

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7.3 Chapter 3: Theoretical Framework

This chapter describes the various theoretical frameworks that served as a foundation for the study and guided the direction of the study. These theories include the Belongingness Hypothesis from the field of Psychology; Family Systems Theory from the field of Social Work; and Interpretative Phenomenological Analysis which guided the methodology of the study.

7.4 Chapter 4: Research Methodology and Procedure

This chapter describes the research process that will be used in conducting the current research study. It includes a detailed explanation of the research methodology used for the purpose of this study, the data collection that was involved, the sampling and recruitment procedure, an overview of the research tools used, a detailed description of the interviewing method that was used, an overview of the data processing, coding and analysis that was involved, as well as the various issues that needed to be addressed during the process of this research study

which includes rigour, bracketing, reflexivity, triangulation, ethical considerations, and limitations involved with this study.

7.5 Chapter 5: Data Display and Analysis

This chapter represents a display of all the data that was collected for the purpose of this study which is arranged according to the outline of the interview schedule. This includes the demographics of all participants, a question by question analysis of each question that is represented in the interview schedule, as well as various tables, graphs and participant dialogue that are used to represent and support the data.

7.6 Chapter 6: Findings, Conclusions and Recommendations

The concluding chapter of this research study represents a cross-question analysis of the seven major themes/findings that emerged during this study. This is then followed by an overview of how the research aim, objectives and research question was met, a discussion on the major findings of the research study, as well as implications for social work research which includes numerous recommendations and suggestions for future research.

7.7 References and Appendixes

All of the citations that were used in this dissertation were fully referenced in the final reference list of this report. The APA (American Psychological Association) referencing style was used for all journals, books and reports that were incorporated into this dissertation which inevitably substantiated the methodology procedure and literature review that guided this study.

The appendixes used within this report includes (1) a copy of the consent form that was used for all participants during the data collection stage, (2) the interview schedule that guided the semi-structured interviews, (3) an example of one interview transcript, and (4) two newspaper articles that were published which was inspired by this research study.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

1. INTRODUCTION

The aim of this chapter is to provide an extensive review of literature which is related to this study. This will be done by reviewing previous research that has been conducted, reviewing existing literature, and defining key terminology, with the goal of establishing and supporting the topic for this research study.

The literature for this research study was obtained mainly through the use of various peer-reviewed, full-text academic articles which were retrieved from accredited international databases as well as published journal websites. Also, various published books from university libraries were used to add to this review of literature. This chapter will therefore review literature and research in the field of adolescence, substance abuse, the family, sense of belonging and connectedness.

2. DEFINITION OF TERMS

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The following is a list of key definitions that are significant for the succeeding literature review:

2.1 Adolescence

The term 'adolescent' is derived from the Latin verb 'adolescere' which means 'to grow to adulthood' and they define adolescence as "the developmental stage between childhood and adulthood" (Louw, Van Ede, Louw, & Botha, 1998, p. 384).

2.2 Substance Abuse

According to Johnson (2004, p. 9), substance abuse can be described as "the use of substances (legal or illegal) with some regularity or pattern, that results in persons experiencing a pattern of negative life consequences resulting from their substance use.

2.3 Family

According to Bailey (2003) a family can be defined as two or more people who consider themselves “family” and who assume obligations, functions, and responsibilities generally essential to healthy family life.

3. ADOLESCENCE

3.1 Adolescent Stage of Development

Adolescence marks an important time in the process of human development, the passage between childhood and adulthood (Bailey, 2003). ‘Development’ refers to the process by which an organism (human or animal), grows and changes through its lifespan (Smith, Cowie, & Blades, 2011), moreover, adolescence is defined as the period of human development between the onset of puberty (around 12 years of age) and the attainment of physical adult maturity (around 21 years of age) (Statt, 2003).

Parents of adolescents often say that their teenagers are ‘going through a phase’ when actually, they’re going through three phases (Steinberg, 1991). Neinstein, Radzik, & Sherer (2002, p. 53) define the phases of adolescence as being:

- Early adolescence which is approximately 11-14 years of age,
- Middle adolescence which is approximately 15-17 years of age, and
- Late adolescence which is approximately 18-21 years of age.

The period of adolescence can be a difficult stage of life because it is a period of great change which occurs physically, sexually, psychologically and cognitively. Their physical growth is accompanied by sexual maturation (intimate relationships) while their ability for abstract and critical thought begins to develop, resulting in a heightened sense of self-awareness and emotional independence (World Health Organization, 2001, p. 2). During this stage, the widening world can expose adolescents to serious risks before they have developed the skills,

the experience or obtained adequate information to avoid these risks (World Health Organization, 2007, p. 5).

During this stage of development, young people begin to explore their individuality, their independence and their sense of identity (Tshiwula, 1999, p. 40) and begin to think critically about themselves and the world around them (Bailey, 2003). As their attitudes, values and behaviours begin to take shape with regards to their future, society expects the adolescent to assume greater personal responsibility (World Health Organization, 2001, p. 02). During this time the adolescent will for the first time decide upon the direction of their lives, will decide who they are, and will examine the religious, ethical, and political values that their families and society have handed down to them which may also involve rejecting some of these and making new ones for themselves (McCandless & Coop, 1979).

This can be better explained by reflecting on Erik Erickson's theory on psychosocial development. He explains that all individuals progress through eight consecutive phases of development, with each phase characterised by a crisis which the individual has to resolve appropriately in order to become fully developed (Gouws, Kruger, Burger, & Snyman, 2000).

The fifth stage of Erikson's psychosocial theory of development, which is relevant to this study, is that of the identity versus role confusion phase which takes place from puberty till adulthood (Gouws et al., 2000, p. 65). According to Erikson, an important task for the adolescent is to form a unique and secure sense of personal and social identity (Nicholas, 2004). Identity can be defined as "an internal, self-constructed, dynamic organisation of drives, abilities, beliefs, and individual history" (Nicholas, 2004, p. 39). This phase of identity development brings with it a range of physical, interpersonal and social dilemmas for the adolescent. These need to be resolved in order to form satisfactory adult roles as well as long term personal, social and work-related objectives (Nicholas, 2004, p. 39). Thus discovering who they are and fitting into social groups becomes an important part of this developmental stage in identity discovery.

Psychologically, the adolescent may be regarded as a young person rapidly developing from the behaviour typical of children into the behaviour typical of adults, while not only adjusting themselves individually but also making adjustments to the needs of self, others, and their community (McCandless & Coop, 1979).

This period of development may not occur at the same time for all those progressing through it at that particular time (Statt 2003, p. 4). Gouws, Kruger, Burger, & Snyman (2000) have identified that the age at which adolescence begins appears to be declining while the duration of adolescence appears to be increasing.

Therefore, once the chronological age has been reached, the achievement of age related developmental tasks or psychological qualities such as maturity have been reached, a person is said to have progressed through adolescence and thus reached the adulthood stage of development (Gouws et al., 2000).

According to Law, Cuskelly, & Carroll (2013, p. 115) and Rodgers-Farmer (2000, p. 203) families, peer groups, schools and communities are important environments for positive growth and development during adolescence. Adolescence is a time when young people are faced with many choices, which results in these significant environments becoming important positive support systems for the adolescent, and also because these environment's may be affected by the adolescents choices.

The navigation through the stage of adolescence is largely a function of their interactions with families, communities and the larger social environment (Bailey, 2003) which will ultimately develop their attitudes and beliefs that are needed for effective participation in society (Tshiwula, 1999, p. 40). Although adolescence is a time for independence, parents continue to play an important role for adolescents to rely on as they move through a period of intense and prolonged growth (Robinson, Power, & Allan, 2010).

3.2 Adolescent Health

One in every five people in the world is an adolescent, estimating around 1.2 billion worldwide and 85% of which reside within developing countries (World Health Organization, 2001). Adolescents are generally thought to be healthy individuals because they have survived all of the early childhood illnesses, and the health problems that are associated with aging are still years away (World Health Organization, 2001). However, even though this is the case, many adolescents (an estimated 1.7 million) lose their lives every year during this period of development mostly through accidents, suicide, violence, pregnancy related complications, substance abuse and high risk behaviours or illnesses (World Health Organization, 2001).

According to Hammersley (2008, p. 118-119), the adolescent stage consists of four assets that promote healthy development. These include (1) physical development which involves maintaining good health habits; (2) intellectual development which includes life skills and decision making; (3) psychological and emotional development which involves good mental health, good emotional self-regulation and a sense of purpose; (4) and lastly social development which involves feeling connected to peers, parents or larger networks.

Healthy adolescent development depends on safe and supportive environments that provide opportunities for them to build strong and meaningful connections with their family, school and community and that are free from the risks of physical, mental, and emotional harm (Bailey, 2003). According to the World Health Organization (2007, p. 5), the adolescents level of maturity and social status is no match for the challenges that they will be faced with unless they are provided with the appropriate support, information and access to resources.

Most adolescents are able to navigate through the adolescent stage successfully with the support of caring families and communities but for many, they may experience challenges that hinders their ability to move successfully into adulthood (Bailey, 2003). During adolescence, when many teenagers experience increased stress, some will respond to these changes in troubling ways (Mueller, Bridges, & Goddard, 2011). This process of development is marked by increased exposure and experimentation involving the risks of “first time” behaviours (for

example drug abuse) which has effects on their healthy development. These lifestyles may affect the young person for the rest of their life (World Health Organization, 2001, p. 2-5).

4. SUBSTANCE ABUSE

4.1 Defining Substance Abuse

According to Johnson (2004, p. 9) substance 'use' can be described as "the ingestion of substances (alcohol or drug, legal or illegal) with any regularity (once or repeated over a lifetime) that results in little or no significant negative life consequences" while 'abuse' is described as "the use of substances (legal or illegal) with some regularity or pattern, that results in persons experiencing a pattern of negative life consequences resulting from their substance use (Johnson, 2004, p. 9).

According to the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV-TR, 2000) substance abuse is "a maladaptive pattern of substance use that is manifested by recurrent and significant consequences that are related to the repeated use of substances" and notes that in order for this diagnostic label to be given to an individual, various diagnostic criteria must be met (Taylor, 2010, p. 602).

According to Levinthal (1999, p. 3), substance abuse is "a diagnostic term used in clinical psychology and psychiatry that identifies an individual who continues to take a psychoactive drug despite the fact that the drug-taking behaviour creates specific problems for that individual". Thus a person abusing a substance often finds themselves involved in multi-faceted problems that affect and is caused by multiple issues in individual and family life (Johnson, 2004, p. 21).

Substance abuse is therefore a term that refers to any substance that when taken by a person, alters the functioning of the body in some way (Levinthal, 1999, p. 3) and modifies the persons perception, their mood, their cognition, their behaviour, or their motor functions (Visser & Routledge 2007, p. 596). Therefore the person may think, act, feel or behave differently from the way the person usually would.

Furthermore, an illicit substance is a substance whose manufacture, sale, or possession is illegal (Levinthal, 1999, p. 3). For the purpose of this research, the term ‘substance abuse’ will be used to describe both legal and illegal substances that is used regularly and is marked by problems which have occurred directly or indirectly because of its consumption. In some cases, depending on the literature, “drug” and “substance” may be interchangeably used.

Drugs are categorized into groups according to the effects that it produces, for example, alcohol, amphetamines, hallucinogens, opiates, cannabis, cocaine, and tobacco (Jaffe, Petersen, & Hodgson, 1980, p. 4). Drug users may not necessarily fit into only one category as many use different drugs depending on factors such as availability, cost, desired interactive effects of multiple drugs, or their momentary inclination (Jaffe, Petersen, & Hodgson, 1980, p. 4). Researchers have noted that the gateway drugs, namely alcohol, cannabis, and tobacco are the substances that are most used by adolescents (Taylor, 2010, p. 601). However many users who begin with one substance may go on to use others (Jaffe, Petersen, & Hodgson, 1980, p. 4).

4.2 Adolescence and Substance Abuse

The use of substances has been clearly documented as a worldwide problem which affects children, adolescents and adults. According to Tsering, Pal, & Dasgupta (2010, p. 76), the age of initiation of legal and illegal substances is progressively falling throughout the world. According to a study done by Usher, Jackson, & O’Brien (2005), drug experimentation begins as early as 10 years old, and experimentation with drugs has become so common amongst young people that it is often considered normal (Steinberg, Fletcher, & Darling, 1994, p. 1060).

The commencement of adolescence generally gives youngsters greater mobility, freedom from close supervision, and opportunity to experiment with adult behaviours such as substance abuse (Kington & O’Sullivan, 2001, p. 102; McCandless & Coop, 1979, p. 15). Youth nowadays are being exposed to substance use at an early age (Anderson & Moore, 2009, p. 16) and many of them start experimenting with drugs during their adolescent years (Singh & Saini, 2007, p. 53) and this experimentation peaks during high school (Sussman, Skara, & Ames, 2008, p. 1816).

Before any adolescent becomes dependent on a substance, they pass through a stage of experimental substance use (Petraitis, Flay, & Miller, 1995, p. 67). Regular use of substances amongst adolescents is considered to be abuse because of the potential of such use to interfere with brain developmental growth and their adjustment to tasks (Sussman et al., 2008, p. 1805).

Adolescents are vulnerable to substance abuse as they are inherently susceptible to engaging in excessive and unchecked risk-taking because they often have the egocentric belief that they are almost indestructible (Geldard & Geldard, 2004, p. 33). According to Hammersley (2008, p. 159) “young people have difficulty imagining their personal mortality or morbidity” and young smokers tend to believe that they can quit whenever they feel like it. Furthermore these users tend to define drug problems as belonging to ‘other types’ of users rather than belonging to themselves (Hammersley, 2008, p. 159).

While the adolescent strives for independence, their impulsive, reckless and non-conforming attributes may be understandable but this abuse is considered risky as this may prevent the adolescent from successfully meeting the important social and psychological challenges of their age group (Steinberg, 1991).

Substance use is considered a risky behaviour for adolescents due to its potential for a multitude of problems, for the individual and for society, which can have long-term consequences (Wall & Kohl, 2007, p. 20). According to Usher et al. (2005, p. 210), substance use has been linked to cardiac, neural, renal and hepatic disorders and furthermore, is known to delay normal cognitive, emotional and social developments, if it is commenced at an early age.

Adolescents who use alcohol, tobacco, and other drugs are at increased risk for a number of short and long term negative consequences, such as involvement in crime and delinquent activities, diminished school functioning or drop out (Tapia, Schwartz, Prado, Lopez, & Pantin, 2006, p. 146), deterioration of physical health, increased rates of psychopathology (Branstetter, Low, & Furman, 2011, p. 150), depression and suicide (World Health Organization, 2001), embarrassing social inhibition, hallucinations, violence (Jaffe et al., 1980), sexual risk-taking behaviours, and continued drug involvement into adulthood (Kandel, Davies, Karus, & Yamaguchi, 1986; Shelton & Van Den Bree, 2010; Sullivan, Kung, & Farrell, 2004; Tapia et al.,

2006) which may ultimately result in injury, accidents or even death (Jaffe, Petersen, & Hodgson, 1980; Steinberg, 1991)

Even though drug use is dangerous to people of all ages, adolescents are more susceptible to misuse and as they get older their patterns of drug use change becoming more advanced and more dangerous (Usher et al., 2005, p. 209-210). Furthermore, many adolescents will develop problems associated with its use at a young age already, which can have negative effects that encompass a number of areas within the young person's life (Usher et al., 2005, p. 210). These may include areas such as schooling, health, as well as various personal relationships.

4.3 Trends in South Africa

The study of youth substance use in South Africa is particularly interesting because of the unique political, historical, ethnic, and cultural distinctions within the country (Amoatang, Barber, & Erickson, 2006). According to Malaka (2001) substance abuse among adolescents is a phenomenon that affects most countries world-wide, including South Africa.

According to UNICEF (2011, p. 133) 18 % of the world's population consists of adolescents (aged 10-19). According to Bezuidenhout & Joubert (2003, p. 68) 44% of the total South African population are under 20 years of age, and according to more recent statistics, 20 % of South Africa's population consists of adolescents aged 10-19 years of age (UNICEF, 2011, p.132).

Bezuidenhout & Joubert (2003, p. 68) state that the use and abuse of drugs in South Africa is taking on epidemic proportions among the youth (Bezuidenhout & Joubert, 2003, p. 38). This phenomenon has become the most complex and annoying concern facing society today (Malaka, 2001, p. 268). This concern is clearly justified if the negative consequences are taken into account, such as, involvement in crime and other antisocial activities, impairment of academic and occupational performance, as well as an increased risk of suicide, accidents, contagious diseases and psychological distress (Pretorius, Van den Berg, & Louw, 2003, p. 1). Substance use by young people is of major concern in South Africa (Morojele, Parry & Brook 2009, p. 2) and the use of illegal substances seems to be growing (Pedersen & Skrondal, 1999, p. 1696). This concern is also acknowledged by the South African government as it put in place

the National Drug Master Plan (2013-2017) which aims to eradicate this epidemic and the consequences that are associated with its use.

Because of changing lifestyles in all developing areas, traditional values and norms are generally ignored and deviant behaviour (amongst others substance abuse) is gradually becoming common (Malaka, 2001, p. 268). According to the Go & Express (Arends 2010, p. 3), a local East London newspaper, “we have a problem with drugs, especially among our youth, and in some areas it is so big, it’s overwhelming”. Furthermore the article reported that hard drugs such as crystal meth, mandrax, ecstasy and tic are being used by younger and younger East Londoners, with some cases being reported of children as young as twelve being addicted (Arends, 2010, p. 3).

Research that was done in South Africa found that adolescent substance abuse is one of the most significant health and social problems within the country (Visser & Routledge, 2007, p. 596). According to Smith & Hall (2008, p. 185), “substance use and abuse by adolescents is associated with a more rapid progression into addiction, delayed entry into adult roles, and high societal costs.” This research also states that cannabis is the most common substance that is used amongst South African youth, especially amongst males (Visser & Routledge, 2007, p. 598). According to statistics conducted in all nine provinces of South Africa, cannabis is ranked as the primary substance of abuse by the majority of patients who are younger than 20 years of age (Dada et al., 2013). Further statistics indicate that within the Eastern Cape region, cannabis has been identified as one of the three main primary substances of abuse that was reported by various treatment centres (Dada et al., 2012). According to Glantz & Hartel (1999, p. 225), a consistent finding in most longitudinal studies of young people is the sequence from tobacco and alcohol use to cannabis and then to other drugs.

Substance use and abuse represents major threats to the health of adolescents and it contributes to the cause of emotional, social, familial and occupational problems. Nonetheless, increasingly it seems that adolescents find a source of both rebellion and comfort in substances (Routledge, 2005, p. 20).

4.3.1 *Cannabis*

During the initial stages of this research study, the participants' substance use included all illegal substances, however, as the data was collected and analysed, this illegal substance use was concerned specifically with cannabis use.

Cannabis is one of the oldest known psychoactive drugs (Johnson, 2004, p. 44). It is the most available, most popular, and most widely used illegal drug, especially among young people, adolescents and high school students (Johnson, 2004; Leonard, 1969; Sayeed, Fishbein, Hornik, Cappella, & Ahern, 2005). The use of cannabis is increasing worldwide and even though it is used predominantly by young people, it is not restricted to any age, social or occupational group (Brill et al., 1970).

According to a South African study conducted by Patrick et al. (2010), 72% of the participants reported regular use of alcohol, cigarettes, cannabis or inhalants by grade nine. It is estimated that 141 million (2.5%) of the world's population uses cannabis (Green, Kavanagh, & Young, 2003, p. 453) and it is reported that there is a dramatic increase in the demand for treatment for cannabis dependence (Weinstein et al., 2010, p. 241).

The term "cannabis" is used in international language, and according to Leonard (1969, p. 122) it is defined as "the flowering or fruiting tops of the cannabis plant (excluding the seeds and leaves when not accompanied by the tops) from which the resin has not been extracted" (Leonard, 1969, p. 122).



Figure 2: Cannabis Plant

Furthermore, “the substance is generally purchased as a small round lump of almost odourless material which is then gently heated and rolled into a cigarette (hashish which is mainly resin) or as a grass-like material which is mixed with tobacco” (Leonard, 1969, p. 122).



Figure 3: Cannabis

Cannabis can be smoked, eaten or even drunk, and is known throughout the world by various names such as hashish, bhang, ganja, dagga (most commonly used by participants in this study), pot, weed, grass and marijuana (Leonard, 1969, p. 121-122). Cannabis is usually smoked in a joint or a pipe (also known as a bong), and it can be smoked either alone or mixed with other drugs to enhance the effect (Johnson, 2004, p. 44). According to Leonard (1969, p. 122) some people use a waterpipe to smoke the cannabis and the smoke is then drawn through water, milk or alcohol. Inhalation and/or smoking drugs is the most common route of administration because it is the fastest way to deliver the substance directly to the brain (Johnson, 2004, p. 34).

According to Osborne & Fogel (2008, p. 551) cannabis has a wide range of physiological, psychological, and behavioural effects that can be attributed to the 80 separate chemical compounds of which it is made up of. Among these compounds, cannabinoids, which is the primary psychoactive compound, and which is the active ingredient that produces the intoxicating effect (the “high”), is delta-9-tetrahydrocannabinol, or THC (Osborn Fogel, 2008, p. 551). This THC is found in the sticky resin, or ‘red oil’ that is in the tops of the plants, especially in the flowering heads of the female plant (Brill et al., 1970: 450). According to

Johnson (2004, p. 46), THC is fat soluble and not water soluble like other drugs therefore it lingers in the body's fat cells and organs for days or even several months, depending on the user's habits (Johnson, 2004, p. 46).

Within 10-30 minutes of smoking cannabis, the initial effects can already be experienced by the user and the maximum effects can persist for 3-5 hours after (Johnson, 2004, p. 45; Leonard, 1969, p. 123).

The experience of using cannabis depends on the users expectations of the drug, their personal experience, the setting in which it is taken, and the dose that is consumed (Johnson, 2004, p. 45). Bearing this in mind, the most common effects include feelings of euphoria, tranquillity, hilarity (laughter), a sense of well-being and apathy, with a heightened awareness and an enhanced sense of taste, touch, and smell (Johnson, 2004, p. 45; Leonard, 1969, p. 123). Furthermore, other effects include an altered sense of time, the loss of some short term memory skills and hallucinations. During this state, the users pulse rate increases, their blood pressure rises, their blood vessels in the cornea dilate (bloodshot eyes), and dry mouth occurs (Johnson, 2004, p. 45). The user may also experience rapidly fluctuating emotions, fragmentary thoughts with disturbed associations as well as an altered sense of self identity (Johnson, 2004, p. 45). According to Johnson (2004, p. 45), a user's motor skills and reaction time also slows down, with impairment lasting even after the effects have worn off (Johnson, 2004, p. 45).

According to various empirical studies and the reviews of extensively searched literature, smoking cannabis is perceived to perform a number of positive functions for the user (Melrose, Turner, Pitts, & Barrett, 2007; Osborne & Fogel, 2008) and its use can be linked to people's beliefs about the consequences of its use (Sayeed et al., 2005, p. 20). During these numerous studies, participants reported various effects resulting from their cannabis use. More predominantly, there are indications that cannabis is increasingly being used to alleviate symptoms of a variety of illnesses, which includes physical conditions, psychological conditions and emotional pain (ie: depression, loneliness) (Bottorff et al., 2009; Green et al., 2003; Sayeed et al., 2005; Weinstein et al., 2010). This has been termed by various researcher's as "self-medication" (Bodkin, Singh, & Corcoran, 2008; Bottorff et al., 2009). Supported by Capuzzi &

Lecoq (1983, p. 201), they state that this specific substance has been linked to users perceptions of the effects increasing their pleasure and decreasing their feeling pain.

More specifically, studies have noted the following perceived effects that cannabis users have reported:

- “euphoria”(Boys, Marsden, & Strang, 2001; Bortolato, Bini, & Tambaro, 2010; Brill et al., 1970; Green et al., 2003; Leonard, 1969; Osborne & Fogel, 2008);
- “happy” (Bortolato et al., 2010; Bottorff et al., 2009; Green et al., 2003; Osborne & Fogel, 2008);
- to gain “pleasure” (Bottorff et al., 2009; Patrick et al., 2010);
- “calming” , “relaxation” and/or “sedation” (Bortolato et al., 2010; Bottorff et al., 2009; Boys, Marsden, & Strang, 2001; Brill et al., 1970; Green et al., 2003; Leonard, 1969; Melrose et al., 2007; Osborne & Fogel, 2008; Patrick et al., 2010; Robertson, Xu, & Stripling, 2010; Weinstein et al., 2010);
- makes you “feel better” (Bortolato et al., 2010; Bottorff et al., 2009; Boys, Marsden, & Strang, 2001; Patrick et al., 2010);
- “escape” (Osborne & Fogel, 2008; Melrose et al., 2007; Robertson et al., 2010; Sayeed et al., 2005);
- to “cope” with stress and pressures (Bottorff et al., 2009; Melrose et al., 2007; Osborne & Fogel, 2008; Patrick et al., 2010; Somaini et al., 2012);
- to “control anger” (Bottorff et al., 2009; Melrose et al., 2007; Tolou-Shams, Hadley, Conrad, & Brown, 2012; Weinstein et al., 2010);
- to cope with “boredom” (Bottorff et al., 2009; Boys, Marsden, & Strang, 2001; Melrose et al., 2007; Patrick et al., 2010);
- to promote “peer bonding/sense of belonging” (Bottorff et al., 2009; Melrose et al., 2007; Osborne & Fogel, 2008; Sayeed et al., 2005; Weinstein et al., 2010);
- to feel a “feeling of being rooted” (Osborne & Fogel, 2008);
- to gain “self-confidence” (Bottorff et al., 2009; Osborne & Fogel, 2008);
- and to promote social enhancement/makes socializing “more fun” (Bortolato et al., 2010; Bottorff et al., 2009; Osborne & Fogel, 2008; Sayeed et al., 2005).

- It has also been reported that the use of cannabis “inspires thought and conversation” and “we feed off each other” when the effects of cannabis are experienced (Osborne & Fogel, 2008).

According to a study by Bottorff et al.(2009), cannabis use was related strongly to negative feelings within the family, lack of supportive family networks, conflicts and difficult relationships. According to other studies conducted by Robertson, Xu, & Stripling, (2010) and Cavanagh (2008, p. 949) family related difficulties were significantly associated with greater adolescent cannabis use. They found that, “on-going stressors related to home life may prompt youth to persistently avoid the emotional discomfort” (Robertson, Xu, & Stripling, 2010, p. 464). The same study found that less frequent use of cannabis was found amongst adolescents who had stronger kinship ties (connection) with their family.

According to a study done by Tolou-Shams et al. (2012, p. 452) increased cannabis use amongst adolescents was associated with negative parent–child communication, less family affective responsiveness, affective involvement and lower general functioning. On the other hand, open, positive parent–child communication was associated with less cannabis use. Furthermore, adolescents who perceived experiencing less family emotional responsiveness (no affection or expressions of love) reported feeling angry or sad, and because they did not know how to express those feelings appropriately or regulate them, this led to the adolescent’s engagement in substance use (Tolou-Shams et al., 2012, p. 452) . Therefore cannabis was used to regulate their mood especially when negative emotions were experienced.

This is supported by recent studies conducted by Somaini et al. (2012, p. 48) whereby cannabis was demonstrated to induce neurobiological changes that are significantly involved in the brain’s reaction to and ability to deal with stress, emotions and mood. Furthermore, according to a study done by Osborne & Fogel (2008, p. 547-548), some participants reported that cannabis “enhanced their ability to block out negative thoughts, insecurities, feelings of self-doubt, as well as the criticisms of others”. According to another study conducted by Bottorff et al. (2009, p. 8), participants reported that although the cannabis provided temporary relief, the underlying situation often went unattended which led to the regular pattern of cannabis use. This study further described how guidance, support and communication are essential for the

adolescent user in order to deal with their issues and emotions, and thus avoiding the use of substances. According to a study conducted by Melrose et al. (2007) adolescent cannabis use was found to be a symptom of other problems rather than the cause of them.

According to Levinthal (1999) and later by Jung (2001) cannabis has been linked to ‘amotivational syndrome’ with various claims being made that cannabis use causes people to become apathetic, lose goal directiveness, and have dulled emotions. Various other studies have also documented this ‘demotivation’, ‘feeling lazy’ or ‘apathy’ that was reported by cannabis users (Brill et al., 1970; Leonard, 1969; Weinstein et al., 2010). However, this has also been rejected by Melrose, Turner, Pitts, & Barrett (2007, p. 39) as they claim that “there is no clear evidence that such a condition is caused by use of cannabis and most recently evidence suggests that daily use of cannabis does not impair motivation”.

According to Weinstein et al. (2010, p. 241) many regard cannabis as a “soft” drug and question whether one can become truly dependent on it. Regardless of this, the Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition (DSM-IV) includes a diagnostic category for cannabis dependence. Despite the controversy surrounding its use, people can become dependent on cannabis, and its use causes a number of negative life consequences (Johnson, 2004, p. 47). This is supported by Leonard (1969, p. 128) as he states that cannabis is habit-forming and can produce a psychic dependence within the user. According to Usher, Jackson, & O’Brien (2005, p. 210), adolescents develop dependency on cannabis more easily than adults and withdrawal symptoms can include anxiety, irritability, negative mood, anger and aggression, nervousness, restlessness, physical symptoms, shakiness, tremors, chills, increased body temperature, sweating, stomach pains, insomnia, strange dreams, decreased appetite, and weight loss (Johnson, 2004: 47; Weinstein et al., 2010, p. 242).

The consequences of cannabis use may vary depending on whether the drug is used occasionally or more regularly (Sayeed et al., 2005, p. 20). A number of negative consequences of cannabis use by teenagers have been described in various studies, including difficulties with problem-solving, learning, judgment, perception, memory loss, tiredness and anxiety (Bodkin et al., 2008, p. 51; Sayeed et al., 2005, p. 20). According to Leonard (1969, p. 128) the long-term

use of the drug is reported to produce mental deterioration, and this toxic substance can lead to the user becoming socially and intellectually dilapidated, which is dangerous to the individual and to society.

According to Somaini et al. (2012, p. 48) cannabis use during adolescence appears to effect emotional development and mood regulation which inevitably plays a role in the regulation of behaviour (Bodkin et al., 2008, p. 52; Bortolato et al., 2010, p. 2799). According to studies conducted by Usher, Jackson, & O'Brien (2005, p. 210) and supported by Melrose et al. (2007), cannabis use amongst adolescents that commenced before 15 years of age, displayed increased risks of later substance use behaviours, conduct disorders, juvenile offending, severe truancy, school dropout, anxiety, depression, family relationships and suicidal ideation as well as later cannabis use.

Thus, there is a significant number of cannabis users who are exposed to possible adverse effects on their physical and their emotional health, and according to Green et al. (2003, p. 453), there is growing evidence of effects on cognitive functioning and mental health too. Various studies have demonstrated that there is increasing evidence of significant links between psychiatric problems and substance misuse in children, adolescents and in adults (Bodkin et al., 2008; Bortolato, 2010; Bottorff et al., 2009; Usher, Jackson, & O'Brien, 2005).

Despite these findings as well as universal prohibitions, the use of this psychoactive drug is still considered socially acceptable, especially amongst the youth, and most users agree that it is a social drug and that they smoke it together during social gatherings (Leonard, 1969, p. 121).

Therefore, cannabis is a commonly used illegal substance that is widely used amongst the youth worldwide, especially during social gatherings. The dangers of cannabis use are often unseen as they predominately effect the emotional and psychological functioning of a person. During the tender stage of adolescence, this can have detrimental effects as they are only beginning to understand their emotions and learning ways of regulating them. Therefore, by using cannabis as a means of altering their reality, they are unable to optimally develop themselves towards healthy, stable young adults.

4.3.2 *The Waterpipe*

Even though there has been little research done on waterpipe smoking in southern Africa (Combrink et al., 2010, p. 297), a vast amount of literature exists globally, especially in parts of Europe and the United States of America.

Waterpipe smoking is the first new tobacco trend of the 21st century (American Lung Association, 2007) and this “emerging epidemic” of waterpipe smoking is a dangerous trend especially among the youth (Noonan & Kulbok, 2009, p. 260). Waterpipes have been used to smoke tobacco and other substances by the indigenous people of Africa and Asia for at least four centuries (World Health Organization, 2005, p. 1).

Waterpipe terminology can depend upon region, and includes names such as “shisha”, “boory”, or “goza” (Egypt, Saudi Arabia), “narghile”, “nargile”, or “arghile” (Israel, Jordan, Lebanon, Syria), “hookah” (Africa and Indian subcontinent), and “hubble bubble” (Maziak, Ward, Afifi, Soweid, & Eissenberg, 2004, p. 327). Other names include hubbly bubbly, oriental pipe, mada’a, qalyoun (Watad et al., 2009, p. 18). During this research study, participants referred to this device as an “oka pipe”, however, the term “waterpipe” is more commonly used internationally which generally refers to tobacco use methods in which smoke passes through water before it is inhaled (Maziak et al., 2004, p. 327).

Generally, waterpipes consist of a head, body, water bowl, and hose (see figure 4) (Maziak, Ward, Afifi, Soweid, & Eissenberg, 2004, p. 327). Tobacco (sweetened, flavoured, and very moist) is placed in the head and often covered with perforated aluminium foil, burning charcoal is placed on top of the foil, the body is half-filled with water (sometimes mixed with other liquids such as milk or wine), an inhalation at one end of the hose produces a vacuum in the air filled space of the water bowl, causing smoke to pass through the water (creating bubbles), into the hose-connected tube, and to the smoker (American Lung Association, 2007, p. 1; Primack et al., 2008, p. 81; Maziak, Ward, et al., 2004; Smith-Simone, Maziak, Ward, & Eissenberg, 2008, p. 393-394).

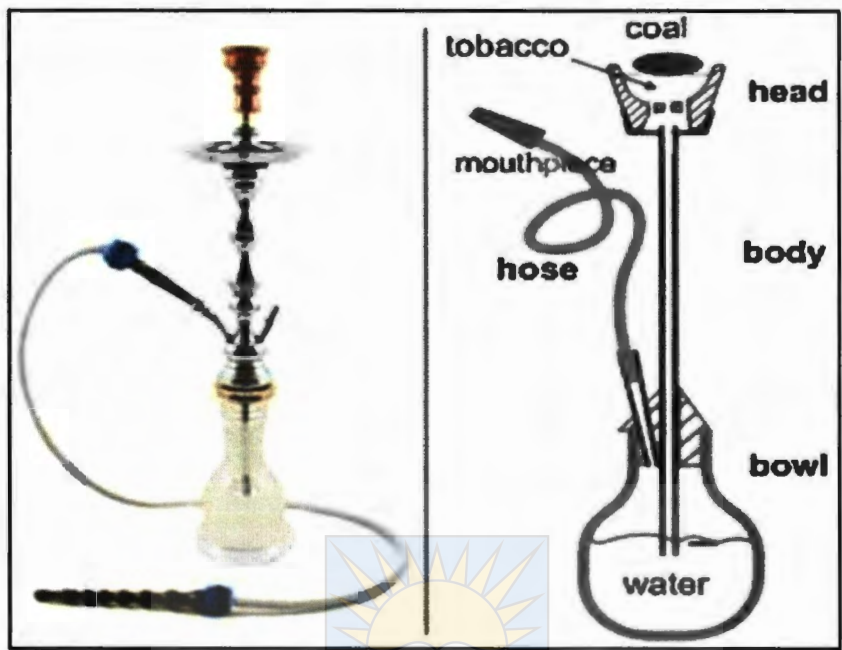


Figure 4: Illustration of a Waterpipe

The most common type of tobacco used in the waterpipe is called Maassel (see figure 5), which is sweetened and flavoured (eg, apple, banana, cherry, cola, vanilla mint, coffee, cappuccino, blackberry) (Katurji, Daher, Sheheitli, Saleh, & Shihadeh, 2010, p. 1101; Maziak, Ward, Afifi, Soweid, & Eissenberg, 2004, p. 327; Primack et al., 2008, p. 81). Maassel is moist and pliable, making it easy to use and it has a pleasant taste and aroma (Ward et al., 2005, p. 150).



Figure 5: Maassel Tobacco Commonly Used for Waterpipe Smoking

Trends in waterpipe smoking are alarming and what started as a “social” phenomenon in the East Mediterranean regions has become a global phenomenon (Cobb, Shihadeh, Weaver, & Eissenberg, 2011, p. 78; Dar-Odeh et al., 2010, p. 1; Katurji et al., 2010, p. 1101; Maziak, Rastam, Ibrahim, Ward, & Eissenberg, 2008, p. 519; Mzayek et al., 2012, p. 448) and its prevalence continues to increase (Maziak, 2008; Neergaard, Singh, Job, & Montgomery, 2007, p. 987; Noonan & Kulbok, 2009, p. 258; Ward et al., 2005, p. 149).

Waterpipes are increasing in popularity and as many as 100 million people use waterpipes daily (Maziak, Ward, Afifi, Soweid, & Eissenberg, 2004, p. 327; Wolfram, Chehne, Oguogho, & Sinzinger, 2003). These small, inexpensive, and socially-used tobacco pipes have become as fashionable as cigars were in the late 1990s (American Lung Association, 2007, p. 1) and waterpipe smoking among the youth has become more favourable than cigarette smoking (Saade, Abou Jaoude, Afifi, Warren, & Jones, 2008) (Tamim et al., 2003) (Dar-Odeh & Abu-Hammad, 2011, p. 1).

A survey done in South Africa, highlighted an alarmingly high rate of waterpipe use among the school children that were surveyed (Combrink et al., 2010, p. 298). This survey highlighted the commencement of waterpipe use at a young age and the widespread use of tobacco in combination with other substances such as alcohol and cannabis (Combrink et al., 2010, p. 298).

Globally, 5 million deaths each year are attributed to tobacco use, and this annual toll may increase to 10 million within the next 20–30 years (World Health Organization, 2005). Of these deaths, 70% are likely to occur in developing countries, making tobacco use a global epidemic (Maziak, Ward, Afifi, Soweid, & Eissenberg, 2004, p. 327).

Waterpipe smoking is not a safe alternative to cigarettes (Shihadeh & Saleh, 2005). Various studies have proven that waterpipe smoking is perceived by many people to be less harmful and addictive than cigarette smoking. (American Lung Association, 2007, p. 2; Asfar, Ward, Eissenberg, & Mazaik, 2005; Cobb, Shihadeh, Weaver, & Eissenberg, 2011, p. 78; Primack et al., 2008, p. 85; Roskin & Aveyard, 2009; Watad et al., 2009, p. 18). In one specific

study, most (more than 90%) beginning waterpipe smokers believe cigarette smoking is more addictive than waterpipe smoking (Asfar, Ward, Eissenberg, & Mazaik, 2005).

Most smokers also believe that the water-filtration serves as filters for harmful agents. (American Lung Association, 2007, p. 2; Asfar et al., 2005). This is far from the truth. A typical one hour session of waterpipe smoking exposes the user to approximately 100–200 times the volume of smoke that is inhaled from one cigarette (World Health Organization, 2005). In recent studies waterpipe smoke was also shown to contain high levels of toxic compounds, including carbon monoxide, heavy metals, and cancer-causing chemicals such as the dependence producing drug nicotine (Cobb, Shihadeh, Weaver, & Eissenberg, 2011, p. 78; Sajid, Akhter, & Malik, 1993). Alarming, a single session of waterpipe smoking produces as much tar as 20 low-tar cigarettes (Shihadeh, 2003). In addition, the smell, taste and smoothness of the sweet tobacco allegedly provide a much less irritating smoking experience and as a result, they may smoke for longer durations and inhale more deeply (American Lung Association, 2007, p. 2).

Younger members of the community are being encouraged to use this method of smoking under the misconception of its safety (Dar-Odeh et al., 2010, p. 1) however, this widespread unsubstantiated belief that the practice is safe is as old as the waterpipe itself (World Health Organization, 2005).

Waterpipe smokers and second-hand smokers are at risk for the same kinds of diseases as that are caused by cigarette smoking which includes cancer, heart disease, decreased pulmonary function, respiratory disease, elevated heart rate and blood pressure, decreased fertility and adverse effects during pregnancy as well as dangerous effects from dramatically increased smoke exposure (American Lung Association, 2007, p. 1; Azab et al., 2010, p. 606; Combrink et al., 2010, p. 297; Dar-Odeh et al., 2010, p. 1-2; Eissenberg & Shihadeh, 2009; Knishkowsky & Amitai, 2005; Primack et al., 2008, p. 82; Neergaard, Singh, Job, & Montgomery, 2007, p. 988; Ward et al., 2005, p. 150; Ward et al., 2007, p. 1340; World Health Organization, 2005, p. 4).

Available evidence suggests that waterpipe use is associated with considerable harm and is addictive (American Lung Association, 2007, p. 1; Mzayek et al., 2012, p. 449; Primack et al., 2008, p. 82; World Health Organization, 2005, p. 3).

During social gatherings, sharing of a waterpipe hose tip increases the risk of transmitting cross infections such as communicable diseases, viruses, and other illnesses such as tuberculosis and herpes (Dar-Odeh & Abu-Hammad, 2011, p. 2; Knishkowsky & Amitai, 2005).

Many waterpipe users and the public appear to engage in the behaviour despite acknowledging health risks (Cobb, Ward, Shihadeh, & Eissenberg, 2010; Maziak, 2008; Ward et al., 2005, p. 150). A qualitative study in Syria also reported views of waterpipe smoking as a pleasurable activity among friends with no regard for health consequences (Hammal, Mock, Ward, Eissenberg, & Mazaik, 2008).

According to Ward et al. (2007, p. 1339) factors thought to be responsible for the growing popularity of waterpipe use include (a) the introduction of ma'assel (a sweet and aromatic tobacco) (Dar-Odeh et al., 2010, p. 1) which has become especially popular with younger users (Kandela, 2000; Maziak, Ward, et al., 2004), and (b) the apparent belief that it is safer than cigarettes because the smoke is passed through water (Kandela, 2000; World Health Organization, 2005).

According to various studies, there are numerous reasons why people smoke waterpipe. In a Kuwait study the most common stated reasons were to relieve boredom and to help with relaxation (Memon et al., 2000). Egyptian smokers indicated they smoked waterpipe out of habit and to relieve cravings (Israel et al., 2003). The major reason Lebanese and Syrian university students smoked waterpipe was because it was entertaining, tasty and relaxing (Israel et al., 2003). A study done in South Africa revealed that 27.6% of waterpipe smokers reported that it 'helps to relax', while 45.5% reported that they have 'nothing better to do' (Combrink et al., 2010). Other reasons included promotion of group communication or family gathering, following social trends, cheap cost and time for reflection (Watad et al., 2009, p. 19).

Traditionally in the Middle East, waterpipe smoking has been the habit of older males who meet friends in a coffee shop. Today, younger adults, including high school students, use a waterpipe as an important component of their social gatherings (Maziak et al., 2004; Tamim et al., 2003).

Waterpipe smoking is often social, and two or more people may share the same waterpipe (World Health Organization, 2005, p. 4). Waterpipe use is largely a social phenomenon and most waterpipe use occurs in small groups of friends or family members (Dar-Odeh & Abu-Hammad, 2011, p. 2; Kandela, 1997; Maziak, Eissenberg, et al., 2004; Maziak et al., 2008, p. 522; Ward et al., 2005, p. 150) and is perceived as “bringing people together” (Kandela, 2000).

The findings of a study done in South Africa was consistent with those in Syria (Hammal et al., 2008) and elsewhere (Primack et al., 2008) where it was found that waterpipe smoking was a social event and perceived as highly socially acceptable (Senkubuge, Ayo-Yusuf, Louwagie, & Okuyemi, 2012, p. 758). According to Primack et al., (2008, p. 85) perceived peer acceptability and perceived popularity of waterpipe smoking are strong predictors of its use. Waterpipe smoking has been adopted more widely by various age groups of all social classes and has even become more socially accepted than cigarette smoking (Labib et al., 2007, p. 591; Watad et al., 2009, p. 19).

During the first few years of its appearance, it was not regarded by parents, teenagers, or educators as a health compromising risk behaviour that has the potential to lead some teens into the world of drug use. Rather, it was seen as a new social phenomenon (rather than a thrill-seeking type of risk behaviour) that took the place of the ‘Kumzitts’ which is a traditional Israeli social gathering sitting around a bonfire singing songs and telling tails (Korn, Harel-Fisch, & Amitai, 2008, p. 235). Moreover, the use of substances, such as various kinds of tobacco, herbs and even hard drugs in the device, has become common (Korn, Harel-Fisch, & Amitai, 2008, p. 225).

According to another study, the association of waterpipe use with cigarette smoking, problem drinking and drug use is very strong (Korn, Harel-Fisch, & Amitai, 2008, p. 235). Furthermore, it is obvious that the high prevalence of waterpipe use (much higher than cigarette smoking), and the unique qualities of the waterpipe itself have opened a wide and very dangerous new ‘gateway’ to tobacco, alcohol, and drug consumption-related behaviours (Korn, Harel-Fisch, & Amitai, 2008, p. 235). Misconceptions and fallacies as well as social accepting

attitudes about the waterpipe are promoting rampant and unsafe usage which is not only a health risk but it also contributes to the usage of cannabis especially at an early age.

4.4 Factors Affecting Adolescent Substance Abuse

Teenage drug misuse is not generated by a single isolated factor or even a few distinct factors (Malaka, 2001, p. 270). According to Terblanche & Venter (1999), there seems to be a growing agreement that it is a combination of interactive factors that results in an adolescent using and abusing drugs rather than a single factor.

According to Petraitis, Flay, & Miller (1995), not all adolescents even enter the early stage of experimental substance use, but for those who do, the following are some potential causes that may promote experimental substance use and further continuation of its use: Laws and norms favourable towards drug use; availability of drugs, extreme economic deprivation, certain psychological characteristics, early and persistent behavioural problems including aggression, other conduct problems like hyperactivity, a family history of alcoholism and parental use of illegal drugs, poor family management practices, family conflict, low bonding to family, academic failure, lack of commitment to school, early peer rejection, social influences to drug use, alienation and rebelliousness, attitudes favourable to drug use, early initiation of drug use, among others.

For the purpose of this study, the following elements will be focused on:

4.4.1 Curiosity

According to Conger (1979, p. 80), “one reason why adolescents may try a drug is simply that it is there.” The author argues that adolescents are curious about their expanding world and they are inclined to take risks. The multitude of changes associated with adolescence often contributes to the engagement in numerous high risk behaviours (Routledge, 2005, p. 19). Furthermore he argues that these adolescents do not believe, at least initially, that anything disastrous can happen to them (Conger, 1979, p. 80). With the increased availability and accessibility of drugs, this becomes a great concern.

Numerous studies have identified curiosity as the reason for adolescent substance abuse (Lancaster, 2004; Melrose et al., 2007; Patrick et al., 2010; Tsering et al., 2010). This is reported directly from adolescents who state that they were curious as to what the effects of the substance would feel like. This is also closely linked to the influence of their peers.

4.4.2 *Peer Influence*

It is claimed that adolescents are more vulnerable to peer influence and this peer influence has often been suggested as a significant contributor to adolescent substance abuse. This has been supported in a number of studies (Barrett & Turner, 2006; Branstetter et al., 2011; Brook, Morojele, Pahl, & Brook, 2006; Capuzzi & Lecoq, 1983; Currie, Hurrelmann, Settertobulte, Smith, & Todd, 2000; Glantz & Hartel, 1999; Jaffe et al., 1980; Melrose et al., 2007; Mrug, Hoza, & Bukowski, 2004; Palmqvist & Santavirta, 2006; Petraitis et al., 1995; Rodgers-Farmer, 2000; Stevens, McGeehan, & Kelleher, 2010; Wu, Lu, Sterling, & Weisner, 2004). They conclude that it is common for substance using adolescents to have substance abusing peers, and those adolescents who have substance using friends are more likely to use substances themselves.

According to Giancola (2000, p. 32), “peer influence is the effect on an individual resulting from social interactions with other individuals”. Moreover, peer pressure is a term that describes changes or temptations to make changes in attitudes, behaviours, and morals which is directly influenced by a peer group (Singh & Saini, 2007, p. 53).

Relationships with peers becomes the primary social context in adolescence and it has been proposed that the peak of peer influence occurs between the ages of 11 and 13 and is especially prominent in the area of substance abusing behaviour (Mrug & Windle, 2009, p. 518-519). According to Currie, Hurrelmann, Settertobulte, Smith, & Todd (2000, p. 45) the more time that adolescents spend with friends in such a group, the bigger the influence will be.

According to numerous studies and literature reviews, the use of substances enhances the social settings that peers interact within (Boys, Marsden, & Strang, 2001; Melrose et al., 2007; Palmqvist & Santavirta, 2006; Tsering et al., 2010) which creates an environment in which peers can have a ‘good time’ with each other (Patrick et al., 2010).

Drug consumption itself seems to be a social practice and within it decisions are made about whether or not to consume them, what kinds of drugs to use, and whether or not to keep on using them (Gutierrez & Palacios 2004, p. 26). Drug use by friends and acquaintances has been found to be an important determinant of a person's drug experience as the need to conform to what others in the same group are doing is often strong (Jaffe et al., 1980). A study conducted on adolescents and substance use stated that adolescents, whose friends were multiple users of drugs, were more likely to be multiple users themselves (Kandel, Treiman, Faust, & Single, 1976, p. 448).

It is well established that adolescents who have drug-using friends are more likely to use drugs themselves and therefore peers influence each other's drug use (Branstetter et al., 2011; Capuzzi & Lecoq, 1983; Steinberg et al., 1994; Wu, Lu, Sterling, & Weisner, 2004). Friends not only provide reinforcement for substance use by providing immediate access to substances, they also model drug using behaviour and influence the shaping of beliefs and positive attitudes toward the use of drugs (Branstetter et al., 2011, p. 151; Bukatko & Daehler, 2011; Palmqvist & Santavirta, 2006; Stevens et al., 2010, p. 1438). Therefore, peer substance use influences perceptions of how normative substance use is and often sets the standard for specific behaviours (such as substance abuse) and more specifically, their drug of choice.

Adolescents tend to form close intimate relationships with their peers and they tend to value these friendships greatly (Steinberg, 1991). This may provide the adolescent with a sense of identification and belonging and ultimately contribute to their choice of behaviour (Steinberg, 1991). According to Malaka (2001), acceptance by peers is vital to most adolescents and many teenagers use drugs because their peers do.

According to a study conducted by Palmqvist & Santavirta (2006, p. 204), the findings suggested that adolescents make decisions about their involvement in substance abuse, but their peers have an influence on these decisions in one way or another. They emphasised that the presence of peers and the actual quality of these friendships should both be considered when examining adolescent risk behaviours.

4.4.3 *The Family*

Parents are one of the most important influences in the lives of youth today (Drapela & Mosher, 2007, p. 64) and “there is a general consensus among theorists, on the crucial importance of family life” (Bezuidenhout & Joubert, 2003, p. 114). A substantial amount of literature has indicated the vital role that families play in the lives of adolescent development, health and well being (Bezuidenhout & Joubert, 2003; Kingon & O’Sullivan, 2001; Parker & Benson, 2005; Sullivan et al., 2004; Wall & Kohl, 2007; Wilkinson-Lee, Zhang, Nuno, & Wilhelm, 2011; Wills & Yaeger, 2003).

According to the World Health Organization (2007, p. 06), the family is the most important environment in the health and development of an adolescent, as well as with regards to prevention and treatment of health problems. Furthermore, they state the important aspects within a family environment include the provision of support and love, the promotion of moral development and a sense of responsibility, the provision of role models and education, setting of expectations, negotiation of services and opportunities, as well as the regulation of influences from the social environment.

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According to the World Health Organization (2007, p. 6), which is also directly related to the findings of this study, the family’s roles can be organized into five dimensions, with each having specific influences on adolescent health. These include (1) connection which involves a positive bond between parent/s and adolescent, (2) behaviour control which is also referred to as monitoring, (3) respect for individuality which includes trusting, supporting, communicating and fostering a sense of worth, (4) modelling of appropriate behaviour which involves parents being positive role models for their adolescents, and finally (5) provision and protection which involves parents providing for the adolescents basic needs.

The family is the primary social environment and plays a decisive role in the adolescents development specifically with regards to their skills, attitudes and behavioural patterns (Bezuidenhout & Joubert, 2003, p. 58; Currie et al., 2000, p. 40). The family environment is an important factor affecting adolescent substance use (Wu et al., 2004, p. 323) which is supported

by Pretorius, van den Berg & Louw (2003, p. 2) as they state that parents and family-related factors are variables that impact the adolescent to abuse substances.

Structural factors, family dysfunction, family structure, inadequate parental care, parental support, parental communication, parental rejection, inadequate supervision and monitoring, inconsistent discipline, family conflict, family substance abuse, exposure to violence, emotional and physical neglect, and abuse (Bezuidenhout & Joubert, 2003, p. 138; Wills & Yaeger, 2003) are just some family factors that may play a role in adolescent substance abuse.

- *Family Substance Use*

According to numerous studies the likelihood of youth using substances increases when family members are using or modelling the substance using behaviour (Capuzzi & Lecoq, 1983; Patrick et al., 2010; Petraitis et al., 1995; Rodgers-Farmer, 2000; Sale et al., 2005; Tapia et al., 2006; Taylor, 2010; Tolou-Shams et al., 2012; Usher et al., 2005; Wall & Kohl, 2007; World Health Organization, 2001; Wu et al., 2004).

According to van den Berg & Louw (2003, p. 2), they argue that parents and family who abuse substances may give adolescents the impression that drugs are part of the adult world. Furthermore they argue that this parental modelling may therefore motivate adolescents to experiment or continue abusing substances.

Concurring with this literature, a study done by Kingon & O'Sullivan (2001, p. 112) resulted in findings that parental substance abuse had an effect on the adolescents substance abuse. Furthermore, they found that a father's substance abuse specifically, had an effect on the adolescent's distress and deviance (substance use) especially when family cohesion was low.

According to further studies and consistent with previous ones, parental use of substances is associated consistently with greater use by their offspring and parents' choice of drugs is connected closely with adolescents' drug selection (Barrett & Turner, 2006, p. 111; Wu et al., 2004, p. 324).

- *Parent-Child Relationship*

Closeness to one's family creates a solid foundation for youth to develop a sense of self and navigate through adolescence (Houlberg, Henry, Merten, & Robinson, 2011, p. 112). Adolescents have a higher probability of being involved in substance abuse when bonds between the adolescent and his/her family are weak (Currie et al., 2000, p. 49).

According to a study done by Wills, Resko, Ainette, & Mendoza (2004, p. 131), good parent-child relationships promoted bonding and support which served as protective factors for adolescent substance abuse. This is also supported by various other studies (Bertrand et al., 2013; Kim, 2006; Kingon & O'Sullivan, 2001; Law et al., 2013; Mahabee-Gittens, Xiao, Gordon, & Khoury, 2012; Melrose et al., 2007; Mueller et al., 2011; Parker & Benson, 2005; Robinson, Power, & Allan, 2011; Rodgers-Farmer, 2000; Shelton & Van Den Bree, 2010; Toumbourou & Gregg, 2001; Tshiwula, 1999; Wilkinson-Lee et al., 2011).

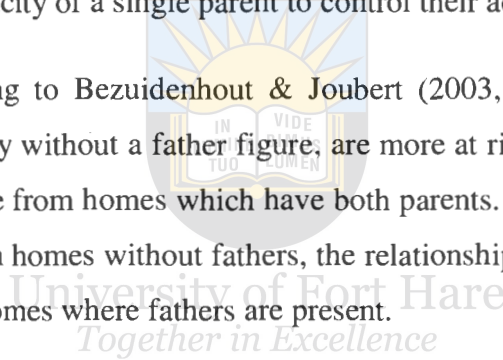
According to Petraitis et al. (1995, p. 75), parents who fail to provide their adolescents with warmth, support, reinforcement, supervision and discipline, have children who are more involved in substance abuse. Lee & Goddard, (1989, p. 301) argue that a growing body of literature exists to prove that the family is a vital key variable in the prediction and prevention of adolescent substance abuse. Furthermore they argue that a distant relationship between the parent and the adolescent, which includes the lack of parental affection, concern and involvement, could result in adolescent substance abuse (Lee & Goddard, 1989, p. 302).

Therefore, the parent-child relationship is an important component when considering factors that influence adolescent substance use. This is directly related to the objectives of this study as the researcher aims to explore this component.

- *Family Structure*

The structure of a family has been known to be associated with varying degrees of adolescent substance use (Barrett & Turner, 2006, p. 109; Wu et al., 2004, p. 324). Numerous studies have been done which stresses the prevalence of single-parent households relating to increased risk of substance abuse amongst adolescents (Barrett & Turner, 2006, p. 109; Mahabee-Gittens et al., 2012, p. 270). According to Cavanagh (2008, p. 946) scholars within his study agree that young people in stable two-biological parent families generally have higher levels of psychological well-being and engage in fewer problem behaviours than other peers within single-family households. According to Barrett & Turner (2006, p. 111) he believed that this was due to the lower capacity of a single parent to control their adolescents' behaviour.

Furthermore, according to Bezuidenhout & Joubert (2003, p. 59) youth from single-parent households, specifically without a father figure, are more at risk of engaging in substance abusing behaviours than those from homes which have both parents. In support of this, Wu et al. (2004, p. 324) explains that in homes without fathers, the relationship between peer pressure and drug use is stronger than in homes where fathers are present.



5. SENSE OF BELONGING AND CONNECTION

5.1 *Defining Sense of Belonging and Connection*

Research has begun to demonstrate significant connections between sense of belonging and human functioning (Hagerty, Williams, & Oe, 2002, p. 793). Baumeister and Leary (1995, p. 522) hypothesize that the desire to belong may be one of “the most far-reaching and integrative constructs currently available to understand human nature” (Baumeister & Leary, 1995, p. 522).

According to Frederickson et al. (2009, p. 2) belonging is “a powerful psychological concept, incorporating cognitive, social-emotional and behavioural experience within a single domain of connectedness to place, to culture, and to others” and thus as relational beings, we strive for connectedness with others” (Corey, 2005, p. 139). According to Maslow (1987) the need to belong is fundamental for human survival and from his theoretical perspective this refers to a social desire to be connected with other humans and to feel accepted by a group which can include a family (Hagerty, Williams, & Oe, 2002; Law et al., 2013; Newman & Newman, 2006; Robinson et al, 2010; Shlomi, 2010), peers (Law et al., 2013; McMillan & Chavis, 1986), school/work place (Goodenow, 1993; McGraw, Moore, Fuller, & Bates, 2008; Tapia et al., 2006), community (McMillan & Chavis 1986; Shlomi, 2010), as well as religious groups and even gangs (Maslow, 1987).

A sense of belonging can be defined as the extent to which individuals feel personally accepted, respected, included, and supported by others in their social environment (Baumeister & Leary, 1995) and it is considered a basic human need that is important throughout a person’s life (Maslow, 1943).

Hagerty, Williams and Oe (2002, p.173) present a definition of a sense of belonging as “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment” (Hagerty et al., 2002, p. 173). Furthermore, Anant (1966) supports this by stating that there are two main aspects for achieving a sense of belonging namely, (1) the experience of valued involvement, and (2) feeling of fit, as a part or a member of a group.

For the purpose of this study, belonging means to feel a part of or connected to a system and to feel valued and accepted within this system. Furthermore, for the purpose of this study, “belonging” and “connection” will be used interchangeably.

5.2 Sense of Belonging and Well-being

General well-being and happiness in life depends on having some close connections (Sargent et al., 2002, p. 510). A sense of belonging is a psychological experience and need, which has both cognitive and emotional components, and is associated with behaviour as well as psychosocial functioning (Hagerty et al., 2002). Baumeister & Leary (1995) explains that when this need for belonging is met, positive emotional and cognitive outcomes occur for the individual (Baumeister & Leary, 1995; Sargent et al., 2002, p. 520). They suggest that the individual will feel accepted and included which results in a variety of positive emotions, such as “happiness, elation, contentment and calm”, in contrast to which being rejected or excluded will lead to “potent negative feelings” (Frederickson et al., 2009, p. 2) such as unhappiness (Argyle, 1987), anxiety (Anant, 1966), aggression (Twenge et al., 2001; Twenge & Campbell, 2003), depression (Eisses et al., 2004; Hagerty et al., 2002; Hoyle & Crawford, 1994; Sargent et al., 2002), grief (Frederickson et al., 2009), loneliness (Frederickson et al., 2009), as well as guilt and jealousy (Leary, 1990). Other research have shown that lack of belongingness may aggravate mental illness (Baumeister & Leary, 1995; Baumeister, Brewer, Tice, & Twenge, 2007) and may even reduce the functioning of the immune system (Cacioppo, Hawkley, & Berntson, 2003).

A lack of a sense of belonging or connection will therefore result in poor emotional and mental health, which is described across theories such as potent negative feelings (Baumeister & Leary, 1995), maladjustment (Maslow, 1943), and psychoneurosis (Bowlby, 1969). According to Sargent et al., (2002, p. 511) people who lack a sense of belonging or connection are relatively highly prone to a broad range of behavioural problems, including substance abuse.

5.3 Sense of Belonging and the Adolescent

The need to belong is a human need that motivates behaviour (Shlomi, 2010) which is an important part of human experience as we develop the ability to maintain meaningful interpersonal relationships (Sargent et al., 2002). Descriptions of belonging emphasize its important role in both relationships and identity which are two critical aspects during the adolescent stage of development (Hagerty et al., 1992).

Therefore the need to belong, to succeed, and to feel needed, influences the behaviour of young people (Shlomi, 2010). According to Baumeister & Leary (1995) the most straightforward prediction of behaviour following threats to belongingness is that when individuals feel excluded, they will seek reparative sources of connection. Additionally, a study done by Gere & MacDonald (2010) reported that participants whose need to belong were threatened responded to others in an antisocial manner that seemed more likely to drive people away than to create opportunities for connection. This becomes a significant factor when trying to understand family and peer relationships. It can then be assumed that if adolescents lack a sense of belonging or connection within their family, they may react negatively and seek reparative sources within their circle of friends. Long (1997, p. 82-83) advances the idea that the adolescent's fundamental need is "for a place to belong".

5.4 Sense of Belonging and the Peers

According to Malaka (2001), acceptance by peers is vital to most adolescents. Peer acceptance and peer belonging are important in understanding the behaviour of adolescents (Melrose et al., 2007). As it was previously made clear, sense of belonging and connection is vital for adolescent health, and this includes peer groups. As discussed earlier, adolescent substance abuse is often a peer group activity. Therefore substance use within groups is a common group activity which contributes to belonging and connection and according to Malaka (2001), many teenagers use drugs because their peers do.

Adolescents tend to form close intimate relationships with their peers and they tend to value these friendships greatly (Steinberg, 1991). This may provide the adolescent with a sense of identification and belonging and ultimately contribute to their choice of behaviour (Steinberg, 1991). Studies have highlighted the significant relationship between adolescent substance abuse and peer sense of belonging (Melrose et al., 2007; Patrick et al., 2010; Steinberg, 1991; Usher et al., 2005). These studies emphasise how some adolescent substance abuse motivation is related to their desire to create, maintain or strengthen their peer relationships in order to 'fit in' with the group, and additionally the fear of being rejecting if they do not (Patrick et al., 2010).

5.5 Sense of Belonging and the Family

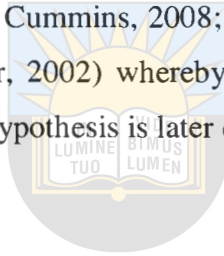
According to Robinson et al (2010), parents often underestimate the level of support they actually provide to their children which is highly valued by the adolescent. Hagerty, Williams, & Oe, (2002) emphasises the vital role of a parent in the development of a sense of belonging in adolescents. This close relationship with a parent may contribute much to their sense of belonging, their positive development, and consequently to their overall well-being. Studies have shown that having a caring relationship with at least one parent during adolescence had the highest positive correlation with sense of belonging in adulthood (Shlomi, 2010) and can be a protective factor against poor outcomes (Robinson et al., 2010).

Therefore, experiencing a sense of belonging in their families has implications for the healthy development of adolescents. Newman & Newman (2006) observes that adolescents need a significant experience of belonging and connection in their families in order to achieve a unique sense of identity and to ensure their overall optimal development. Resnick, Harris, & Blum (1993) concurred that experiencing a sense of belonging enhances resiliency and wellbeing in general and concluded that family connectedness is the most powerful protective factor against disturbed behaviours during adolescence

Theorists such as Baumeister & Leary (1995, p. 505-511) and Santrock (2006, p. 400) agree that the lack of secure, warm connected relationships within the family may be consistently associated with negative effects, depression, loneliness and anxiety in adolescents.

In a study done by Berk (2009, p. 610), he notes that not experiencing a significant sense of connectedness within the family may result in increased susceptibility to a range of problems, including experimentation with sexual behaviours, and alcohol and drugs at an early age. He also observed that securely attached adolescents also had better peer relations and were less likely to engage in problem behaviours, such as juvenile delinquency and drug abuse. (Berk, 2009, p. 622-625).

To understand this concept of belonging, a wealth of research has accumulated in support of a theory known as the Belongingness Hypothesis (Baumeister, DeWall, Ciarocco, & Twenge, 2005; Buckley, Winkel, & Leary, 2004; DeWall & Baumeister, 2006; MacDonald & Leary, 2005; Mellor, Stokes, Firth, Hayashi, & Cummins, 2008; Twenge, Baumeister, Tice, & Stucke, 2001; Twenge, Catanese, & Baumeister, 2002) whereby the significance of this need can be better understood. This Belongingness Hypothesis is later discussed in detail in Chapter Three.



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6. THE FAMILY

6.1 *The Family Defined*

Families can be defined as two or more people who consider themselves “family” and who assume obligations, functions, and responsibilities generally essential to healthy family life (Bailey, 2003). In traditional Western approaches, families are described as nuclear (married couple and their children), extended (nuclear plus other blood relatives (grandparents, aunts, uncles, cousins), single parent (couple is separated) or reconstituted (one or both of the parents have been previously married and have children from the previous relationship) (Fine, 1995). But in South Africa, these family stereotypes do not necessarily exist because family structures are heavily influenced by unusual economic factors, traditional lifestyles and a combination of first and third world experiences (Fine, 1995).

Giddens’ (2001, p. 170) defines a family as a “group of persons directly linked by kin connections, with the adult members of which assume responsibility for caring for their children”. He further explains that kinship ties are connections between individuals, such as mothers, fathers, siblings and offspring. Fine (1995) expands on this by explaining that a family is a group of people that live together and who have strong emotional bonds with one another.

Louw and Van Ede (1998, p. 240) define a family as a social system which has a unique role structure that defines how each individual should behave and what their relationships with one another should be. Furthermore he states that a family has certain functions or roles that are assigned to its individual members and together they play an important role in determining healthy development of each individual.

For the purposes of this study, the term ‘family’ will refer to a system where one or two parents care for one or more children.

6.2 *The Family as a Functioning Unit*

Members within a family perceive themselves as a unit where all members have a special relationship with each other, an emotional bond with one another, and they know where they belong and who they can turn to within the family. This feeling of belonging provides the members with a sense of security and they are able to feel a sense of being connected to something greater than themselves (Fine, 1995). Thus, family members need to know that other members care about them, their feelings, emotions and responses. Strong families care about each other, they express positive feelings and appreciation for each other's efforts and accomplishments, and they also affirm, trust, and support one another (Lee & Goddard, 1989). The family unit has its own set of beliefs and lifestyle and each family member should feel a sense of responsibility towards each other (Fine, 1995).

A primary function of a family is to support the development of its members and it does this by carrying out certain functions: (1) Basic tasks (for example the provision of food, and shelter), (2) Development tasks (enhancing individual development and transition through the life stages), as well as (3) Hazardous tasks (for example dealing with loss of income, and sudden death) (Manor, 1984).

All families move through a series of stages and adjusting to each new stage brings with it stress and the need for change. The healthy family is able to work together in order to re-establish a healthy equilibrium that accommodates this new change (Fine, 1995). Problems may occur and stress levels may escalate but a healthy family should be responsive to outside input and experiences, whether they are negative or positive, and it should also offer a sense of security in this context of continuing change (Fine, 1995). Adolescence is an event that occurs which requires substantial adjustment within the family system (Manor, 1984). A shift from dependence on parents to increased involvement with peers occurs in adolescence, but the role of the parent in the adolescents life remains the most important (Robinson, Power, & Allan, 2010). Together with their sense of belonging and connectedness towards each other, family members are able to overcome changes and their developmental tasks while they work functionally together as a unit.

6.3 Family Connectedness and Sense of Belonging

6.3.1 Defining Family Sense of Belonging and Connectedness

According to Finkelstein (2009), connections are relationships that are healthy and supportive while disconnections involve relationships that are not mutual or empowering and which lack emotional supportiveness.

Law, Cuskelly, & Carroll (2013, p. 117) describe family connectedness as a sense of belonging and closeness to one's family members. In addition to this, McKiernan, Shamblen, Collins, Strader, & Kokoski (2013, p. 100) and Anfara, Mertens, & Caskey (2007) explain that family connectedness is feeling emotionally close, cared about, and listened to by one's family. Furthermore, they explain that when a person feels connected to their family, one is able to express personal thoughts and feelings (McKiernan, Shamblen, Collins, Strader, & Kokoski, 2013, p. 100) which is important during the challenging adolescent years (Mueller et al., 2011).

According to the World Health Organization (2007, p. 9), 'connection' is made up of behaviours that convey to adolescents that they are loved and that they are accepted. Furthermore, it is the aspect of parent-adolescent relationship that is also called "warmth, affection, care, comfort, concern, nurturance, support or love" (World Health Organization, 2007, p. 9). A stable connection between parent and adolescent is associated with higher levels of social competence during adolescence (World Health Organization, 2007, p. 9).

Low levels of connection may be experienced by adolescents who experience psychologically hurtful behaviours such as the family being 'cold' and unaffectionate, hostile and aggressive, or indifferent and neglecting towards the adolescent (World Health Organization, 2007, p. 9). Furthermore, low levels of connection are also associated with feelings of being rejected, aggression and hostility, increased dependency, decreased self-esteem, and emotional instability (World Health Organization, 2007, p. 9).

Furthermore, Newman and Newman (2006, p. 323-331), Bee & Boyd (2009), Jarvis (2004) and Houltberg et al., (2011) indicate that a family atmosphere which promotes connectedness provides a foundation for adolescents in developing a sense of self and identity, further enhancing psychological well-being which is fundamental in order to develop successfully through the stage of adolescence. The family and the home is meant to be the primary source of love, learning, moral guidance and emotional support for all adolescents (World Health Organization, 2001)

Hagerty et al. (2002, p. 8) and Mueller et al. (2011) emphasises the vital role of a parent in having a close, caring relationship with their adolescent in order to fulfil their sense of belonging which ultimately contributes to their overall well-being. Furthermore, Finkelstein (2009) states that the experience of relationships as connections and disconnections is a central issue in development, with repeated severe disconnections potentially having serious psychological and behavioural consequences.

As empirical literature has identified, family connectedness is often closely linked to other concepts and even used interchangeably with other family related concepts such as bonding, closeness, love, trust, caring, warmth, affection and support.

6.3.2 *Family Connectedness and Adolescent Substance Abuse*

Adolescence is a time of self-discovery and identity formation, and it is believed that having positive and supportive parents can be influential in helping adolescents move from the insecure early teen years into the more stable adulthood phase of life (Mueller et al., 2011).

“Deep, healthy human connections build strong protective shields (or immunity) to prevent harm and provide both nurturing and healing support, even when challenges penetrate this shield” (McKiernan, Shamblen, Collins, Strader, & Kokoski, 2013, p. 100). Furthermore, feeling or perceiving that one is connected, in this case with the family, appears to protect problematic behaviours that may be initiated during adolescence.

Adolescents, who feel unwanted, rejected, or lacking in conventionally valued ways might become alienated from parents, feel motivated to rebel against conventional standards, believe that their self-worth can be enhanced by engaging in alternative to conventional behaviours, and become involved with deviant peers who boost their sense of self-worth (Bailey, 2003; Petraitis et al., 1995).

According to the World Health Organization (2001, p. 3) when adolescents feel connected to their families and when their parents are involved in their children's lives, it influences how adolescents feel about themselves and the choices they make about behaviours. They emphasise the need for adolescents to have at least one adult who is committed to their well-being, who they can turn to and trust.

Prior and recent studies have documented the significant relationship between family connectedness and adolescent wellbeing especially with regards to substance use and abuse (Amoatang et al., 2006; Branstetter et al., 2011; Cavanagh, 2008; Drapela & Mosher, 2007; Houlberg, Henry, Merten, & Robinson, 2011; Law, Cuskelly, & Carroll, 2013; Mahabee-Gittens et al., 2012; McKiernan, Shamblen, Collins, Strader, & Kokoski, 2013; Mueller et al., 2011; Sale et al., 2005; Slesnick & Prestopnik, 2004; Stevens et al., 2010; Tapia, Schwartz, Prado, Lopez, & Pantin, 2006; Taylor, 2010; Tshiwula, 1999; Wills et al., 2004; Wu et al., 2004). This research has demonstrated that connectedness to parents and family serves as a protective factor against risky behaviours and negative effect (Amoatang et al., 2006; McGraw et al., 2008; Resnick et al., 1997; Robinson et al., 2011; Skinner & Furrer, 2003).

According to a study done by Robinson et al. (2010) family related protective factors such as providing a secure base, caring, connectedness, support, and belonging are linked to positive outcomes while poor parenting is clearly linked to negative outcomes such as antisocial behaviour and substance use (Robinson et al., 2010).

6.3.3 *Family Protective Factors*

According to Bezuidenhout & Joubert (2003, p. 53) a protective factor refers to characteristics of an individual or the circumstances that mediate or buffer the effects of risk factors, while on the contrary, a risk factor refers to that which is associated with a harmful or negative outcomes. As mentioned previously, family connectedness and family sense of belonging are aspects that are hugely associated with protecting the adolescent from substance abuse. However, other factors can also act as protective factors which are either directly or indirectly linked to sense of belonging and connection. These include the following:

- *Family Support*

Strong families care about each other and express positive feelings and appreciation for each other's efforts and accomplishments, they affirm, trust, and they support one another (Lee & Goddard, 1989, p. 302). According to Peterson & Bush, (1999, p. 435) parental support is an indicator of relationship connectedness, and refers to behaviours by parents that communicates feelings of warmth, affection, and a sense of being valued.

Family support has been expressed in various ways by various theorists which includes, the extent to which an adolescent feels loved, trusted, and cared for (Wall & Kohl, 2007, p. 22), expressions of interest in the child (Wu et al., 2004, p. 324), listening with sympathy, showing appreciation of effort, and encouragement (Wills et al., 2004, p. 106 & 222), parental praise, approval, encouragement (Branstetter et al., 2011, p. 151), physical affection, demonstrations of love and acceptance, being able to rely on parents (Dickerson & Crase, 2005, p. 47) and feelings of warmth (Bertrand et al., 2013, p. 29).

When adolescents perceive high levels of family support and connectedness, these can be powerful protective factors against adolescent substance abuse (Bertrand et al., 2013; Bezuidenhout & Joubert, 2003; Branstetter et al., 2011; Dickerson & Crase, 2005; Kingon & O'Sullivan, 2001; Tapia et al., 2006; Wall & Kohl, 2007; Wills et al., 2004; Wu et al., 2004) and therefore low family support is linked to higher drug use (Parker & Benson, 2005, p. 131; Slesnick & Prestopnik, 2004, p. 244).

According to Dickerson & Crase (2005, p. 47) family bonding is “the ability of family members to connect on an emotional level by supporting each other and interacting with each other in positive and productive ways”. They support that a strong bond between parents and adolescents provides a more secure environment. Wu et al., (2004, p. 324) concurs that family bonding and parent-family connectedness are also associated with less frequent cigarette, alcohol, and cannabis use.

According to Sullivan et al. (2004) family support is theorized to operate as a protective factor by providing an environment where children feel connected to and supported by family members and thus may be more comfortable disclosing and processing thoughts and feelings. Therefore, adolescents who perceive their family as distant are more likely to abuse substances (Lee & Goddard, 1989).

According to Wills, Resko, Ainette, & Mendoza (2004) their findings too have suggested that emotional support and good parent-child relationships has consistently been found to be a protective factor as it promotes bonding and is related to less deviant-prone attitudes. According to a study done by Petraitis et al. (1995), adolescents with a weak attachment to their family and to their parents will feel that they have little to lose through attachment to deviant peers. They argue that adolescents, once attached to deviant peers, are likely to observe, imitate and be socially rewarded for a variety of deviant behaviours including substance abuse. Research findings by Mrug & Windle (2009, p. 535) concurred that positive relationships with parents which developed over the years through nurturance, may deter adolescents from engaging in deviant behaviour that their peers may be supporting.

Berk (2009, p. 624-625) substantiates these views, stating that securely attached adolescents from warm, supportive families experience better peer relationships and are less vulnerable to problem behaviours than adolescents from unsupportive families. Petraitis et al., (1995) concurs that substance use is more common among adolescents who report feeling rejected by their parents and wanting closer relationships with their families. In addition, results indicated that adolescents are pushed towards substance use by parents who fail to provide them with warmth, support, reinforcement, supervision and discipline.

According to Peterson & Bush, (1999, p. 436) the opposite of family support can involve relationship restrictiveness, parental withdrawal of affection (or love withdrawal), which includes behaviour such as turning one's back on the adolescent, inducing guilt, and refusing to speak to the young in efforts to influence their behaviour. Such restrictive behaviour is used to manipulate feelings of guilt and dependency needs of adolescents which often induces feelings of blame and anxiety.

According to Peterson & Bush, (1999, p. 435) they state that parental support establishes a sense of closeness or connection between parents and adolescents that often has lasting beneficial effects.

- *Monitoring and Supervision*

Parental monitoring and supervision refers to a set of interrelated parenting behaviours that involves structuring the child's environment which ensures a parent's knowledge of his or her child's activities, associations (peer groups), and whereabouts to safeguard that the child's behaviour is not harmful to his or her development and safety (Bertrand et al., 2013; Toumbourou & Gregg, 2001; Wall & Kohl, 2007; Wu et al., 2004).

Research continues to document the consistent link between parental monitoring and adolescent behavioural problems. According to Racz & McMahon (2011, p. 377) inadequate parental monitoring and supervision by parents is widely recognized as a risk factor for the development of child and adolescent conduct problems, specifically substance abuse. This is supported by various research studies that have been conducted (Barrett & Turner, 2006; Bertrand et al., 2013; Bezuidenhout & Joubert, 2003; Mahabee-Gittens, Xiao, Gordon, & Khoury, 2012; Melrose et al., 2007; Parker & Benson, 2005; Patrick et al., 2010; Petraitis et al., 1995; Robinson, Power, & Allan, 2011; Rodgers-Farmer, 2000; Slesnick & Prestopnik, 2004; Steinberg et al., 1994; Tapia et al., 2006; Taylor, 2010; Tolou-Shams et al., 2012; Wall & Kohl, 2007).

According to a study done by Wu et al. (2004) adolescents who perceived less parental monitoring were more likely to have a history of alcohol and cannabis use. Furthermore, this study revealed that good parental monitoring helped prevent initiation of drug use, reduced drug severity, and decreased the likelihood of affiliation with substance using peers. Mrug & Windle's (2009, p. 535) study concurs with these findings and states that the higher the level of parental monitoring, the less likely the opportunities for negative peer influence to take place. A lack of parental monitoring and supervision therefore correlates with criminal activity and misbehaviour (Bezuidenhout & Joubert, 2003, p. 60), especially within peer groups.

According to Barrett & Turner (2006, p. 111), weaker parental monitoring and lack of adult supervision, especially after school is associated with greater substance use amongst adolescents. This was supported in a study done by Kingon & O'Sullivan, (2001, p. 111) where it was found that parental presence at key times during the day (waking, after school, at dinner, and at bedtime) had some protective effects specifically against emotional distress, smoking, drinking alcohol, and the use of cannabis.

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- *Family Time*

An extensive amount of literature and research studies have also indicated the significance of family time in the prevention of adolescent substance abuse (Bezuidenhout & Joubert, 2003, p. 26; Kingon & O'Sullivan, 2001, p. 111; Mahabee-Gittens et al., 2012, p. 284; Moore, Young, Weir, & Ochshorn, 2007, p. 130).

According to studies conducted by Kingon & O'Sullivan (2001, p. 111) a greater number of shared activities between adolescents and their parents was associated with decreased rates of emotional distress and substance abuse. Furthermore, the less interaction an adolescent has with family members, the higher the risk of engaging in misbehaviour (Bezuidenhout & Joubert, 2003, p. 26).

- *Communication*

Positive and open communication involves active listening without judgment, offering emotional support, facilitating values, confirming the young person's perspective of the world, and providing comfort, encouragement, empathy and respect (Dickerson & Crase, 2005, p. 46; Kingon & O'Sullivan, 2001, p. 110).

Through open communication, individuals are able to understand each other's needs, provide support, prevent misunderstandings, and discuss their thoughts and feelings without fear of being rejected or ridiculed (Dickerson & Crase, 2005, p. 46). Poor communication between family members and an adolescent is often emotionally charged and bitter, leading to a host of behavioural problems (Taylor, 2010, p. 606). On the other hand, positive communication avoids blame and criticism and can often be used to solve problems constructively (Toumbourou & Gregg, 2001, p. 55).

Since adolescence can be difficult for families, open communication within the family is very important as it may prevent the adolescent from engaging in negative behaviours, including substance abuse (Dickerson & Crase, 2005; Kingon & O'Sullivan, 2001; Mahabee-Gittens et al., 2012; Robinson et al., 2011; Tapia et al., 2006; Tolou-Shams et al., 2012; Usher et al., 2005).

During the process of communication some sort of signal is sent from one individual to another which may influence behaviour (Smith et al., 2011). According to Moore, Young, Weir, & Ochshorn (2007, p. 130), problematic communication with parents is often associated with adolescent aggression and escalation of familial conflict whereas open communication has been related for effective abilities in dealing with stress and with regards to adolescents displaying appropriate behaviours (Dickerson & Crase, 2005, p. 46).

- *Family Conflict and Adolescent Stress*

Adolescence is a time of heightened conflict and while a certain amount of conflict is a normal part of family life, severe conflict can harm both adolescents and their parents (Currie et al., 2000, p. 40). According to Toumbourou & Gregg (2001, p. 56) adolescents are still developing coping strategies to manage the physical and social changes occurring through this crucial period, and the consequences can be an increased level of conflict within the family. Furthermore Kim (2006, p. 46) indicated that the parent–child relationship during adolescence may be more volatile and challenging because increased conflict often results in the “amplification of emotional intensity”. Shlomi (2010, p. 5-6) concurs that many researchers have emphasised unstable family environments in having detrimental effects on adolescents behaviours and emotional states.

The parent’s response during the adolescent period represents a critical developmental transition factor because parent-child conflict can undermine adolescent self-confidence, increase stress, and distance the adolescent from the family which is an important source of support (Toumbourou & Gregg, 2001, p. 56). Lee & Goddard (1989) support these findings and maintain that distant relationships between parents and adolescents could result in substance abuse.

According to a study done by Wills et al., (2004, p. 223) a pattern of destructive family arguing can create feelings for the adolescent that their interactions with their parents are often negative. Furthermore they argue that several studies have linked this parent-child conflict to adolescent disengagement from their family which often leads to associations with deviant peer networks, which often involves the use of substances.

According to Shelton & Van Den Bree (2010), adolescents who use substances regularly may experience parental disapproval. Therefore, negative and stressful relationships such as high levels of family conflict, have proved to predict greater substance use among adolescents (Barrett & Turner, 2006; Branstetter et al., 2011; Bezuidenhout & Joubert, 2003; Patrick et al., 2010 ; Robinson et al., 2011; Toumbourou & Gregg, 2001; Wilkinson-Lee, Zhang, Nuno, & Wilhelm, 2011; Wu et al., 2004) and parent-to-child hostility with decreased

expressions of warmth is associated with increased drug use (Shelton & Van Den Bree, 2010, p. 1045).

According to Usher, Jackson, & O'Brien (2005, p. 211), substance use is a stigmatized activity within the family and it places a great amount of stress on families. They argue that families facing substance abuse typically deal with it in one of three ways: (1) engaging directly with the problem, (2) tolerating the problem, or (3) withdrawing from the substance-abusing family member (Usher, Jackson, & O'Brien, 2005, p. 211). According to them, the latter two of the options are not in the best interest of the adolescent substance user and that once family relationships have been ruptured, it can be very difficult to rebuild (Usher, Jackson, & O'Brien, 2005, p. 211).

According to Sargent et al. (2002, p. 508) people who do not have adequate supportive relationships experience greater stress than those who do. Previous research shows too that connectedness in close relationships holds potential to protect adolescents against negative feelings by providing a sense of belonging and emotional support during times of stress (Houlberg et al., 2011). Robertson et al. (2010, p. 455) concurs that family support, family stability, and family cohesion appears to be critical for buffering the effect of stress on adolescent substance use.

According to Shelton & Van Den Bree (2010) substance use is argued to offer a means of coping with poor family functioning and argue that parent-child relationships that are non-supportive or characterized by conflict can also undermine adolescent's ability to regulate their behaviour in a positive way, with self-regulation linked to levels of substance use. Therefore family conflict often results in negative feelings of stress for the adolescent, which he or she is not yet able to regulate effectively which can lead to substance abuse as a way of coping.

According to Mrug & Windle (2009, p. 535) positive parenting promotes effective self-regulation of emotions and behaviour in adolescents. According to Tolou-Shams et al. (2012, p. 450) research has suggested that if parents are unable to assist their children in regulating their emotions, this may lead to social incompetency and risky behaviours because youth with less developed regulation skills may seek out substances to help manage strong feelings.

- *Substance Abuse as a Coping Mechanism within the Family*

“Coping is broadly defined as responses (for example behavioural, cognitive) that are used with the goal of preventing, relieving or managing stress” (Sullivan et al., 2004). According to Robertson, Xu, & Stripling (2010, p. 454) coping is defined as “behavioural and cognitive efforts to manage stressors and may be categorized as (1) active (includes support seeking and problem solving to remove the stressor), (2) avoidant (involves avoiding the stressor/thought/feeling), or (3) accommodative coping strategies (involves adapting to the situation primarily through positive cognitive methods). According to them, individuals who use active coping strategies are less likely to abuse substances, while the use of avoidant coping is associated with increased substance abuse.

Sullivan et al. (2004, p. 489) supports this by stating that stress is a risk factor for adolescents and that substance use represents a form of avoidant coping that adolescents may use with the perception that it will alleviate negative effects. Lee & Goddard (1989) as well as Conger (1979, p. 82) also agree that the use and abuse of substances in adolescence can be seen as a way of coping with or escaping from problems, anxieties, and the uncertainties in their life. These adolescents may turn to the use of these substances as a way to numb their feelings therefore coping with their life as well as the stressor (Lee & Goddard, 1989). Substance use is also argued to offer a means of coping specifically with regards to poor family functioning (Shelton & Van Den Bree, 2010). Tshiwula (1999, p. 68) emphasizes that the greatest danger is when an adolescent uses substances in order to cope with insecurities, feelings of rejection or problems with their daily life.

According to Van Gundy & Rebellon (2010, p. 246), teenagers encounter different types of stress than adults do and their reaction to this stress may involve more impulsive and self-destructive ways of coping with it. Furthermore, exposure to various stressful stimuli may elevate drug use and abuse for the adolescent (Van Gundy & Rebellon, 2010, p. 245).

Numerous empirical studies and literature publications have highlighted the reoccurring findings that substance use is often used as a way of coping with the users difficulties or stress that he/she experiences in life (Bodkin et al., 2008; Bottorff, Johnson, Moffat, & Mulvogue,

2009; Capuzzi & Lecoq, 1983; Green et al., 2003; Melrose et al., 2007; Osborne & Fogel, 2008; Patrick et al., 2010; Sayeed et al., 2005; Somaini et al., 2012; Tsering et al., 2010; Van Gundy & Rebellon, 2010; Weinstein et al., 2010). Substances are therefore often used by adolescents to cope with unpleasant psychological and emotional feelings of stress.

According to Sullivan et al., (2004) family support and parental monitoring can positively assist adolescents in adaptively coping with their stress (Sullivan et al., 2004) but if a parent-child relationship or bond weakens, the adolescent may turn to others outside the home for support and guidance (Tshiwula, 1999, p. 50).

6.4 *Family Involvement in Treatment*

To reiterate the importance of family in the well-being of adolescents it is important to take note that the family is an important factor in not only the prevention of substance abuse, but also the treatment of it. This in itself emphasises the significant role that the family plays in the life of the adolescent.

Numerous studies have emphasised the importance of family involvement in adolescent substance abuse treatment (Bertrand et al., 2013, p. 29; McKiernan et al., 2013, p. 98; Robbins, Bachrach, & Szapocznik, 2002; Robinson et al., 2011, p. 60; Slesnick & Prestopnik, 2004, p. 244; Tolou-Shams et al., 2012, p. 449) as parents are a part of the adolescent's family system and therefore an important part of the solution.

According to Sale et al. (2005, p. 204) findings suggest that "programs that strengthen family connectedness are more effective in achieving prevention outcomes than programs without this focus". According to Toumbourou & Gregg (2001, p. 54) evidence has shown that interventions involving families of adolescents can reduce social problems such as drug abuse. A research study done by Robbins, Bachrach, & Szapocznik (2002, p. 48) concurred with these findings which found that engagement with family members through family therapy reduced cannabis use among adolescents as compared to therapy that did not include family involvement. "Sometimes the family has been seen as the contributing factor to delinquent behaviour; at other times it has been seen as offering the best potential for curbing it" (Dallos, 1993, p. 155).

7. CONCLUSION

This chapter consisted of a literature review which focused on adolescence, substance abuse (specifically cannabis and the waterpipe), as well as sense of belonging and connection within the family. Each aspect shows a vast array of empirical findings, however, when compared and related to each other, new findings are evident. Throughout existing literature, the importance of family is highlighted when adolescent substance abuse is discussed. However, the importance of 'connection' and 'belonging' within the family is often underrated, especially when reviewing the emotional development of adolescents and their involvement with specific substances which promote this 'connection'. The research will explore the link between family disconnection and belonging which contributes to adolescent substance abuse, specifically cannabis use.



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CHAPTER THREE: THEORETICAL FRAMEWORK

1. INTRODUCTION

The aim of this chapter is to introduce the theoretical framework (also known as conceptual framework) that serves as the foundation for this research study. According to Maxwell (2005, p. 33), a framework is “a tentative theory of the phenomenon under investigation which informs the rest of the design” while Dumont and Sumbulu (2009, p. 199) explains that a theoretical framework consists of “theories that aim to explain social phenomena”. The theoretical framework’s that guide this study originate within the social science field, specifically social work and psychology, and will therefore provide the reader with a particular perspective through which to examine this study.

The purpose of this chapter is to create a better understanding of the key concepts that underlie this study, namely the Belongingness Hypothesis which is key in understanding human motivation and behaviour; the Family Systems theory which is essential in understanding the functioning of a family; as well as Interpretative Phenomenological Analysis, which guided the entire process of this research study.

2. THEORETICAL FRAMEWORK AND PHILOSOPHICAL POSITION

2.1 Baumeister and Leary's Belongingness Hypothesis

“To be rooted is perhaps the most important and least recognized need of the human soul” (Simone Weil, 2001)

As far back as one can remember, human beings have grouped themselves in order to ensure survival. According to Baumeister and Leary (1995) as well as Bowlby (in Ainsworth, 1969), the need to belong is inherent, this has an evolutionary origin and emphasises the existence of a sense of belonging in relationships in order to ensure survival as well as reproduction.

Baumeister and Leary developed the ‘Belongingness Hypothesis’ in 1995 that suggested that human beings have a natural tendency and need to form interpersonal relationships with other human beings. According to them, “human beings are fundamentally and pervasively motivated by a need to belong, that is, by a strong desire to form and maintain enduring interpersonal attachments” (Baumeister & Leary, 1995, p. 522). Moreover, people seek “frequent, affectively positive interactions within the context of long-term, caring relationships” (Baumeister & Leary, 1995, p. 522). Thus belonging is met when an individual experiences both a positive and long term attachment with another.

Baumeister and Leary (1995, p. 497) define belonging as “frequent, affectively pleasant interactions in the context of stable and enduring relationships where effective concern exists for each other’s welfare.” According to Baumeister and Leary (1995, p. 498, 522), the existence of this need to belong is underappreciated and should be considered “a basic human need, as basic as food and shelter”. Baumeister and Leary (1995, p. 519) state that humans are naturally driven towards establishing and sustaining this sense of belonging. Human beings are therefore driven by the need to obtain their sense of belonging through genuinely caring, mutual relationships with others and are driven to sustain these relationships.

Baumeister and Leary (1995, p. 500) outlined two criteria that must be satisfied in order for a sense of belonging to be experienced. These include (1) frequent personal contact, and (2) long term caring relationships, which can be explained as follows:

- (1) People need frequent personal interactions with several other people, which ideally should be affectively positive or pleasant, and free from conflict and negative affect.
- (2) People need to perceive that there is an interpersonal bond or relationship which is characterized by stability and affective concern. Furthermore, the need to belong can only be satisfied if the person believes that the other likes/loves him and cares about his welfare and therefore perceives the bond as rewarding.

Therefore, according to Baumeister and Leary (1995), the need to belong is something more than a need for connection or a need for intimate attachment. They argue that regular contact with non-supportive others can only go so far as stimulating ones general well-being and would not satisfy a persons need to belong. Furthermore, relationships that are characterized by strong feelings of attachment, intimacy, or commitment but lacking regular contact will fail to satisfy this need for belonging. They argue that “the need is for more regular social contact with those to whom one feels connected” and that “simply knowing that a bond exists may be emotionally reassuring, yet it would not provide full belongingness if one does not interact with the other person” (Baumeister & Leary, 1995, p. 501). Thus frequent interaction with individuals with whom a stable bond exists, is significant in meeting an individuals need to belong.

Baumeister and Leary (1995, p. 522) concluded that “the desire for interpersonal attachment may well be one of the most far-reaching and integrative constructs currently available for understanding human nature.” Furthermore, they explain that positive effects may be observed when the need to belong is satisfied, and thus negative effects can be observed when it is not, specifically with regards to a broad range of pathological consequences which includes a person’s mental, emotional and physical health. Therefore, “the need to belong is a fundamental human motivation” (Baumeister and Leary, 1995, p. 497) which drives our thoughts, our emotions, and our behaviour. With this in mind, it makes sense to understand the need to belong as linked to the positive and negative emotions that people experience depending on their belongingness status.

According to Baumeister and Leary (1995, p. 508), sufficient data exists to support their opinion that being accepted and included results in the experience of positive emotions such as happiness, euphoria, contentment and calmness while those who experience difficulties in establishing and maintaining positive relationships are more likely to experience a sense of deprivation, negative feelings (such as loneliness, depression, anger), as well as negative behaviours (such as offending behaviours which include substance use). According to them, individuals who experience “real, potential, or imagined changes in one’s belongingness status will produce emotional responses with positive affect linked to increases in belongingness and negative affect linked to decreases in it” (Baumeister & Leary, 1995, p. 505).

Gere & MacDonald (2010, p. 28), state that the need to belong affects a person's cognitions, emotions and behaviours and when these needs are not met they can have negative consequences on a person's life. Furthermore, they explain that "just as hunger or thirst disrupts normal patterns of thought, feeling, and behaviour in order to facilitate satisfaction of unmet needs for food and water, so should unmet belongingness needs influence human functioning" (Gere & MacDonald: 2010, p. 06). They argue that "threats to the need to belong should have profound consequences for one's emotions because such threats to one's social connections signal danger to one's survival". They believe that threats to belongingness can lead to excluded individuals seeking reparative sources of connection. Baumeister & Leary (1995) concur with this statement by explaining that the need to belong can be directed towards another human being or replaced by another when the person experiences a loss or lack of belonging with regards to an existing relationship. Therefore, an individual will experience negative effects when faced with an unsatisfied sense of belonging and will, at the same time, seek other sources which may repair this 'disconnection' and provide them with this need for belonging.

According to Baumeister and Leary (1995, p. 497), the need for interpersonal contact was emphasized by various theorists within psychology. Firstly by Freud, although he believed that the belonging motive is resulting from the sex drive and the familial bond. Then by Maslow who ranked "love and belongingness needs" in the middle of his motivational hierarchy. Maslow believed that belongingness needs do not emerge until food, water, safety, and other basic needs are satisfied, but they take preference over esteem and self-actualization. Baumeister and Leary (1995, p. 497) also argue that Bowlby's attachment theory is another theory that emphasises the need to form and maintain relationships. However, Baumeister and Leary's 'Belonging Hypothesis' is the only theory that focuses exclusively on the concept of 'belonging'.

In light of the above mentioned theory, it can be concluded that in order for a person to experience a sense of belonging (connection), they must have regular contact with a person with whom they have a close bond in order to experience positive effects (ie happiness, euphoria and calmness), as mentioned previously. On the other hand, when a person lacks this regular contact and lacks this close bond with another, his sense of belonging is not met which will conversely result in negative effects such as negative emotional responses (ie anger and depression) as well

as negative behaviours (ie offending behaviour, delinquency, substance abuse, etc). With this in mind, it becomes understandable why Baumeister and Leary (1995, p. 497) regard belonging as a 'need' rather than a 'want'.

This theory, as well as this research study considers 'belonging' to be an integral part of understanding human behaviour. The theory suggests that the status of a person's belonging, may influence him/her to present with certain emotional responses and thus may lead to certain behaviours, based on these emotions. With this in mind, belonging (family) then becomes integral in understanding adolescent behaviours (substance abuse) and its importance can then be understood for the purpose of this study. This theory therefore is of great value in understanding the phenomenon of this research study.



2.2 Family Systems Theory

"No man is an island" (Donne, 1623)

A system can be defined as "a set of interconnected parts which together form a whole" (Haralambos & Holborn, 2004, p. 936). Haralambos & Holborn (2004) provide an example in trying to understand this definition: "an understanding of any organ in the body, such as the heart or lungs, involves an understanding of its relationship to other organs and its contribution towards the maintenance of the whole organism" (Haralambos & Holborn, 2004, p. 936-937).

A system is a whole and its objects and their attributes can only be understood as functions of the total system (Walrond-Skinner, 1976). A system is not a random collection of components, but an interdependent organisation in which the behaviour and expression of each component influences and is influenced by all the others (Walrond-Skinner, 1976). A systems perspective is important when trying to understand individuals and the context of their surroundings that influence their development needs (Corey, 2005, p. 10).

Bronfenbrenner (1979) recognized that a child develops within the context of a variety of systems which includes the family, peers, institutions, communities, and government. He believes that although all of these systems influence the lives of adolescents, the family is the most important system in which an adolescent learns and develops (Taylor, 2010, p. 606).

According to Manor (1984, p. 8), the family system consists of its components (family members), their attributes (personal characteristics), and their interaction between them. All inputs into the family system (by the family or the environment) are adapted by the system in order to maintain a condition of equilibrium (Manor, 1984, p. 8-9).

“The family is an open, on-going, goal seeking, self-regulating, social system” (Broderick, 1993, p. 37) and every family system is shaped by its own particular features (size, complexity, composition, life stage), the individual psychobiological characteristics (age, gender, fertility, health, temperament), and its sociocultural and historic position in its larger environment (Broderick, 1993, p. 37). Furthermore, if a system is to survive, they must regulate relationships among members to ensure that they are bonded enough to maintain the system’s integrity as well as buffered to maintain each member’s integrity (Broderick, 1993, p. 40).

According to Corey (2005, p. 423), “we are born into families and most of us live our entire lives attached to one form of family or another. Within these families we discover who we are, we develop and change, and we give and receive the support we need for survival. We create, maintain, and live by often unspoken rules and routines that we hope will keep the family (and each of its members) functional”.

“Murray Bowen, the developer of Family Systems Theory, conceptualized the family as an emotional unit, a network of interlocking relationships” (Goldenberg & Goldenberg, 2004, p. 183). He believed that the driving force underlying all human behaviour came from the flow of family life, the simultaneous push and pull between family members for both distance and togetherness.” (Goldenberg & Goldenberg, 2004, p. 183).

According to Corey (2005, p. 471) individuals are connected to a living system and change within one part of that system will result in change in other parts of the system. The family systems approach believes that what affects one family member will bring about affects to other family members as well (Taylor, 2010, p. 610) Therefore, the family can influence how individuals function and how they behave. “An individual’s dysfunctional behaviour grows out of the interactional unit of the family and out of larger systems as well” (Corey, 2005, p. 471).

According to Tshiwula (1999, p. 88) all members of a family participate in the system and therefore carry part of the responsibility for family dysfunction. Therefore abuse is not just viewed as the responsibility of the abuser alone, but rather as a family dynamic that is maintained by all of the family members within the system (Tshiwula, 1999, p. 88). Family systems theory therefore supports that adolescent problem behaviours, including substance abuse, running away, and other externalizing problems are symptoms of maladaptive family interaction patterns (Slesnick & Prestopnik, 2004, p. 244). The behaviour of all family members is therefore related to and dependent upon other family members within the system (Manor, 1984) which helps to understand behavioural concerns as they are embedded within the family system (O Gorman, 2012, p. 9).

Numerous empirical studies and existing literature have emphasized the importance of understanding family systems theory and the importance of family interventions in treating adolescent substance abuse (Corey, 2005; Deković & Buist, 2005; Dickerson & Crase, 2005). According to Dickerson & Crase (2005, p. 47) an adolescent who displays dysfunctional behaviours should not be the sole focus of treatment, but rather the entire family should be involved. “Regardless of the lens that a family therapist operates from, change needs to happen in relationships, not just within the individual” (Corey, 2005, p. 453).

According to Corey (2005, p. 473), communication patterns (verbal and non-verbal) within a family are important in order for the family to function effectively. Furthermore, there is a greater chance for individual change if other family members are supportive (Corey, 2005, p. 486).

Therefore, understanding the family system is significant in understanding behaviours that take place within the system, which is vital for the nature of this research study. When understanding adolescent substance abuse, it is important to understand how this abuse can affect the system as a whole, or how the system (family) can affect the adolescent's substance abuse, as a result of feelings (belonging) which have emerged from within the system.

2.3 Interpretive Phenomenological Analysis

“Understanding experience is the very bread and butter of psychology, and interpretative phenomenological analysis offers psychologists the opportunity to learn from the insights of the experts – research participants themselves” (Reid, Flowers, & Larkin, 2005, p. 20)

“Interpretative phenomenological analysis (IPA) is a recently developed qualitative approach which, since its inception, has rapidly become one of the best known and most commonly used qualitative methodologies in psychology” (Smith, 2011, p. 9). It is but one version of phenomenological research methodology, which grew out of a rich tradition of philosophical thought (Willig, 2001, p. 67).

IPA is concerned with understanding a person's lived experience by exploring their understanding and involvement in it (Smith, Flowers, & Larkin, 2009, p. 40). “When people are engaged with 'an experience' of something major in their lives, they begin to reflect on the significance of what is happening and IPA research aims to engage with these reflections” (Smith et al., 2009, p. 3). The participants' views on their own experiences are what is important to investigate during an IPA study. “The aim of IPA is to understand and make sense of another person's sense-making activities, with regard to a given phenomenon, in a given context” (Palmer, Larkin, de Visser, & Fadden, 2010, p. 99).

IPA also recognizes that different people perceive the world in very different ways, dependent on their personalities, prior life experiences and motivations (Smith and Osborn in Breakwell, 2004, p. 229). Thus the researcher begins to understand each participant according to the unique person, with no preconceived ideas and thus adding to the uniqueness of the study.

“Participants are experts on their own experiences and can offer researchers an understanding of their thoughts, commitments and feelings through telling their own stories, in their own words, and in as much detail as possible” (Reid et al., 2005). IPA aims to capture and explore the meanings that participants give to their own experiences and thus their idea of how they perceive their experiences. “The focus is very much upon the uniqueness of a person's experience, how experiences are made meaningful and how these meanings manifest themselves within the context of the person” (Shaw, 2001, p. 48). Therefore a “rich description” of the phenomenon under investigation is needed in order to achieve a satisfactory outcome for an IPA study (Smith & Dunworth, 2003, p. 606).

The phenomenological analysis produced by the researcher should be an interpretation of the participant's experience and it should capture the quality and texture of that experience (Willig, 2001, p. 53). It is therefore the duty of the IPA researcher to undergo a process of interpretation with the text and the transcripts which is facilitated by a series of steps which allows for the identification of themes which are arranged into meaningful clusters, within and across cases (Willig, 2001, p. 53).

Houston & Mullan-Jensen (2012, p. 269) provides a clear explanation for the process of an IPA study:

“Once the sample has been identified, an unstructured or semi-structured interview schedule is used flexibly with the participants avoiding a directive style or one that attempts to impose too much structure on the process. A detailed, verbatim transcript of the interview is then systematically analysed, searching for themes in the first instance, followed by an attempt to make connections between them to arrive at a set of master themes for each individual transcript. These themes are then compared across the sample to arrive at cross-transcript themes. The process moves systematically from a descriptive to an increasingly interpretative analysis. An audit trail, linking verbatim extracts with the identified themes, helps to ensure that the research is trustworthy”.

Therefore, on a methodological level, this means that an IPA study usually involves a rigorous and detailed analysis of the accounts produced by a small number of participants which are recorded verbatim after being captured through semi-structured interviews, followed by the analysis such that meaning is developed from visible patterns, and then reported in a thematic form (Larkin, Watts, & Clifton, 2006, p. 103).

IPA is therefore a methodology in its own right rather than, as the name implies, simply a means of analysing data (Cassidy, Reynolds, Naylor, & De Souza, 2011, p. 5). An IPA researcher must approach their data with two aims in mind, firstly to understand their participants' world, to describe 'what it is like', and secondly to develop a more explicit interpretative analysis, which "positions the initial 'description' in relation to a wider social, cultural, and perhaps even theoretical context" (Larkin et al., 2006, p. 104).

According to Smith and Osborn in Smith (2008, p. 52) "IPA has a theoretical commitment to the person as a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state". This is supported by Smith and Dunworth (2003, p. 606) as they too believe in this chain of connection between verbal responses and underlying cognition. Therefore the researcher can begin to understand the participants (what they think and feel) by listening to what they are talking about and by understanding their language.

Therefore IPA is concerned with the "detailed examination of personal lived experience, the meaning of experience to participants and how participants make sense of that experience" (Smith, 2011, p. 9). It is important, therefore, for the researcher not to make his/her own assumptions of participants experiences but rather allow the participants to express themselves and explore the accounts of their own experiences through how the participant views them. "IPA is an inductive approach and it does not test hypotheses, and prior assumptions are avoided" (Reid, Flowers, & Larkin, 2005, p. 20).

2.3.1 *Characteristics of IPA*

According to Smith (2008) the key characteristic features of IPA can be identified as:

- *Idiographic*

IPA is strongly idiographic as it starts with the detailed examination of one case until some degree of closure has been achieved, then moving to a detailed analysis of the second case, and so on through all of the cases. Only once that has been attained, is there an attempt to conduct a cross-case analysis.

- *Inductive*

IPA researchers employ methods which are flexible enough to allow unanticipated topics/themes to emerge during analysis. IPA researchers do not attempt to prove or disprove specific hypotheses established. Rather they construct broader research questions which lead to the collection of expansive data.

- *Interrogative*

While IPA differs considerably from mainstream psychology, its psychological centre is important. A key aim of IPA is to make a contribution to psychology through interrogating existing research. While IPA typically involves an in-depth analysis of a set of case studies, the results of the analysis do not stand on their own, but rather are discussed in relation to the existing psychological literature.

(Smith, 2008, p. 41-43)

As mentioned before, the aim of IPA is to capture an experience and to unravel its meanings, and upon completion, IPA will have generated a table of master themes which captures the essence of the phenomenon that is under investigation (Willig, 2001, p. 62-63).

2.3.2 *Limitations of IPA*

However, according to Willig (2001, p. 62-64) IPA does suffer from several limitations which concern the following:

- *The Role of Language*

Interpretative Phenomenological Analysis works with texts (semi-structured interviews) which indicates that language is the means by which participants communicate their experiences to the researcher, as language provides participants with the necessary tools to capture that experience. That is, the words we choose to describe a particular experience always construct a particular version of that experience. The same event can be described in many different ways. This means that language can never simply give expression to experience. Instead, it adds meanings which reside in the words themselves and, therefore, makes direct access to someone else's experience impossible.

- *Suitability of Accounts*

Phenomenology is concerned with the texture of experience. The aim of phenomenological analysis is to explore the quality of experience and to obtain a better understanding of what it is like to live a particular moment or situation. It attempts to capture the experiences and meanings associated with a phenomenon rather than to identify people's opinions about it.

- *Explanation versus Description*

Phenomenological research, including IPA, aims to gain a better understanding of how the world appears to participants, of how participants perceive and experience the world, from their own perspectives. It does not make claims about the nature of the world itself.

(Willig, 2001, p. 62-64)

Cassidy et al (2011) as well as Houston & Mullan-Jensen (2012) state that there are two main theoretical foundations of IPA, namely phenomenology (the study of phenomena) and hermeneutics (interpretation). These features are not unique to IPA, but the way they are brought together and the specific techniques used within the method serve to delineate IPA from other closely connected but separate approaches (Cassidy et al., 2011, p. 5). These theoretical foundations are essential in understanding the dynamics of this study under investigation. By understanding the meanings of family belonging/disconnection and adolescent substance abuse, which have been expressed by the participants, interpretations can then be made by the researcher. These concepts of phenomenology (meaning of experiences) and hermeneutics (interpretations) will now be discussed in more detail.

2.3.3 Phenomenology



“The essence of truth is the freedom to reveal that which is in principle already open”

(Kruger & Stones, 1979, p. 29)

The world is not a system of bare facts, more accurately, for the phenomenologist the world is a system of meanings (Kruger & Stones, 1979, p. 28). “According to a phenomenological perspective, it makes no sense to think of the world of objects and subjects as separate from our experience of it” (Willig, 2001, p. 51).

According to Haralambos & Holborn (2004, p. 964-965) humans organize and try to make sense of the world around them into phenomena. Phenomenologists try to understand the meaning of phenomena, rather than explaining how they came into existence” (Haralambos & Holborn, 2004, p. 964-965).

“Phenomenology is a philosophical approach to the study of experience” (Smith et al., 2009) and is concerned with “the ways in which human beings gain knowledge of the world around them” (Willig, 2001, p. 50). According to Bradbury-Jones, Sambrook, & Irvine (2009, p. 664), the primary objective of phenomenology is the investigation and description of phenomena as it is consciously experienced. Therefore researchers aim to uncover this

experience and the meaning of this experience through focusing on everyday existence through the participants account (Langdridge, 2007).

The four major phenomenological philosophers are Husserl, Heidegger, Sartre and Merleau-Ponty. Each of these philosophers have been working in a way that is consistent with a core phenomenology but each of them have proceeded in their own distinctive way (Smith et al., 2009). Nevertheless, each philosopher converge on the need to conduct the detailed examination of experience on its own terms (Smith, 2011, p. 9).

Phenomenological philosophy provides a rich source of ideas about how to examine and comprehend lived experience (Smith et al., 2009) which is beneficial for researchers who attempt to understand human behaviour. Phenomenology is therefore popular amongst family therapy researchers because it is “the study of the phenomenon of everyday family processes” (Boss, Dahl, & Kaplan, 1996, p. 102) and thus is a method of inquiry that is essential for this particular research study as the researcher aims to understand the experiences of adolescents within their family, and the meaning of their substance abuse relating to these experiences.

2.3.4 *Hermeneutics (Interpretation)*

To say that we cannot understand a person is usually the same as saying that we cannot communicate with him (Kruger & Stones, 1979, p. 28)

The process of trying to “make sense” of what is happening leads to this second major theoretical axis of IPA (Smith et al., 2009). According to social research, hermeneutics refers to “the art, science or skill of interpretation” (Rubin & Babbie, 1997, p. 446) by “mentally taking on the circumstances, views and feelings of the participants” (Rubin & Babbie, 1997, p. 447). This is the role of the researcher during interpretation.

Terre Blanche, Durrheim, & Painter (2006, p. 391) believe that hermeneutics is the appropriate model of enquiry for the human sciences especially when seeking to understand written words through the interpretation of texts. Furthermore Lavery (2003, p. 9) states that hermeneutics is the study of text (written/verbal communication, visual arts or even music) with

a view towards interpretation to find expressed meanings. Also, Houston & Mullan-Jensen (2012, p. 269) add that hermeneutics combines a theory and method of interpreting human action, artefacts and texts which seeks to uncover the intentions or meanings.

Gadamer (1989) also agrees that hermeneutics is involved in the study of texts (language). This includes not only what people write down but also (more importantly) what they say and how they act. He believed that "our experience of the world is bound to language" (Gadamer, 1989, p. 448) and language is the primary way people express their meaning (Cohen, Kahn, & Steeves, 2000). Thus in order to understand the world, we have to understand the language within its given context.

Furthermore, not only is the language of importance but also the user of that language. Meaning is thus able to take place when a particular language of a group of people is interpreted by a speaker (Cohen et al., 2000). As Gadamer (1989, p. 463) says, "it is literally more correct to say that language speaks to us rather than we speak to it". Thus the individual and the language (the meaning of words) of the group of people must both be considered and interpreted in hermeneutic phenomenology.

IPA is interpretative because trying to find out how someone makes sense of an experience requires interpretative skill (Cassidy et al., 2011). The researcher's own resources and experiences, are thus needed to make sense of what is said (Cassidy et al., 2011). According to Kruger & Stones (1979, p. 28), the task of the researcher is to understand people by understanding what people can communicate about their experience and then interpreting it clearly. Furthermore they state that it is also the role of the researcher to continuously draw on his own experiences which will have been built up out of his own dialogue with the world (Kruger & Stones, 1979, p. 28).

It is said that the IPA researcher is engaged in a double hermeneutic process because the researcher is trying to make sense of the participant who is trying to make sense of what is happening to them in their world (Smith et al., 2009, p. 3). Therefore, what this means in practical terms is that the hermeneutic phenomenologist will study how people interpret their lives and make meaning of what they experience (Cohen et al., 2000).

Therefore, considering the nature of this research study, this was the appropriate methodology to employ in order to capture the essence of the phenomenon under investigation. By doing so, the researcher was able to allow the study of experience (phenomenology) to take place. This was done by entering the world of the participants (the experts), attempting to understand their language, and then interpreting these understandings of experience (hermeneutics) by following the guidelines of Interpretative Phenomenological Analysis. With the research question and aims in mind, this method was used by the researcher as it suited the nature of this specific research study.

3. CONCLUSION

The theoretical framework for this study incorporates three areas of theory that originate within the social science field. These frameworks serve as a foundation for this research study which provides theory that explains the social phenomenon under investigation. Firstly, from a psychology perspective, the Belongingness Hypothesis provides an understanding of human motivation and behaviour, specifically relating to the need to belong and the need for connection. Secondly, the Family Systems Theory, which is understood within the Social Work perspective, provides an in-depth understanding of the functioning of a family system and explains how change within the system affects all members of the family. Lastly, Interpretative Phenomenological Analysis was used to guide the entire process of this research study and was described in detail in order to have a better understanding of the methodological procedure which is to follow.

CHAPTER FOUR: RESEARCH METHODOLOGY AND PROCEDURE

1. INTRODUCTION

This chapter aims to describe the research design and methodology as well as the procedures and methods used within this study. It aims to describe the aspects involved in data collection, data processing, data analysis as well as the issues that needed to be addressed with regards to carrying out this research.

2. SOCIAL WORK AND RESEARCH

“In a profession such as social work, the purpose of building knowledge is to improve practice” (Reid & Smith, 1989, p. 22). With this in mind, the researcher was driven by her professional and personal development during the course of this study.

Social work engages with the ‘micro’ aspects of daily life but also the ‘macro’ components of society which is therefore of fundamental importance to them in their work in daily ‘face-to-face’ activities. What is more, at the heart of qualitative investigation into social work is an attempt to understand ‘meaning’, but this ‘meaning’ needs to be understood in the context of the wider social processes that shape it (Houston & Mullan-Jensen, 2012, p. 266). Research is thus an essential tool for social workers in understanding these processes and improving their day to day work within the profession. According to McLaughlin, (2007, p. 1) research is an essential tool for the busy social worker in understanding their difficult, demanding and often contradictory tasks within society.

Social work practice and research may be considered as completely separate and distinct entities, but they both share a logical problem-solving process. For instance, they both start with a focus on a problem, followed by a review of its extent and history, which will then be developed into a plan, and will be actively implemented, with the result being a final professional evaluation of the process (Royse, 2004, p. 37).

As a full time professional social worker, I have been practicing these fundamental basics on a daily basis. Its process and importance are understood by me as a practicing professional and the implementation of this study felt like second nature. It was clear to me that research would be a continuous process to me during my career and its practice would forever be a part of my life within this profession.

3. RESEARCH METHODOLOGY AND DESIGN

A research design is something like a blueprint which outlines the approach that will be used to collect the data including the conditions under which the data will be collected; how the subjects or respondents will be selected; what instrument will be used and it generally provides information about the who, what, when, where, and how of the study (Royse, 2004, p. 24). Polit & Hungler (2001, p. 167) define a research design further by stating that it is “the researcher’s overall plan for answering the research question or testing the research hypothesis”.

Blaikie (2007) defines methodology as being the analysis of how research should or how research does proceed which is supported by Nicholas (2004, p. 549) as he explains that “methodology refers to the question of how research should be planned, structured and carried out”. The following section will attempt to explain the ‘who’, ‘what’, ‘when’, ‘where’, and ‘how’ of this research study.

This research specifically focused on the opinions of adolescents within the family context with regards to their feelings of belonging. The research approach used within this study is qualitative and exploratory-descriptive in nature.

3.1 *Qualitative Research Methodology*

According to Royse (1991, p. 44), qualitative studies are used when very little knowledge about the topic is known or very little information is available. This qualitative study wished to gain this knowledge from the participants themselves.

According to Rubin & Babbie (2011), qualitative researchers tap into the deeper meaning of human experiences which will advance their knowledge of these phenomena. Through this approach, researchers generate theoretically richer observations which can contribute to theory and can be tested in future studies (Rubin & Babbie, 2011).

Burns & Grove (2003, p. 19) describe a qualitative approach to methodology as “a systematic subjective approach used to describe life experiences and situations to give them meaning”. Parahoo (2006) emphasises that in qualitative research, the focus should be on people’s experiences as well as the uniqueness of the individual. Throughout this study, the researcher understood the appreciation of each unique participant’s experience and based the research on these in order to give them meaning. “The goal of qualitative research is to reach an in-depth understanding of each of our research participants, with respect to the research question, including experiences that are unique to them” (Williams, 2003, p. 287).

According to Padgett (2008, p. 2), “Qualitative studies seek to represent the complex worlds of respondents in a holistic, on-the-ground manner.” Furthermore he argues that as a qualitative researcher:

“You wish to capture the “lived experience” from the perspectives of those who live it and create meaning from it. When researchers seek *verstehen* (deep understanding), they pursue studies that are *emic* [i.e., focused on the insider point of view], rather than *etic* [the outsider’s perspective]” (Padgett, 2008, p. 16).

The qualitative researcher therefore acquires an insider’s point of view while maintaining the analytic perspective or distance of an outsider” (Williams, 2003, p. 75).

The rationale for using a qualitative approach in this particular research study was to explore the experiences and feelings of adolescents within their family setting with regards to their feelings of disconnection and belonging. A qualitative approach was appropriate in capturing the opinions, feelings and experiences of these adolescents, which could then be probed in order to have a better understanding of the phenomenon under investigation. This can also be related to IPA which was discussed in detail in the previous Chapter Three (2.3).

3.2 Exploratory-Descriptive Research

According to Terre Blanche, Durrheim & Painter (2006, p. 44), “exploratory studies are used to make preliminary investigations into relatively unknown areas of research” and thus investigating the full nature of the phenomenon as well as other factors that are related to it (Polit & Hungler, 2001).

“Much of social work research is conducted to explore a topic and to provide beginning familiarity with it” (Rubin & Babbie, 2011, p. 41). This approach allowed participants to talk freely and to share their own views therefore a truer reflection of their experiences could be obtained. It also provided the researcher with the opportunity to explore common features and questioning could be done for further exploration. This approach provided an in-depth understanding of the participants views and experiences, thus contributing to the research as a whole.

Descriptive research involves defining and describing social conditions which typically involves the gathering of facts (Engel & Schutt, 2010, p. 9). Furthermore, descriptive research is often the primary focus of the initial research about a certain issue. According to Krysik & Finn, (2010, p. 58), the purpose of descriptive research is to ‘describe’ and this research often answers questions about the characteristics of a problem and characteristics of those who might be affected by the problem.

Initially the research was exploratory in nature, however, as the participants guided the research with their experiences, descriptive elements began to emerge. Initially, the researcher explored their experiences with regards to the research topic but as the interaction progressed, participants began describing characteristics that were directly related to the research topic. Exploratory studies address the ‘what’ question, while descriptive studies focus on the ‘how’ and ‘who’ questions (Kreuger & Neuman, 2006, p. 21-22).

Therefore, in this study, the opinions, feelings and experiences of adolescents regarding their sense of belonging within their family were explored by the researcher and these new

insights and the descriptions of these insights and experiences were obtained through qualitative methods, which were guided by the theory of Interpretative Phenomenological Analysis.

3.3 *Interpretive Phenomenological Analysis*

For the purposes of this study and due to the nature of the study, IPA (which was discussed in the previous chapter) was the methodology which was best suited to guide the process of the research. From choosing a topic, through data collection, data analyses and the development of emergent themes, the process of IPA guided the researcher at each level until the final product was produced. This will be discussed during the process of this chapter and IPA will be referred to during the explanation of each stage that the researcher had undergone during the process of this study.

“IPA is concerned with the detailed examination of human lived experience and it aims to conduct this examination in a way which as far as possible enables that experience to be expressed in its own terms, rather than according to predefined category systems” (Smith et al., 2009, p. 32). Therefore IPA allows the participants to represent the data on their own terms and thus learning from their experiences from their perspectives.

According to Smith & Osborn (Smith, 2008, p. 53) IPA is a suitable approach when trying to find out how individuals are perceiving situations that they are facing, therefore how they are making sense of their personal and social world. According to Smith et al. (2009), certain considerations are important when planning and conducting an IPA research study. During each of the below mentioned considerations, certain processes are to take place in order to successfully and ethically complete the IPA study. These considerations include choosing a topic, conducting an initial literature review, the development of aims and research questions, sampling, planning for time, constructing an interview schedule, semi structured in-depth interviews, transcription, data coding, data analysis and writing up all findings. These will be discussed in more details during this chapter and can be linked to a more detailed discussion of IPA in the previous Chapter Three (2.3).

4. STARTING OUT

The following are steps that the researcher considered during the process of the IPA research study. These steps are discussed in Smith et al. (2009, p. 40-55) and were reflected upon during the entire course of the research process:

4.1 *Preparation*

Qualitative research is a rather writerly activity which requires a willingness to use the first- person, to take up positions and develop arguments (Smith et al., 2009, p. 41).

The underlying qualities required of the IPA researcher are open-mindedness, flexibility, patience, empathy, determination, persistence, curiosity and the willingness to enter into, and respond to the participant's world (Smith et al., 2009, p. 55). It is important for the researcher to prepare mentally, emotionally and intellectually for the study as it is a process that can be demanding.

4.2 *Choosing a Topic*

During this IPA study, the topic that was chosen was a topic that not only the researcher was interested in, but that was also a direct link to the work that the researcher was involved in at her place of full time employment. Therefore the researcher is passionate about the topic, has genuine concern for it, and “cares about the outcome” (Smith et al., 2009, p. 42).

4.3 *Initial Literature Review*

A literature review aids the researcher in identifying a gap which the research question can then address, and it helps the researcher to learn something about the participants (Smith et al., 2009, p. 42). An explorative literature review was done about the topic which orientated the researcher to the research study.

4.4 Developing Aims and Research Questions

IPA researchers tend to focus on people's experiences, understandings, perceptions, and views with regards to phenomenon. The aims and research questions will therefore be in line with this and will be more open rather than closed (Smith et al., 2009, p. 46-47). All aims and research questions for this study were directly linked to exploration and were thus open in nature.

4.5 Finding a Sample

IPA researchers usually try to find a fairly homogeneous sample, for whom the research question will be meaningful and thus can grant us a particular perspective of the phenomenon under study (Smith et al., 2009, p. 49). The researcher for this study obtained the sample easily as the researcher was familiar with the sample as it was generated from her place of employment.

4.6 Sample Size

The IPA researcher decides on a sample size according to the information that is generated during the study. The size should be sufficient enough to gain the appropriate data but also should not be too large which could overwhelm the researcher (Smith et al., 2009, p. 51). Therefore the researcher did not have a definitive sample size in mind but decided on this size of 15 participants, as the data was collected and analysed.

4.7 Planning for Time

"Qualitative research is time-consuming, labour-intensive, and both imaginatively and emotionally demanding" (Smith et al., 2009, p. 42). An IPA researcher is to set realistic time allocations in order for the study to be comprehensively carried out but also allowing time for reflection, consultation, analysis and further development (Smith et al., 2009, p. 54). Initially the time allocation that the researcher set for this study was two years but due to the intensity of the research, this was extended to three years.

5. DATA COLLECTION

Data collection is sometimes also referred to as the “implementation of the study” (Royse, 2004, p. 32). It involves the researcher entering the research setting and conducting the research according to the planning that was done for the study (Nicholas 2004, p. 552).

Data is collected through the use of a research instrument which is a tool designed to measure knowledge, attitude and skill (Parahoo, 2006, p. 52) but qualitative researchers are the principal instruments of data collection as the data is somehow processed through the person collecting them (Williams, 2003, p. 76). According to Smith et al. (2009, p. 42), during the IPA approach to data collection, the researcher is committed to a degree of open-mindedness and therefore all of the researchers preconceptions should be put aside (bracketed) during all data collection events.

Qualitative data collection involves collecting data in the form of written or spoken language, or in the form of observations that are recorded in language, and then the data is analysed by identifying and categorising themes (Terre Blanche, Durrheim & Painter 2006, p. 47).

“Successful data collection strategies require organization, flexibility and sensitivity” (Smith et al., 2009: 40) and typically involve multiple data sources and multiple data collection methods (Williams, 2003, p. 76).

This study involved two sources of data gathering which includes (a) reviewing of literature and (b) in-depth semi-structured interviews. This data gathering resulted in the collection of a large amount of data. These two sets of data collection techniques worked hand in hand with one another as they were analysed and compared regularly.

5.1 Literature Review

The process of reviewing literature is when the researcher focuses on the accumulated work of others who have studied and written about the research problem or some related topic (Yegidis & Weinbach, 2006, p. 71). According to Royse (2004, p. 241), it is a good idea to become familiar with literature that is relevant to the research topic. Rubin and Babbie (2011, p. 60) state that the literature should bring the reader up-to-date on the previous research in the area and should also highlight any agreements or disagreements among the previous researchers.

The first step in the data collection process involved the accumulation of a widespread body of literature from various sources which involved adolescence, substance abuse (which later focused specifically on cannabis) and disconnection within the family. This literature review was conducted prior to submitting the research proposal in order to gain background knowledge about the phenomenon. The researcher then completed an extensive literature review. This was accumulated through the reviewing of published books and journal articles. After studying much of the literature, some common themes emerged which was later supported by the data collected during the interviewing process. After this data had been analysed and interpreted, the researcher reviewed the literature for the last time to ensure correlation between the findings and the existing knowledge (see Chapter Two for the Literature Review).

5.2 In-depth Semi Structured Interviews

The second step in the data collection process, and the data collection method used for this research study, involved in-depth semi structured interviews. During an IPA study, the researcher is to access “rich and detailed personal accounts” of participants in order to explore, describe and interpret the views of the phenomenon under investigation (Smith et al., 2009, p. 40).

These interviews took place with adolescents from the relevant sample pool. This allowed the researcher to gain insight into their views and experiences relating to their substance use (which later focused specifically on cannabis) as a contributor to feelings of disconnection within the family. During this interviewing process, literature was studied and common themes

were identified and explored. All data was recorded, and later transcribed into text. This interviewing and transcription process is described in detail later within this chapter.

5.3 Sampling and Recruitment

Dumont & Sumbulu in Nicholas, Rautenbach & Maistry (2010, p. 205) define sampling as the process of selecting a sample from a population. Furthermore, Burns & Grove (2003, p. 213) describe 'population' as all the elements that meet the criteria for inclusion in a study. Therefore the sample was selected from a population of adolescents who met the criteria for this study.

According to Reid et al. (2005, p. 20) participants are recruited because of their expertise in the phenomenon under investigation. Furthermore they argue that participants should be recruited on the basis that they understand their involvement in the research, they give consent, they engage with the interviewer, and they show willingness to express their experiences and opinions (Reid et al., 2005, p. 21).

For the purpose of this study, fifteen adolescents who have undergone a NICRO program and who have used illegal substances were selected for this research. IPA studies usually benefit from a concentrated focus on a small number of cases and the issue of sample size is quality rather than quantity which makes sense given the complexity of most human phenomena (Smith et al., 2009, p. 51).

Originally participants could be either male or female however as the interviewing took place, coloured male participants were favoured due to two reasons, (1) the fact that the social workers client base at the time of the study consisted mainly of these clients and (2) due to the availability of participants at the time of the study. Participants also had to be willing to discuss their drug use in an open and honest manner and therefore it became apparent that having a relationship with these participants would be important in obtaining the relevant information.

The research participants were obtained through the researcher's place of employment (NICRO). Some were referred by the East London Magistrate's Court for Diversion after they had been arrested for a crime that they had committed. Other participants were referred through a school in East London after they had been tested positive for illegal substances following reports of risky or delinquent behaviour within the school environment.

As a social worker working for this organisation, I have worked with hundreds of these adolescents. Selecting appropriate participants for the research depended upon the availability of the participants during the time of data collection, as well as the close relationship that the researcher had with the participants. The researcher favoured participants whom the researcher had recently conducted interventions with. Generally all participants were easily accessible and willing to participate.

The researcher for this study was the social worker who facilitated these interventions at NICRO. Therefore the researcher had a close relationship with the participants and the interviewing process produced a more genuine result. This was due to the honest and trusting relationship that had developed over months of working together as well as the confidentiality agreement that had been explained and practiced over time. According to IPA, one of the most important aspects of the study is to establish a rapport with the participants so that they feel comfortable with the researcher and so that they can feel a sense of trust (Smith et al., 2009, p. 64).

5.3.1 *Criteria for Inclusion*

Burns & Grove (2003, p. 234) define eligibility criteria as “a list of characteristics that are required for the membership in the target population”.

The criteria for inclusion in the sample were as follows:

- South African citizens;
- Currently experiencing their adolescent stage of development (13 – 18 years of age);
- Are using or who have used illegal substances during a period in their life (as the data was collected and analysed, cannabis was the substance of choice by all participants);
- Parents must have knowledge of their previous/current substance use;
- Not yet in the “addiction” stage of illegal substance use but who were/are using it regularly;
- Currently completing their education/schooling;
- Initially the participants could be of any gender and of any race however as the recruitment process took place, “coloured”, male participants became the more accessible and favourable option due to (1) the fact that the social workers client base at the time of the study consisted mainly of coloured males and (2) due to the availability of participants at the time of the study.

All participants were assessed through NICRO thoroughly and placed into the ADAPT (Adolescent Drug Awareness and Prevention Training) program in assisting them with their drug abusing behaviour. Once they had completed the program as well as various individual counselling or family therapy interventions, reports were written to the referral source with information and recommendations regarding the adolescent’s behaviour modification. Only then could these adolescents be considered for the study.

After much of the interventions had taken place, the social worker was able to develop a trusting relationship with the participants. This then became a vital component for the relationship between the researcher and the participants because the participant would be more open and honest which contributes to the data being a true reflection of the phenomenon.

5.3.2 *The Sample Size*

According to Smith et al., (2009), there is no right or wrong answer to the question of sample size during an IPA study. They argue that “the issue is quality, not quantity, and given the complexity of most human phenomena, IPA studies usually benefit from a concentrated focus on a small number of cases” (Smith et al., 2009, p. 51).

The researcher did not know at the beginning of the study how many participants would be included. Instead, the researcher interviewed participants until the researcher felt that she had gained sufficient data from the participants for the intended research. In research terminology, this is known as data saturation, which refers to the point at which no additional data collection is needed (Padgett, 2008, p. 171). Holloway & Wheeler (2002, p. 128) affirm that sample size does not influence the importance or quality of the study and explain that there are no guidelines in determining sample size in qualitative research. Initially the researcher predicted that 20 participants would be needed for the study however, once extensive interviews took place with 15 participants, it was evident that sufficient data had been collected (data saturation) and that no further participants needed to be interviewed. In accordance with Smith et al. (2009, p. 51), the sample size was sufficient enough for the development of meaningful points of difference and similarity between participants but the researcher also ensured that the data generated was not too overwhelming.

5.3.3 *The Sampling Process*

Burns & Grove (2003) describe sampling as a process of selecting a group of people, events or behavior with which to conduct a study.

For the purpose of this study, non-probability sampling and purposive sampling were used. Non-probability sampling involves selecting participants in a way that is not determined by randomness (Terre Blanche, Durrheim & Painter 2006, p. 139). This type of sampling does not provide an equal chance for inclusion to each member of the population (Wechsler, Reinherz, & Dobbin, 1981, p. 90).

The type of non-probability sampling that was carried out was that of purposive sampling. Purposive sampling involves choosing participants “on purpose” as stated by Dumont & Sumbulu (in Nicholas, Rautenbach & Maistry, 2010, p. 206), or because they are good examples of the phenomenon that is being studied (Terre Blanche, Durrheim & Painter 2006, p. 50).

Parahoo (2006, p. 232) describes purposive sampling as “a method of sampling where the researcher deliberately chooses who to include in the study based on their ability to provide necessary data”. A sample may be selected on the basis of the researchers knowledge of the population, its elements, and the nature of the research aims (Rubin & Babbie, 2011, p. 147).

Herbert Rubin (2005) suggests three guidelines for selecting participants when designing a purposive sampling strategy. These guidelines were taken into consideration for this study and were successfully achieved. According to him participants should be:

- Knowledgeable about the culture arena or situation or experience being studied
- Willing to talk
- Representative of the range of points of view

For the purpose of this study, the researcher worked with male adolescents with whom the researcher had a relationship with, who had undergone the ADAPT program at NICRO, who were schooling during the time of the research, and who were using illegal substances

(specifically cannabis) or who have used it for a period of time in their lives. This process of selecting the sample was therefore non-probable and purposive in nature.

The sampling of the participants was done as follows:

The researcher began by examining all of the NICRO youth client files from January 2011 until July 2012. These were reviewed and all of the files of all possible participants that had undergone the ADAPT program at NICRO were chosen. These files were reduced from 172 files to 34 files after the necessary criteria and accessibility issues were considered.

The participants were contacted telephonically, visited at their homes, and visited at their schools in order to request their participation. The research was explained, expectations were discussed and if the participant agreed, a follow up appointment was set to conduct the agreed upon interview.

The researcher therefore had compiled a list of 34 possible candidates. The first six participants that the researcher contacted had consented to the interview and they were carried out as arranged. The seventh and eighth intended participants could not be contacted after numerous attempts were made. The ninth participant did not wish to consent to take part in the study as he reported that he was afraid that his parents would find out that he was still currently using an illegal substance, even though the researcher explained the concept of confidentiality numerous times. The following nine participants that the researcher contacted subsequently had agreed to the interview. Fifteen participants in total were interviewed for this research study.

5.4 The Interview Schedule

An interview schedule contains a list of key topics and subtopics as a guide to be discussed during the interview (Terre Blanche, Durrheim & Painter 2006, p. 298). The investigator will have an idea of the area of interest that she wishes to explore and the schedule will contain some questions to pursue during the interview. The investigator will thus be guided by the interview schedule rather than dictated by it (Smith, 1999, p. 12).

Producing a schedule beforehand allows the researcher to have some kind of idea of what the interview might cover as well as possible difficulties that might be encountered (Smith, 1999, p. 14). This is beneficial for the preparation that the investigator undergoes as it adds to the exploratory aspect and it allows the interviewer to stay focused on what the interviewee is saying in order to provide a composite description.

According to Rubin & Babbie (2011), this schedule allows the interviewer to be more flexible, informal, conversational and allows for adaptation of style, sequencing and wording to each particular participant. “The aim of developing a schedule is to facilitate a comfortable interaction with the participant which will, in turn, enable them to provide a detailed account of the experience under investigation” (Smith et al., 2009, p. 59).

An interview schedule was developed well in advance (Padgett, 2008, p. 106) for this study. This schedule was adjusted numerous times until it was approved. The questions on the interview schedule included views on substance abuse, the impact that substance abuse has on the individual, family and community, personal experiences relating to substance abuse, as well as feelings of belonging and disconnection in the family. The researcher had revised the schedule several times until the researcher could administer the schedule without looking down at the interview schedule during the interview.

5.4.1 *Structure of the Interview Schedule*

According to Reid & Smith (1989, p. 215) a semi structured interview schedule might consist of open-ended questions with suggestive probes to elicit data that respondents might not provide spontaneously. Furthermore, they state that these questions, probes and sequence of questioning are predetermined, but the response categories are not.

The interview schedule that was designed by the researcher was designed in a significant sequence. The schedule consisted of demographic questions followed by 16 questions relating to substance use, the family and a sense of belonging. It consisted of four distinct sections. The first section contained questions relating to the demographics of the participants. The next section contained questions with regards to substance use. The third section focused on the family, and the last section related to sense of belonging and disconnection. According to Padgett (2008, p. 107) the sequencing of questions is very important and the interviewer should avoid starting with highly sensitive questions but rather administer these once rapport has been established. The interview schedule was also designed in a way that the questions were organized from the general to the specific (Reid & Smith, 1989).

Thus, the interviewer started with the most general possible questions with hopes that this would be sufficient to enable the respondent to talk about the subject. By asking questions in this sequence, the researcher allows the respondent to give their own views before funnelling them into more specific questions of particular concern (Smith & Osborn in Smith, 2008, p. 60). The more specific-level questions were also used to deal with more difficult cases where the participant was more hesitant (Smith, 1999, p. 15).

Smith & Osborn (in Smith, 2008, p. 59- 62), provide a summary of important considerations during the construction of an interview schedule. They are as follows:

- Having determined the overall area to be tackled in the interview, think about the broad range of issues you want your interview to cover
- Put the topics in the most appropriate sequence

- Think of appropriate questions related to each area in order to address the issue you are interested in
- Think about possible probes and prompts which could follow from answers that might be given to some of your questions
- Questions should be neutral rather than value-laden or leading
- Avoid jargon or assumptions of technical proficiency. Try to think of the perspective and language of the participants in your study and frame your questions in a way they will feel familiar and comfortable with
- Use open, not closed, questions. Closed questions encourage Yes/No answers rather than getting the respondent to open up about their thoughts and feelings
- Having constructed your schedule, you should try and learn it by heart before beginning to interview so that, when it comes to the interview, the schedule can act merely as a mental prompt, if you need it, rather than you having constantly to refer to it.

The researcher made use of these considerations during the construction of the schedule which proved beneficial during this study.

5.4.2 *The Use of Open-Ended Questions*

“Since phenomenological research requires the researcher to enter the life-world of the research participant, it is extremely important that the questions posed to the participant are open-ended and non-directive” (Willig, 2001, p. 54). Open ended questions allow respondents to communicate without having to choose from a set of prepared response categories (Royse, 2004, p. 157). They are flexible, easy to develop and administer, and can be used to develop rapport and encourage the cooperation of the participant (Reid & Smith, 1989, p. 217).

Most of the questions within the interview schedule were that of open ended questions. This was designed in a way that participants were obliged to elicit more information rather than respond with “yes” or “no” answers. The sole purpose of these open-ended questions is to

provide participants with an opportunity to share their personal experiences with the researcher (Willig, 2001, p. 54).

During a certain point of the interview schedule, closed ended questions were more applicable. These questions were used to encourage participants to elaborate rather than to check whether they agree or disagree with particular claims (Willig, 2001, p. 54).

Open-ended questions provided the participant with the opportunity to respond in his/her own words, however, some respondents can ramble during an interview. This will then require a skilful interviewer to bring the talkative participant back to the topic of interest (Royse, 2004, p. 158). This is when the researcher administered the appropriate social work skills which proved beneficial for the interview.



5.5 *Semi-Structured In-depth Interviewing*

According to Smith & Osborn (in Smith, 2008, p. 55) the best way to collect data for an IPA study and the way most IPA studies have been conducted is through the use of a semi-structured interview.

The type of data collection method that was used for this study was semi-structured, in-depth interviews. This is a verbal research method in which the participant answers a series of questions (Statt, 2003) and they are used because they “are suited to in-depth and personal discussion” (Reid et al., 2005, p. 22). This method allowed the researcher and the participant to engage in an open discussion about the topic under investigation. “One-to-one interviews are easily managed, allowing a rapport to be developed and giving participants the space to think, speak and be heard” (Smith et al., 2009, p. 57).

There are good reasons underlying IPA’s preference for in-depth individual interviews as they invite participants to “articulate stories, thoughts, and feelings about their experiences of a target phenomenon” (Palmer et al., 2010, p. 100). This method also gives the researcher and respondent much more flexibility than other data collection methods because the researcher is able to follow up on interesting avenues that emerge in the interview thus adding to the richness

and “fuller picture” (Smith, 1999) of what the respondent is disclosing. “Interviewing allows the researcher and participant to engage in a dialogue whereby initial questions are modified in the light of participants' responses and the investigator is able to enquire after any other interesting areas which arise” (Smith et al., 2009, p. 57). The researcher was able to learn from the participants stories and also provided the researcher with opportunities to ask appropriate questions. “The advantage of semi-structured interviewing for IPA is that the researcher is in a position to probe or follow up on interesting and important issues that come up during the interview” (Smith, 2008, p. 50).

Another benefit of interviewing is that the interview may enter an area that had not been predicted by the investigator but which is extremely pertinent to the project's overall question and these avenues are often the most valuable (Smith & Osborn in Breakwell, 2004, p. 233). This took place during the interviewing process of this research. The participant was able to bring new areas of interest to the interview regarding the topic under investigation which proved essential during data analyses.

The aim of an interview is largely to facilitate an interaction which permits participants to tell their own stories, in their own words” (Smith et al., 2009, p. 57) but often a good interview technique might involve “a gentle nudge from the interviewer rather than being too explicit” (Smith & Osborn in Smith, 2008, p. 60).

“A good interview is essential to IPA analysis. Unless one has engaged deeply with the participant and their concerns, unless one has listened attentively and probed in order to learn more about their life world, then the data will be too thin for analysis” (Smith et al., 2009, p. 58).

The interviewing process for all participants took place from February to August 2012. The researcher contacted each participant and the interview took place. The researcher evaluated each interview after it had taken place and made notes of various aspects that arose. The researcher then contacted the second participant and followed the same procedure. Participants were only contacted after the previous participant had been interviewed and their interviews were evaluated and analysed.

5.5.1 *Social Work and Interviewing*

Within social work, interviewing should be second nature to social workers because “it is one of the main ways in which we work with our clients” (D’Cruz & Jones, 2004, p. 111). Fuller & Petch (1995, p. 10) also emphasise the advantage that social work researchers have as they “are already (or should be) expert interviewers and recorders of data”.

As a full time social worker who performs assessments and other interviews on a regular basis about a wide range of topics, the researcher felt confident with the interviewing process and was able to perform the interviews professionally and accurately. Additionally to this, as a registered student at the University of Fort Hare, the researcher had access to a wide variety of research documentation that further equipped her to fulfil the interviewing role successfully.

5.5.2 *Language*

The use of language by the interviewer was as simple and concrete as possible and technical language and jargon was avoided throughout the interview (Smith & Dunworth, 2003, p. 618). The researcher used her own words to describe and ask questions. An advantage that the researcher had during the interviews was that she was already familiar with the language and use of words that the participants used/understood because she was previously their social worker who had undergone interventions with them. Therefore a familiar and trusting relationship was already established. According to Smith & Dunworth (2003, p. 618) “it is useful to take time to become familiar with the participants vocabulary and level of comprehension”.

The interviewees for this study fortunately were fluent in English which benefitted the interviewing process as an interpreter did not have to be used and the content of the interview was thus not affected in any way during this two-way communication process.

5.5.3 *Length of Interviews*

“Semi-structured interviews generally last for a considerable amount of time (usually an hour or more) and can become intense and involved, depending on the particular topic” (Smith, 1999, p. 16). All participants were informed of the time commitment that they could expect (Smith et al., 2009, p. 62) before they gave consent to the interview..

Reid & Smith (1989, p. 213) state that data gathering through the use of in-person interviews is a very time-consuming process. Royse (2004, p. 107) argues that a study that requires in-depth interviews of two or three hours in duration might make the participants reluctant to participate when they are made aware of the possible duration. Therefore, in-person interviews must be planned in advance with the interviewee so that they can allocate a convenient time for the research (Engel & Schutt, 2005, p. 295). The interviews that took place for this study took approximately on average about one and a half hours per interview which also included the ten to fifteen minute interval period.

5.5.4 *Interview Costs*

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Royse (2004, p. 186) argues that “the prime disadvantage of the interview is that it is much more expensive than the other approaches.” Fortunately, the participants that took part in this research all lived in the East London area and within close proximity to the researcher’s place of employment. The researcher incurred costs for all the many telephone calls that the researcher made to the participants. The researcher provided money for transport to all those participants who travelled to the office for the interview. The researcher also incurred costs during her travels to the homes and school of the participants. Refreshments for all participants were also provided and paid for by the researcher of this study.

5.5.5 *The Interviewing Process*

A brief description of this study's interviewing process is explained below:

a) Initial contact

According to Smith et al. (2009, p. 62), the researcher should ensure that the participant understands what an interview is and should consent to it.

Participants were contacted telephonically, visited at home, or visited at their school. The initial contact consisted of the researcher explaining to the participant what the interview would entail, what the research is about, explaining that his participation is voluntary, explaining confidentiality, and requesting his participation. The researcher explained the steps that would follow if he agreed to participate. If he agreed, a further appointment was set for the interviewing process to commence.

b) The Venue

“The location of the interview can also make a difference. People usually feel most comfortable in a setting they are familiar with, as in their own home, but there may be times when this is not practicable and a different venue will need to be chosen” (Smith and Osborn in Smith, 2008, p. 62).

“It is therefore sensible to try to make sure that the interview can proceed without interruption as far as possible, and usually it is better to conduct the interview with the respondent on his or her own” (Smith, 1999, p. 16).

During each interview, the researcher ensured that the venue was suitable and that refreshments were available. The researcher arrived early for every appointment and arranged the venue before the agreed time. The interviews either took place at the office of the researcher or at an office at the school. The researcher ensured that there was sufficient sunlight, heat and comfortable chairs. The chairs were arranged appropriately which ensured that the researcher and the participant was not distracted by the glare of the sun or by any windows which may have disrupted the interview. A sign was placed on the door which read “do not disturb” and the

relevant staff/teachers were informed of the interview to reduce chances of being disturbed. The researcher set appointments that safeguarded the regulation of noise and distractions during the interview process.

c) Refreshments

Refreshments such as tea, coffee, water and cooldrink were offered to the participant before and during the interval of the interview. Sweets and biscuits were also made available to the participant and he was also given the option of taking them if he did not wish to eat them during the interview with the researcher. This was done as participants may have felt shy thus adding to the relaxed atmosphere that the researcher intended to create.

d) The Interview

“It is sensible to concentrate at the beginning of the interview on putting the respondent at ease, to enable him or her to feel comfortable talking to you before any of the substantive areas of the schedule are introduced” (Smith, 1999, p. 16).

The most important aspect at the beginning of an interview is to establish a rapport with the participant. (Smith et al., 2009, p. 64). Even though the interviewer and interviewee already had a relationship, this was done with each participant as the researcher was aware that the participants had to feel comfortable, to know what the researcher wants, and to trust the researcher (Smith et al., 2009, p. 64).

The researcher then explained the purpose of the interview, explained the role of the researcher and of the participant, explained confidentiality, and informed the participant that if at any point he/she would like to discontinue their involvement, they had a right to do so without any consequences. They were informed about the length and process of the interview. They were also asked to be completely open and honest about any information that they give as it will have an impact on the study.

This is explained clearly by Smith et al. (2009, p. 243):

“The interviewer should briefly recap the purpose of the interview and the rights of the interviewee to stop the interview at any time if they so wish. The interviewer should turn the tape recorder on and for the first few minutes the aim is to chat with the respondent to put them at ease. The aim is to make the interviewee feel comfortable talking to the interviewer before any of the substantive areas of the schedule are introduced”.

The researcher spent time communicating to the participants that she is interested in them and their experiences, that there are no right or wrong answers, and that they can take their time in thinking and talking (Smith et al., 2009, p. 63- 64).

It was important for the researcher to take her time in the interviews and to listen to what she was being told by the participants which requires listening attentively (Smith et al., 2009, p. 65). The researcher’s social work skills came in handy during the interviews as there were often times when she needed to question, probe, clarify, summarize, block, empathize, etc.

It is important for the researcher to monitor the effect of the interview on the participant because as an interviewer it is important to remember that there are ethical responsibilities towards the participant that need to be upheld (Smith et al., 2009, p. 66). Generally all participants were very comfortable with the interviewing process and responded well to the questions that were asked. The participants were also given the opportunity to ask question. “The task of the researcher is to create the conditions to make it possible for all the subjects to reveal that which is their openness towards the world which is the same as being conscious, therefore they should create an atmosphere in which the subject is free to explain”. (Kruger & Stones, 1979, p. 29).

At the end of the interview, the interviewee was thanked and the interviewer ensured that the respondent was comfortable with the interview being used for analysis and also that the interviewee had not been distressed by the interview (Smith et al., 2009, p. 243).

Smith & Osborn (in Smith, 2008, p. 63) provide a few tips on interviewing techniques, which the researcher found helpful during her semi structured interviewing. They are as follows:

- Try not to rush in too quickly. Give the respondent time to finish a question before moving on,
- Use minimal probes,
- Ask one question at a time,
- Monitor the effect of the interview on the respondent.

e) Consent

According to Thyer (2010, p. 568), social workers who are engaged in research should obtain voluntary and written informed consent from the participants that take part in the study. Furthermore, this consent should contain all the necessary information regarding the nature, extent, and duration of the participation and should not involve any penalty for the refusal of participation but rather should take into regard the participants well-being, privacy and dignity (Thyer, 2010, p. 568 ; McLaughlin, 2007, p. 58).

According to Padgett, (2008, p. 65), informed consent is an on-going and negotiated process and involves the following basic elements:

- A brief description of the study and its procedures as they involve participants (approximate number of interviews, duration of the study, etc.).
- Full identification of the researcher's identity and of the sponsoring organization (if any), including an address or telephone number for future contacts.
- An assurance that participation is voluntary and the respondent has the right to withdraw at any time without penalty or loss of service
- An assurance of strict confidentiality

The Ethics Research Confidentiality and Consent form was read and explained to each participant. It was explained that their name would not be recorded and that their participation is completely voluntary. The participants were then asked to sign the consent form if they voluntarily agreed as well as the consent to the use of the voice recorder during the interviewing process. According to (Padgett, 2008) it is necessary to get explicit consent to audiotape interviews and researchers shown provide all participants with a copy of the signed consent form. All participants within this study were offered a copy of the consent form that they had signed.

5.5.6 Voice Recording

Interpretative Phenomenological Analysis requires a verbatim record of the data collection event if the event is an interaction (Smith et al., 2009, p. 73).

A voice recorder is a powerful tool for the qualitative interviewer as it ensures verbatim recording, allows the interviewer to give their full attention to the interviewee, allows the interviewer to communicate that they are listening to what is being said, and it allows the interviewer to probe into important cues (Rubin & Babbie, 2011). Padgett (2008, p. 121) supports this by stating that audio recordings allow the interviewer to concentrate on what is being said and has an advantage in capturing important aspects such as laughter, sighs and sarcasm.

According to Smith and Osborn in Smith (2008, p. 64) voice recording the interview is essential in IPA in order for the interview to run smoothly and for establishing rapport. As the interviewer was not able to write everything down that the participants were saying, the voice recorder became a vital tool as the researcher was able to concentrate on the interview itself thus there was less chance of missing important verbal and nonverbal communication which was essential for interpretation. According to Smith and Osborn in Breakwell (2004, p. 234) interviews with participants should be tape recorded and transcribed verbatim in order to allow for thorough analysis afterwards.

The researcher explained to the participants the purpose of the voice recorder that was present at the interview and gave the participants a chance to become comfortable with it. The researcher also told the participants when the recorder was on and when it was off. They were informed that their voice would not be able to be matched with their identity and that it would remain confidential. According to Smith et al. (2009, p. 74) all participants must consent to the use of a voice recorder and the information should remain confidential at all times.

In order to ensure a successful recording of the interview, the following was considered:

- The researcher obtained permission from the participants for the use of the voice recorder,
- The recorder was charged and tested prior to the interview to ensure good working order,
- The recorder was positioned at close proximity to the participants and the researcher in order to obtain a clear voice recording.
- A “do not disturb” sign was placed on the door of the interviewing room in order to avoid any disturbances or unwanted audio recording.
- The voice recordings were labelled according to participants (ie: participant one, two, three) and according to the date that the interview was administered.

6. DATA PROCESSING

Before data can be interpreted, it needs to be organised and summarised (Bordens & Abbott 2008, p. 380). According to Engel & Schutt (2010, p. 245), documentation is critical to qualitative research because it assists the researcher in keeping track of the rapidly growing volume of information, it provides an outline for the analytical process, and it allows the researcher to continually conceptualize and strategies the text. Conceptualization, coding and categorizing (Engel & Schutt, 2010, p. 245) the data is then fundamental during this process of data processing.

The following section will describe how the data for this research study was processed.

6.1 *Transcription*

“Transcription takes a long time, anything between roughly five to eight hours of transcription time per hour of interview” (Smith & Osborn in Smith, 2008, p. 64). After each interview was conducted and recorded, the researcher transcribed the recorded interview by typing up, word for word what the participant had reported. This was time consuming for the researcher as each interview took between six and nine hours to transcribe. The researcher also made initial notes about important or interesting aspects that the participant had reported. “During transcription it is important to transcribe the whole interview including questions, false starts, significant pauses, laughs and any other features worth recording” (Smith & Osborn in Smith, 2008, p. 64).

“It is a very good idea to transcribe the first interview in any new sequence of interviews before you go on to conduct any others” (Smith et al., 2009, p. 66). During the interview process, the following participant was contacted and interviewed only after the previous interview was implemented and had been transcribed. This allowed the researcher to give her full attention to each interview which contributed to the analysing and interpretation of each set on its own.

6.2 *Categorization the Data*

After each interview was transcribed verbatim, the interviews were separated and printed on separate documents. The data was recorded within a table form consisting of two columns. All the data was inserted into the right column and each question or respondent was distinctively separated in the left column.

The data was organized into two structures. The reason for this was so that the researcher could examine the data in two ways rather than one.

The first structure consisted of each participant’s response being placed in a table form starting from question one and ending with the last question. Each participant was recorded on separate documents. Example:



<u>PARTICIPANT 1</u>	
<u>Question 1:</u> When did you start using illegal substances? Explain	I used to smoke cigarettes and smoke oka pipe then one year ago (15 years old) I first had dagga in the oka pipe without knowing. I have only smoked dagga and oka pipe- no other illegal substances
<u>Question 2:</u> What influenced you to start and to continue?	One year ago, I was at a party and everyone was smoking oka pipe with dagga in it. I smoked the oka pipe because I was craving for it. I then smelt that there was dagga in it but I still smoked it. The second time was at soccer practice and I smoked it again. I was not thinking. I just saw everyone doing it so I also did it. I continue using it because it is around me everywhere in my community. Everyone smokes it and I can smell it when I go outside. When I smoke it I do not think of the consequences at that time.
Etc...	

The second structure (and the preferred structure) consisted of the question at the top of the page, with each participant’s response below it in table form. Each question was recorded on separate documents. Example:

QUESTION 1 When did you start using illegal substances? Explain	
<u>Participant 1</u>	I used to smoke cigarettes and smoke oka pipe then one year ago (15 years old) I first had dagga in the oka pipe without knowing. I have only smoked dagga and oka pipe- no other illegal substances
<u>Participant 2</u>	I started smoking dagga when I was 10 years old but I used to smoke it then stop and start again then stop. A year and a half ago (14 years old) I started smoking it on a regular basis.
Etc...	

The second structure was organized in this fashion as it made it easier for the researcher to analyse each question. Furthermore, this structure made it easier for the researcher to cross question the data during the data analysis stage. Each structure had an empty column on the left of the page which provided the opportunity for the researcher to code and make note of important aspects.

7. DATA CODING AND DATA ANALYSIS

This stage is underpinned by a process of coding, organising, integrating and interpreting of data, which is detailed and labour intensive, but also very rewarding (Reid et al., 2005, p. 22).

Analysis of qualitative data is an active and interactive process (Polit & Hungler, 2001, p. 383) which relies on the process of people making sense of the world and their experiences, firstly for the participant, and secondly for the analyst (Reid et al., 2005, p. 20). This process is twofold which includes familiarising oneself with the data (revealing the themes) and secondly, making sense of the data by establishing a series of analytic codes that reflect the nature of participants' experiences and thus provide answers to the research question (Shaw, 2001, p. 49).

According to Reid et al. (2005, p. 20), "A successful analysis is: interpretative (and thus subjective) so the results are not given the status of facts; transparent (grounded in example from the data) and plausible (to participants, co-analysts, supervisors, and general readers)".

The following section will provide a detailed description of how the data was coded and then analysed.

7.1 *Interpretative Phenomenological Analysis*

In IPA meaning is central, and the aim is to try to understand them rather than measure the frequency of them. This process of understanding involves the investigator actively engaging in an interpretative relationship with the transcript while attempting to capture the meanings of the respondents, which are not transparent, in order to learn about their world (Smith & Osborn in Smith, 2008, p. 66).

The outcome of the analytic and evaluative process in IPA is to produce a set of themes covered by participants, often organised into some form of structure. These themes generally provide the focus for the analytic commentary and they represent commonalities as well as discords across the participants' accounts (Reid et al., 2005, p. 23). Therefore the initial aim of analysis involves identifying themes from the voice of the participants while the latter stages involve the researcher interpreting the data to answer the research question. "Therefore the

analysis is a joint product of the participant and the analyst” (Smith et al., 2009, p. 80). This demands reflexivity and self-monitoring to prevent bias because the researcher's interpretation must not at any point become the story of the researcher but rather that of the participant (Shaw, 2001, p. 50).

“Successful IPA requires the systemic application of ideas, and methodical rigour but they also require imagination, playfulness, and a combination of reflective, critical and conceptual thinking” (Smith et al., 2009).

According to Smith et al. (2009, p. 79), IPA proceeds by drawing upon the following strategies:

- The close, line by line analysis of the experiential claims, concerns, and understandings of each participant;
- The identification of the emergent patterns (themes) within the material emphasising both convergence and divergence usually first for single cases, and then subsequently across multiple cases;
- The development of a dialogue between the researcher, their coded data, and their psychological knowledge, leading in turn to the development of a more interpretative account;
- The development of a structure which illustrates the relationships between themes;
- The organization of all of this material in a format which allows for analysed data to be traced right through the process, from initial comments on the transcript, through initial clustering and thematic development, into the final structure of themes;
- The development of a full narrative, evidenced by a detailed commentary on data extracts which takes the reader through interpretation usually theme-by-theme, and is often supported by some form of visual guide; (see 7.7)
- A reflection on one's own perceptions, conceptions and processes.

(Smith et al., 2009, p. 79)

“Most IPA so far has been at the thematic level, illustrated with verbatim extracts” (Smith, 2008, p. 51). In keeping with the IPA process, Thematic Analysis was used to analyse the collected data. Thematic analysis is a process for encoding qualitative information (Boyatzis 1998, p. 6). During this analysis, the researcher will go over the collected data intensely until he/she knows the data well as suggested by Terre Blanche, Durrheim & Painter (2006, p. 322).

Once this is done, themes within the data will be identified. These themes are patterns that are found in the information and they will at minimum describe and organise possible observations and at the maximum interpret aspects of the phenomenon (Boyatzis 1998, p. 7). Once themes were identified and coded, interpretations could then be made.

According to IPA, certain steps need to be taken during data analysis. These are briefly described below and are explained thoroughly throughout the following sections.

<u>Step 1:</u>	Reading and Re-reading
<u>Step 2:</u>	Initial Noting
<u>Step 3:</u>	Developing Emergent Themes
<u>Step 4:</u>	Searching for Connections across Emergent Themes
<u>Step 5:</u>	Moving to the Next Case
<u>Step 6:</u>	Looking for Patterns across Cases

Table 1: Summary of IPA steps

7.2 Step 1: Reading and Re-reading

According to (Willig, 2001, p. 54; Smith et al 2009, p. 82), the first step of analysis in IPA involves reading and re-reading the data several times. This was done within this research in order to become familiar with the data. The researcher also listened to the recording at least once while reading the transcript (Smith et al., 2009, p. 82).

During this process the researcher felt overwhelmed with data and felt as though she did not know where to start. As the researcher read the transcript, she began writing down her thoughts so that she could refer back to them at a later stage in case she forgot important ideas. Thoughts can be recorded to reduce the level of “noise” and this can be dealt with at the appropriate time (Smith et al., 2009, p. 82). Repeated reading also allows structure to develop (Smith et al., 2009, p. 82) which helped the researcher in her efforts to organise the data.

7.3 Step 2: Initial Noting

This initial level of analysis is the most detailed and time consuming and involves examining the data on a very exploratory level (Smith et al., 2009, p. 83). The researcher was able to make notes about anything of interest within the transcript with the aim of producing a comprehensive and detailed set of notes and comments on the present data (Smith et al., 2009, p. 83). These notes became valuable in the later stages of analysis.

The researcher was able to maintain an open mind during this process of noting (Smith et al., 2009, p. 83) and ensured that she bracketed all thoughts and preconceptions. This also aided the researcher to organise her busy thoughts that she was experiencing.

Each set of data was examined several times and the researcher began manually coding significant content. The researcher manually coded the content through the use of different coloured highlighters as well as through the use of different colour symbols. Data which contained similarities were coded together as well as data that contained significant differences. This was done so that even at a glance, the noteworthy content could be identified. During this process of coding, the researcher made notes of certain aspects or themes that arose.

7.4 Step 3: Developing Emergent Themes

The researcher began with the first transcript and began searching for themes within it. She identified these themes and began labelling them accordingly. The researcher then began making connections between these themes and began establishing superordinate themes for the case (Smith & Osborn in Breakwell, 2004, p. 234). These theme titles captured something about the essential quality of what was being represented by the text of the participant (Willig, 2001, p. 55). Some parts of the interview proved to produce richer text than others and there was not pressure to produce themes were they were not deemed necessary (Smith & Osborn in Smith, 2008). The researcher also found herself commenting on the use of language that was used by the participants (Smith & Osborn in Smith, 2008).

After this was done for the first case, the process could then be followed for the next case until all of the data for each participant had been worked through (Smith & Osborn in Breakwell, 2004, p. 234).

The main task in turning notes into themes involves an attempt to produce concise statements of what was important in the various comments attached to each piece of transcript. The focus was on capturing what was crucial at that point in what the participant was saying. These themes reflected not only the participant's original words and thoughts but also the analyst's interpretation which ultimately captured and reflected an understanding (Smith et al., 2009, p. 92).

This process of identifying themes also benefitted the analyst as it reduced the volume of detail whilst maintaining complexity and thus the analyst works primarily with the initial notes rather than the transcript itself (Smith et al., 2009, p. 91).

7.5 Step 4: Searching for Connections across Emergent Themes

Up until this point, the analyst had established a set of themes from the transcript. The next step involved mapping how the analyst thought the themes fit together (Smith et al., 2009, p. 96). These themes were listed on a sheet of paper, and she analysed them in order to make connections between them and while actively trying to make sense of these connections (Smith & Osborn in Smith, 2008, p. 71). Some of these themes clustered together while already beginning to emerge as super-ordinate themes.

These clusters were then checked in the transcript to make sure that the connections made sense according to the “actual words of the participant” (Smith & Osborn in Smith, 2008, p. 71-72).

Therefore the researcher had to draw on her interpretative resources to make sense of what the person was saying, but at the same time she was constantly checking her own sense-making against what the person actually said. The researcher spent a considerable amount of time analysing the themes which developed and wrote them down as they emerged. This required a close interaction between analyst and the data.

7.6 Step 5: Moving to the Next Case

The next step involved in IPA proceeded only once the previous step had been accomplished successfully. This involved moving to the next participant's transcript and repeating the process that had been achieved with the previous case (Smith et al., 2009, p. 100). During this process it was important for the researcher to bracket all themes and thoughts that had emerged from the previous case in order to treat the new case with individuality. According to Smith et al. (2009, p. 100), “during this process, you will inevitably be influenced by what you have already found, however there is an important skill in IPA in allowing new themes to emerge with each case”.

7.7 Step 6: Looking for Patterns across Cases

The next stage involved the researcher looking for patterns across cases (Smith et al., 2009, p. 101) and deciding which themes were more prominent than others. As the data was being coded, it became evident to the researcher that certain themes and patterns existed. These themes occurred numerous times within the data and were often reinforced across different questions and across different cases. Once this occurred, it became clear to the researcher that the study was being directed in a distinctive manner.

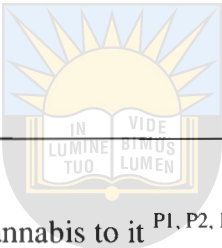
Once each transcript had been analysed by the researcher and a final board of super-ordinate themes was constructed, the researcher listed all of these emergent themes onto a poster and pinned it to her wall. This enabled her to view the poster every day in order to generate new perceptions. This process of listing themes also enabled the researcher to think about how they relate to each other (Willig, 2001, p. 55).

Deciding upon which themes to focus upon required the analyst to prioritize the data and begin to reduce them (Smith & Osborn in Smith, 2008, p. 76), which she experienced as challenging because the themes were not selected purely on the basis of their frequency but rather according to the richness of the particular passages (Smith & Osborn in Smith, 2008, p. 76). The researcher then pinned another poster to the wall and wrote down her thoughts about emergent themes onto it. She was able to draw lines matching up themes and identifying similarities/differences etc. This was done once again to generate new thought patterns on a daily basis. After much observation and analysing, the researcher was able to identify the connections across the various themes.

The researcher was therefore able to look for patterns between the cases with the aim of establishing the main themes for the data (Smith & Osborn in Breakwell, 2004, p. 234). According to Willig (2001, p. 58-59) the researcher “should generate a list of master themes which captures the quality of the participants' shared experience of the phenomenon under investigation, and which, therefore, also tells us something about the essence of the phenomenon itself”. This analysis of meaning was therefore also formulated according to extracted statements given by the participants themselves.

After the researcher had established what the main themes were for the group of participants, the researcher then translated the master table of themes into a narrative account, introducing the topic and then discussing each superordinate theme. These themes were described in detail and supported with verbatim extracts that were taken from the interviews with the participants in order to provide full meaning of the experience (Smith & Osborn in Breakwell, 2004, p. 234). For example, if participant 1 reported an experience, “P1” was inserted directly after this narrative by the participant. If more than one participant reported the same narrative, this was followed by an insert of the exact participants who reported the accounts. For example, if participant 1, 2 and 5 reported the same narrative then “P1, P2, P3” was inserted directly after the narrative.

For example:



Waterpipe (Oka Pipe)

- Smoked oka pipe (tobacco), then added cannabis to it P1, P2, P3, P4, P5, P6, P7, P9, P10, P11, P12, P13, P14, P15 .
- First smoked waterpipe (tobacco) before experimenting with any other substances P1, P2, P3, P4, P5, P6, P7, P9, P10, P11, P12, P13, P14, P15 .
- First tried waterpipe (tobacco) and cannabis before trying alcohol P1, P2, P3, P7, P12, P13, P14, P15 .
- When they smoked cannabis in the waterpipe with their friends, it made them feel closer/bond with them P1, P3, P4, P5, P8, P9, P10, P11, P12, P13, P14, P15 .
- They liked how the drug made them feel P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P12, P13, P14, P15 .

8. ISSUES TO BE ADDRESSED WHEN CARRYING OUT RESEARCH

The following section describes specific issues that are to be considered by a researcher and that were considered by the researcher of this study, during the process of this research study.

8.1 *Rigour/ Trustworthiness*

According to Padgett (2008, p. 179), one of the most frustrating issues in qualitative research is defining what is a good, valid and trustworthy qualitative research study. Furthermore, it is essential for evaluative standards to be applied and strategies for rigour to be pursued. According to Lincoln & Guba (1985, p. 301), rigour and trustworthiness in a natural investigation that can be explained as the researcher persuading the audience how the findings of a study are worth paying attention to. This is supported by Holloway (1997, p. 161) as he explains that “trustworthiness is the true value of a piece of research”.

In addition, Steeves (in Cohen et al., 2000, p. 95) states that “rigor is a word used by most scientists to evaluate studies by their peers” while Holloway & Wheeler (2002, p. 251) emphasise rigour as “the means by which we show integrity and competence”.

Furthermore, Steeves (in Cohen et al., 2000, p. 95) explains rigour in general terms as firstly, “do I as a reader know exactly what was done by the researcher?” and second, “do I know why the researcher did what he or she did?” The reduction of bias is paramount within qualitative methodology and throughout the process of analysis the researcher must return to the participants' accounts in order to remain faithful to them (Shaw, 2001, p. 51).

Therefore rigour means that all of the decisions that were made were thoughtful, and the alternatives were considered thus they were well examined or well explained (Steeves in Cohen et al., 2000, p. 95).

8.2 Bracketing

Rather than beginning this project with a predetermined set of ideas about the phenomenon under investigation, IPA allowed the researcher to begin with an open mind and allowed the participants to tell their own stories about their experiences (Shaw, 2001, p. 50) as they are the experts of their own experience. Therefore the research becomes the work of the participants themselves.

Bracketing can be explained as to bracket out ones prejudices and personal commitments (Cohen et al., 2000, p. 88) which allows the researcher to describe phenomena as they present themselves (Willig, 2001, p. 52).

Bracketing does not mean to ignore other information but rather to be aware of it so ensure that it does not have an influence on the phenomenon under investigation. "Bracketing other instances of the same phenomenon possibly helps the researcher to notice different nuances or new dimensions of the phenomenon" (Giorgi & Giorgi, 2007, p. 32). Therefore by bracketing the researchers own viewpoints or preconceptions, this allows the experiences to be considered exactly as they represent themselves, from the person experiencing them.

Kruger & Stones (1988, p. 142) describes the process of bracketing as the process suspending personal preconceptions by making them explicit. All the researchers assumptions and beliefs about the phenomenon are considered and written down which serves as a checking point as analytical conclusions are made (Kahn in Cohen et al., 2000, p. 86). They too believe that bracketing is the first step of inquiry into the phenomenon of interest.

The researcher wrote down all of her ideas, beliefs, thoughts and preconceptions about the phenomenon which was being investigated. This allowed the researcher to focus on the participants experience and therefore their voice could be heard through the data. Furthermore this use of bracketing was used to improve rigour and reduce bias.

8.3 Reflexivity

D'Cruz & Jones (2004, p. 76) explain the process of reflexivity by which a researcher continually reflects on their own participation during the research process which includes their expression of values and assumptions (positioning) when informing the choice of question, design, data collection, analysis and conclusions.

Engel & Schutt (2005, p. 318) suggest that all qualitative data analysis is a reflexive process that begins as the data is being collected rather than after. Therefore this process of reflexivity takes place from the beginning of the research until the very end and required the researcher to continuously examine her own feelings and perceptions.

Reflexivity is therefore the process of looking inward and thinking about how our own life experiences or significant events may have impacted upon our thinking, or on the research process (Shaw & Gould, 2001, p. 101).

During the duration of this research project, the researcher had to personally reflect on her own value system and beliefs as well as other experiences that may hinder the reflexivity of this project. The researcher had to ensure that her own beliefs and personal experiences with regards to substance abuse, belonging, the family, or adolescence did not impact on the various stages within the research (data collection, analysis, etc). The researcher had to also ensure that her beliefs as a result of her work within her employment did not impact the study as well. Even though the researchers work as a social worker played a role in her motivation for this study, she had to continuously reflect upon herself to ensure it did not impact the interpretation of it, which was done continuously by the researcher throughout the process. This helped in self-monitoring to prevent bias during the research process.

The practice of reflexivity is an important component of this work as researchers must exploit their own contexts as sources of insight whilst being explicit about the influence of this on the analysis and interpretation (Cassidy E et al., 2011, p. 6).

8.4 *Triangulation*

Triangulation is used by researchers to “establish the trustworthiness of qualitative data” (Williams, Unrau, & Grinnell, 1998, p. 310) and can involve using two or more methods of data collection within a study which provides a means of checking the findings that were obtained (Shaw, 2001, p. 51). The process of triangulation involves combining multiple observers, theoretical perspectives, sources of data, as well as various methodologies (D’Cruz & Jones, 2004, p. 76).

The aim of triangulation is that various perspectives will confirm each other, adding substance to the credibility of the analysis made by the research study (Williams et al., 1998, p. 301). For the purpose of this study, different methods of analysis were employed to interpret the qualitative data collected which reduced the occurrence of bias therefore checking the trustworthiness of the research (Shaw, 2001, p. 51).

Data source triangulation was used for this study which involved the collection of the same data through various data sources (D’Cruz & Jones, 2004, p. 122) such as journals, books, etc. In this research study, the themes that were generated from the interviews of participants were substantiated by recent research publications as well as current literature on adolescence, substance abuse, the family, and feelings of disconnection.

8.5 *Ethical Considerations*

“Before researchers can implement studies that involve people, they confront questions about the ethics of their proposed investigations” (Rubin & Babbie, 2011, p. 256). Ethics can be defined as a system of moral beliefs about right and wrong which is in accordance with principles of professional conduct, specifically of a particular group, profession or individual (Collins student’s dictionary, 2005). Ethical research practice is a dynamic process which needs to be continuously monitored and which requires sustained reflection and review (Smith et al., 2009, p. 53).

Social workers are ethically responsible for providing the best possible service to their clients (Marlow, 1993). Likewise, ethical conduct is fundamental in all social work practice. Ethical standards outlined by the University of Fort Hare's Research Policy, and by the South African Council for Social Service Professions (SACSSP, 1986 as updated in 2007) was followed during the course of this research. Within the context of the SACSSP code of conduct, this research was implemented in a manner which upheld the integrity of the profession and which included the preservation of high standards. This research also ensured the protection of the values, ethics, knowledge base and mission of the profession as well as those who participated as respondents in the research.

8.5.1 *Voluntary Participation and Informed Consent*

Participants must be given sufficient information in order to weigh the benefits and risks of participation (Engel & Schutt, 2005, p. 53). This was done by the researcher to the participants before the interview commenced.

According to Padgett (2008, p. 65) which is also supported by Smith et al. (2009, p. 53), the basic elements of informed consent are:

- A brief description of the study and its procedures as they involve participants (approximate number of interviews, duration of the study, etc).
- Full identification of the researcher's identity and of the sponsoring organization (if any), including an address or telephone number for future contacts.
- An assurance that participation is voluntary and the respondent has the right to withdraw at any time without penalty or loss of service
- An assurance of strict confidentiality which also includes raw, unedited data transcripts.

8.5.2 *No Harm to the Participants*

Many qualitative interviews may provoke intense discussions of painful life events and these discussions should be introduced carefully, empathetically, and should be handled with the greatest of care (Padgett, 2008, p. 69).

According to Smith et al. (2009, p. 54), all data collection events (interviews) should be dealt with sensitively and with care which is what the researcher ensured during the research process. "A researcher is ethically obligated to leave research participants as they were found, or at least in no worse condition" (Yegidis & Weinbach, 2006, p. 46). All information that was discussed with the participants was done so professionally and sensitively. The researcher communicated to the participants that if they feel uncomfortable they should inform the researcher and the researcher would reassess the situation. The researcher also continuously observed the participants behavior and remained aware of the participant's level of comfort. According to Smith & Osborn (in Breakwell, 2004, p. 242), it is the duty of the interviewer to check the demeanor of the interviewee for any signs of distress and to make sure that they are comfortable before leaving the interview. The researcher also offered her support to the participants with regards to follow up sessions if they were required.

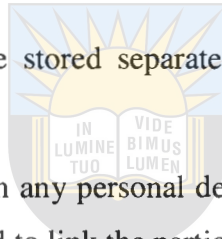
8.5.3 *Anonymity and Confidentiality*

Confidentiality is a key ethical obligation (Engel & Schutt, 2005, p. 53). Confidentiality and anonymity ensures that the identities of participants are never revealed or linked to the information they provide without their permission (Padgett, 2008, p. 67). This means that sensitive and private information is being supplied by the participant and they are under the impression that the participant and the information will be protected (Royse, 2004, p. 54).

Furthermore this concept of confidentiality was explained to the participants (Smith & Osborn in Breakwell, 2004, p. 242) and then was carried out accordingly.

The following provisions took place to ensure confidentiality within this study:

- The data was only seen by the research team. According to Smith et al. (2009, p. 53), all the raw, unedited data transcripts should only be seen by the research team and data should be edited for anonymity if made available to for other use.
- The participants' names, transcripts and notes were stored in a private room which was not accessible to any individual other than the researcher. According to Engel and Schutt (2005, p. 53), specific procedures must be taken in order to minimize the risk of unauthorized people such as locking records and creating special identifying codes.
- The participants' names were stored separately to the recordings, transcripts and notes.
- The recordings did not contain any personal details about the participants (including their names) that could be used to link the participants to their answers.



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8.5.4 *Not Deceiving Participants*

“Interviewees need to be informed of what the project is about that it is being conducted” (Smith & Osborn in Breakwell, 2004, p. 242). The participants for this study were informed of what the research entailed, what to expect and their rights as voluntary participants. They were also given the opportunity to ask questions with regards to these rights.

Deception can be described as concealing the nature of the study and/or the investigators role (Padgett, 2008, p. 63). This is prohibited within social work research. All participants have the right to full disclosure (the nature of the study has been explained clearly) and they also have the right to refuse participation (Polit & Hungler, 2001, p. 78). All participants were informed of their rights to refuse participation as well as to stop the interviewing process at any stage if they felt uncomfortable. They were also informed that this action would not have any subsequent effects on them and they would not be penalized for doing so.

8.6 *Limitations*

As much as the researcher aimed at producing a study with the least possible limitations, it was inevitable for certain limitations to surface during the process of this study. These are mentioned below:

8.6.1 *Recruitment*

The recruitment process of this study could be considered a limitation. How research populations are accessed can inevitably impact on the data that is gathered for the study. The entire sample of participant's had been recruited from the researcher's place of employment and had undergone an intervention to assist them with their drug problem. Therefore no other participants from the population were considered for this sample. For this study, the researcher accessed participants through an agency that provides services to young people which could have tilted the sample towards more 'vulnerable' adolescents who smoke cannabis.

8.6.2 *Geographical Area*

The sample for this study was drawn from the East London area situated in the Eastern Cape province of South Africa. As a result, this sample can only be representative of this small area which is not representative of the entire population.

8.6.3 *Ethnic Diversity*

Although the researcher initially decided on a variety of ethnic groups for the study sample, as the data collection process took place, a particular ethnic group became more accessible and favourable by the researcher. This sample is thus not demographically representative of South Africa's diverse ethnic groups but it was not purposefully exclusive.

8.6.4 *Gender Diversity*

As the researcher began the data collection process, gender was not of importance in this particular study and thus the researcher was open to obtaining samples from both male and female genders. However, as the recruitment and data collection process took place, male participants were more easily accessible and thus became the focus of this particular study. Therefore the final sample was not gender representative.

8.6.5 *Availability of Literature*

Due to limited availability of South African literature on the topic of the research study, the researcher had to rely on other sources of literature from other parts of the world. However every attempt was made to link the research with South African literature on related topics.

8.6.6 *Bias*

The researchers own experiences, early memories and preconceptions had to be 'bracketed' for the purpose of this study. The researcher therefore obtained viewpoints from various sources of literature and also experiences of the participants, even when the researcher did not agree with these. It was important for the researcher to allow the data the opportunity to guide the process of the research.

8.6.7 *Interviewer vs Interviewee Relationship*

There is an assumption that participants fully disclosed all of their personal information to the researcher during the interview process. However, due to the nature of the relationship between the researcher (also social worker) and the participant (also client), there are chances that the client did not fully disclose certain information with regards to their current substance use in fear that the social worker might not approve due to their previous intervention together. However this can also be argued that the very nature of the relationship can also be a contributing factor to their disclosing of more personal information.

9. CONCLUSION

This chapter clearly describes the research design, methodology and procedures that were implemented within this study. This included an overview of the aspects involved in data collection, data processing, data analysis as well as the issues that needed to be addressed with regards to carrying out this particular research study. Therefore the thorough, step by step procedures that were involved in this study were described and explained.

The following chapter will provide a detailed description of the data that was collected. This data will be arranged according to the interview schedule and will provide a detailed question by question analyses of the data collected.



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CHAPTER FIVE: DATA DISPLAY AND ANALYSIS

1. INTRODUCTION

The following chapter represents a display of all the data that was collected for the purpose of this study. The data is arranged according to the outline of the interview schedule.

Firstly, this chapter consists of the demographics of the participants which includes a description of each of the participants. Secondly this chapter consists of a question by question analysis which includes the questions of the interview schedule as well as a descriptive analysis of each question. Various tables and graphs are also used to represent the data. Lastly, the data is represented in the form of a narrative which is supported by codes that display who, how many, and how the participants responded (P1-P15) to the research questions. Also included in this chapter is a direct dialogue from the participants of each of the specific sections.

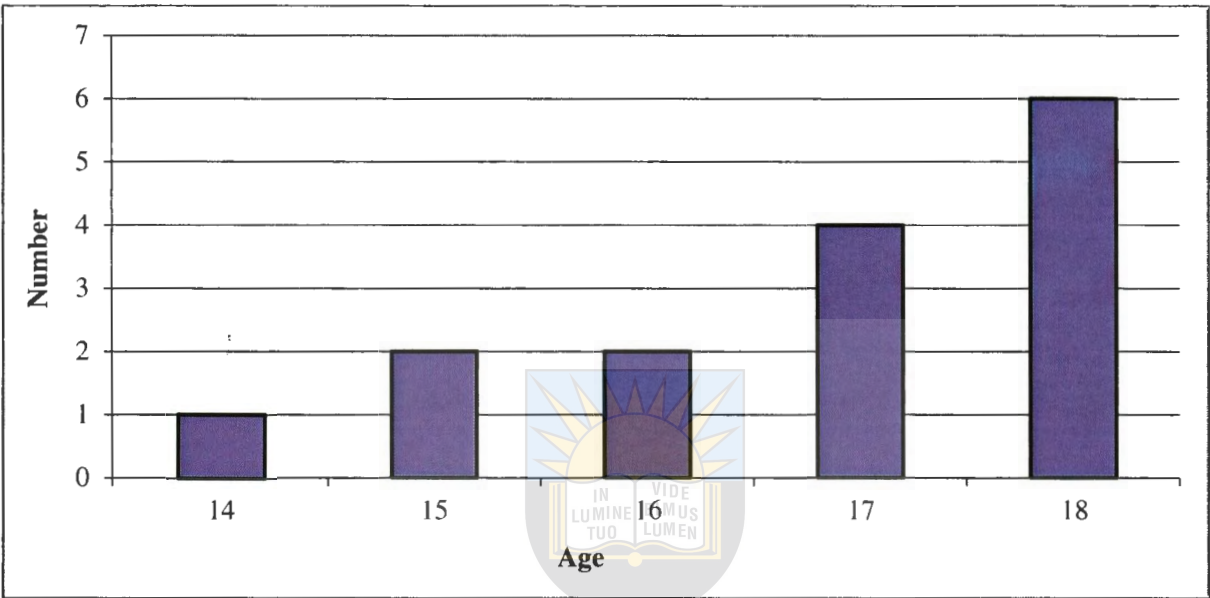
2. DESCRIPTION OF THE PARTICIPANTS

2.1 Names

The names of all participants were kept confidential and were not recorded on the interview schedules or on the voice recording. By doing so, the researcher ensured the promise of anonymity that was stipulated in the consent form. Participants were allocated a number according to the sequence in which they were interviewed. The first participant was recorded as Participant1 (P1); the second participant was recorded as Participant 2 (P2); and so forth until the last participant was recorded as Participant 15 (P15). This process was repeated for all of the interviews with all participants.

2.2 Age Range

The age of all participants can be depicted as follows:



Graph 1: Participants by Age Range

The graph is a summary of the number of participants (horizontal axis) who are in a particular age group (vertical axis). The content of this graph is discussed next.

2.2.1 Youngest Participant

The youngest participant was a coloured male who was 14 years old at the time of the data collection process.

2.2.2 Oldest Participant

The oldest participants were six coloured males who were 18 years old at the time of the data collection process.

2.2.3 *Age Range*

The overall age range between the youngest and the oldest participants was thus 14-18 years of age for all participants that took part in the study.

2.2.4 *Average and Majority Age*

The overall average age for the participants was 16.8 years of age while the majority of the participants from the sample were that of 18 years of age, during the time of data collection.

2.3 *Gender*

	Male	Female
Number of Participants	15	0

Table 2: Gender of Participants

All of the participants that were selected to take part in the study were that of male gender but this was not exclusive.

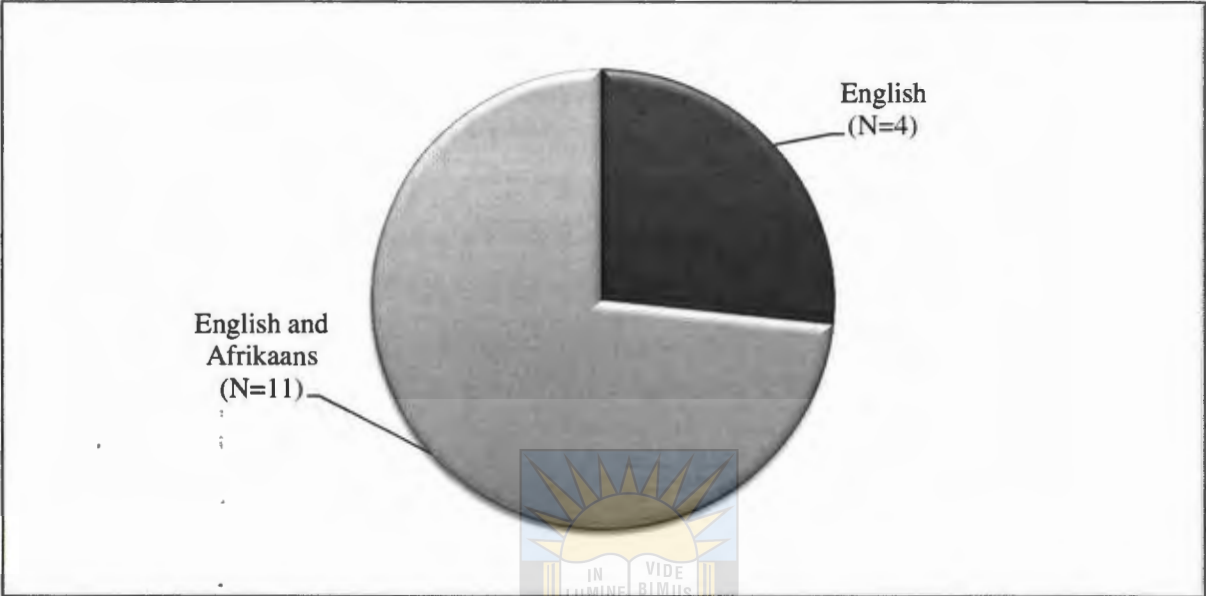
2.4 *Ethnicity*

	African	Coloured	Indian	White
Number of participants	0	15	0	0

Table 3: Ethnicity of Participants

All of the participants that were selected to take part in the study were that of coloured ethnicity but this was not purposefully exclusive. Coloured male participants were favoured due to two reasons, (1) the fact that the social workers client base at the time of the study consisted mainly of these clients and (2) due to the availability of participants at the time of data collection.

2.5 Home Language

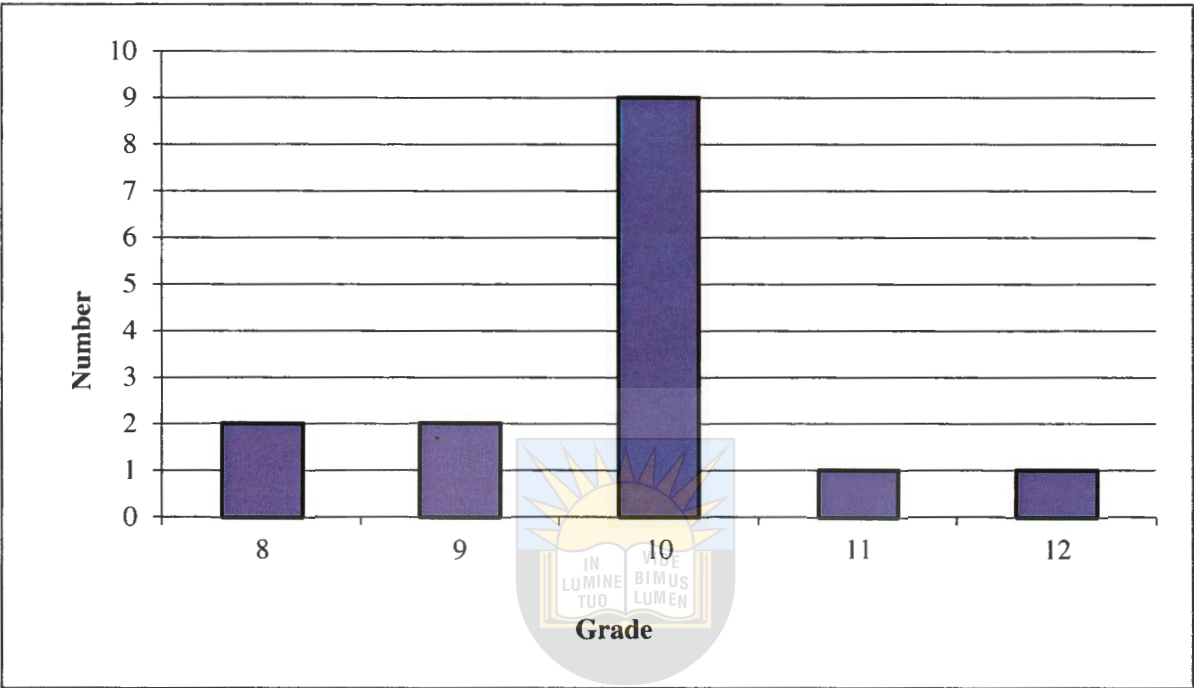


Graph 2: Home Language of Participants

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All of the participants selected English as their home language even though a large number of them also selected Afrikaans as their second home language. When asked about their language preference, these participants assured the researcher that although they were bilingual, English was the preferred language for the purpose of the interviews.

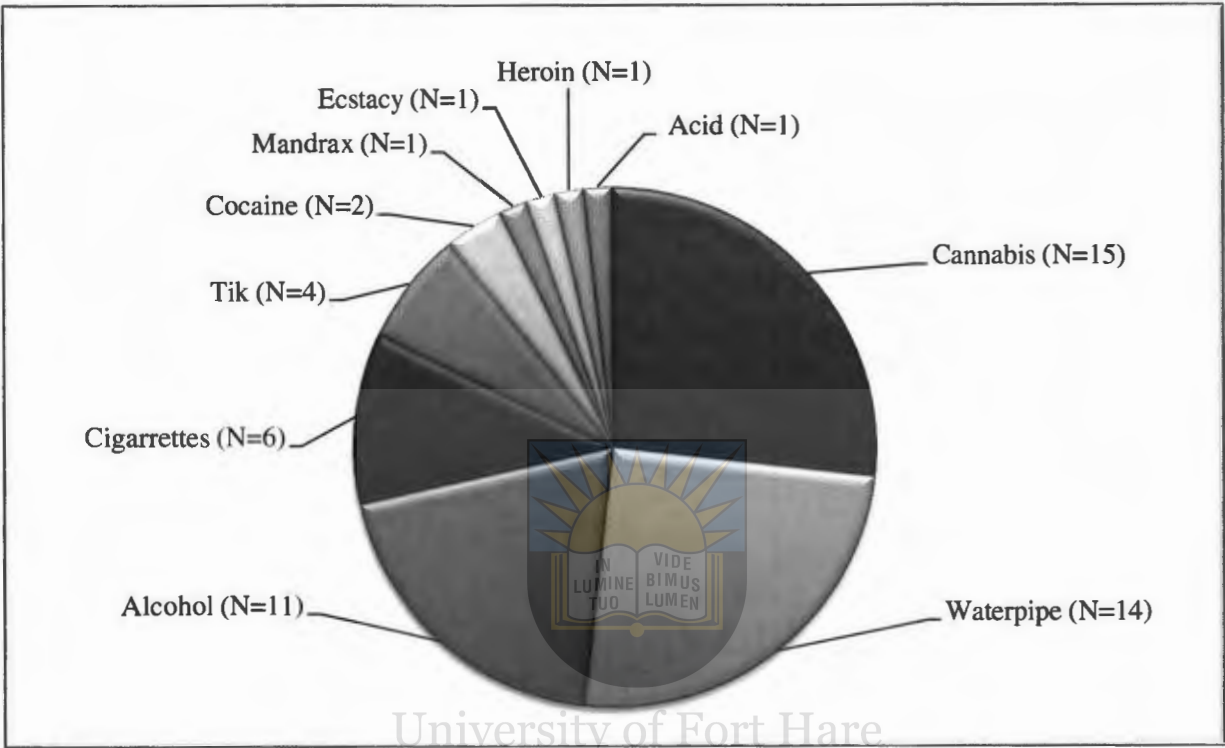
2.6 Level of Education



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Graph 3: Present Level of Education

The entire group of participants were that of secondary school-going youth. Their current level of education ranged between grade eight to grade twelve. Grade ten was the average grade that represented just less than two-thirds (N=9) of the participants during the time of the data collection process.

2.7 Common Types of Substance Use



Graph 4: Common Types of Substance Use

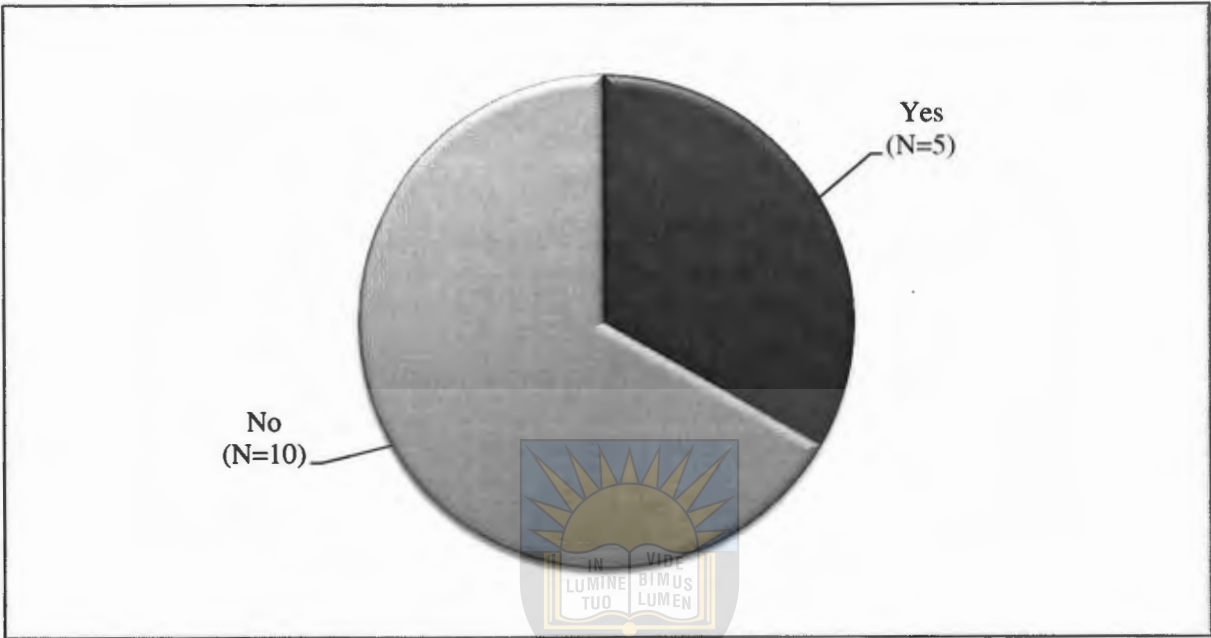
The above graph represents the types of substances that the participants reportedly had experimented with. Also included in the graph is the percentage of participants that had reported the use of that specific substance.

It is clear from the graph that cannabis is the preferred illegal substance used as all the participants reported the regular use of this substance for a period of time on their life.

Waterpipe (with tobacco) and alcohol were also common regularly used legal substances that were reported by a large number of the participants, with waterpipe (with tobacco) representing the majority of the participants. The use of cigarettes was seemingly a common legal substance that was used regularly by the participants but this represented less than half of the participants.

The remaining illegal substances that were reported only represented a minority of the participants and its use was mainly experimental in nature.

2.8 Present Illegal Substance Use



Graph 5: Present illegal Substance Use

All of the participants that took part in this study reported that they had used an illegal substance regularly during a period of time in their lives.

At the time of data collection, two-thirds (N=10) of the participants reported that they no longer use any illegal substances on a regular basis while a third (N=5) reported that they still use cannabis regularly.

2.9 Summary of Participants Description

The table below provides a summary of the descriptions that have been described above:

First Code	P1
Last Code	P15
Age Range	14-18
Oldest	18
Youngest	14
Male Participants	N=15
Coloured Participants	N=15
Home Language	English (N=4) English and Afrikaans (N=11)
Divorced Families	N=10
Range of Current Education Level	Grade 8 - 12
Average Education Level (Grade)	10
Present Illegal Substance Use	N=5
Most Common Illegal Substance	Cannabis
Most Common Legal Substance	Waterpipe (with tobacco)

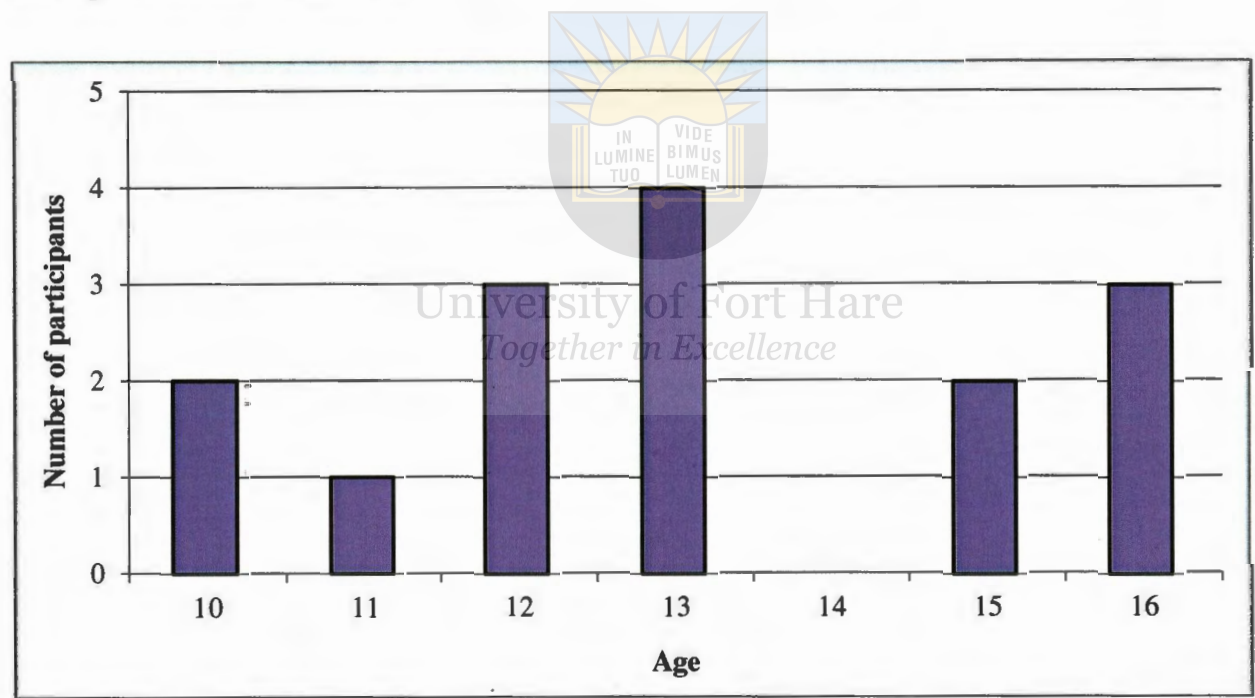
Table 4: Summary of Participants Descriptions

3. ANALYSIS OF INTERVIEWS/QUESTIONS

The following section of the chapter consists of 16 open ended questions that guided the interview. The researcher administered these questions and allowed the participants to share their experiences with the researcher while the interview was being recorded.

3.1 QUESTION 01: When did you start using illegal substances?

The participants shared their experiences of the various legal and illegal substances that they had experimented with, used occasionally or used on a regular basis. They also reported on their age at the time of each use.



Graph 6: Initial illegal Substance Use

“I was 13 when I first smoked dagga” P9

The age range that the participants reported their first experimentation with an illegal substance was between 10 and 16 years of age. With regards to the age that they first experimented with an illegal substance, the age that occurred most frequently amongst these participants was 13 years of age.

3.1.1 Initial Substance Use

“I used to smoke cigarettes and oka pipe then one year ago I first had dagga in the oka pipe” P1

All of the participants reported that cannabis was the first illegal substance that they used during their first experience of illegal substance use.

3.1.2 Regularity

“When I was 11 years old”, (five years ago), “I started smoking dagga. Before I stopped, I was smoking it every day about 5-10 times a day” P3

All of the participants reported that they have smoked cannabis for an extended period of time (no less than 1 year) and used the substance on a daily basis.

3.1.3 Method of Illegal Substance Use

“I first smoked oka pipe then my friend said let’s put dagga in it” P9

While describing their experience of their initial illegal substance use, the majority (N=14) of the participants explained that they smoked the cannabis in a waterpipe, which also contained flavoured tobacco, during their initial use of the illegal substance.

3.1.4 Gateway Drugs

“I used to smoke cigarettes and oka pipe” P1

All but one (N=14) of the participants reported that they initially smoked waterpipe (which contained flavoured tobacco) before they experimented with any other substances.

Just more than a third (N=6) of the participants reported that they also smoked cigarettes before experimenting with any illegal substances.

3.1.5 *Other Substances*

“At 16 years old I tried Cocaine, Ecstasy, Heroin, Tik and Acid” ^{P12}

Just more than two-thirds (N=11) of the participants reported that they use/used alcohol. Some participants (N=6) reported that they had experimented/regularly used cigarettes.

Other illegal substances that were reported was that of Tik (N=4), Cocaine (N=2) Mandrax (N=1), Ecstasy (N=1), Heroin (N=1) and Acid (N=1).

All of the participants reported no illegal use of any of the above mentioned (1e) illegal substances at the time of the interview.

3.1.6 *Waterpipe and the Age of Initial Illegal Substance Use*

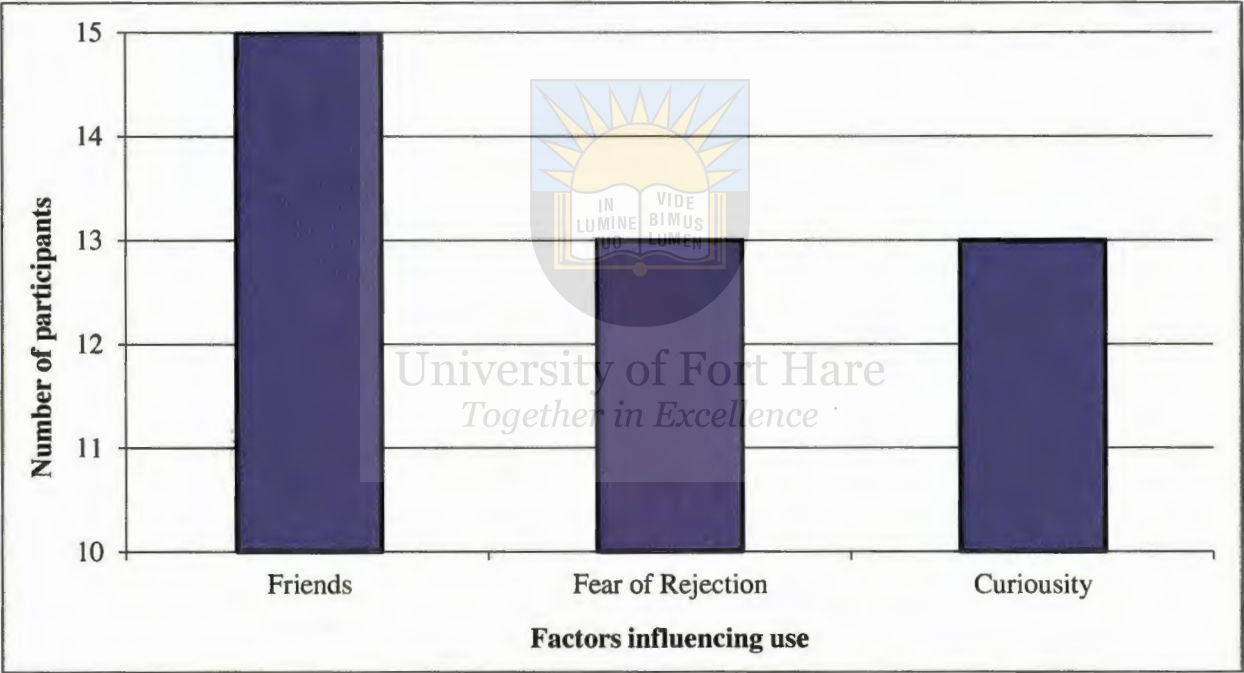
“When I was 13 I tried dagga in an oka pipe for the first time. Before this I was smoking clean pipe and cigarettes” ^{P10}

For all the participants that experimented with illegal substances at a young age (10-13 years old), this was linked to the waterpipe as all these participants reported that they initially smoked the waterpipe (with tobacco) which progressed to cannabis being added into it.

3.2 QUESTION 02: What influenced you to start and to continue?

The participants shared their experiences that they have had during their use of illegal substances. They first shared the experience of their initial experimentation and later discussed the continued events that occurred during their experiences of substance abuse.

The following is a summary of their reports on their initial experimentation of illegal substances:



Graph 7: Initial Substance Use

3.2.1 *Friends*

“I started smoking because all my friends were doing it” P2

All of the participants reported that they were initially influenced by their friends during their first experience with an illegal substance. They reported that they saw their “friends doing it” P1, P2, P7, P9, P10, P11, P15 so they also wanted to experience it.

3.2.2 *Fear of Rejection*

“I was also scared that they would make fun of me if I did not try it” P10

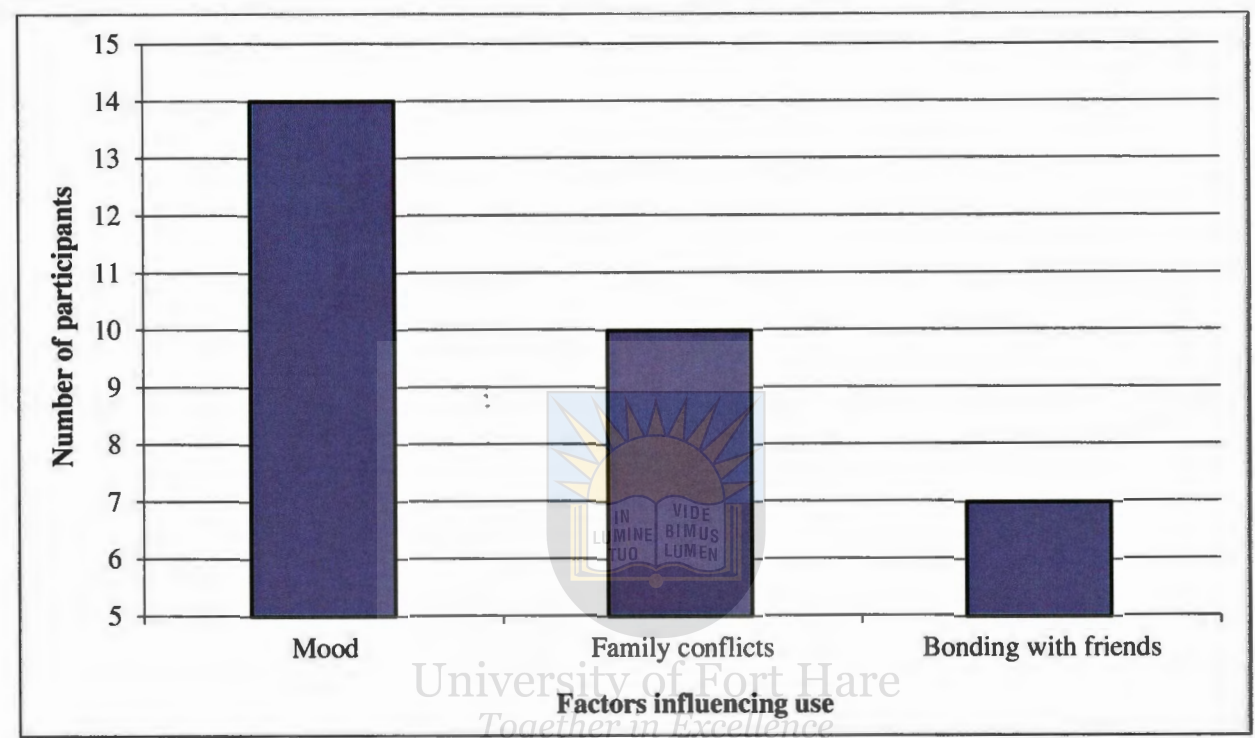
Most of the participants (N=13) reported that they initially used the illegal substance with their friends. They also reported that they initially used it because were fearful of the consequences if they didn’t. They reported that their friends said that they “must use it with them” P4, or they “didn’t want to be the only one not smoking it” P14.

3.2.3 *Curiosity*

“I wanted to know what it feels like” P4

The majority of the participants (N=13) reported that they were curious about what the experience would be like of being under the influence of the illegal substance. They reported that they “wanted to try it” P6, P7, P8, P9 and that they were “curious” P2, P5, P7, P11, P12, P13, P14, P15 to see what the effects of the substance would feel like to them.

The following is a summary of the participants’ reports regarding the influences that contributed to their continued use of the illegal substance:



Graph 8: Continued Use

3.2.4 *Mood*

“I enjoyed the mood it put me on” ^{P7}

The majority of the participants (N=14) reported that they enjoyed the effects that the substance had on them. They reported that they liked “the feeling” it gave them and that the substance made them feel “happy” ^{P4, P5, P7, P8, P9, P10, P12, P13} which contributed to their continued use of the substance.

3.2.5 *Family Conflicts*

“It helped me not shout and be angry at people so when I would get home and my mother would shout at me, I would then be calm and not fight with her” P7

Two-thirds of the participants (N=10) reported that the substance helps them to “relax” P3, P4, P5, P6, P9, P13 and to “calm” P1, P2, P3, P6, P7, P8, P9 themselves down especially during family conflicts that they experience regularly. These family conflicts involved family “shouting” P2, P3, P7, P9, P13 at the participant which they reported makes them “want to smoke more” P3, P9.

3.2.6 *Bonding with Friends (Sense of Belonging)*

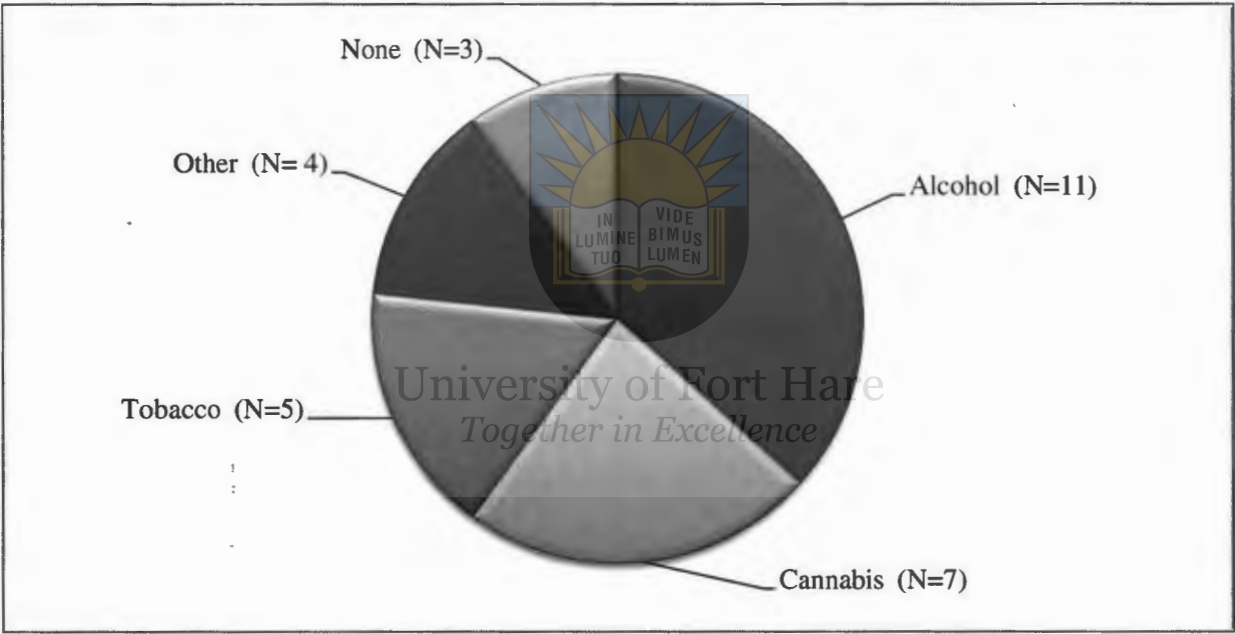
“It made me feel closer to my friends” P14

Participants reported that they continued using the illegal substance because while they were under the influence of the substance it made them feel “closer to their friends” P5, P11, P12, P13, P14, P15 that they were smoking with therefore it supported the bonding of their relationship.

3.3 *QUESTION 03: Is there a history of substance use in your family? Please explain.*

The participants voluntarily shared their personal family information with regards to their family’s substance abuse. They provided information with regards to which family members use which substances and how often these family members abuse these substances.

The following is a summary of the participants’ reports regarding their family’s history of substance use:



Graph 9: Family Substance Use

3.3.1 *History of Alcohol Abuse*

“My mother drinks a lot, maybe about 4 times a week and my father drinks every weekend” P15

Just more than two-thirds (N=11) of the participants have atleast one close family member that drinks alcohol. Some report that their parent(s) drink every weekend^{P3, P9, P12, P15}, on a regular basis^{P1, P2, P15}, drinks a large amount^{P11, P12, P13, P15} and one participant even reported that his father is “an alcoholic”^{P11}.

3.3.2 *History of Cannabis Use*

“My brother smokes dagga everyday”^{P2}

Just less than half (N=7) of participants reported that a close family member with whom they live with or see regularly, reportedly are involved with the use of cannabis on a regular basis. These family members include a father^{P13}, a mother^{P12}, a brother^{P2}, and cousins^{P1, P6, P8, P14}. All of these participants report at least one occurrence where the participant smoked the cannabis with that particular family member.

3.3.3 *History of Regular Tobacco Use*

“My mother and my father smoke cigarettes”^{P10}

Some participants reported that a close family member smokes cigarettes^{P1, P3, P10, P12, P13} on a daily basis and some smoke flavoured tobacco in a waterpipe^{P1, P2, P6, P9, P14} regularly.

3.3.4 *Other Illegal Substances*

“My father is a drug addict and my mother was also a drug addict”^{P7}

Just less than a third (N=4) of the participants reported that they live with or have regular contact with a family member who abuses other illegal substances. This includes cousins who regularly smoke Tik^{P1} and Mandrax^{P14}, an uncle that smokes Mandrax^{P15} and parents who are/were drug addicts^{P7} that used a combination of various illegal substances such as Heroin, Cocaine and Tik.

3.3.5 *No History of Substance Abuse*

“None at all. My family is very religious”^{P4}

Some (N=3) of participants report no family substance abuse history. They report that none of their family that they live with or visit often, are involved with any illegal substance use as well as no involvement in the use of alcohol or cigarettes.

3.4 *QUESTION 04: Could you please share your personal experience of substance abuse and the impact that it has had on your life? What effects did the substance have on you?*

The participants shared their personal experiences of substance abuse and how their experiences have had an effect on their lives with regards to their family, friends and their behaviour. The participants also reported the effects that the substance had on them at that time and in their lives in general.

3.4.1 *Behaviour*

“It has impacted my life because it has made me ill-mannered and disrespectful”^{P1} “and I feel I don’t care”^{P9}

All participants reported, in some form, that their behavior and attitude had changed negatively. Some reported that they “didn’t care about anything anymore”^{P7, P9} that they “do what I want,”^{P2, P9} that they were “selfish,”^{P1, R4} that their “school work dropped,”^{P1, P3, P9, P15} they made “bad choices”^{P11, P13, P14} it made them feel aggressive,^{P5, P11, P12, P13} as well as reports of stealing money,^{P11, P15} trouble at school,^{P9, P11, P15} coming home late,^{P6, P10} bunking school,^{P9} lying^{P11}, almost being in an accident,^{P8} and even reports of laziness and “not feeling like doing anything”^{P9} were also reported by the participants.

3.4.2 *Friendship*

“The friends I smoke with are the only friends I have now”^{P1}

Just less than half (N=7) of the participants reported that they lost friends due to their illegal substance use. They reported that when they started using the illegal substances, their friends that didn’t use substances were no longer their friends as they were spending more and more time with their friends that were using illegal substances. Therefore they lost friendships.

“I felt close to my friends and it made our friendship better”^{P12}

The majority (N=12) of the participants also reported that they felt closer to their friends whom they were smoking with. The participants reported that when they sat and smoked with their friends, this would make them “feel closer”^{P1, P3, P6, P9, P10, P11, P12, P13, P15} to their friends and they would “bond”^{P1, P5} as friends.

3.4.3 *Family Relationships*

“I distanced myself from my family because I did not spend any time with them”^{P12}

The majority (N=13) of the participants reported that during the time of their substance use, their relationships with their families were negatively affected. Some reported that they “didn’t spend any time with the family,”^{P4, P6, P12, P15} there was “a lot of fighting,”^{P7, P14} the “family was destroyed,”^{P6} they were treated “differently,”^{P1, P10} the family was “disappointed”^{P1, P8, P14} in them, the family “kicked me out of the house,”^{P7} and the family “gave up”^{P2} on the participant.



Some participants also reported that when family conflict took place, this lead to their further use of cannabis in order to make them feel better^{P6}, in order to “spite”^{P1} their parents, and help them with their “family problems”^{P13}.

“My dad and I never had much of a relationship but what we did have was lost when he found out”^{P8}

3.4.4 *Negative After Effects of Cannabis*

“It makes you very emotional” ^{P5}

Just more than two-thirds (N=11) of the participants reported that they experienced negative after effects from smoking the illegal substance. Some participants reported that the after effects of smoking the substance would make them “aggressive” ^{P1, P3, P5, P12, P13}, others reported that it made them “forget a lot of things” ^{P4}, it made them feel “sad” ^{P1, P5, P10} or “depressed” ^{P7, P9, P12}, while some reported that it made them “not think straight like I used to” ^{P6} or made them think “slow” ^{P2, P6, P12}. One participant even reports that “the after effects of the drugs made me feel very depressed so taking drugs again helped me feel happy again” ^{P12}.

3.4.5 *Relationships Improved When Discontinued Substance*

“Now that I am not smoking, the relationships are getting back on track and it makes me feel good” ^{P3}

Just less than half (N=7) of the participants reported that their relationships with their families improved after they had abstained from using illegal substances. Some reported that their family relationships got “better” ^{P1, P7}, the family began to “trust” ^{P14} again, “relationships are getting back on track” ^{P3}, they “talk much better” ^{P6} to each other, the family is being “supportive” ^{P7} now, and that their family has not “brought up” ^{P8} the participants substance use again.

3.4.6 *The Perceived Positive Effects of Cannabis*

“It has made my life happy” ^{P10}

All of the participants reported that they used the illegal substance because they liked the feeling that it gave them. Some reported that it made them “feel good” ^{P3, P6, P8, P9, P12, P14, P15}, or that it made them “feel happy” ^{P1, P3, P4, P5, P7, P9, P10, P14, P15}. Participants reported that the substance keeps them “focused” ^{P2, P8}, helps them to feel “relaxed” ^{P3, P8, P10, P12, P13}, or “calm” ^{P3, P12, P13} and it assists them in sleeping ^{P7, P9, P13} at night. Participants also reported that using the substance helped to boost their “confidence” ^{P11, P12}, it made them “laugh” ^{P9, P10, P14} and they used it

because it was “fun” ^{P8, P12, P14, P15}. One participant reported that the only time he was happy was when he smoked cannabis ^{P5}, while another participant reported that the substance made him feel “on top of the world” ^{P13}. One participant also reported that “I enjoyed the life that I was living”^{P12} while he was using the illegal substance.

Two participants reported that they can see now that it was not a good life that they were living but “it felt good at the time” ^{P12} and another reported that he can now see that the drugs were “lying” ^{P3} to him at the time.



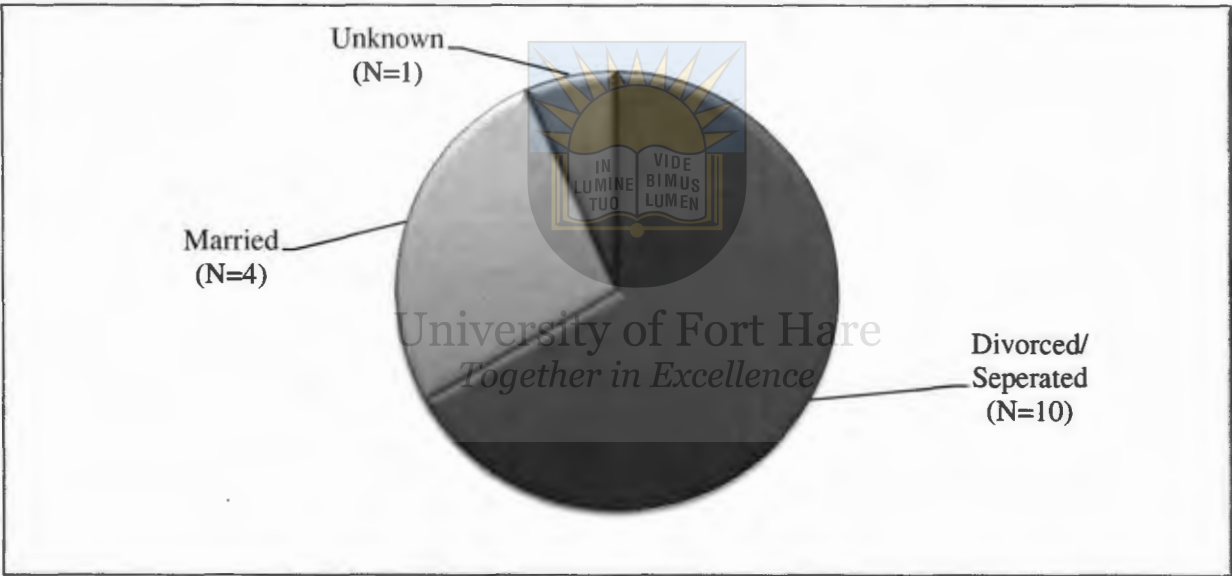
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3.5 *QUESTION 05: Describe your family setting.*

The participants provided information to the researcher with regards to their family structure. They specifically described the living arrangements within the house as well as the whereabouts of close family members who did not live within the home.

3.5.1 *Marriage and Divorce of Parents*

The following is an indication of the marriage and divorce indicators within the homes of the participants:



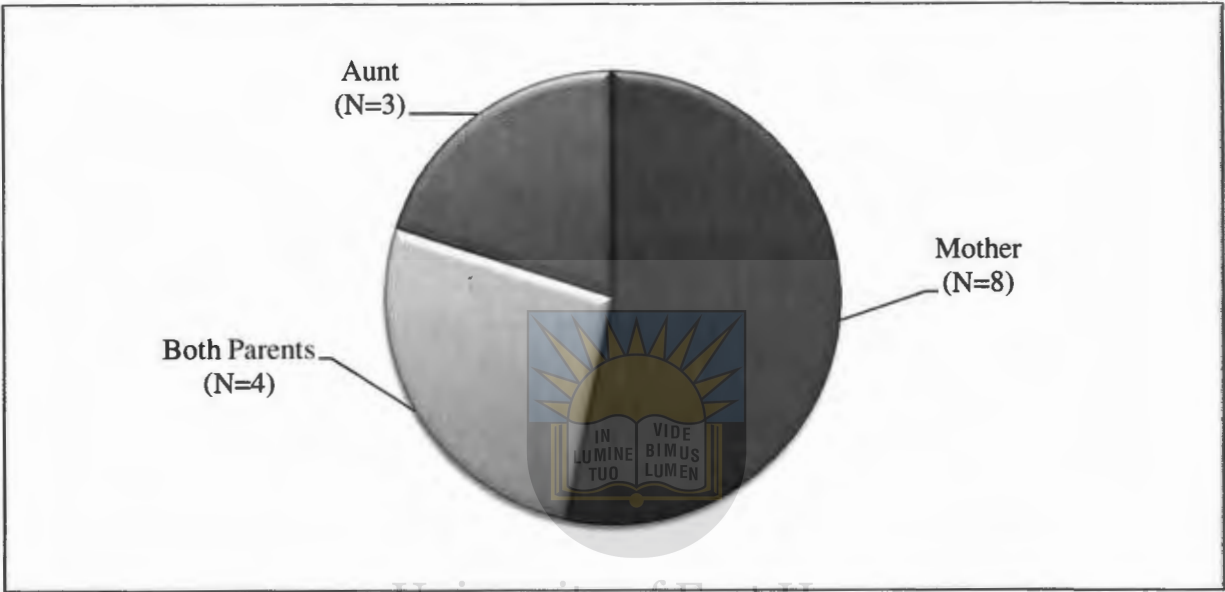
Graph 10: Marriage and Divorce of Parents

“My parents are no longer living together, they were never married” P15

Two-thirds (N=10) of the participants indicated that their parents were either divorced or separated. The remaining participants reported that their parents were still married and living together (N=4), or they were unable to confirm the whereabouts of their parents (N=1).

3.5.2 *Family Structure*

The following is an indication of the family structure that exists within the homes of the participants:



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Graph 11: Family Structure

Just more than half (N=8) of the participants reside with only one parent specifically their biological mother. The remaining participants reported that they resided with either both their biological parents (N=4) or their biological aunt (N=3).

3.5.3 *Primary Care Giver*

“I live with my mother and I do not see my father, we do not have a relationship” P8

All of the participants that reside with one parent, live with either their biological mother or in one case, live with their biological aunt. Therefore none of the participants, who come from single parent homes, reside with their biological fathers.

3.6 *QUESTION 06: Does your family know about your substance use?*
If so, how did they find out?

The participants provided information to the researcher with regards to their family’s knowledge of their substance use. They specifically described how their family found out about their use of illegal substances as well as how their parents initially reacted when they were informed.

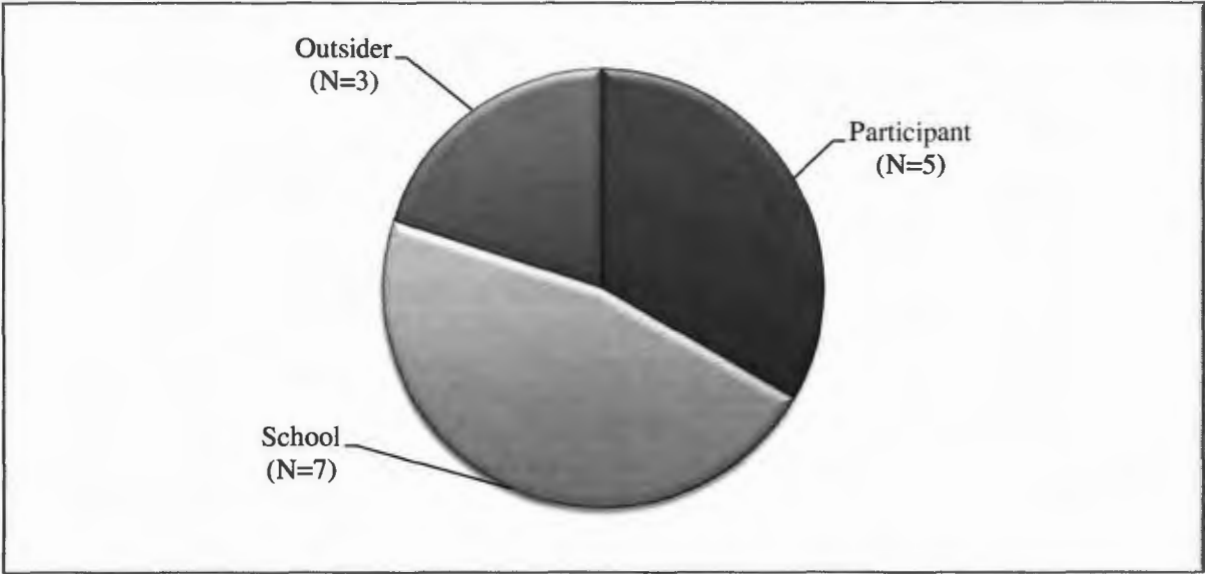
3.6.1 *Parents Knowledge*

“My parents know that I used to use drugs” P12.

All participants reported that their families have knowledge of their substance abuse. They report that their parents found out about their substance use while the participants were still using the substances.

3.6.2 *Informants*

The following is an indication of the informants who exposed the participant’s illegal substance use to the parent(s) or guardian:



Graph 12: Informants

Just less than half (N=7) of the participants reported that the school revealed their illegal substance use to their parents after a multi panel urine drug test revealed that the participant tested positive for cannabis^{P1, P2, P4, P6, P10, P11, P13}.

A third (N=5) of the participants reported that they openly admitted to their parents that they were using illegal substances^{P3, P5, P8, P12, P14}.

Some participants (N=3) reported that their parents had been told about the participants substance use “by someone else”^{P5, P10}.

3.6.3 *Parents Initial Response*

“My mother wanted to help me and she was supportive”^{P12}

A third (N=5) of the participants reported that when their parents were informed of their substance use, their parents reacted positively by supporting the participant. These parents “spoke nicely”^{P4, P8, P13} to the participant, showed them that they “trusted”^{P14} the participant to stop, and reportedly wanted to help the participant^{P12}.

“My parents always shouted at me. They never sat me down and spoke nicely to me”^{P9}

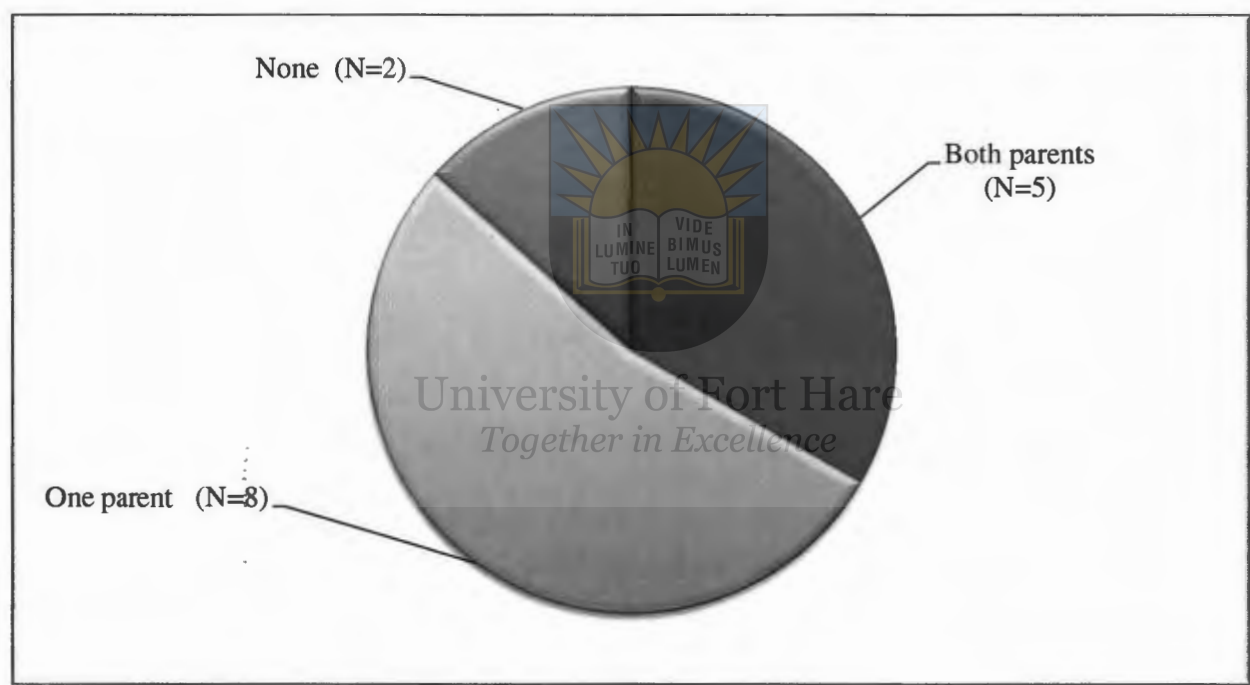
Other participants reported that parents reacted negatively towards the participants when their substance use was exposed. Some report that parents shouted at the participant^{P1, P2, P5, P9, P10, P15}, “stopped buying me things”^{P1}, name calling^{P5, P15}, or “ignored me”^{P1}.

Those who openly told their parents about their substance use had a more positive response from their parents^{P3, P5, P12, P14}. While the majority of those who were informed via an outside source, reacted negatively towards the participant^{P1, P2, P10, P11, P15}.

3.7 QUESTION 07: Describe the relationship you have with each family member.

The participants provided personal information to the researcher with regards to their relationship status with each family member that they live with as well as with a parent that they might not reside with. They also discussed these relationships in detail with the researcher.

The following is an indication of the good quality relationships that exists for the participants and his parent(s):



Graph 13: Positive Relations

3.7.1 *One Parent*

“My mother and I have always had a good relationship. I don’t have a good relationship with my father but I haven’t really had a good one since the divorce”^{P12}

Just more than half (N=8) of the participants reported that they have a good relationship with only one parent. All of these participants report that they live with their biological mother, and they have a strained relationship with their biological father.

3.7.2 *Both Parents*

“We have a very good relationship with each other” P14

A third (N=5) of the participants reported that they have a good relationship with both their parents. These participants reported that they have a “close relationship” P4, P6, P10, P14, P15 with their parents, spend “family time together” P14, P15, they “eat together every night” P14, and they can openly “talk” P4, P14 about everything.

3.7.3 *No Parents*

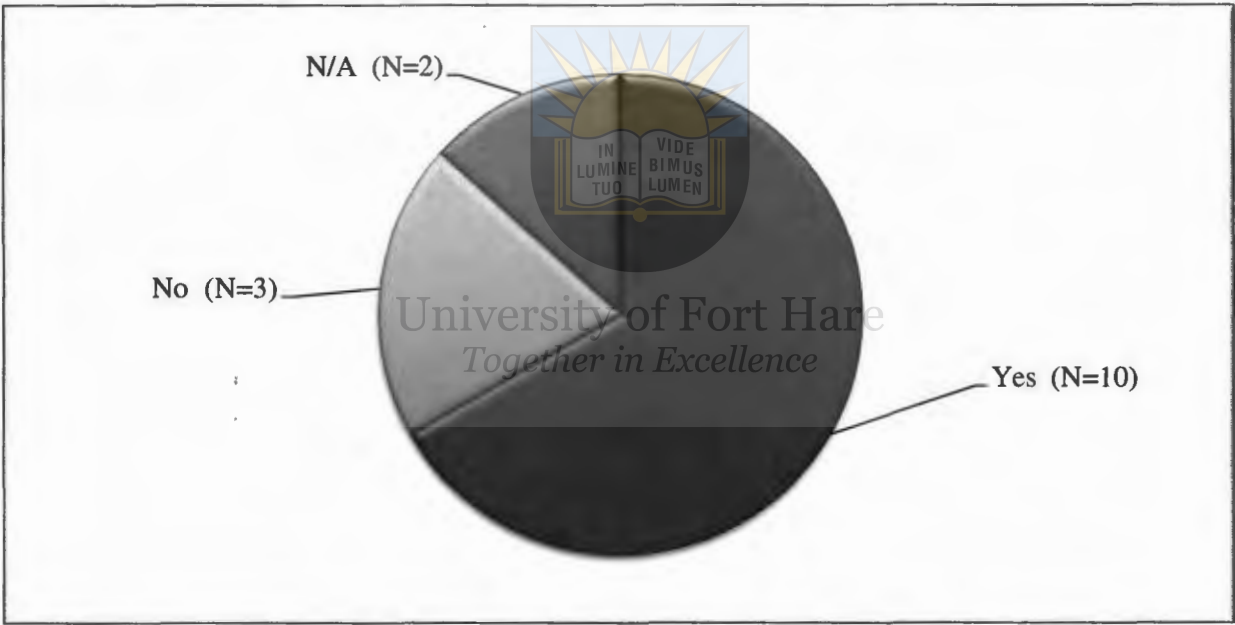
“I do not have a relationship with my dad. I talk back to my mother when she talks to me but we are not close at all” P11

Only two (N=2) reported that they don’t have a relationship with either of their parents. One participant reports that “I don’t feel close to any of my family members” P2 while the other reports that he does not have a relationship with either of his parents P11. This minority also reports that they reside in the house with both their parents.

3.8 QUESTION 08: Are there differences in your relationship with your family from before you used substances and now? Explain

The participants shared their personal feelings and experiences of how their relationships with their parents changed/not changed, when they discovered that the participant was using an illegal substance.

The following is an indication of which relationships changed, which stayed the same, and which were not applicable:



Graph 14: Family Relationships Changed

3.8.1 *Relationship Changed Negatively*

“It changed negatively after they found out I was smoking dagga” P9

Two-thirds (N=10) of the participants reported that their relationships with their family changed after their family discovered that the participant was using an illegal substance. They reported that they had a good relationship with their families but then after they found out about

the participant's illegal substance use, this relationship changed as they were being treated differently by their family.

Some participants also reported that when they were treated differently, they felt as though they were the "black sheep" ^{P6, P15} in the family.

Some participants reported that when their parents reacted negatively in any of these ways, this makes the participant feel "sad or angry" ^{P1, P3, P7, P9, P10, P12, P13}, which leads them to "want to smoke more" ^{P1, P5, P7, P10, P12}.

a) Verbally

"My mother has always shouted at me but it got worse after she found out" ^{P5}

The majority of the participants that reported a negative relationship change, also reported that the family began to "shout" ^{P5, P7, P9, P13} at the participant negatively, "belittle" ^{P5}, "swear" ^{P5}, stigmatized the participant ^{P5, P12, P13, P15}, "threatened" ^{P7}, "became angry" ^{P9}, and one participant reports that his parent used to tell him that "there is no hope" ^{P5} for him.

b) Money

"They didn't give me money, they stopped buying me clothes, and they stopped buying me jewelry" ^{P6}

The majority of the participants (N=12) reported that their parent(s) no longer provide them with money. They report that their parents treat them like adults now by giving them "more chores" ^{P1}, and they say that "I must work for my money" ^{P3, P6}.

c) Trust

"They didn't trust me and this made me feel sad" ^{P9}

Some participants reported that their family no longer trusted them since the family discovered the participant's substance use. Two participant reported that even when they were "telling the truth" ^{P6, P9}, the family did not trust the participant.

d) Affection

“My dad showed me love but now he doesn’t” ^{P13}

Just less than a third (N=4) of the participants reported that since their parent(s) found out about the participants illegal substance use, the parent no longer shows him affection. One participant reports that he does not “feel loved” ^{P10}, one reports that his parent no longer shows him “love” ^{P13}, and another reports that his parent “stopped talking” ^{P1, P7} to the participant completely.

e) Less Family Time

“I also did not spend time with them and we grew apart from one another” ^{P4}

Participants reported that they began to not spend time together anymore. Participants reported that they just wanted to smoke with their friends and be happy which meant more time away from the family ^{P6, P9, P10, P13}.

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3.8.2 Relationships Did Not Change

“Even though my aunty was disappointed in me, she did not treat me differently” ^{P14}

Three of the participants (N=3) reported that their relationships with their family did not change after their family discovered that the participant was using an illegal substance.

They reported that they had a good relationship with their families before and after their parent(s) discovered their substance use. These participants reported that they “were not treated differently” ^{P4, P8, P14} by their family but instead the family “encouraged” ^{P4, P14} them, “trusted” ^{P8, P14} them, and they “spoke nicely” ^{P4, P8, P14} to the participants.

One participant reported that he “could see that they were hurt” ^{P4} and that it is for that reason that he stopped. Another participant reported that their relationship has “improved” ^{P8}, and the parent now gives him his “space” ^{P8}.

3.8.3 *Not Applicable*

They treat me the same still. They never really spoke to me much before and they don't talk to me much now too" P11

Two participant's (N=2) reported that their relationship status with their parents did not change when their parents discovered their illegal substance use because their relationship was never good before they discovered this use. One participant reported that "I don't feel any guilt or embarrassment. It doesn't affect me that she is disappointed in me." P2



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3.9 *QUESTION 09: How does this influence how you feel in relation to your family members?*

The participants shared their personal feelings with regards to how they felt towards their family after their family had reacted to their substance use.

3.9.1 *Those Whose Relationships Changed Negatively*

“I was angry with the way she reacted. I wanted her to still speak to me like a human being, and not like an animal” ^{P7}

Two-thirds (N=10) of the participants reported that their families treated them differently when they discovered that the participant was using an illegal substance. Some reported that it felt as though the parent was “giving up” ^{P1, P7, P9, P10} on the participant.

These participants reported that when their parent(s) reacted negatively towards them in this manner, they felt “angry” ^{P1, P3, P5, P6, P7, P9, P10, P12, P13, P15}, “sad” ^{P1, P6, P10, P12, P15} or “hurt” ^{P7, P9, P13} which made them “want to smoke more” ^{P1, P3, P5, P10, P13}. Some participants also reported that they developed a “don’t care attitude” ^{P1, P5, P7} because of the way their parents reacted and that they began to “lie” to their parent ^{P1, P5, P7}.

3.9.2 *Those Whose Relationships Did Not Change Negatively*

“It feels good because by other homes they hit the children blue. For me they spoke nicely which makes me feel closer to them and makes me not want to use ever again” ^{R4}

Only three (N=3) of the participants reported that their families did not treat them differently when they discovered that the participant was using an illegal substance. They reported that this made them feel “good” ^{P4}, “happy” ^{P8, P14} and “safe” ^{P14}.

Two participants also reported that their parents spoke “nicely” ^{P4, P8} to them which makes them feel “closer” ^{P4} to their parent. In addition, another participant reported that this makes them “want to spend more family time with them” ^{P14}.

All of these participants reported that because of the way their parent reacted positively towards them, this makes them “not want to smoke ever again” ^{P4, P8, P14} while two participants

added that this is also because their parent(s) trusts them and they do not want to “lose their trust” P8, P14 .

3.9.3 *Those Whose Relationships Were Always Negative*

“They have always treated me with no affection and we never spoke” P11

Only two (N=2) of the participants reported that their relationship status with their parents did not change when their parents discovered their illegal substance use because their relationship was never good before or after they discovered this substance use. They reported that this did not affect how they feel about their family because they “don’t care” P2 about them, and they “didn’t feel anything” P11 .

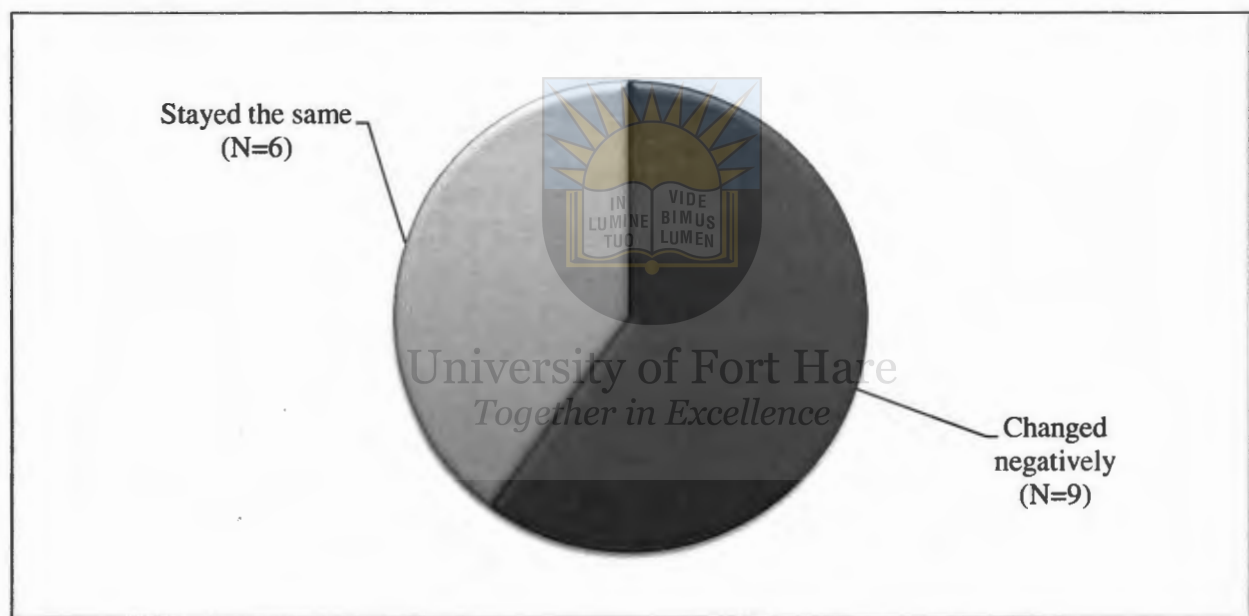


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3.10 *QUESTION 10: How would you describe your family’s response to you emotionally?*

The participants shared their personal feelings and experiences with regards to their family’s emotional response to them. They also shared how this emotion changed/stayed the same when their family found out that they were using illegal substances.

The following is a summary of the participants’ reports on how their family’s emotional response had changed towards them:



Graph 15: Family's Emotional Response

3.10.1 *Emotional Response Changed Negatively*

“We don’t talk much” ^{P11}

Just less than two-thirds (N=9) of the participants reported that their family’s emotional response changed negatively when the family found out that the participant is using illegal substances. The majority of these participants reported that the family no longer “talks” ^{P1, P2, P5, P6, P7, P9, P10, P12, P13} to the user the way they used to, the family no longer “buys nice things” ^{P1, P9,}

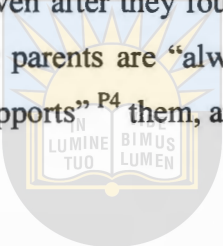
P10, P12 for them, they don't give them "affection" P9, P11, P12, P13 anymore, and they don't "show" P9, P10, P12, P13 them that they love them.

One participant reported that "they were not there for me" P7, while two participants also reported that their family had "given up" P6, P7 on them.

3.10.2 *Emotional Response Stayed The Same*

"I feel as though I can talk to them anytime" P15

Just more than a third (N=6) of the participants reported that their parents did not change their emotional response towards them even after they found out that the participant was using illegal substances. They report that their parents are "always there" for them P3, P4, P8, always "talks" P3, P4, P8, P14, P15 to them, always "supports" P4 them, and always "encourages" P4, P15 them.



3.11 QUESTION 11: During this time in your life, did you ever feel disconnected or a lack of belonging in your family? Please explain.

The participants shared their personal feelings and experiences with regards to their feelings of disconnection/belonging within their families. They also explained the reasoning as to why they felt that way.

The following is an indication of the participants’ reports on whether they felt disconnected from their families while they were using substances:



Graph 16: Feelings of Disconnection

All participants (N=15) reported that at some point in their lives, while they were using substances, they felt disconnected from their family.

3.11.1 *Felt Unloved/Rejected*

“You are the only one in the family that smokes, sis, you are ugly now, you don’t belong here, you belong on the streets” ^{P3}

Most (N=12) of the participants reported in some way or another that they felt unloved/rejected by their families. Some reported that their families reacted to them by talking negatively to them ^{P1, P2, P3, P5, P6, P7, P10}, and some reported that their families had “no time” ^{P1, P2, P3, P4, P10, P15} for them.

“If I didn’t have a good relationship with her now, I would probably still be using” ^{P7}

Some of these participants reported that they felt “left out” ^{P4, P6}, not “accepted” ^{P1}, like the family didn’t “love” ^{P4, P6, P7} them, and that they “didn’t belong” ^{P2, P3, P6, P8 P15} in the family. One participant reported that he “did not feel close” ^{P11} to anyone within his family and another reported that he felt as though he belonged in “another family” ^{P2}.

3.11.2 *Never At Home*

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“I hardly went home because I knew that if I went back they were going to shout at me and talk ugly to me” ^{P7}

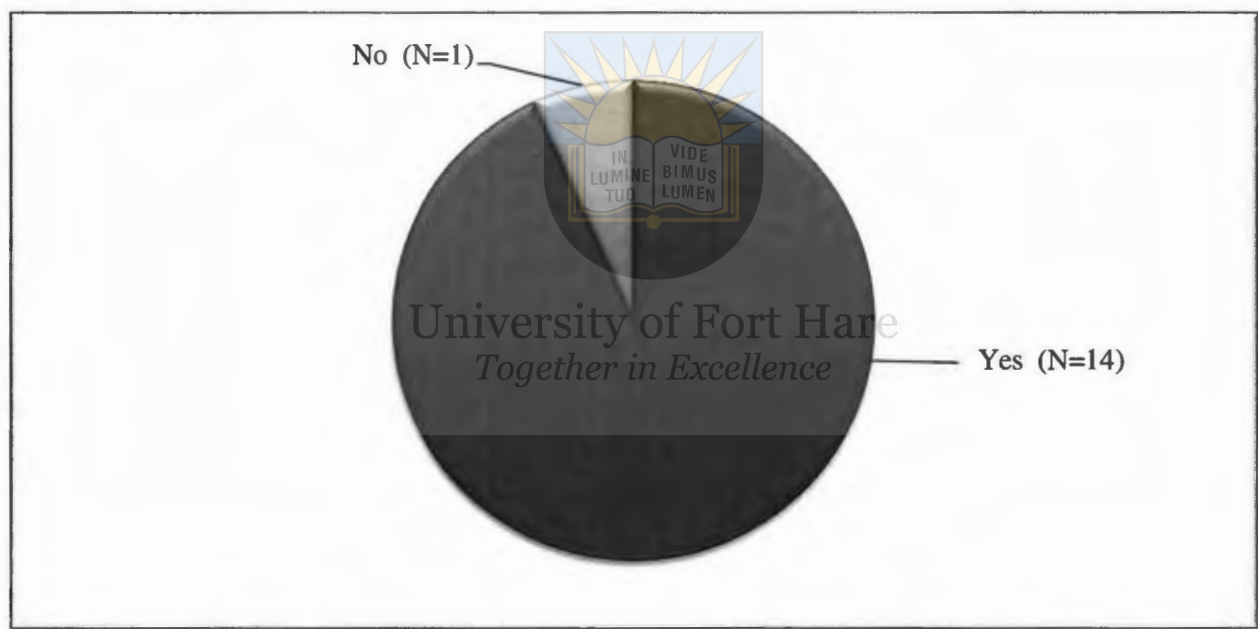
Just less than two-thirds (N=9) of the participants reported that they felt disconnected from their families because they were never at home. They explained that they were “always with friends” ^{P4, P5, P7, P8, P9, P12, P13, P14, P15} using substances and thus were not spending any time at home. Participants also reported that they did not want to return home because they were afraid of their parent’s response to their “red eyes” ^{P3, P12} or noticing that they were “high” ^{P6, P9, P15}.

Just less than two-thirds (N=9) of the participants reported that when they felt disconnected from their family, they felt angry/sad which influenced them to want to smoke “more” ^{P1, P2, P3, P5, P6, P10, P11, P13}. Some participants reported that they “smoked to feel happy” ^{P5, P11, P13}, another reported that he “never felt happy at home” ^{P5}, and some reported that they “felt happy rather with friends” ^{P5, P10}.

3.12 *QUESTION 12: Do you think your substance use plays a role in this? Please explain.*

The participants shared their personal feelings and experiences with regards to whether they believed that their substance use played a role in them feeling disconnected/ lack of belonging within their family. They also explained their reasoning as to why they believed that it played a role in the disconnection.

The following is an indication of the participants’ response to their opinion of whether their substance use played a role in their feelings of disconnection/belonging:



Graph 17: Substance Use Affects Family Disconnection

3.12.1 *Yes*

“It is because of the substances that everyone is feeling bad towards me and this makes me feel disconnected”^{P1}

The majority (N=14) of the participants reported that their substance use played a role in them feeling disconnected within the family. From this majority, most of the participants (N=11) reported that this occurred because the participants were never at home. They reported that they

“didn’t spend time with family” P4, P5, P7, P8, P9, P11, P13, P15 , and that they would “leave to go smoke” P2, P6, P10, P12, P14, P15 .

One participant reported that he “did not want to be at home” P12 and another reported that he “enjoyed being with other people rather than being with family” P11 .

“It made me feel sad that my family didn’t treat me the same” P9

The majority of the participants reported that after their parents reacted negatively towards them, they would “smoke more” P1, P3, P6, P7, P8, P9, P10, P13 because it helped me to feel “better” P6, P8, P9, P13 .

Participants also reported that because they were not spending time at home, it caused the participant and the family to become “distant” P7, P12, P14 with each other.

3.12.2 No

“Ever since I can remember she has always sworn and shouted at me” P2

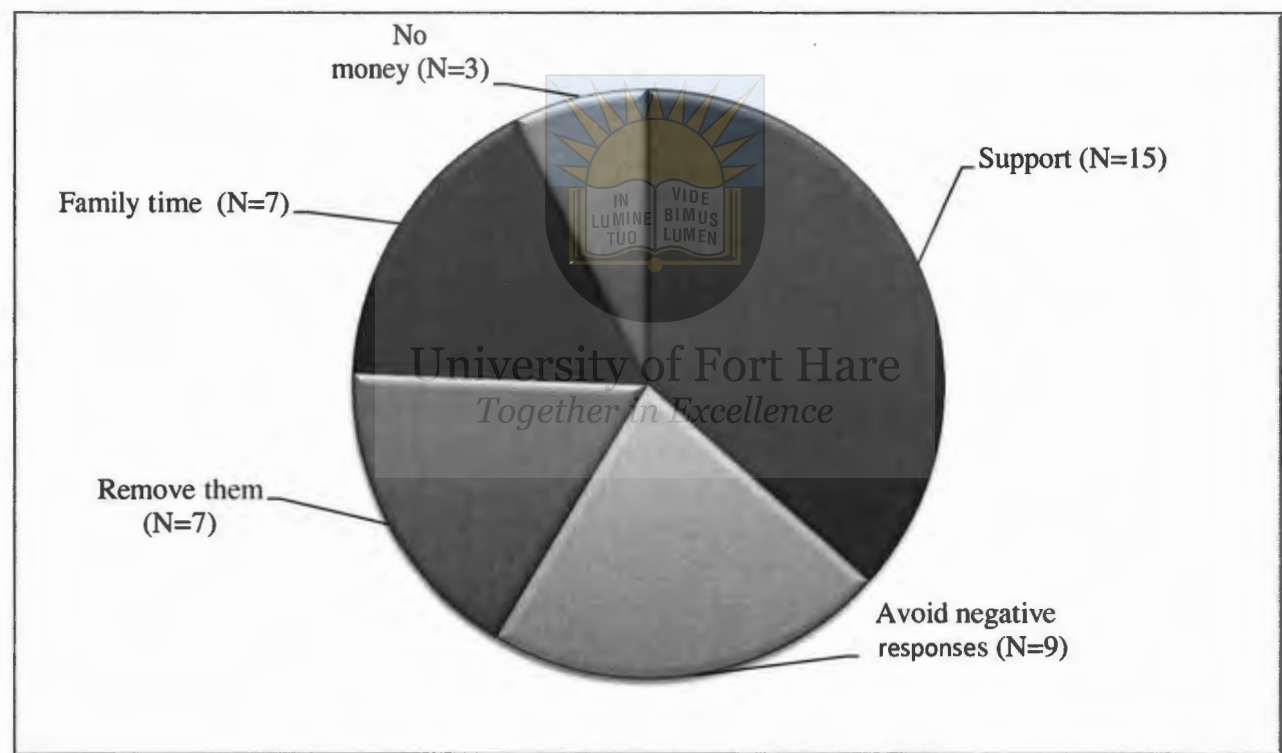
One participant reported that his substance use did not play a role in him feeling disconnected from his family because “they have always been like that towards me” P2. This participant reported that they have never had a good relationship and therefore he never ever felt connected to the family.

However, the participant did report that while he was using substances, his mother’s “attitude changed” P2 towards him which made him feel “angry” P2 and thus he would “leave the house and go to friends which often lead to smoking” P2.

3.13 QUESTION 13: How would you describe the role of family members in dealing with or supporting a family substance user?

The participants shared their personal feelings, experiences and opinions with regards to the family’s role in dealing with a family member who is using illegal substances.

The following is a summary of the participants’ responses to the family’s role in dealing with a family substance user:



Graph 18: The Role of the Family

3.13.1 *Support*

“The family should sit down and talk to the person” ^{P6}.

All of the participants (N=15) reported that it is essential that the family provides the necessary continuous support to the substance user within the family. This support is described in various ways.

They report that the family should “talk” ^{P1, P2, P3, P4, P6, P7, P8, P9, P10, P11, P12, P13, P14, P15} to the user often, “help” ^{P2, P7, P9, P12, P13, P15} the user when needed, “encourage” ^{P1, P4, P10, P11, P13} the user to abstain, “work together” ^{P13} as a family, “praise him” ^{P13} when he achieves something, and the family should “show them that they are there for them” ^{P8}.

Two participants reported that the user should be “sent for help” ^{P9} or helped by “someone else” ^{P7} if that’s what the user needs.

One participant reported that people use substances because they want to feel “happy” ^{P5} and that the family should “help the person to feel happy” ^{P5}. Two participants also reported that when the user feels supported, he will feel “guilty” ^{P2, P5, P6} the next time they think of using substances.

3.13.2 *Avoid Negative Responses*

“I wouldn’t advise people to shout at the family member because that doesn’t really help” ^{P8}.

Just less than two-thirds (N=9) of the participants reported that family should avoid reacting negatively towards the user. These negative responses are described in various ways.

Some of these participants report that the parents should not “shout” ^{P3, P6, P8, P13}, “swear” ^{P2, P5, P11}, “judge” ^{P7}, “name call” ^{P5}, but rather they should “talk nicely” ^{P5, P6, P7, P8, P11, P13, P14} to the user.

3.13.3 *Remove Them*

“Family should keep the child away from substances” ^{P1}

Just less than half (N=7) of the participants reported that the family should remove the adolescent from the negative “environment” ^{P1, P5, P7, P11, P14, P15} which could be “bad friends” ^{P14, P15}, the “community” ^{P1, P14}, or a “school” ^{P1}. One participant reported that the user should be kept at home and “not allowed out” ^{P9}. One participant reported that “everyone is doing it” ^{P1} and those who are not, “stay in their homes” ^{P1}.

3.13.4 *Family Time*

“The family should spend time with the person” ^{P5}

Just less than half (N=7) of these participants reported that they should “spend more time” ^{P2, P4, P5, P6, P9, P12, P13} together as a family, they should “eat together” ^{P13} as a family, and they should “have fun together” ^{P5} as a family.

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3.13.5 *Don't Provide Money*

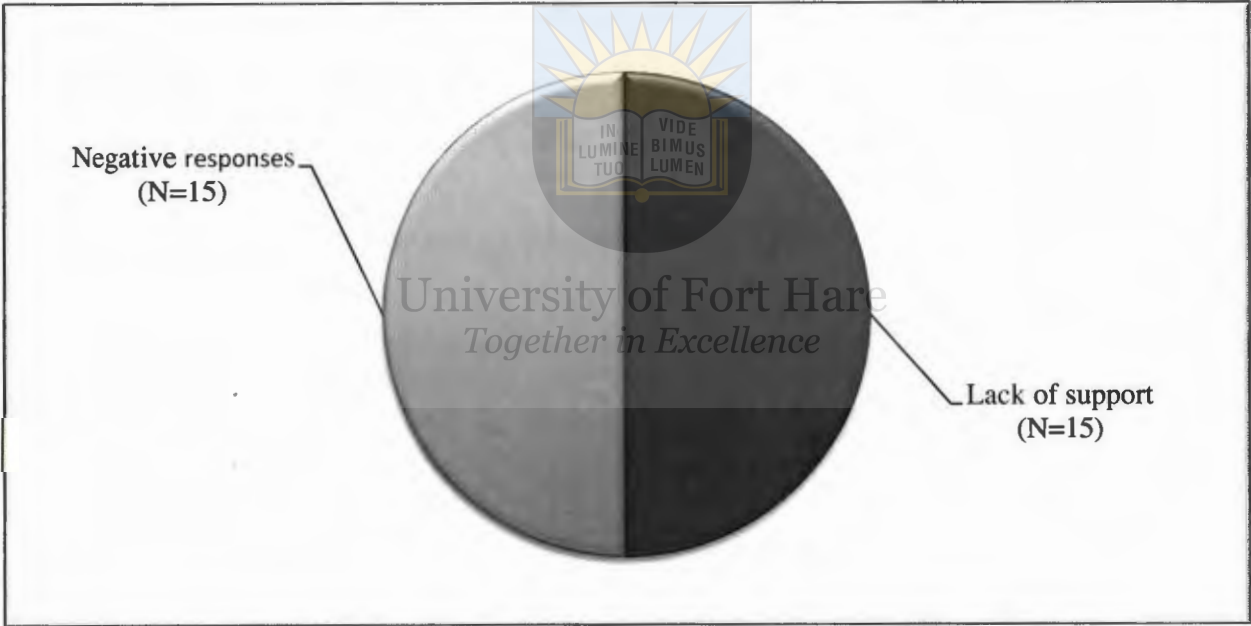
“They should also stop spoiling the child with money but rather buy them the things they need” ^{P10}

Three participants reported that the user should not be given money. They also reported that the user should be given what they “need” ^{R10, R15} but should not be given the “money” ^{P10, P11, P15}.

3.14 QUESTION 14: What factors within the family can have a negative impact on the substance user?

The participants shared their personal experiences and opinions with regards to what factors within the family can cause a negative impact on the substance user which may lead to further substance use:

The following is a summary of the participants’ reports on what factors within the family could have a negative impact on the substance user:



Graph 19: Factors Influencing Substance Use

3.14.1 *Lack of Support*

“Don’t lose hope in him, help him through it”^{P1}

All of the participants reported that support is an important element that families need to ensure because the lack thereof could further the user’s substance abusing behavior. Some reports include the fact that the family must “help”^{P1, P2, P6} the user, “support”^{P1, P7, P11, P12, P14} the

user, “talk”^{P1, P2, P9, P12} to the user, “be there”^{P1, P2, P7, P14} for the user, and the family should “always be positive”^{P12}.

One participant reported that the family should help the user “learn from mistakes and encourage him to stop”^{P1}. Another participant reported that if the user feels as though the family supports him, then he will then have the “courage”^{R7} to stop using drugs. Participants reported that they are going to “make their own choices”^{R1, R4, R6} anyway.

3.14.2 Negative Responses

“The family should not be negative towards them”^{P4}

All of the participants (N=15) reported that negative responses from their families had a negative impact on the user at that time. They described these negative responses in various ways.

Some participants reported that families should avoid “ignoring”^{P1, P2, P9} the user, the family should avoid “shouting”^{P1, P2, P3, P4, P5, P6, P7, P9, P11, P12, P13, P15} at the user, the family must not “hit”^{P10, P11, P13, P14, P15} the user, they must not “push”^{P1, P2, P4, P7, P11, P13} them away, and they must not “bring up the past”^{P1, P5, P12, P13}.

Participants also reported that the families should avoid “saying ugly things”^{P3, P4, P5, P6, P8, P9, P11, P12, P13}, and they should avoid stigmatizing the user and calling the user names such as “stoner”^{P8}, “drug addict”^{P5}, “pathetic”^{P5}, “hopeless”^{P5}, etc. One participant reports that his mother has said “you are not going to sleep in this house or eat this food, you must go sleep in the streets and use your drug money to buy food”^{P3}.

Participants also reported that they should avoid “treating them differently”^{P4, P7, P8, P11}, they should not “accuse”^{P3, P8, P9} them of using substances even when they have not, they should not “punish”^{P1} the user, and that they should avoid acting “negative”^{P4, P8, P9, P12} towards the user as much as possible. Participants also reported that families should avoid telling other people about their substance use, which include other “family members”^{P11, P12}.

3.14.3 *The Negative Impact*

“The user will first feel upset, then sad, then very angry.
They will then go smoke to feel happy”^{P5}

All of the participants (N=15) reported that the lack of support from their families or the negative responses from their families had a negative impact on the user as it promoted their continued substance use.

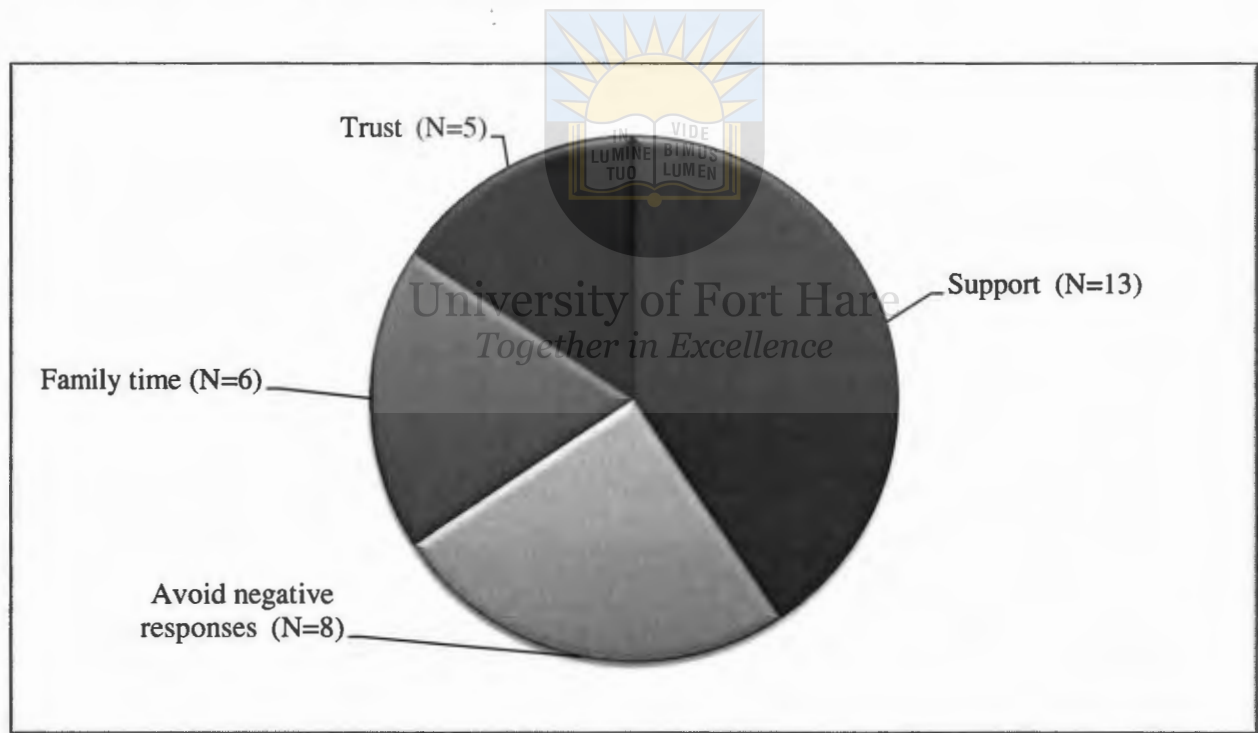
Common feelings that were associated with this negative impact were sadness and anger. Participants reported that their families' lack of support or negative responses caused them to feel “sad”^{P5, P9, P10, P15} or “angry”^{P1, P2, P3, P4, P5, P6, P8, P9, P10, P11, P12, P13, P14, P15}, which lead to further substance use. The participants reported that these negative responses from their families made them “want to smoke more”^{P1, P3, P4, P5, P6, P7, P8, P9, P10, P11, P15}.

Some of these participants reported that these negative responses from their families made them feel “unwelcome”^{P4, P6, P7}. One participant reported “the user will feel unwelcome and will go find a place where they feel welcome which is usually where he uses drugs”^{P7}. Another reported “I thought they did not care about me anymore so I thought I would sit with people who did”^{P6}.

3.15 QUESTION 15: What would you like from your family with regards to dealing with your substance use? Please explain.

The participants shared their personal feelings and experiences with regards to what they would like/ would have liked from their families in dealing with their substance abusing behaviour. They reported that this helped/could have helped them to abstain from using illegal substances even further.

The following is a summary of the participants’ reports on what they would like from their families in dealing with their substance use:



Graph 20: What Participants Want From Their Family

3.15.1 Support

“I need support and motivation from my family to stay away”^{P7}

The majority (N=13) of the participants reported that they required their family's support in order to assist them in abstaining from illegal substances. They described this support in various ways.

Some of these participants reported that they needed their family to “talk”^{P2, P7, P8, P9, P10, P14, P15} to them more frequently, to “respect”^{P1} them more, to “be there”^{P1, P4, P12, P13} for them when they need them, to show them that they “care”^{P2, P7, P13} about them, and to be more “involved”^{P4, P5, P12, P14} in their lives. One participant supported this by stating “if they did this I feel as though I could have given up right away”^{P13}.

One participant also reported that they needed their family to “lead by example”^{P13}, while another reported that they needed the family to set clearer “boundaries and limits”^{P7}.

Some participants reported that they needed their parents “support”^{P3, P4, P13} and their “encouragement”^{P13, P15} during this difficult time. Another participant reported that he needed the family to “work together”^{P13} and “not give up”^{P13} on him.

3.15.2 Avoid Negative Responses

“They must not treat me like I'm nothing or talk to me in an ugly way”^{P4}

The majority (N=8) of the participants reported that they require/d their family's to avoid negative reactions/responses when dealing with the adolescent as this supports them in abstaining from illegal substances. They described these negative responses in various ways.

These participant's reported that the family should not “shout”^{P1, P4} at the user, they should not “swear”^{P2} at the user, they should not “question”^{P3} the user, they should not “ignore”^{P1} the user, they should not “judge”^{P8} the user, they must not “call the user names”^{P5, P8}, they should not “talk ugly”^{P4, P5} to the user, and they should not treat the user “differently”^{P15} because this would make them feel “rejected”^{P15}.

One participant reported that “their hurtful words didn’t help at all” ^{P13}, while another participant reported that “when they are nasty to me it makes me want to smoke more” ^{P1}. This is also supported by another participant who reported “this will just make it worse” ^{P6}.

3.15.3 Family Time

“Family time would have been helpful to get me to stop” ^{P13}

Just more than a third of the participants (N=6) reported that family time was an important aspect that helped/ could have helped them to abstain from using substances. Some reported that “family time” ^{P1, P5, P6, P13, P14, P15} would have contributed to them in abstaining from substances, as well as them being given “more attention” ^{P1}, regular family “outings” ^{P6} together, and keeping the user “busy” ^{P14, P15} in the house.



3.15.4 Trust

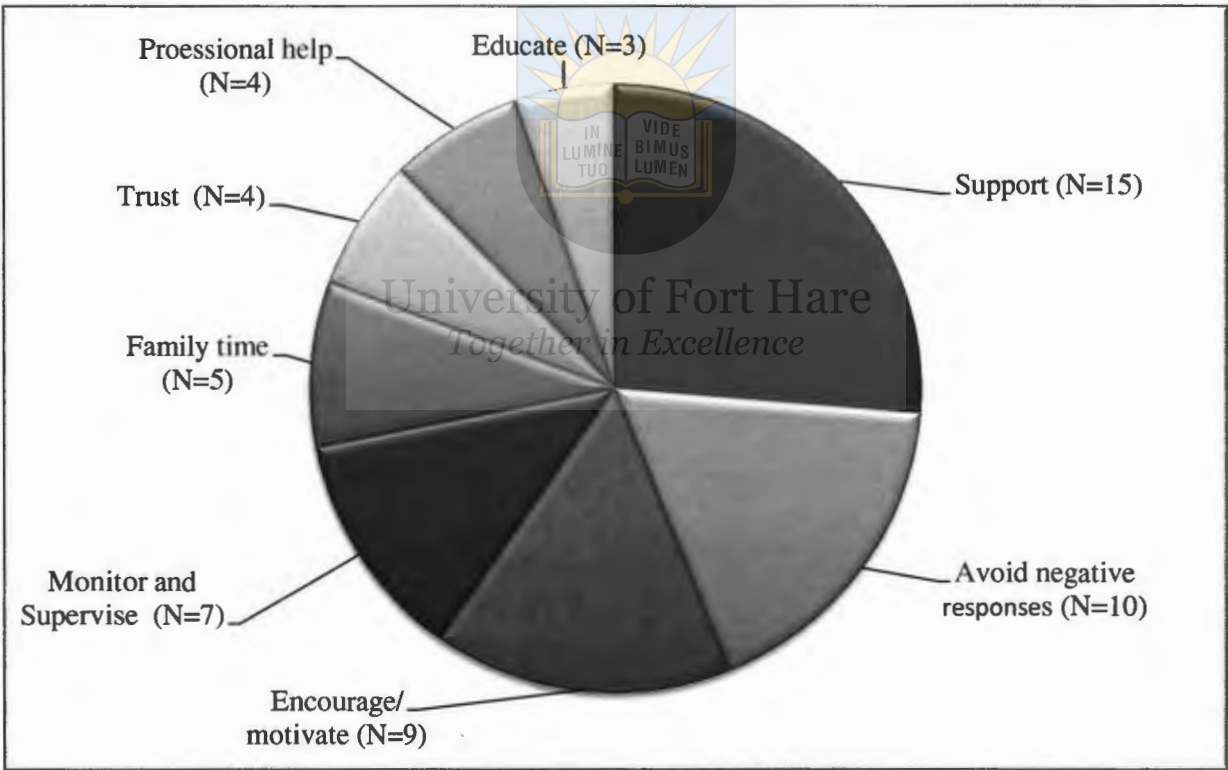
“I need them to trust me and believe me” ^{P3}

A third (N=5) of the participants reported that they needed their families to continue to trust them even though they had discovered their illegal substance use. They reported that they need the family to “trust” ^{P3, P6, P8, P11} them, to not “question” them, and to “show” ^{P3, P6, P9} them that they trust them. One participant reported that parents should “not stop giving money” ^{P6} because this will make them feel as though their parents do not trust them and therefore not “care” ^{P6} about them.

3.16 QUESTION 16: In your opinion, what can help adolescents especially in their family environments to stop using or abstain from illegal substances?

The participants shared their personal feelings, experiences and opinions with regards to what families can do to assist adolescents in general with regards to abstaining from illegal substances.

The following is a summary of the participants’ reports on what they think, in general, families can do to help adolescents stop or abstain from using illegal substances:



Graph 21: Parental Assistance

3.16.1 Support and Encouragement

"Support is very important" ^{P3}

All of the participants (N=15) reported that support from family is a very important element when an adolescent attempts to stop or abstain from illegal substances. This 'support' was explained in various ways.

These participants reported that parents need to support the child by continuously "talking" ^{P1, P2, P3, P4, P6, P7, P8, P9, P10, P12, P13, P15} to their child, the parents "must not give up" ^{P14, P15} on the child, the family must "show them love" ^{P1, P9, P12, P15}, and the family should not stop buying "things" ^{P7, P9, P10} that they need because this will make them feel loved.

Some reported that the parent(s) need to ensure that the adolescents concentrate on "their future and their goals" ^{P1, P4, P5}, they should "help them" ^{P1, P5} when they need help, and parents should be "available" ^{P12} to the adolescent when he/she needs the parent(s). Two participants also reported that the adolescent "must want to be at home" ^{P2, P6}.

Just less than two-thirds (N=9) of the participants reported that it is important for the parent(s) to "encourage" ^{P1, P2, P4, P6, P10, P11, P13, P15} their children to abstain from substances by "praising" ^{P10, P11} the user, and lifting their "confidence" ^{P5, P8} and "self-esteem" ^{P5, P13}. Parents are also encouraged to help the user "feel strong" ^{P5}, and to help them to "feel good" ^{P10}. Two participants reported that it is essential for families to encourage and support the user to take part in "sport" ^{P1, P4, P5, P9} and be kept busy ^{P9}.

Three participants reported that when they are supported by their family, they then feel "guilty" ^{P1, P9, P15} when they smoke again which makes the adolescent "not want to smoke" ^{P9}.

3.16.2 *Avoid Negative Responses*

“The parent must try to keep away from arguments because that triggers anger which makes them want to smoke more” ^{P2}

Two-thirds of the participants (N=10) reported that families should avoid reacting negatively towards the user as this may have an effect on the adolescents continued use of the substance. These negative responses were described in various ways.

The participants reported that when parents “shout” ^{P1, P2, P11} at the user, this makes them “angry” ^{P1, P2, P11} which makes them want to “smoke more” ^{P1, P11}. Other participants reported that parents should talk “nicely” ^{P4, P6, P9, P10} to the adolescent even though they might feel angry.

Other participants reported that families “should stay away from arguments” ^{P2}, they must not “push them aside” ^{P7}, they must not “accuse” ^{P12} the user of smoking, the family should “treat him nicely” ^{P6}, and they should “treat everyone in the house fairly” ^{P14}.

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3.16.3 *Monitor and Supervise*

“Parents must not leave them to do whatever they want” ^{P14}

Just less than half (N=7) of the participants reported that the family should monitor and supervise the user in order to help promote their discontinued substance use. These participants reported that parents should “be aware of what their children are doing for entertainment” ^{P5}, they should “know everything about their child” ^{P3}, they should assist the user with planning their day ^{P11}, they should not give them “too much freedom” ^{P5, P14}, and they should be aware of the users “friends” ^{P3, P10}.

One participant reported that there needs to be “discipline in a respectful manner” ^{P5} and when parents “let them get away with things then things get worse” ^{P5}. Another participant reported that parents should “become examples” ^{P13} to their children by changing “their own behaviour first” ^{P13}.

3.16.4 Family Time

“They must spend as much time with the family as possible” ^{P6}

A third of the participants (N=5) felt that quality time with the family is an important aspect that families need to be aware of as it assists the adolescent to stop or abstain from illegal substances. Some reported that “it starts at the house” ^{P2}, that parents should “keep them busy”^{P3}, that they should “go out to different places together like the beach” ^{P4}, “doing things that the user also wants to do and what he enjoys doing” ^{P4}, and they reported that it is important to “plan time together” ^{P6, P9}.

3.16.5 Trust

“Trust is also very important” ^{P1}

Just less than a third of the participants (N=4) stressed the importance of a trusting relationship between the adolescent and the family. These reports include being able to be “open and talk” ^{P1, P12, P13}, the parents should be able to “look past the things that have happened in the past and keep talking to them” ^{P1}, and this must be done in order to “get to the root of what is bugging the child” ^{P13}.

3.16.6 Professional Help

“Get them help if they need it” ^{P7}

Just less than a third of the participants (N=4) reported that it is important for families to provide the user with professional help if it is needed. They report that getting “advice” ^{P3} would be beneficial for the user and the family, as well as to “get them help” ^{P6, P14}.

3.16.7 Education

“They need more education” ^{P5}

Three participants (N=3) reported that education is a key element in assisting the adolescent to abstain from illegal substances. They report that parents need to give “more attention to the subject” ^{P1}, that adolescents need to be made more aware of substances “by the family” ^{P8}, and that education is needed for both parents and adolescents with regards to “what exactly the substance does to a person and the after effects” ^{P5} and furthermore, the parents “need to teach this” ^{P5} to their adolescents.

4. CONCLUSION

This chapter represented a display of all the data that was collected and it was arranged according to the outline of the interview schedule. Firstly, it consisted of the demographics of the participants which included a description of each of the participants. Secondly it consisted of a question by question analysis which included the questions of the interview schedule as well as a descriptive analysis of each question. Various tables and graphs were used to represent the data. Lastly, this chapter included a cross question analysis which included a summary of the data which was represented in the form of a narrative and supported by codes (P1-P15) of participants statements. The following concluding chapter will represent the cross question analysis of the data that has been discussed in this chapter, which will include a description of the major findings for this research study. In addition, the following chapter will discuss how the research aim, objectives and research question for this study were met, as well as any possible recommendations and suggestions that that this research study can contribute to future social work and research.

CHAPTER SIX: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

The following chapter will provide an overview of the most significant themes that arose within the study which best explains family disconnection and lack of belonging contributing to adolescent cannabis abuse. Furthermore, it will contain a description of the cross-question analysis of each theme, followed by supportive literature.

The research study was directed by the aim and objectives that were specified in Chapter One. This chapter will discuss whether the aim and objectives were achieved and whether the research question for this research study was answered.

This concluding chapter will also include implications and recommendations for future social work practice within the context of adolescent substance abuse (specifically cannabis) and feelings of disconnection/belonging within the family.

2. SUMMARY OF MAJOR FINDINGS

During the research process of this study, seven major themes emerged from the fifteen participants that took part in the study. Each participant that took part in the study was unique and their experience of substance abuse and of belonging within their family was uniquely captured by the researcher. During the data analysis process, the researcher identified themes that reoccurred within the data. These themes are displayed below and are supported by the relevant literature which was described in detail in Chapter Two. These themes also include direct quotes from the research participants in order to capture the phenomenology of their experience. These themes include (1) the waterpipe; (2) sense of belonging and disconnection; (3) the family's response to substance use; (4) quality family time; (5) coping mechanism; (6) 'don't care' attitude; and (7) family structure and family substance abuse.

2.1 The Waterpipe (Oka Pipe)

“I am currently smoking clean oka pipe only. I first tried oka pipe at age 11. I have only tried dagga. I first tried the dagga at age 13. I was smoking dagga every day from when I was 15 until I was 17” P15

This theme describes the significance of the waterpipe to the participants of this study. The phenomenon of this method of smoking reoccurred numerous times within the study and the reoccurring aspects surrounding its use were also taken into account by the researcher.

According to various studies worldwide, the waterpipe is increasing in popularity and as many as 100 million people are using waterpipes daily (Maziak, Eissenberg, et al., 2004; Wolfram et al., 2003). Studies done in South Africa have highlighted the high rate of school children who are regularly using the waterpipe, the commencement of waterpipe smoking at a young age, as well as the use of this waterpipe together with other drugs, specifically alcohol and cannabis (Combrink et al., 2010) (see Chapter Two 3.3.2).

2.1.1 The Waterpipe as a Gateway Drug

The findings of this study revealed that the majority (N=13) of the participants from this study first smoked a waterpipe for a period of time before using any other substances. This waterpipe use consisted of flavoured tobacco in the waterpipe which subsequently led to the addition of cannabis which was also placed in the waterpipe.

Participant 9 reported, “I first smoked oka pipe then my friend said let’s put dagga in it. I then started to enjoy it with the dagga so I smoked it about every day and all weekend”.

According to Korn et al. (2008, p. 235), the prevalence of waterpipe smoking and its unique qualities has opened a very dangerous new gateway to tobacco, alcohol and other drug use. Furthermore, according to numerous studies conducted, waterpipe smoking has even become more socially acceptable than cigarette smoking (Labib et al., 2007; Watad et al., 2009) (see Chapter Two 3.3.2).

Just more than half (N=8) of the participants first experimented with the waterpipe (with tobacco) and cannabis before experimenting with alcohol.

Participant 14 reported, “I first tried dagga when I was 12 years old. At age 14 I was smoking it regularly. Later I then started smoking cigarettes and alcohol”.

According to Korn et al. (2008, p. 225), initially the use of a waterpipe (with tobacco) was not regarded as a risky behaviour and it was not regarded as a gateway into the world of drugs however, these opinions have begun to change and the use of other hard drugs in the device is becoming very common (see Chapter Two 3.2.2).

According to Ward et al. (2007, p. 1339) the waterpipe has become very popular, especially among younger users, because of the use of Maassel (sweet, flavoured taste and pleasant aromatic tobacco) as well as the apparent belief that it is safer than cigarettes. Younger members of the community are being encouraged to use this method of smoking because of these factors (Dar-Odeh et al., 2010, p. 1) (see Chapter Two 3.2.2).

Data from this study revealed that two-thirds of the participants (N=10) experimented with cannabis at a very young age (10-13years old), and all of these participants also originally smoked flavoured tobacco in the waterpipe before adding cannabis to it.

Participant 12 reported, “I first tried dagga when I was 10 or 11 and we smoked it in an oka pipe with flavoured tobacco. By age 12 I was smoking dagga every day”.

According to the American Lung Association (2007, p. 2), the pleasant smell, taste and smoothness of the sweetened tobacco allegedly provides a much less irritating smoking experience, but available evidence suggests that waterpipe use is associated with negative health effects and is addictive despite beliefs that it is not (Mzayek et al., 2012; Primack et al., 2008; World Health Organization, 2005) (see Chapter Two 3.2.2).

The participants (N=5) from this study who reported that they are still smoking cannabis on a regular, daily basis, also reported that they smoke this cannabis in a waterpipe and that they

initially smoked waterpipe with only flavoured tobacco but at a later stage they added cannabis to it.

2.1.2 *The Waterpipe and Belongingness*

According to various studies, waterpipe smoking is generally administered in small groups of friends during social gatherings (Maziak, Eissenberg, et al., 2004; Tamim et al., 2003). Waterpipe smoking and cannabis use is perceived as socially acceptable (Senkubuge et al., 2012) and is perceived as “bringing people together” (Kandela, 2000). Other factors that have been associated with its use include its ability to relieve boredom (Combrink et al., 2010; Israel et al., 2003; Memon et al., 2000), to promote relaxation (Combrink et al., 2010; Israel et al., 2003; Watad et al., 2009) and the promotion of group communication (Watad et al., 2009). Waterpipe smoking is viewed as a pleasurable activity among friends (see Chapter Two 3.3.1 and 3.2.2).

According to the findings, all of the participants who reported that their first experience of cannabis was in a waterpipe, also reported that this experience as well as every other waterpipe experience to follow was in the company of their friends.

Participant 11 reported, “I used to smoke it with my friends all the time, never alone”.

According to literature, the group setting in which the waterpipe is smoked, as well as the positive effects reported by cannabis use has been linked to peer bonding, peer connectedness, and group communication (see Chapter Two 3.2.1 and 3.2.2).

The majority of the participants (N=12) reported that when they smoked cannabis in the waterpipe with their friends, it made them feel closer to them which helped them to bond as friends. Just less than two-thirds (N=9) reported that they continued using the substance because it made them have a “good time”, “laugh a lot” and have “fun” with their friends while they were “high”. Furthermore, the majority (N=14) of participants reported that they liked how the drug made them feel because it made them feel ‘happy’, while two-thirds (N=10) of the participants reported that it made them feel ‘calm/relaxed’.

According to the data, it can be seen that cannabis use within a waterpipe is commonly used within a social gathering of a group of friends. This gathering, together with the use of the waterpipe and cannabis produces perceived positive effects for the user which promotes bonding, belonging and connection (see Chapter Two 3.2.1 and 3.2.2). This sense of belonging will be discussed in the following section.

2.2 Sense of Belonging and Disconnection

This theme occurred consistently throughout the entire study as participants explained various experiences which were ultimately rooted in the aspect of belonging and disconnection. This theme is linked, in one way or another, to all of the other themes that are presented within this study. Therefore, the phenomenon of belonging and disconnection has thus proven to be of high regard and significance to this research study.

According to the literature, a sense of belonging is a powerful primary human need that is significant for human functioning and which motivates a person's behaviour. Various definitions exist that emphasise a sense of belonging and connection. These highlight the significance that a sense of belonging and connection is an experience that one feels, which involves personal involvement in a system to the extent that the person feels that they 'fit in' and that they feel valued (see Chapter Two 4.1). A person's well-being is influenced by connections that they have with others and therefore positive feelings of connectedness may result in positive well-being while negative feelings of connectedness may result in negative well-being which includes the use of substances (see Chapter Two 4.2).

During this study, the researcher explored the participants' feelings of belonging and two significant areas of belonging reoccurred numerous times within the data. The first was their sense of belonging that they experienced within their families, while the second was the natural tendency to obtain a sense of belonging within their peer group. This phenomenon was significant too in that it demonstrated both their interconnectedness and their interrelatedness specifically within the phenomenology of the research topic. The family sense of belonging will now be discussed, followed by a discussion of the peer sense of belonging.

2.2.1 Family Sense of Belonging

“When I felt like I wanted help, I thought they wouldn’t help me because they were so angry and disappointed with me. I didn’t belong in the family because I was the black stone” ^{P6}

According to the literature, adolescents need to experience a sense of belonging and connection within their families in order to achieve optimal development (see Chapter Two 4.4). According to studies that have been done, parent-child relationships that promote bonding and support, serve as protective factors for adolescent substance abuse (see Chapter Two 3.4.3) unlike bonds that are weak which increase the probability of adolescent substance abuse (Currie et al., 2000, p. 49). This literature demonstrates how positive emotions (happiness, calmness, contentment) are the result of an individual feeling accepted and included whereas negative emotions can be observed and felt when an individual is rejected and excluded (see Chapter Two 3.4.2 and 4.2).

All of the participants reported that while they were using illegal substances they felt disconnected from their families or as though they didn’t belong in the family. Some participants even went as far as referring to themselves as family outcasts such as the “rotten potato” ^(N=1), the “black stone” ^(N=1), or the “black sheep” ^(N=1) of the family.

Participant 7 reported: “My mother and I used to get into fights... I even disowned my mother at one stage and I ran away from home....my mother kicked me out of the house...”

The majority (N=12) of the participants reported in some way or another that they felt unloved/ rejected by their family during this time when they were using substances. Some reported that family members spoke negatively to them ^(N=7) and some reported that their family had “no time” ^(N=6) for them. Some reported that they felt “left out” ^(N=2), “not accepted” ^(N=1), like the family didn’t “love” ^(N=3) them, and that they “didn’t belong” ^(N=5) in the family. One participant even reported that he felt as though he belonged in “another family” ^(N=1).

All but one participant (N=14) reported that they felt that their substance use played a role in this feeling of disconnection within their family. The remaining participant felt that it wasn’t his substance use that played a role in this disconnection because he reports that he has

never felt connected to the family at all. This participant reported that “they have always been like that towards me”. However he does report that his mother’s “attitude changed” even more negatively towards him which made him “angry” and therefore he would leave the house to be with his friends which often lead to smoking cannabis “more”.

According to literature, the need to belong and to feel needed influences the behaviour of young people (see Chapter Two 4.3). Furthermore, adolescents who feel unwanted or alienated from their parents are more likely to engage in substance abusing behaviour than those who feel connected to their parents (see Chapter Two 5.3.2).

Just less than two-thirds (N=9) of participants reported that when they felt disconnected from their family, they felt angry/sad which influenced them to want to smoke “more” (N=9). They also reported that they smoked “to feel happy” because they “never felt happy at home” but rather “felt happy with friends”.

On the other hand, just more than half (N=8) of the participants reported that once they had stopped smoking cannabis, their relationships with their parents had improved. Just more than a third (N=6) of these participants who reported this, also reported that they have continued to abstained from illegal substances for at least 1-6months prior to the interview.

Participant 6 reported, “since I have stopped we now eat together and talk much better”.

Participant 4 reported, “I have a very nice relationship with all of my family....we have a very open relationship. We talk about everything”.

Also, four participants reported a good relationship with both their parents and they also reported that they no longer use any illegal substances. This concurs with existing literature in that family connectedness can serve as a protective factor against risky behaviour during the adolescent stage of development (see Chapter Two 5.3.2).

2.2.2 *Peer Sense of Belonging*

“Dagga makes you relaxed so when you smoke with friends it brings you together”^{P5}

Relationships with peers become the primary social context during adolescence and the need to conform is often strong while they are in search of their identity, for acceptance and for a sense of belonging (see Chapter Two 3.4.2 and 4.4). As it has been demonstrated within the literature, acceptance by peers is vital to most adolescents as they fear being rejected which may result in adolescents using drugs because their friends are using them (see Chapter Two 4.4). Peer influence and peer sense of belonging is also closely related to curiosity and availability of drugs. Often adolescent substance users find themselves being curious about the effects of a substance simply because their friends are using them and they are available within their peer group (see Chapter Two 3.4.1 and 3.4.2).

All of the participants (N=15) within this study reported that during their initial use of an illegal substance, which they reported was cannabis, they described how they were with their friends at the time of its initial intake. They also reported in some way or another that their friends were using the substance and they felt the need to also want to do it together with them.

Participant 15 reported, “When I arrived at my friend’s house they were stoned. They were smoking it (cannabis) in a oka pipe. I was curious and I saw how they were laughing so I also wanted to try it. I like the feeling it gave me and I wanted to feel it like that every time. It was nice to laugh with my friends and to have fun with them when we were high”.

All but two (N=13) participants reported a fear of being rejected by their friends at the time of their initial drug use and the majority (N=13) reported that they experimented with the substance because they were curious to know what it was like.

As the literature demonstrates, the use of cannabis and the waterpipe is found to be socially acceptable amongst the youth, is often administered within a social gathering and promotes peer bonding, peer connectedness and group communication (see Chapter Two 3.3.1 and 3.3.2).

With regards to their continued use of the illegal substance, the data demonstrated various factors that influenced the participant's further substance use. The majority of the participants (N=12) reported that when they smoked cannabis with their friends, it made them feel closer to them which helped them to bond as friends.

Just less than two-thirds reported that they continued using the substance because it made them have a "good time", "laugh a lot" and have "fun" with their friends while they were "high".

The majority (N=14) of participants reported that they liked how the drug made them feel because it made them feel 'happy', while two-thirds (N=10) of the participants reported that it made them feel 'calm/relaxed'.

Participant 1 reported, "When I am with my friends and we smoke together it makes me feel happy. We are able to bond with each other. The one friend is a Rasta. When we sit together and smoke we feel closer".

Participant 14 reported "I continued because I liked the feeling it gave me and it made me feel closer to my friends".

Participant 15 reported that smoking with his friends "made me feel happy and made me have a good time".

According to literature and numerous empirical studies (see Chapter Two 3.3.1 and 3.3.2), the setting in which the waterpipe is used, as well as the effects of cannabis has been reported to produce certain perceived positive effects for the user. These effects include euphoria/happiness, pleasure, relaxation, calm, and entertainment. Additionally, cannabis has been related to other positive effects such as regulation of mood, escapism, and coping with feelings associated with life (see Chapter Two 3.3.1).

Just more than half (N=8) of the participants reported that when they felt disconnected from their family, they felt angry/sad which influenced them to want to "smoke more" (N=8). Participants reported that they smoked "to feel happy" (N=3) and that they "never felt happy at home" (N=1) but rather "felt happy with friends" (N=2). They reported that when they felt

disconnected from their family, they would leave to smoke with their friends because this made them bond which inevitably made them feel happy. This data concurs with literature as it is shown that when a person's belongingness is threatened and they feel excluded, they may seek reparative sources of connection in order to fill their sense of belonging (see Chapter Two 4.3 and Chapter Three 2.1).

According to the data, it can be seen that peer influence is strongly related to adolescent substance abuse and that peer belonging is often a motivation for initial and continued use of a substance. Furthermore, the perceived positive effects of cannabis and the setting in which the waterpipe is used, promotes peer connection which is often what the adolescent seeks in order to fulfil the lack of connection which they receive within the context of their family. This feeling of connection and belonging is often determined by the family's response to the adolescent within the family. The following section will discuss how the family's response (negative or supportive) towards the adolescent's substance abuse can have an effect on the adolescent's feelings of family connection and belonging.

2.3 Family's Response to Substance Use

"I wouldn't advise people to shout at the family member because that doesn't really help. They should sit them down and talk nicely to them. They should find out what help that person needs and show them that they are there for them. Try to find out what the problem is, why they are smoking..." P8

During the researcher's exploration with regards to sense of belonging within the family, all of the participants described significant phenomena that reoccurred numerous times within the rich data. This theme centred on the manner in which the participants perceived their family's response to their substance use which can be divided into two categories. The first category involves the negative response of the family, and the second involves the supportive family response. This theme also clearly identifies the influence that each category may have on an adolescents' substance abuse, and their feelings of belonging and disconnection within the family. This speaks directly to the research topic.

A substantial amount of literature exists to prove that the family is a key factor in the prediction and prevention of adolescent substance abuse (see Chapter Two 3.4.3) and this literature has documented the significant relationship between family connectedness and adolescent well-being, especially with regards to adolescent substance abuse (see Chapter Two 5.3.2). The literature has also emphasised the importance of family support as an indicator of relationship connectedness and how vital it is for parents to communicate feelings of warmth, affection, and a sense of being valued (see Chapter Two 5.3.3).

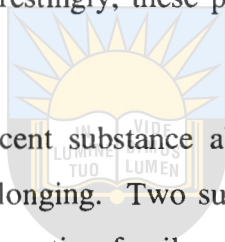
All of the participants (N=15) reported that their families have knowledge of their substance use and that their parents found out while they were still using the substance regularly. Only a third (N=5) of participants reported that they openly admitted their drug use to their family, while the remaining two-thirds (N=10) of participants reported that their parents were told by someone other than the adolescent themselves. Just less than half (N=7) of the participants reported that their school tested them which was then communicated to their parents when the result showed positive for illegal substances, and three of the participants (N=3) were told by an alternative outsider. The findings suggest that those who openly told their parents

about their substance use had a more positive response from their parents, while those who were informed via an outside source reacted negatively towards the participant.

According to literature, family support provides an environment where children feel connected and supported by their parents and therefore they feel more comfortable disclosing thoughts and feelings. Furthermore, families that are perceived as distant or disconnected, are more likely to abuse substances (see Chapter Two 5.3.3).

The participants (N=5) who reported that they told their parents about their substance use and their parents did not hear it via another source, also reported that their parents “sat them down” and “spoke nicely” to them. Interestingly, these participants also reported that they no longer use any illegal substances.

The family’s response to adolescent substance abuse is a key element in predicting feelings of family connectedness and belonging. Two subthemes emerged from this theme of family response. The first was that of negative family responses and the second was that of supportive family responses. These two related sub-themes will now be discussed.



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2.3.1 Negative Family Response

“...they would say ugly things like ‘you are so high, you are a drug addict’. This makes me feel sad. I don’t like to hear ugly things about me. Dagga makes me feel relaxed and like I don’t have any problems. Like all I want to do is laugh and be happy” P10

The literature clearly describes the importance of positive parenting on adolescent wellbeing. This includes parental care, parental communication, discipline, family conflict and among others, emotional abuse. The literature also explains the link between inadequate parenting to adolescent substance abuse (see Chapter Two 3.4.3). This literature describes how important it is for adolescents to feel a sense of belonging and connectedness within their family in order to protect them from harmful behaviours. This connectedness is established through supportive family interactions, which means communication becomes an important component within this construct. Through active communication, family members are able to connect on an emotional level by listening and responding to each other’s needs in a constructive manner (see Chapter Two 4.4; 5.2 and 5.3).

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The majority (N=12) of the participants reported that their relationship with their family changed negatively after the family discovered the participant’s drug use because their family began treating them differently and responded negatively towards them. All of these participants reported that negative responses from their families had a negative impact on their continued use of the substance and that they required their families to avoid negative responses in order to support them in abstaining from the illegal substance.

These participants reported that these negative responses included family conflicts (N=7), shouting (N=12), swearing (N=2), name calling/criticism (N=4), being ignored (N=1), being pushed aside (N=1), no longer talking to the adolescent (N=9), no longer buying “nice things” (N=4), withdrawing affection (N=4), and not “showing” (N=4) the adolescent that the family loves them.

Participant 10 reported, “If they see that my eyes are red or if I come home late and I don’t do dishes, I am not allowed to eat. They do not give me money anymore. They do not trust me anymore”.

Participant 2 reported, “When I ask something nicely to her she swears at me and is nasty to me. This makes me not care about her and not want to have a relationship with her”.

Participant 13 reported: “their hurtful words didn’t help at all”.

Participant 6 reported that negative responses from the family “will just make it worse”.

Just more than half of the participants reported that their family was very angry and/or disappointed with them and they felt as though their family was “giving up” on them.

Participant 7 reported, “My mother and I used to get into fights... I even disowned my mother at one stage and I ran away from home....my mother kicked me out of the house”.

Participant 1 reported, “When my family found out, they treated me like I was nothing. They don’t take any notice of me.... This made me feel angry and aggressive”.

Participant 3 reported, “I kept using it (cannabis) as it calmed me down and made me feel relaxed. When my mother shouted at me and made me angry I would go smoke it. The made me feel better”.

According to literature (see Chapter Two 5.3.3), active listening involves offering emotional support, listening without judgement, and providing comfort, encouragement, empathy and respect. Poor communication often escalates into conflict which can involve blame and criticism. Poor communication can produce a considerable amount of stressful and negative feelings. Therefore, family conflict with poor communication can result in the adolescent disengaging themselves from the family. Numerous studies have proven that poor communication often leads to a host of behavioural problems which includes substance abuse (see Chapter Two 5.3.3). Furthermore, literature has also revealed the role that cannabis plays in coping with negative feelings (especially anger and sadness), regulating emotions, and escaping from family dysfunction in order to achievement the euphoric sensation that it stimulates (see Chapter Two 3.3.1 and 5.3.3).

The majority (N=12) of the participants reported that when they were treated differently/negatively by their family, this made them feel “hurt, angry, sad and/or rejected” which makes them want to “smoke more” because according to them, the substance made them feel “better”^(N=6), “happy”^(N=13), “calm”^(N=7), and/or “relaxed”^(N=8).

Participant 2 reported that “the parent must try to keep away from arguments because that triggers anger which makes them want to smoke more”.

Participant 1 reported, “when they are nasty to me it makes me want to smoke more”.

Participant 5 reported, “the user will first feel upset, then sad, then very angry. They will then go smoke to feel happy”.

Participant 10 reported that “...dagga makes me happy and I am not happy at home so it helps me to smoke dagga”.

Participant 7 reported that cannabis ‘put me in a happy place’.

Participant 13 reported that cannabis helped him to “forget about family problems”.

Numerous studies have demonstrated the importance of family belonging and how the lack of family belonging, closeness and connectedness can lead to the adolescent seeking reparative sources of belonging to fill this need which may result in risky behaviours such as substance abuse (see Chapter Two 4.3 and 5.3).

Three participants (N=3) reported that these negative responses from their families made them feel “unwelcome”. Just more than two-thirds (N=11) of the participants reported that they did not want to be at home because of the way their family treated them. Some participants reported that their families had “no time”^(N=10) for them and that when they smoked with their friends, they bonded^(N=12) which made them feel happy^(N=13).

Participant 7 reported: “the user will feel unwelcome and will go find a place where they feel welcome which is usually where he uses drugs”.

Participant 6 reported: “I thought they did not care about me anymore so I thought I would sit with people who did”.

On the other hand, participant 8 reported that, “after my mother found out, she was disappointed. Normally she would go on and on about something but when she found out she didn’t and I could see how disappointed she was with me. She never brought it up again and I respected that. My dad and I never had much of a relationship but what we did have was lost when he found out”.

As the data repeatedly demonstrates, negative responses from the participants’ families had a negative impact on the user which led to feelings of disconnection and ultimately encouraged their continued use of substances. Participants reported that their families’ negative responses (for example shouting) caused them to feel “sad” or “angry” which led to further substance use in order to replace these negative emotions with positive ones. This too concurred with literature and recent studies that have been conducted (see Chapter Two 3.3.1, 3.4.3 and 5.3.3).

2.3.2 Supportive Family Response

“Parents must help the user to concentrate on the future and their goals. The family must talk to them about the fact that it’s not only because of family problems that he is using substances. The family must be there for the person- supporting and encouraging the person. I think Support is talking to the person everyday nicely, going out to different places together like the beach, doing things that the user also wants to do and what he enjoys doing” P4

The family environment is an important factor affecting adolescent substance abuse (see Chapter Two 3.4.3). Previous studies show that connectedness and support in close family relationships holds potential to protect adolescents from negative feelings by providing a sense of belonging and emotional support during times of stress (Houlberg et al., 2011). Furthermore, positive and open communication between family members has been related to effective abilities in dealing with stress (Dickerson & Crase, 2005) and this can prevent the adolescent from engaging in adolescent substance abuse (see Chapter Two 5.3.3).

Only three participants (N=3) reported that their parents did not treat them differently/negatively after they discovered the adolescent’s substance use but instead supported them through various means. They reported that they “were not treated differently” (N=3) but instead were “encouraged” (N=2), they were “trusted” (N=2), and the family spoke “nicely” (N=3) to them. One reported that he “could see that they were hurt” which is what motivated him to stop.

Another reported that their relationship had “improved” and the parent now gave the adolescent his “space” (N=1). This made them feel “closer” (N=1) to the family and made him want to “spend more family time with them” (N=1). They reported that their parents are “always there” (N=2) for them, “talks” (N=3) to them, always “supports” (N=1) them, and always “encourages” (N=2) them. They reported that this made them feel “good” (N=1), “happy” (N=2) and “safe” (N=1).

The participants (N=3) who reported that they were not treated differently/negatively by their family and participants (N=7) who reported a supportive family, they also report that they no longer use substances. These participants reported that because of the way their parent/s responded so positively and supportively, this influenced them to “not want to smoke ever again” because their parents trust them and they do not want to “lose their trust”. Participants reported that because of this support by their family, they no longer want to use substances again because they will feel “guilty” (N=8).

Participant 15 reported, “My parents spend a lot of time talking to me and being open with me. They encourage me to talk to them too. I feel as though I can talk to them anytime that I need them. They say they love me all the time and also buy me stuff that I want. My mother spoils me and treats me like her baby”.

Literature clearly identified the importance of family support in adolescent substance abuse. This literature supports the findings of this study as it reveals how family connectedness and support can be a powerful protective factor against adolescent substance abuse. Studies have also shown how lower levels of family support is linked to higher drug use (see Chapter Two 5.3.3).

All of the participants within this study reported that it is essential for the family to provide the necessary continuous support to the substance user within the family, because the lack thereof could further the users substance abusing behaviour; and they reported how they required their families support in order to abstain from illegal substances. All of the participants reported that support from family is a very important element when an adolescent is attempting to abstain from illegal substances but this ‘support’ might be described in various ways.

The findings of this study concur with literature that family support is described in a number of ways. This family support can be expressed as feeling loved, trusted, cared for, looked after, listened to, feeling appreciated, being encouraged, given affection, being accepted, and being able to rely on parents (see Chapter Two 5.3.3).

Just more than half (N=8) of the participants emphasised the importance of trust in the relationship between themselves and their parent/s. They reported that this is an important factor while the adolescent is attempting to abstain from continuing their substance use.

Participant 1 reported: “trust is also very important”.

Participant 3 reported: “I need them to trust me and believe me”.

Parental monitoring and supervision can be seen as a form of support in that it shows the parents interest in the adolescent and their concerns for his/her well-being. Literature has demonstrated the link that parental supervision and monitoring has with adolescent behavioural problems, which includes substance abuse. Numerous studies have proven that the lack of parental monitoring and supervision increases the likelihood of adolescent substance abuse (see Chapter Two 5.3.3).

Just more than a third (N=7) of the participants reported that monitoring and supervising the adolescent substance abuser is a form of supporting the person and that the family should perform this regularly.

Participant 14 reported: “parents must not leave them to do whatever they want”.

Participant 1 reported: “family should keep the child away from substances”... “everyone is doing it”... and “those who are not stay in their homes”.

Other support that they reported on was that of professional help ^(N=3), educating the adolescent ^(N=3), removing them from a negative environment ^(N=7) or keeping them busy inside of their homes ^(N=2) to prevent boredom.

The majority of the participants (N=14) in this study reported that the lack of support from their families had a negative impact on the user as it promoted their continued substance use. Participants reported that their families lack of support caused them to feel “sad” ^(N=4) or “angry” ^(N=14), which led to further substance use. Numerous studies concur with these findings as they have indicated the importance of family support in dealing with negative feelings that an adolescent may be experiencing. These studies also indicate that the lack thereof may promote

negative feelings and may influence the adolescent to continue using substances (see Chapter Two 5.3.3). In order for a supportive ‘connected’ relationship to be established and maintained, the family needs to spend regular, good quality family time together as a unit. This too may have an impact on an adolescent’s substance abusing behaviour. This theme is discussed in the following section.

2.4 *Quality Family Time*

“I was out of the house all the time smoking. I would only come home when I wanted to eat and sleep. This made us distant from one another. I would sleep in because of the drugs then we would fight because I sleep all day and the house chores are already done. So the conflict made me not want to be there again. My mother fought with me because of using drugs but when she fought with me and said ugly things this made me want to leave and smoke more. I felt angry and frustrated at home. I never felt happy at home” P5

The data demonstrated various commonalities during the phenomenological analysis of the data, which is described below and can be linked closely with the previously mentioned themes. The significance of family time was presented on numerous occasions and is interrelated with the other themes that have been presented.

According to literature, family time is associated with family well-being. Studies have shown that family time and family interaction has been linked to decreased rates of emotional distress which plays a role in the prevention of misbehaviour and adolescent substance abuse (see Chapter Two 4.5; 5.2; and 5.3.3).

Just more than two-thirds (N=11) of the participants reported that they did not want to spend time with their family and they did not want to be at home. They reported that this was due to the way their family was treating them at the time since the family discovered their substance abusing behaviour. Some participants also reported that they were afraid to return home because they were afraid of how their parents would respond to them especially their “red eyes”, noticing that they were “high” (N=3), being sworn at (N=3), and negatively criticising them (N=5).

Participant 3 reported: “They would shout at me and say ugly things like ‘look how red your eyes are, you are the only one in the family that smokes, sis you are ugly now, you don’t belong here you belong on the streets. This didn’t make me want to stop, it made me want to smoke more”.

Participant 4 reported: “I thought they didn’t love me or want to spend time with me”.

The literature clearly defines and explains the importance of a sense of belonging and connection. This sense of belonging and connection also highlights the importance of “personal involvement” within the family in order to feel connected (see Chapter Two 4.1). This sense of belonging and connection within the family is vital for the healthy development of an adolescent and the prevention of substance abuse (see Chapter Two 4.2; 4.3, 4.5 and 5.3).

Participants (N=13) within this study also reported that because they were never at home, it caused the participants and the family to become “distant” (N=13) from each other which inevitably made them feel disconnected from their family.

The majority (N=13) of the participants reported that they felt disconnected from their family because they “didn’t spend time with family” (N=8), but would rather leave the house to go “smoke” (N=6), and they were “always with friends” (N=9). Therefore family time was not ensured by the adolescent or the family. Some participants reported that their families had “no time” for them and that when they smoked with their friends, they bonded (N=12) which made them feel happy.

Participant 11 reported: “I enjoyed being with other people rather than being with family”.

Two thirds (N=10) of the participants reported that family time was an important aspect that helped or could have helped them to abstain from using substances. This “family time” was reported in various ways which includes being given “more attention” (N=1), having “fun together” (N=5), going on regular family “outings” (N=1) together, “eating together” (N=1) as a family, and keeping the user “busy” (N=2) in the house with the family.

The majority of the participants (N=14) reported that families should ensure family time with the user even after they have discovered the users substance use as this might play a role in limiting the chances of the user wanting to “smoke more”.

Participant 5 reported, “The family should spend time with the person”.

According to literature, (see Chapter Two 4.3 and see Chapter Three 2.1) threats to belongingness can lead to an individual seeking reparative sources of belonging and connection elsewhere. Moreover, an individual will experience negative effects when faced with an unsatisfied sense of belonging and will seek other sources which may repair this ‘disconnection’ and provide them with this need for belonging. Thus if adolescents lack a sense of belonging within their family, they may seek other sources of connection which could be in the company of friends. This may influence them to become involved in negative behaviours which supports their connectedness with this group of friends.

According to the data and substantiated by literature, it can be seen that family time is an important aspect that is involved in maintaining a positive connection between adolescents and their family. In order to maintain this connection, the parent-child relationship should be positive and the family should consistently spend quality time together (see Chapter Two 4.5 and 5.3). This family time has been suggested to limit the adolescent from leaving home and using substances with friends with whom they spend most of their time.

As previously discussed, the family’s negative response towards an adolescent user can produce negative emotions within the adolescent and which the adolescent may seek to alleviate through the process of leaving their homes and through the use of substances in a social gathering with their peers. This desire to alleviate negative emotions and replace them with positive ones can be seen as a coping mechanism. This is discussed in the following section.

2.5 Coping Mechanism

“Dagga makes me feel relaxed and like I don’t have any problems. Like all I want to do is laugh and be happy”^{P10}

This theme occurred numerous times within the study as participants explained how the substance assisted them to cope with the negative emotions that they experienced especially within the family. This theme is also linked to and repeatedly occurred within the theme “family’s response to substance use”.

Over and over again the participants expressed how the family’s negative responses toward the user would bring about negative emotions within the adolescent and this would encourage them to continuously smoke as these negative emotions would need to be replaced with positive ones in order to cope. They report how the consumption of the substance during the socialization with their friends would do exactly that.

Literature demonstrates how family interactions can amplify emotional intensity (Shlomi, 2010). During adolescence, individuals are still learning how to regulate their moods and their behaviours (Toumbourou & Gregg, 2001). Family conflict often results in negative feelings of stress within the adolescent, and in seeking ways of dealing with this stress, substance abuse is often used as a way of coping to alleviate these negative feelings (see Chapter Two 5.3.3).

According to the literature, the experience of using cannabis depends on the users expectations of the drug and the perception that the drug will produce positive effects for the user (see Chapter Two 3.3.1). Furthermore, the nature of the waterpipe (see Chapter Two 3.3.2) and cannabis induces feelings of well-being, relaxation, and calmness (see Chapter Two 3.3.1), which encourages its use by the adolescent as it is used as a means to escape from family dysfunction (see Chapter Two 2.3.1). The findings of this study concurred with the literature as participants reported that the substance made them feel “better”^(N=4), “happy”^(N=13), “calm”^(N=7), and/or “relaxed”^(N=8).

Participant 7 even reported that the dagga “put me in a happy place”.

Participant 13 reported: “When I felt angry, I would smoke dagga to help get me through it”.

Participant 13 reported: “Substance use made my parents make bad choices and it also made me make bad choices but it also helped me to feel better in the bad situations”.

The finding from this study revealed that participants described that family conflicts and negative responses ^(N=15) from their family with regards to their substance behaviour, such as “shouting” ^(N=13) at them, made them feel “angry, sad and/or hurt” ^(N=14) which made them want to “smoke more” ^(N=14) because according to them the substance made them feel “better” ^(N=4), “happy” ^(N=13), “calm” ^(N=7), and/or “relaxed” ^(N=8).

Participant 3 reported, “I kept using it (cannabis) as it calmed me down and made me feel relaxed. When my mother shouted at me and made me angry I would go smoke it. The dagga made me feel better”.

A substantial amount of literature concurs with these findings as it describes how substances are used to avoid emotional discomfort, how it is associated with negative parent-child communication and less family emotional responsiveness, and it is linked to mood regulation, especially feelings of anger and sadness (see Chapter Two 3.3.1).

Participant 2 reported: “I don’t argue with my mom when I am high”.

Participant 13 reported, “I had a lot of family problems which made me feel very aggressive and angry. When I smoked it helped me to relax and not stress bout the family problems. When I smoked it also helped me to sleep. It kept me calm so I didn’t fight with the family”.

Just less than two-thirds (N=9) also reported that when they felt disconnected from their family, they felt angry and/or sad which also influenced them to want to smoke “more”. They also reported that they did not feel happy at home and that they smoked “to feel happy” and were that they felt happy when they were smoking with their friends.

Participant 1 reported: “it does not feel good (family conflict) and I feel like I cannot cope”.

Participant 3 reported: “Now I can see that the drugs were lying to me and made me feel like that but that is not the truth... when I felt like I can’t control my anger, the dagga helped me but now I talk to my sister and that helps...”

According to the data and the literature (see Chapter Two 3.3.1 and 5.3.3), it can be seen that the use of substances is common amongst adolescents especially when they are faced with difficulties that they are unable to manage emotionally. When they are challenged with a stressful family situation, such as family conflict or problematic communication, they may use substances to cope with the negative feelings that they experience (for example anger, sadness) because they are not yet able to emotionally regulate their emotions during this stage of development. By leaving their homes and by joining their friends who are socializing through the use of these substances (waterpipe and cannabis), this becomes an escape for them to relieve these uncomfortable feelings that they are feeling within their disconnected family.

As mentioned by previous themes, a feeling of disconnection and belonging within the family, negative family responses and the lack of quality family time can contribute to adolescent substance abuse. The following section will provide a discussion with regards to the “don’t care attitude” that an adolescent develops as a result of the previous mentioned themes.

2.6 Don't Care Attitude

“When I smoke I don't feel like doing anything. I laugh at people & I feel I don't care” P9

This theme is a result of the interaction of previously mentioned themes (sense of belonging and the family's response to substance use) and describes the significance of how a participant's attitude can play a role in their disconnection and thus further substance use. The phenomenon of this experience was captured by the researcher as it surfaced on various occasions and was linked to other themes.

According to literature, a person who feels accepted and included (a sense of belonging/connection) will result in feeling positive emotions such as happiness, contentment, and/or calmness. On the other hand, a person who feels excluded or rejected (disconnection) will feel negative feelings such as anger, frustration and sadness (see Chapter Two 4.2).

Just less than a third (N=4) of the participants reported that because of the negative way their parent(s) responded towards them after finding out about their substance use and the manner in which they perceived their parents to be treating them, the participants developed a “don't care” attitude towards their parent(s).

Participant 7 reported: “It hurt me that my mother would not talk to me and I started having an ‘I don't care’ attitude so I did as I pleased. I came home when I felt like it and I spoke to her when I felt like it because it seemed like she didn't want me and she didn't want to be there for me”.

Participant 2 reported, “I can see that I am the rotten potato in the family. Everyone else is good and I am so bad, that's how I see it... this makes me not care about them and I tell myself I don't need them”... “When I ask something nicely to her she swears at me and is nasty to me. This makes me not care about her and not want to have a relationship with her”.

Participant 5 reported, “So now I have a ‘don't care’ attitude because she has one. When she treats me like this I just want to smoke again because I want to feel happy again”.

According to literature, cannabis has been linked to ‘amotivational syndrome’ as it causes people to become apathetic, lose goal directedness, and have dulled emotions (see Chapter Two 3.3.1). According to various studies, this substance is also linked to producing calming effects, is used to escape from family dysfunction, is linked to family communication, and assist in regulating mood (see Chapter Two 3.3.1). Furthermore, adolescents who use substances are at increased risk for a number of negative consequences including crime and delinquency, diminished school functioning or drop out, depression, injury and death (see Chapter Two 3.2).

All of the participants reported that when they started using substances, their attitude and behaviour had changed negatively, specifically towards their non-smoking friends ^(N=7), towards their family ^(N=14) and towards their schooling ^(N=5). These negative behavioural changes included being “ill-mannered and disrespectful” ^(N=3), “selfish” ^(N=1), “school work dropped” ^(N=5), “aggressive” ^(N=7), “stealing” ^(N=1), “bad choices” ^(N=3), “lying” ^(N=1), “never at home” ^(N=6), “running away from home” ^(N=1).

According to the data, it can be seen that when participants perceived a negative response from their family, they felt feelings of disconnection within their family. Furthermore, this resulted in the adolescent developing a negative attitude towards their family and continuing their substance use as a means of coping with their feelings.

Evidently, as mentioned in all major themes, the family is an important component in the life of a healthy adolescent. The final section will discuss the family structure as well as the phenomenon of family substance abuse as a major theme in relation to this study.

2.7 Family Structure and Family Substance Abuse

“My father is a drug addict and my mom was also a drug addict when she was with him at that stage. My mom does not use substances now”... “I don’t have a relationship with my father. I met him once and he denied that I was his child so I have not seen him since” ^{P7}

The data revealed an interesting phenomenon with regards to participants’ family substance use, enough to substantiate a theme for this study. This theme describes the substance abuse trends within the families of the participants with reference to the participants’ substance use themselves.

Parents are one of the most important influences in the lives of adolescents (Drapela & Mosher, 2007) and the environment that they bring their children up in plays a critical role in the development of the adolescents behavioural patterns (see Chapter Two 3.4.3 and 5.3).

According to this study, all but three (N=12) participants reported substance use within the family. The results revealed that just more than half of the participants (N=8) have a close family member who consumes alcohol on a regular basis. Participant 11 even reported that his father is an alcoholic who drinks every day. Furthermore, just more than half of the participants (N=8) within this study reported that they have a severely strained relationship with their father and these participants also reported that their father abuses substances on a daily or regular basis.

Participant 1 reported: “My father drinks alcohol regularly... He used to do this in front of me. I don’t like to see my father drink because he becomes violent”.

According to literature, single parent homes are more at risk for adolescent substance abuse than homes that constitute both parents (see Chapter Two 3.4.3). According to studies done by Bezuidenhout & Joubert (2003), and supported by Wu et al., (2004), households without father figures are more at risk of engaging in substance abuse than homes that have both parents (see Chapter Two 3.4.3).

According to the findings of this study, two-thirds (N=10) of the participants in this study have parents who are divorced, just more than half (N=8) live with their biological mother and the majority of the participants who live with their mother report a severely strained relationship towards their father. All of the participants who reported a strained relationship with their father, interestingly also reported that their fathers abuse substances on a regular basis.

Participant 2 reported, “I don’t have a relationship with my father. I only see him now and then when I ask for money. He does not visit me”.

Participant 7 reported, “I don’t have a relationship with my father. I met him once and he denied that I am his child so I have not seen him since”.

Participant 9 reported, “My father was always angry so I was scared to talk to him which, made me feel sad. I wanted him to be proud of me so I didn’t want him to know I smoke. I had thoughts of stopping so that he can be proud of me”.

Furthermore, the majority of those who are still currently using cannabis on a regular basis can be found in this sample of participants whose parents are divorced, who reside with their mother, and who have a strained relationship with their biological father. These participants also displayed anger/sadness towards this strained relationship with their father.

According to studies, the choice of drug that is being abused by a parent or family member is closely associated with the adolescent’s drug selection (see Chapter Two 3.4.3).

Just more than half of the participants (N=8) reported that a close family member with whom they live with or see regularly is also involved with cannabis on a regular basis. Also, a third of the participants (N=5) reported that their parent or a close family member also smokes waterpipe regularly.

Participant 13 reported: “My father smokes weed. He has been smoking since he was a teenager...” Participant 12 reported: “I smoked weed for a week once with my mother”.

Numerous studies have clearly identified the associations between family substance abuse and the increased likelihood of adolescent substance abusing behaviours (see Chapter Two 3.4.3). These studies have proven that parental modelling of substances abusing behaviour may motivate adolescent's to experiment or continue abusing substances themselves.

Just less than one third (N=4) of the participants in this study reported that they were currently using an illegal substance. Concurring with existing studies and literature, these participants also reported that they have at least one family member currently abusing a substance on a regular basis.

Participant 13 reported: "Parents must become examples, change their own behaviour first".

Three participants reported that there is no family substance use within their home, and they also reported that they have good relationships with all of their family members. Furthermore, these participants also reported that they have stopped the use of illegal substances for at least 1-6 months prior to the interview.

Participant 10 reported: "No other family members use substances, not even alcohol".

With regards to this study, it can also be seen that single-parent households, specifically those headed by mothers, were more likely to have adolescents who did not live with their biological father and who had a strained relationship (connection) with their father who was abusing substances on a regular basis. According to the data, it can be seen that parent or family substance abuse can motivate adolescent substance abuse. Furthermore, family substance abuse can also play a role in the adolescent's decision to abstain or continue the use of these substances. Therefore the influence of family substance use on adolescent substance abuse is high.

3. THE AIM, OBJECTIVES AND RESEARCH QUESTION OF THE STUDY

3.1 *Research Aim*

The aim of this research study was as follows:

To explore the emotional experiences including the feelings and thoughts of adolescents about their experiences of disconnection and belonging within their family and the role of substance use as a contributing factor in this interaction.

It is in the opinion of the researcher that the aim for this research study has been met. Through the use of the literature review and the theoretical framework provided in Chapter Two and Chapter Three, the researcher was able to design a semi-structured interview schedule in order to obtain exploratory data from fifteen participants with regards to the aim as stated above. This data was then analysed and interpreted by the researcher with the help of existing literature in order to regulate and compare the findings.

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3.2 *Research Objectives*

The objectives for this study were formulated in order to achieve the above mentioned aim, and the objectives were as follows:

- *Objective One:* To explore feelings of belonging and disconnection amongst adolescents within their family
- *Objective Two:* To explore the experiences of adolescents involved in substance use
- *Objective Three:* To explore the link between adolescent substance abuse and feelings of disconnection/belonging
- *Objective Four:* To identify common trends and features in substance use and family relationships

The researcher conducted an extensive literature review (Chapter Two) on adolescent development, substance abuse, belonging, and the family. This existing published literature described the fundamental elements involved in understanding this research study and thus all of the objectives as mentioned above.

Chapter Three of this research study presented a Theoretical Framework which guided the philosophy of this study, namely, a discussion on Baumeister and Leary's Belongingness Hypothesis theory and Family Systems Theory.

The researcher gathered empirical data from the participants through the use of semi structured interviews in order to gain an understanding of the topic from the participants themselves, who are experts of their own perceptions and experiences.

Interpretative Phenomenological Analysis (Chapter Three and Chapter Four) was used to analyse the data through the use of a qualitative framework which was applicable to describe and validate the findings of the study.

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3.3 The Research Question

For the purpose of this qualitative research study, the following research questions were formulated:

How do adolescents describe their feelings of family disconnection and belonging?

How do adolescents describe their experiences of substance use?

How is family disconnection and belonging related to adolescent substance abuse?

What are the common trends and features with regards to substance use and family relationships?

How do adolescents describe their family disconnection and sense of belonging in contributing to their substance abuse?

The researcher is of the opinion that, yes, this research question was clearly answered through the process of this research. The adolescent's feelings and experiences of belonging within the family were explored (Chapter Four) and described (Chapter Five) by the researcher through the use of the literature review (Chapter Two) as well as the Theoretical Framework (Chapter Three) In light of the seven major themes that emerged from the study, conclusions could be made in order to answer the research question above.

4. DISCUSSION OF MAJOR FINDINGS

This phenomenological study interviewed 15 coloured, male adolescent participants who are, or who have used cannabis for a period of time in their lives. The goal of the current study was to explore the emotional experiences and the perceptions of adolescents with regards to their thoughts and feelings of disconnection and a sense of belonging within their family. Moreover, the researcher intended to explore the role that this disconnection has in contributing to their substance use. Results indicated a number of significant findings, relating particularly to the concept of belonging and connection.

By now, it is clear that a sense of belonging and connection is a fundamental human need that drives adolescent behaviour and can predict future consequences. A positive feeling of connectedness promotes positive emotions such as happiness, calmness and contentment which ultimately contributes to positive well-being and can serve as a protective factor for adolescent substance abuse. On the other hand, a negative feeling of connection promotes negative feelings such as rejection, exclusion, depression, stress, anger, frustration, hurt and sadness which can contribute to adolescence substance abuse.

Young people are driven by the need to feel loved, accepted, valued and to feel as though they belong. The family is the primary environment in which these young people are to experience these feelings. However, if this is lacking, they may seek reparative sources of connection outside of the home environment.

This study demonstrated that participants felt disconnected from their families while they were using substances (waterpipe and cannabis). Participants repeatedly demonstrated that they

experienced these negative feelings of disconnection within their homes because of the negative family responses (shouting, criticising, swearing) and the lack of support that they received with regards to their substance abusing behaviour. This in turn, had an influence on their decision to leave their home on a regular basis in order to continue using cannabis with their friends. Furthermore, they felt no need to spend quality family time at home within this disconnected atmosphere. Participants also reported that they perceived their family's response to be lacking emotional warmth which resulted in the adolescent reflecting the same 'don't care' behaviour towards the family.

Family communication, family support and parent-child relationship has been reiterated numerous times. This study has demonstrated how negative responses as well as unsupportive roles from the family can attribute to an adolescents feeling of disconnection within the home. It has been stated and it has been shown within this study how the family's response to the adolescent can produce certain emotions within the adolescent that at times they are unable to manage, especially when they have a negative affiliation. Therefore negative family responses (which lacked a sense of love and support) towards the adolescent's substance abusing behaviour, then promoted feelings of disconnection for the adolescent which inevitably produced negative emotional feelings (rejection, anger, sadness) within him. On the other hand, positive emotional support and responses from family reinforced positive emotions and feelings of belonging and connection within the adolescent.

While adolescents are still learning how to regulate their mood and cope with their feelings, adolescent cannabis use can become dangerous as they use the substance to escape, cope or regulate negative feelings which have emerged as a result of this disconnection. Participants clearly described how negative responses from their family led to their desire to continue smoking.

Waterpipe smoking is performed within a group atmosphere which promotes bonding, communication and connectedness. Together with the additional perceived positive effects that is produced by cannabis (mood regulation, coping, escapism, euphoria, calmness, contentment),

this becomes a pleasurable activity amongst friends especially when this setting is the only form of belonging and connectedness that is experienced for the adolescent.

Interestingly, the data and the literature revealed that when an individual experiences a positive sense of belonging and connection, they experience feelings of happiness, calmness, and contentment. Likewise, data as well as literature has documented that cannabis produces these same perceived positive effects. It can then be acknowledged that when the participants from this research study lacked the feelings associated with belonging and connection, they acquired them through the use of cannabis, more so, from the social setting in which it was used within the waterpipe. Therefore, those who reported continued use of cannabis and waterpipe also reported family disconnection while those who reported abstinence, reported that their family disconnection had been repaired.

While socializing (connecting) around this waterpipe for many hours, and while inhaling cannabis which produces perceived positive effects, the adolescent is motivated to continue this activity in order to benefit from the feeling of connectedness that is attained. Furthermore, the many hours spent with this group, attributes to the many hours spent away from the home environment. Thus a decrease in family time contributes to the lack of connectedness within the home which is a risk factor for adolescent substance abuse.

These specific findings can be seen as two-fold: (1) The use of cannabis produces positive emotions (happy, calm, relaxed) which is used to replace negative emotions (anger, sadness, hurt, frustration) that have emerged within a disconnected family environment, (2) and the setting in which the waterpipe is smoked (social gathering) promotes connectedness amongst the group as they bond, communicate and experience this pleasurable activity together.

Furthermore, while adolescents felt disconnected from their family, they reportedly had no motivation to repair this disconnection as they perceived their family's negative response as a sign of 'giving up' or 'not caring' for them. This lack of motivation, together with the perceived effects that cannabis produces, can have disastrous emotional consequences for the developing adolescent and the family as a system.

According to the findings of this study, when adolescents felt disconnected from their families, they were motivated to continue their cannabis use. However, when participants were supported by their family, it was reported that this encouraged them to spend time with their family and to abstain from using substances as they felt 'guilty' when they had thoughts of continuing with its use. Furthermore, when the family supported the adolescent, the adolescent did not feel any negative emotions that they needed to cope with.

Therefore, having a positive, supportive, open and 'connected' relationship between an adolescent and their family, serves numerous positive behaviours. According to the findings, adolescents are more likely to disclose information if they feel supported, they are more likely to abstain from substances as they feel 'guilty' when influenced to use, and they are more likely to experience positive emotions of happiness, acceptance, and a sense of being valued by their family, which inevitably avoids the negative emotions which motivate them to continue using the substance.

This study clearly demonstrates that the family influences adolescent behaviour. Whether this refers to modelling of certain behaviours or provoking certain emotions, the family plays an influential role in the life of an adolescent, which can have both positive and negative effects.

Disconnection and belonging is seen by the researcher as more than just an event that takes place, but rather a fundamental feeling that an individual needs to fulfil, and will seek to fulfil, in order to reach their discernment of optimal development.

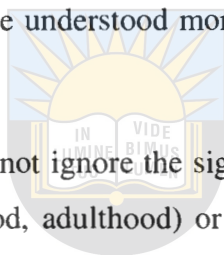
Peer influence is an important aspect when understanding adolescent initial and continued use of substances. However, in this study, peer influence of substance use is a result of the lack of belonging within the family, rather than the cause of adolescent substance use.

Surprisingly, there are relatively few studies which have assessed the phenomenon of belongingness in the specific context of the family and cannabis through the use of a waterpipe. A wide variety of research exists which describes prevention strategies for substance use but research is limited in describing the significance of the family's response to the substance

abusing behaviour and the role they play with regards to their feelings of belonging and connectedness.

Moreover, this gap is lacking an explanation as to what belonging entails, consequences of its absence and other important factors that play a role in fulfilling its need. This lack of focus is worrying as research suggests when adolescents lack a sense of belonging within their family, they tend to seek reparative sources elsewhere. Even fewer are the number of studies that attempt to explain the role of cannabis and the waterpipe in fulfilling this belonging and connection due to its effects and the setting in which it is smoked. Family disconnection has shown to be a significant predictor to adolescent waterpipe and cannabis use as it fulfils their need for belonging and connectedness. This can be understood more clearly as research has shown how rapidly this phenomenon is growing.

The researcher of this study does not ignore the significance of belonging in the various contexts of a person's lifespan (childhood, adulthood) or within other systems (school, peers, community, church), the researcher just recognizes the importance of belonging within the family, and makes reference to it as being the foundation for belonging within the other spheres.



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5. IMPLICATIONS FOR SOCIAL WORK PRACTICE

5.1 *Recommendations for Social Work Practice*

Based on the findings of this study, this research has brought to light the following recommendations that may be significant for social work practice:

- Firstly, the researcher recommends that all practitioners evaluate the importance of belonging within their interventions, as it has been clearly revealed within this study, and perhaps the degree to which it is significant may be underestimated.
- Secondly, the findings of this study emphasise that the family is the most important system that an individual may be exposed to and this system is the foundation for experiencing a sense of belonging, therefore the understanding of these experiences that occur within this system can be easily understood as vital.
- Thirdly, in light of the findings that have been given by the experts themselves, the participants, it is important for social workers to consider their opinions and use them holistically in promoting a well-adjusted individual, a healthier family and a more stable society as a whole.
- Finally, the findings of this research may provide useful avenues for social workers to explore especially during therapeutic interventions, the establishment of programmes, the facilitation of workshops, and for the purpose of prevention and education. For example, early intervention/ programmes for both children and parents in strengthening family connectedness (Early Childhood Development and Parenting Programmes).

5.2 Suggestions for Future Research

There are numerous research studies that could succeed this particular research study. Based on the finding of this research study, as well as the conclusions which have been highlighted previously, the following recommendations for future research can be identified:

- A similar study can be conducted which includes a more diverse ethnic sample or a more diverse gender sample.
- Future research could explore a sample of participants from a different language background.
- A similar study can be conducted with a sample of adults rather than adolescents, “family disconnection and belonging as a contributor to substance abuse among adults”.
- An adolescent’s perception of family processes could be reported or perceived differently from those of their parents. Further research could therefore be conducted with the same particular sample group but can be expanded to also include the opinions of the family members from which the sample was taken, “the role of family connectedness and belonging as a contributor to adolescent substance abuse”.
- A similar study can be conducted which could explore in further detail the trends with regards to the male adolescent residing with their mother, having a strained relationship with their father, and the significance of belonging and connection that is experienced, “single-parent family connectedness and belonging as a contributor to male adolescent substance abuse”.
- Future research on the waterpipe is most definitely needed to understand the phenomenon surrounding its use, rather than the health effects of its use. This research is of significance, especially in South Africa as this trend appears to be escalating rapidly, “the waterpipe as a source of connectedness and belonging”.

- Research needs to advance beyond simply describing the effects of cannabis to rather examining the psychological effects related to belonging and connection. By understanding the psychological motivations for cannabis use amongst adolescents, this may become useful for designing prevention and treatment strategies, “cannabis use as a means of connectedness and belonging”.

6. CONCLUDING COMMENTS

The uniqueness of this research study exists in the richness of the data that was obtained from the adolescents who shared their experiences, feelings and thoughts with regards to their feelings of disconnection and belonging within their family in relation to their cannabis and waterpipe use.

The experience of family belonging and connection allows adolescents to flourish optimally, promoting a healthy individual who can reap the benefits of a healthy family environment and thus avoiding future consequences that may arise due to their substance use. If parents can provide themselves with the opportunity to create this family environment in which the adolescent feels a sense of supported connectedness, the results may speak for themselves, as did this research study.

The researcher submits this research in the hope that it may be of value to social workers, psychologists, counsellors and any other professionals in related fields, but also to parents, who may potentially find these findings useful, as I have, in stimulating a sense of belonging in adolescents and therefore playing an important role in promoting the healthy development of adolescents and their families.

During my three year journey of research and development, a significant learning that I have experienced is clearly stated as follows: “Educating the mind without educating the heart is no education at all” (Aristotle, 1889).

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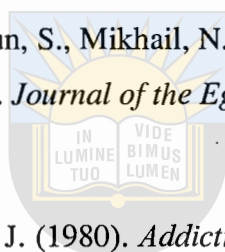
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APPENDIXES

1. APPENDIX ONE: CONSENT FORM



Ethics Research Confidentiality and Consent Form

Our University of Fort Hare / Department is asking people from your community / sample / group to answer some questions, which we hope will benefit your community and possibly other communities in the future.

The University of Fort Hare is conducting research regarding adolescence and substance use. We are interested in finding out more about Adolescent substance abuse and explore its role in contributing to belonging and family disconnection.¹ We are carrying out this research to gain more knowledge regarding this phenomenon.

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, we would really appreciate it if you do share your thoughts with us. If you choose not take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere on the questionnaire and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give.

¹ This was the original research aim, but during the data analysis it developed into the present aim.

The interview will last around 60 minutes. I will be asking you questions and I request that you are as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. We know that you cannot be absolutely certain about the answers to these questions but we ask that you try to think about these questions. When it comes to answering questions there are no right and wrong answers. When we ask questions about the future we are not interested in what you think the best thing would be to do, but what you think would actually happen.

If possible, our organisation would like to come back to this area once we have completed our study to inform you and your community of what the results are and discuss our findings and proposals around the research and what this means for people in this area.

CONSENT

I hereby agree to participate in research regarding adolescents and substance abuse. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.

.....
Signature of participant

Date:.....

I hereby agree to the tape recording of my participation in the study

.....
Signature of participant

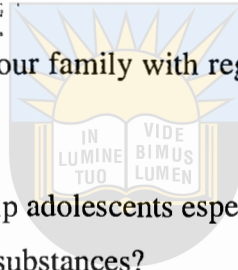
Date:.....

2. APPENDIX TWO: INTERVIEW SCHEDULE FOR ADOLESCENTS

Age:	14	15	16	17	18
Sex:	Male	Female			
Race:	White	Coloured	Black	Other	
Home Language:	English	Afrikaans	Xhosa	Other	
Highest level of education:					
Are you currently using any illegal substances:	Yes	No			
If yes, which substances and how often:					

1. When did you start using illegal substances? Explain
2. What influenced you to start and to continue?
3. Is there a history of substance use in your family? Please explain
4. Could you please share your personal experience of substance abuse and the impact that it has had on your life? What effects did the substance have on you?
5. Describe your family setting.
6. Does your family know about your substance use? If so, how did they find out?
7. Describe the relationship you have with each family member.
8. Are there differences in your relationship with your family from before you used substances and now? Explain
9. How does this influence how you feel in relation to your family members?

10. How would you describe your family's response to you emotionally?
11. During this time in your life, do you ever feel disconnected or a lack of belonging in your family? Please explain.
12. Do you think your substance use plays a role in this?
13. How would you describe the role of family members in dealing with or supporting a family substance user
14. What factors within the family can have a negative impact on the substance user?
15. What would you like from your family with regards to dealing with your substance use?
Explain
16. In your opinion, what can help adolescents especially in their family environments to stop using or abstain from illegal substances?



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3. APPENDIX THREE: QUESTION ONE INTERVIEW TRANSCRIPT

Question One: When did you start using illegal substances? Please explain.	
PARTICIPANT	ANSWER
P1	I used to smoke cigarettes and smoke oka pipe then one year ago (15 years old) I first had dagga in the oka pipe without knowing. I have only smoked and Oka pipe- no other illegal substances.
P2	I started smoking dagga when I was 10 years old but I used to smoke it then stop and start again then stop. A year and a half ago (14 years old) I started smoking it every day.
P3	When I was 11 years old I started smoking dagga. Before I stopped, I was smoking it every day about 5 to 10 times a day. This regular use started when I was 13 years old. But I would sometimes not smoke for weeks then I would start again.
P4	I have only smoked dagga in the oka pipe. I started smoking oka pipe at 15 years of age then I started smoking dagga in it. I smoked every day after school.
P5	I first tried dagga when I was 13 years old. I then tried it again one year later and I slowly started to use it more and more.
P6	At 16 I started smoking once a week on weekends. Then at 17 I started smoking it more often until I eventually smoked it every day. I have experimented with mandrax and tik before but not seriously.
P7	I first used dagga at 12 years old. 3 years ago (14 years old) I started using drugs more seriously but then I stopped and I started again last year. I used to use Tik and Cocaine which I used to use on weekends. I began smoking dagga every day (13-16 years old) until I was eventually placed into Rehab. I have been clean for 7 or 8 months now.
P8	In 2009 I had dagga in a soup. In 2010 I smoked it for the first time. In 2011 I was smoking almost every day (16 years old).

P9	I was 12 when I first tried alcohol but I did not like it. I was 13 when I first smoked dagga. I first smoked oka pipe then my friend said let's put dagga in it. I then started to enjoy it with the dagga so I smoked it about every day and all weekend. Started smoking cigarettes at 14 years old.
P10	When I was 13 I tried dagga in an oka pipe for the first time. Before this I was smoking clean pipe and cigarettes. I have not experimented with any other drugs.
P11	I first tried dagga when I was 16. I used to smoke dagga once a week. I used to smoke it in an oka pipe, a bong and a joint. I used to smoke with my friends all the time, never alone. I tried alcohol when I was 16 but I do not drink. It made me laugh but it didn't really make me feel any more happy than I already was.
P12	I first tried dagga when I was 10 or 11 years old and we smoked it in an oka pipe with flavoured tobacco. By age 12 I was smoking dagga every day. When I was 15 I tried mandrax, about once a week. At 16 to 18 I tried cocaine, ecstasy, heroin, crack, tik, acid. I was using one of them every night. Whatever I could get my hands on.
P13	I first tried dagga when I was 12 years old. At age 14 I was smoking it regularly. Later I then started smoking oka pipe, cigarettes and alcohol. At 15 I tried tik once.
P14	In 2011 I used alcohol for the first time (14 years old). I first tried oka Pipe when I was 12 years old. It was clean first then we started putting dagga in it. I started smoking dagga in the oka pipe at age 13. I was smoking it every day or every weekend atleast.
P15	I am currently smoking clean oka pipe only. I first tried oka pipe at age 11. I have only tried dagga. I first tried dagga at age 13. I was smoking dagga every day at age 15 to 17.

4. APPENDIX FOUR: TWO NEWSPAPER ARTICLES

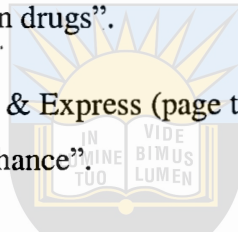
My research inspired me to facilitate a three day workshop on positive parenting, teenagers and substance abuse. The vision of the workshop was to relay the importance of family connectedness with regards to adolescent substance abuse.

Two local East London Newspapers found this workshop captivating and they published articles about this workshop highlighting the importance of the message that was being conveyed.

The first article was published in the Daily Dispatch (page five) on the 28th of September 2013, and was entitled “My 9-year-old is on drugs”.

The second was published in the Go & Express (page two) on the 10th of October 2013, and was entitled “NICRO gives offenders a chance”.

These two articles are presented in two formats on the following pages. The first is the original scanned article, and the second is the text from the article that has been retyped for the convenience of the reader.



My 9-year-old is on drugs

By BONGANI FUZILE
Senior Reporter

CHILDREN as young as six have received treatment and counselling for drug addiction in East London, a social worker told the Saturday Dispatch this week.

Most of the young boys were smoking drugs using Hookah pipes or "hubbly bubblys", said Samantha Beaumont, a social worker with the National Institute for Crime Prevention and the Reintegration of Offenders (Nicro).

On Thursday the Dispatch spoke to the mother of a nine-year-old boy being treated for addiction to heroin and dagga at the South African National Council for Alcoholism and Drug Dependence (Sanca).

His desperate mother said drug use was rife in the Parkside community where they lived and believes her son may have started using drugs from as young as seven.

The 45-year-old mother, whose name is being withheld to protect the family's identity, said her son, who attends a local primary school, had turned into a "drug monster" and stole anything he could to sell and feed his addiction.

"I noticed this early in the year but I never wanted to admit that he was doing drugs although the signs were there," she said.

"I heard rumours that he was being used to push drugs but I never knew it

Boys as young as six are smoking 'hubbly bubblys'

would go this far." Working for a multinational company in a well-paying job, the mother of three said the family lived comfortably.

"I just don't know how I'm going to tell my relatives about my son's addiction," she said. "I feel I am to blame. My child has turned into this black sheep."

She said drugs were rife

It is time for parents to come out and fight this

in the community. "I blame the older people for letting him get involved in this. My son has become so aggressive and has become this monster who doesn't respect his older siblings."

Another mother, Janice Mahadeo, 43, said she had recently caught her 12-year-old daughter doing drugs. "I have a 14-year-old son who is into drugs and as I was nursing him I noticed that my daughter was smoking dagga. She's only 12 years old. What must we do as parents to stop this?" asked Mahadeo.

Both mothers attended a three-day workshop organised by Nicro in East Lon-

don this week. Beaumont said the workshop was aimed at bringing parents together to fight drug abuse in their communities.

She said boys as young as six were doing drugs and most had started using Hookah pipes, or "hubbly bubblys", as they are commonly known.

"The workshop was about upholding positive parenting skills and the aim is to connect children with their parents," she said.

"You see kids as young as six getting more love and connection with their peers on the street than at their homes and that is wrong."

The workshop, which ended yesterday, was attended by 25 parents from around the city who had problems with drugs in their homes.

Beaumont said many teen drug addicts dropped out of school because their minds weren't functioning properly.

"For example, dagga lasts up to six weeks in one's body," she said.

"But many of these teenagers are also using hardcore drugs."

The issue of drug use among young children was confirmed by Sanca's Angelique Fraser, who said education was needed to address the matter.

"We are facing a huge



TOO YOUNG: A young boy in Buffalo Flats with a Hookah pipe, which is used to smoke dagga and other drugs

Picture: MICHAEL PINYANA

problem here. The youngest client we've had to assist at Sanca was a nine-year-old. This is a crisis," she said.

Nicro manager Antony

Chakuwamba said parents needed to take a stand against drug abuse. "It is time for parents to come out and fight this."

— bonganif@dispatch.co.za

Hookah dangers

By BONGANI FUZILE

NICRO social worker Samantha Beaumont said smoking drugs using Hookah or "hubbly bubblys" was deadly.

Beaumont said many addicts ended up suffering from a number of diseases.

Hookah is a traditional smoking pipe used in Eastern European and Arab countries, mainly to smoke flavoured tobacco.

However, many people are using it to smoke drugs such as dagga laced with heroin or marax.

Beaumont said the following diseases were common in Hookah smokers:

- Cancer;
- Lung damage;
- Heart disease;
- TB; and
- Herpes.

Beaumont said Hookah smoking was very addictive. "The sweet flavour and pleasant smell makes it easier to inhale the smoke without coughing. Many believe the myth that it is not harmful."

● For help to quit smoking drugs, call (011) 720-3145. — bonganif@dispatch.co.za

“My 9-year-old is on drugs” by: Bongani Fuzile

(Daily Dispatch- 28 September 2013)

CHILDREN as young as six have received treatment and counselling for drug addiction in East London, a social worker told the Saturday Dispatch this week. Most of the young boys were smoking drugs using Hookah pipes or “bubbly bubbles”, said Samantha Beaumont, a social worker with the National Institute for Crime Prevention and the Reintegration of Offenders (Nicro).

On Thursday the Dispatch spoke to the mother of a nine-year-old boy being treated for addiction to heroin and dagga at the South African National Council for Alcoholism and Drug Dependence (Sanca). His desperate mother said drug use was rife in the Parkside community where they lived and believes her son may have started using drugs from as young as seven.

The 45-year-old mother, whose name is being withheld to protect the family's identity, said her son, who attends a local primary school, had turned into a “drug monster” and stole anything he could to sell and feed his addiction. “I noticed this early in the year but I never wanted to admit that he was doing drugs although the signs were there”, she said. “I heard rumours that he was being used to push drugs but I never knew it would go this far”.

Working for a multinational company in a well-paying job, the mother of three said the family lived comfortably. “I just don't know how I'm going to tell my relatives about my son's addiction,” she said. “I feel I am to blame. My child has turned into this black sheep,” She said drugs were rife. It is time for parents to come out and fight this in the community. “I blame the older people for letting him get involved in this. My son has become so aggressive and has become this monster who doesn't respect his older siblings”.

Another mother, Janice Mahadeo, 43, said she had, recently caught her 12-year-old daughter doing drugs. “I have a 14-year-old son who is into drugs and as I was nursing him I noticed that my daughter was smoking dagga. She's only 12 years old. What must we do as parents to stop this?” asked Mahadeo.

Both mothers attended a three-day workshop organised by Nicro in East London this week. Beaumont said the workshop was aimed at bringing parents together to fight drug abuse in their communities. She said boys as young as six were doing drugs and most had started using Hookah pipes, or “bubbly bubbles”, as they are commonly known. **“The workshop was about upholding positive parenting skills and the aim is to connect children with their parents”**, she said.

“You see kids as young as six getting more love and connection with their peers on the street than at their homes and that is wrong.” The workshop, which ended yesterday, was attended by 25 parents from around the city who had problems with drugs in their homes.

Beaumont said many teen drug addicts dropped out of school because their minds weren't functioning properly. “For example, dagga lasts up to six weeks in one's body,” she said. “But many of these teenagers are also using hardcore drugs.”

The issue of drug use among young children was confirmed by Sanca's Angelique Fraser, who said education was needed to address the matter. “We are facing a huge problem here. The youngest client we've had to assist at Sanca was a nine-year-old. This is a crisis,” she said.

Nicro manager Antony Chakuwamba said parents needed to take a stand against drug abuse. “It is time for parents to come out and fight this”.

Hookah Dangers: NICRO social worker Samantha Beaumont said smoking drugs using Hookah or “hubbly bubbles” was deadly. Beaumont said many addicts ended up suffering from a number of diseases.

Hookah is a traditional smoking pipe used in Eastern European and Arab countries, mainly to smoke flavoured tobacco. However, many people are using it to smoke drugs such as dagga laced with heroin or mandrax.

Beaumont said that the following diseases were common in Hookah smokers: Cancer; Lung damage; Heart disease; TB; and Herpes. Beaumont said Hookah smoking was very addictive, “the sweet flavour and pleasant smell makes it easier to inhale the smoke without coughing. Many believe the myth that it is not harmful.”

Nicro gives offenders a chance

BY QHAMANI LINGANI

REHABILITATION of criminals is among the many services offered by National Institute for Crime Prevention and Rehabilitation of Offenders (Nicro), a non-governmental organisation which receives referrals from court when a person is arrested.

Nicro's services tie in with their vision of a democratic country in which crime can be prevented. They regard crime as a threat to all societies and individuals and their aim is to make sure anyone who has served time does not return to prison.

With people-centred services to victims, offenders and communities, Nicro strengthens a human rights culture and a safer South Africa.

Nicro social worker Samantha Beaumont, who works with adolescents in the East London area, said when offenders under 18 are arrested, the court will decide whether to move them away from the criminal justice system so they do not get saddled with a criminal record which can ruin their future. On these occasions they are referred to a programme at Nicro.

Beaumont performs a wide variety of programmes like life-skills, adolescent and adult drug programmes, anger management, positive parenting, just to name a few.

■ Rehabilitation programmes include life-skills for society's wayward youth



AT YOUR SERVICE: The Nicro team of East London are available to help rehabilitate criminals

Picture: SUPPLIED

She receives referrals from schools, especially when youth have tested positive for drugs, and she has also facilitated workshops to empower community leaders, church leaders and teachers in dealing with children.

"Every bit of help can make

a huge impact on the lives of others. I might not be able to save thousands of people but if I can make a difference in the life of one person, I have done my job. Parents need to reconnect with their children. Most don't even have a relationship with them."

She said that because of this disconnection within their homes, youth are seeking a sense of belonging elsewhere and often they try and find it among peers who are abusing substances. Janice Nahadeo said her son Brendon-Lee had benefited from Nicro and

Beaumont's work. Brendon-Lee was on a school tour when he was caught with drugs and he was sent to Nicro. "It has helped my family a lot. Sometimes we don't think the things we do will affect our children – but they do. "I am happy to say my son is

now clean and it is all thanks to Samantha and Nicro," she said. "Michael Canhan, 20, tested positive for dagga, but after he went to Nicro and joined anger management programmes, he feels better. He is most thankful for this second chance," he said.

“NICRO gives offenders a chance” by: Qhamani Lingan

(Go & Express- 10 October 2013)

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