COPING METHODS:

PRIMARY CAREGIVERS OF ADULTS WHO ARE DEPENDENT ON ILLEGAL SUBSTANCES

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DECLARATION

I declare that: **Coping methods: Primary caregivers of adults who are dependent on illegal substances** is my own work and that I have acknowledged and referenced all sources of information that I have utilized in the study.

Signature

Date
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All praise and gratitude to my Creator, who enabled me to undertake this research study.

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ABSTRACT

Addiction has seen to be an illness that not only affects the individual but the holistic well-being of the family. Primary caregivers form an integral part of the family system. The caregivers take on roles that might stagnate their own development and coping methods, which if used, could affect the entire family system. There are in-conclusive research on the effect of the coping method of the primary caregiver on the well-being of himself/herself and the family system as a whole. The aim of the research was to quantitatively, through making use of Orford’s Coping questionnaire, explore the different coping methods employed by the primary caregiver of an adult substance dependent and thereafter to qualitatively, through utilizing a narrative approach, explore the experience of the different means of coping. The study design was a mixed method study. Quantitative research was the dominant approach followed by qualitative research. The population was the primary caregivers of adult substance dependents who have sought treatment and who resided in the Mitchell’s Plain area. Eighty participants completed the coping questionnaire and four narratives were done. Quantitative research results was analyzed using SPSS and the qualitative research was analyzed by making use of narrative analysis whereby the interview was analyzed Labov and Waletzky’s structural model of narrative. The theoretical framework from which the researcher addressed this study was collaboration between the family systems theory and the disease model of addiction. Quantitative findings indicated that there more caregivers make use of tolerant coping than engaged and withdrawal coping. There is a distinction between the coping methods that males and females make use of. Qualitative findings indicated that there is no ‘correct’ way of coping with being the caregiver of a substance dependant. Caregivers take on coping methods that they are comfortable with.
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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1. Introduction

South Africa has been listed by the United Nations as the country with the highest rate of drug consumption in Southern Africa (Wong, Thompson, Huang, Park, DiGangi & De Leon, 2007). South African Community Epidemiology Network on Drug Use (SACENDU) has reported that between January 2008 and June 2008, 2637 individuals sought treatment at various treatment centres in the Cape Town region. Copello in Butler & Bauld (2005) states that for every person who has a substance dependency, at least two of his/her family members are affected which works out 5274 family members. These only include those who sought treatment, and are no indication of the number of active users who are not seeking treatment. SACENDU data gathered from various rehabilitation centres within the Western Cape showcases that 50% of its referrals have been made by self, family and friends (SACENDU, 2009).

An important point that has been highlighted in the research done thus far is that the families of drug users are often overlooked in the planning and delivering of services (Butler & Bauld, 2005). This is highlighted in the Operational Alcohol and Drug Strategy for the City of Cape Town 2007-2010, which focuses on the primary user and not on the family members. Adult children are currently staying with parents until a later stage, which contributes to changes in the family system (Turcotte, 2006; Malcolm in Baumann, 2007). A vast range of reasons contribute to this phenomenon, such as the high rate of HIV/AIDS, substance abuse and poverty. Extended family members such as the grandparents are taking over the role of ‘parents’ to their grandchildren (Kolomer & Kropf, 2004). Parents of adult substance dependants are not the only ones who take on primary caregiver roles; wives and other members of the extended family are also doing it. This could lead to role confusion and primary caregivers holding on to roles that are stagnant to their growth. This could be in complete contrast to the dimensions of family functioning, as described in Malcom in Baumann (2007), which includes boundaries, roles, emotional responsiveness, behavioural control, problem solving and ethical, moral and cultural values.
Primary caregivers of adult substance users display their coping methods in a variety of ways. This is evident in newspaper articles, which indicate the effect that substance use has on the family and how they cope. These coping methods are not always seen as ‘healthy’ options. An example of this is the Ellen Pakkies Case, where a mother took the life of her son, because she thought that was the only option to deal with his problem (Clark, 2010).

1.2. Literature Review

1.2.1. Introduction

The literature review forms an important part of the research study as no research project exists in isolation; it builds on what has been done before (Kaniki, 2006). It is therefore crucial that information be provided on what has already been done in relation to the research at hand. Two theoretical frameworks will be discussed, one the disease model of addiction and the other the family systems model. The impact that a substance dependant has on family members will be discussed as well as Orford’s typology of coping methods.

1.2.2. Theoretical framework

For the purpose of this study, two specific frameworks were utilised, namely the family systems theory and the disease model of addiction. The disease model of addiction depicts addiction as a chronic brain disease, where there is no cure, but it can be managed. However if left untreated it is progressive over time, and can have irreversible consequences. It is not just the person with the addiction who goes through this process; it is the family members as well, hence it is known as a family disease (O'Farrell & Fals-Stewart, 2006). The family systems theory suggests that individuals cannot be understood in isolation from one another, as family systems consist of inter-reliant and interconnected individuals, none of whom can be understood in isolation from the other (Goldenberg & Goldenberg, 2004).
1.2.3. Family functioning

The family system is an important part of the holistic development of the individual. The family is seen as an ‘open’ system, that is constantly bombarded with internal and external pressures and to which the family system has to continuously adapt. The system’s ability to respond to these stresses and strains has a great impact on the health or the dysfunction of the family. The function of the family system is to find unique ways of coping with the individual needs and external demands (Malcolm in Baumann, 2007).

1.2.4. Family Structure

The nuclear family is no longer the main description of a family structure. Family structure has been influenced by a variety of phenomena. In South Africa, some of these factors were history, culture, health and lifestyle. South Africa has recently emerged from an era of oppression through apartheid policies which forced migration and segregation, which vastly influenced families. The devastating effect of a high rate of HIV infection and deaths related to HIV/AIDS has also contributed to the emergence of the extended family structure (Malcolm in Baumann, 2007). South Africa is a country with a rich culture, with the extended family playing a colossal part of family structures. Culture is not the only means of justifying the emergence of more extended family structures. The financial situation plays a huge role in extended families staying together. Single- parent families, with a dominant female breadwinner, are prevalent in low-income households (family life in coloured communities, 2010). Family caregivers to family members are not always the biological mother and father; with the emergence of a variety of factors, the role of caregiver has been shifted from the nuclear to the extended group and these include the biological, foster and adopted parents (net of care, 2010).

1.2.5. Impact of adult substance dependants on the family and more specifically the primary caregiver

Substance use have affected the family in various ways, whether it be psychological, physical, spiritual, emotional, financial or in terms of their relationship with one another and with society
at large (Csiernik, 2002; EIU in Barnard, 2005). Governmental reports on supporting families of substance users in Scotland have identified four areas of strain of the family, namely physical and psychological health, finance and employment, social life and family relationships (Barnard, 2005). This is also no new phenomenon. Reports on the effects of economic, social, financial and family relationships on substance users were reported in the late 1800’s, when frequent intoxication and similar weaknesses were frowned upon (Benshoff & Janikowski, 2000).

The family does not only experience the physical strain of the substance use/abuse; the members also face emotional anguish. The use of substance by a loved one is discovered in different ways and signs and symptoms are not recognised immediately even if they are obvious. This can be denial. Despite the means of detection, most family members experience feelings of despair, guilt, shame and blame (Webber, 2003; Butler & Bauld, 2005).

Substance abuse results in forms of stigmatisation. Especially in traditionally functioning families, the families would take on the shame and stigma that society places on the user. This is also not a phenomenon that occurs in one demographic area or in one population; it seems to be evident in a variety of settings. The shame and stigma seem to be a deterring factor in seeking assistance for a loved one’s abuse of substances. Family members tend to want to ‘work through the problem’ themselves, as the family is seen as the first port of call. With this comes a sense of blame, with family members first blaming themselves and thereafter turning on one another. This results in role confusion, lack of roles and responsibilities (Butler & Bauld, 2005; Webber, 2003; Csiernik, 2002).

1.2.6. Orford’s Coping Typology

A typology of different ways of coping has been developed by Orford and Copello and was introduced in a study in the late 90’s (Orford, Natera, Davies, Nava, Mora, Rigby, Bradbury, Bowie, Copello & Velleman, 1998). This concentrates mainly on the stress and strain that the individual experiences and that will spur the type of coping that will be employed (Butler &
Bauld, 2005). The coping methods listed by Orford, include engaged coping, tolerant coping and withdrawn coping (Butler & Bauld, 2005). Various research studies have been done by using the coping questionnaires in variety of settings in order to explore the coping methods which family members of substance users employ. The research centred on assessing ways of coping, the health of family members when faced with a substance dependent, understanding how families cope with alcohol problems, and methods of reducing harm within the family system where there is a substance dependant. The research findings indicate that respondents’ coping methods can be categorised into a typology of three styles of coping methods, as indicate in the section above. The authors suggest that not all of the coping methods may be beneficial for the family functioning or the dependant’s rehabilitation (Orford, Templeton, Patel, Copello & Velleman, 2007; Howells & Orford, 2006; Orford, Templeton, Velleman & Copello, 2005; Ahuja, Orford & Copello, 2003; Orford, Natera, Velleman, Copello, Bowie, Bradbury, Davies, Mora, Nava, Rigby & Tiburcio, 2001; Copello, Templeton, Krishnan, Orford & Velleman, 2000; Copello, Orford, Velleman, Templeton & Krishnan, 2000; Orford, Natera, Davies, Nava, Mora, Rigby, Bradbury, Bowie, Copello & Velleman, 1998; Velleman, Bennett, Miller, Orford, Rigby & Todd, 1993).

Research initially focused more on the way families could contribute to the recovery of their loved one, and very little research has been done on the impact the substance use has on the family and the different means of coping that could assist them (Webber, 2003). Research done on coping methods focused mainly on the family member in the role of the enabler. This means of coping has been viewed as codependency, with behavior such as making excuses for the user’s use of substance (Orford et al., 1998).
1.3. Problem Formulation

Substance abuse has a colossal effect on the family system. As there is an increase in the number of individuals becoming addicted, it is logical that this would spill over to the already devastated families. The urgency for research centered around substance dependency as well as the impact on the family was made evident in the concept paper of the Department of Social Development. The concept paper spoke to the “lack of conclusive data that indicates the prevalence of the problem that can support the planning of interventions” (Substance Abuse Program Concept Paper 2008:9). This statement being drawn from an assumption that majority of the communities in the Western Cape, both individuals and families, want a solution. Individuals and families are the key stakeholders, and when educated, they can assist their loved one in maintaining sobriety (Nqadini, van Stade & Coweley, 2008). This is also echoed in the Substance Abuse Act No 70 of 2008 in 2.3.2.a. (ii), 2.3.2.c. and 3.8.2.a., which speaks to the need for the incorporation of the family system in preservation of the family structure, counseling of the family, and targeting families with the aims of preventing higher levels of addiction. Whilst taking into consideration the effect substance abuse has on the family system, in conjunction with the lack of research on coping methods of family members, especially in the Western Cape, which yields high rates of substance abuse, the need for research in this field is of paramount importance.

1.4. Research question

When considering the above problem formulation the researcher asked the following question: What are the coping methods of primary caregivers of adult substance dependants? The research question is the first stage in the research process and leads up to the research design, data collection, data analysis and thereafter the writing of the research report (Durrheim, 2006). It is from this research question that the aims of the study and the objectives have been formulated.
1.5. Aim of the study

The aim of the research will therefore be to explore and describe the coping methods of the primary caregivers of adult substance dependants. The possible contribution of the study could therefore be to bridge the gap in relation to focussing on the families as change agents in their own individual capacity as well as in relation to their family system.

1.6. Objectives

- To explore the coping methods that primary caregivers employ when faced with adult family members substance dependency by using the coping questionnaire
- To describe individual primary caregivers experience with regard to their coping methods through narrative research
- To make recommendations for social workers in practice

1.7. Research Methodology:

Research methodology can be defined as the method taken on by researchers in their aim to study in practice what they think can be known (Terre Blanch, Durrheim & Painter, 2006). Research methodology is not the same as the research design, a concept that often is confused. The research methodology focuses on the research process and the kind of apparatus and actions to be used (Babbie & Mouton, 2009). In this section, the researcher will mention the most important aspects in Chapter 1, but the research methodology will be discussed in more detail in Chapter 5. The researcher will discuss the quantitative research first and thereafter discuss the qualitative research process.

1.7.1. Research design

The researcher made use of a sequential transformative strategy within the boundaries of a mixed methods approach. Sequential transformative strategy is one in which the data collection consists of two segments of data collection, one following the other, and which builds on the previous
data collection and analysis (Creswell, 2009). The researcher made use of this design method by firstly undertaking quantitative data collection by making use of a standardised coping questionnaire to gather statistical data on the percentage of participants who utilise engaged coping, withdrawal coping and engaged coping methods. Subsequently the qualitative narrative approach was used to give insight or a voice to the different coping perspectives.

1.7.2. Study Population

The term ‘universe’ refers to all those who fit the categories that the researcher is interested in and the term ‘population’ relates to the boundaries that are set on the ‘universe’. These boundaries relate to certain individuals, who exist in the universe, and who exhibit certain characteristics necessary to contribute towards the research question (Strydom & De Vos, 1998). The population of the study was the primary caregivers of adults who had undergone substance abuse treatment at substance rehabilitation facilities in the Mitchell’s Plain area. The term ‘universe’ is linked to the community of Mitchell’s Plain. Mitchell’s Plain as selected due to the factors mentioned below:

Mitchell’s Plain was established in the 1970’s in response to the growing need for housing, with a specific focus on housing for the coloured population. Census 2001, indicated that there 66.2% of the total population of 398 654, were coloured (Everatt,D., Smith, M.J., Strategy Tactics & Khanya-acidd, 2008). According to SACENDU in Nqadini, van Stade & Coweley (2008), Mitchell’s Plain is one of the areas with the highest referral rates especially among young adults with Tik and Heroin being the most used substance. SACENDU reports in table 2.3., indicates that the majority of substance dependents, 73%, are coloured.

1.8. Quantitative Research

The quantitative paradigm emphasises the quantification of measurement of a phenomenon. Data collection is done through making use of numbers, and data is analysed using statistical
data analysis. A quantitative method starts with a progression of preset categories and uses these to make broad and generalisable associations (Durrheim, 2006).

1.9. Sampling

The sample of a study relates to certain elements drawn from the study population, who are selected with the aim of gaining an understanding of that population. The sample of a study is influenced by the unit of analysis, which in this case would be individuals who are caregivers of adult substance dependents (Durrheim, 2006). The main reasoning for making use of sampling is the feasibility of the study as it would be impossible to identify all caregivers of adult substance dependents (Strydom & De Vos, 1998). Representativeness becomes a great concern in sampling (Durrheim, 2006) and it is therefore that, in the sections below, quantitative sampling and qualitative sampling will be discussed individually as well as whether the sample chosen is representative of the population.

1.9.1. Quantitative Sampling

The data base of which, will constitute the sampling frame, was obtained from the different treatment centres. The researcher aimed to make use of probability sampling but this had to be reviewed, as respondents were not easily identifiable. It was therefore decided that non-probability accidental samples would be utilised. Accidental samples are also called convenient or available sampling and the respondents are usually those that are easily accessible (Judd, Smith & Kidder in Strydom & De Vos, 1998). The reasoning for using family/friends referrals is an assumption that the caregiver might be more readily available. The caregivers who accompanied their adult substance dependant to the treatment centres were then approached for inclusion in the study.
1.9.2. Quantitative Data collection methods and instruments

There are different collection methods of quantitative data, such as questionnaires, checklists, indexes and scales (De Vos & Fouche, 1998). For purposes of this research study, the researcher has made use of questionnaires. A standardized questionnaire, named Coping Questionnaire (Annexure C & D) was utilised in the first section of the research. The purpose of the questionnaire was to access the coping methods of family members of relatives with alcohol, drug and/or gambling problems (Orford, et.al, 2005). Permission was obtained from Jim Orford, to use the Coping questionnaire in the proposed research. The researcher contacted SANCA Mitchell’s Plain, Sultan Bahu Mitchell’s Plain, Cape Town Drug Counselling Centre Mitchell’s Plain and the Tafelsig Matrix Office, to obtain permission to use their database. The researcher aimed to distribute 80 questionnaires to the primary caregivers of adult substance dependants who had approached SANCA, CTDCC, Sultan Bahu or Tafelsig Matrix Clinic for assistance. A facilitator who is bilingual was trained to administer the questionnaires. Unfortunately only two of the above-mentioned facilities approved the request to administer the questionnaires with their clientele. The respondents were contacted and a self-administered questionnaire was given to them.

1.9.3. Quantitative Pilot Study

A pilot study serves a multitude of purposes, in that it evaluates the feasibility of a study and highlights possible deficiencies in the measurement instrument and in the data analysis methods (Strydom, 1998). A pilot study was done prior to the administration of the actual research. Even though the researcher was confident of the validity of the instrument, she aimed to use the pilot study in determining the appropriateness of the data collection procedure, suitability of the sampling frame, variability of the population, effectiveness of the training of and instruction to fieldworkers as well as the analysis of the data and the evaluation of the study (Strydom in de Vos, 1998). The researcher found that the participants were able to answer all of the questions in the questionnaire and were able to understand the context of the questions.
1.9.4. Quantitative Data Analysis

In quantitative data analysis, statistical methods are used in order to analyse the data. There are three steps involved in preparing the data for analysis, these being; coding, entering and cleaning. Coding involves transforming one set of data into another by making use of set rules (Durrheim, 2006). The coping questionnaire includes a guide to categorising responses according to the three coping styles. These were also used during the research, and findings will be discussed in Chapter 8 of this research. The data was entered off the questionnaire and thereafter checks and rechecks were done to verify that no errors had occurred. As is mentioned in Durrheim (2006) errors tend to occur when data is entered and therefore it is essential to clean the data before statistical analysis begins. The researcher made use of SPSS (Statistical Programs for Social Sciences) to analyse the data.

1.9.5. Validity, Reliability and Generalization

Quantitative data gathering instruments mainly consist of measuring instruments and it is therefore essential that concepts such as validity, reliability and generalization be explored (De Vos and Fouché, 1998). Validity is defined in Babbie & Mouton (2001) as the extent to which the research instrument measures what it is supposed to measure. The research instrument used in this research proved to be valid as various research studies utilised the coping questionnaire and a typology was developed in order to measure the full range of the variable. In moving towards face validity, the instrument appears to measure coping methods.

Criteria reliability

Reliability refers to how well the instrument measures what it is supposed to measure as well as whether it will yield similar results under comparable conditions (Delport in de Vos, Strydom, Fouchè & Delport, 2002). The coping questionnaire has been used in studies done in Mexico, various areas in Britain and amongst different socioeconomic and cultural groups. The results are similar and this indicates that the researcher can be sure that the instrument is also reliable (Orford et al., 2005).
1.10. Qualitative Research

Qualitative research differs from quantitative research in that the study consists of data collection in the forms of words or language. This method of research allows a researcher to study the selected issue with depth and insight through the exploration of data that emerges from these words and languages. Strauss & Corbin in Schurink (1998) state that there is no one way to describe qualitative research as it can have different meanings to different people. However, Denzin and Lincoln in Schurink (1998) state that the main purpose of qualitative research is providing a platform from which to describe make sense and interpret the meanings that individuals or groups give to their experiences.

1.10.1. Qualitative Sampling

Qualitative sampling differs somewhat from quantitative sampling in that the samples are much smaller and less randomly selected, and demand that the data collected be rich in description (Patton in Schurink, 1998). The number of cases taken on depends on whether there are general or specific questions and whether the sample is homogeneous or not. The type of sampling that was used in the present study is that of non-probability sampling (Kelly, 2006). The specific method of non-probability sampling that was used is that of purposive or judgmental sampling. Purposive or judgmental sampling is defined as choosing a sample based on ones knowledge of what the research participants could contribute towards the research study (Rubin & Babbie, 2001). Narrative studies call for the researcher to be more reflective on the sample as it requires participants to tell stories of their lived experiences. Narrative studies usually require one or more individuals (Creswell, 2007). Four individuals were selected based on the following criteria:

- Male caregiver and a male substance dependant
- Male caregiver and a female substance dependant
- Female caregiver and a male substance dependant
- Female caregiver and a female substance dependant
For this study, the participants were caregivers of adult substance dependants; however for purpose of generalisation, the inclusion of gender consideration had also been taken into account, hence the reasoning for the above mentioned criteria.

1.10.2. Qualitative Data collection methods

Qualitative data collection methods tends to be more interactive than quantitative data collection in that they allow an opportunity to be get to know people (Kelly, 2006). The researcher aimed to make use of one of the ways of data collection, for narrative studies, mentioned by Czarniawska in Creswell (2007), which centres on eliciting stories through interviews. The researcher aimed to make use of a personal experience story whereby a narrative study was undertaken of an individual’s personal experience in an episode or multiple episodes (Creswell, 2007). The opening question focused on their experience of being the primary caregiver of an adult substance dependant; this entails the participants telling their stories and the researcher asking follow-up questions. According to Gray quoted by Bell (2002) the narrative approach is suitable for a researcher wanting to describe ‘intensely personal accounts of human experiences’. Interviews were tape recorded and then transcribed for data analysis.

1.10.3 Qualitative Pilot Study

A qualitative pilot study assists the researcher in accessing the suitability of the interview schedule or design as well as the analysis of the data (Strydom, 1998). A pilot study was done on this section of the data gathering to determine the effectiveness and suitability of the narrative data-gathering design. The pilot study yielded such rich information that the researcher included it in the research study.

1.10.4. Trustworthiness of study

Trustworthiness of a qualitative study relates to the external validity of the study. Trustworthiness of a study forms the backbone of determining whether a research study will be
taken seriously or not. If a quantitative study is not valid it will not be considered reliable; very similarly, if a qualitative study is not credible it will not be considered to be trustworthy. Credibility relates to “whether there exists compatibility between the constructed realities that exist in the minds of the respondents and those that are attributed to them” (Babbie & Mouton, 2009).

This section of the study, being a narrative one, would provide the opportunity to showcase the credibility of the study, as it would allow for the accurate interpretation of the meaning of the data by making use of thick, rich descriptions. This in turn could lead to exploring the transferability of the study through comparing the data gathered to other settings. A random purposive sampling also adds to the credibility of the study as it enables certain elements to be present in the study (Miles & Huberman in Creswell, 2007). Triangulation refers to “making use of multiple perspectives in order to check your own position” (Kelly, 2006). Triangulation could also assist with the credibility, as it would allow the respondents to check and recheck the data gathered, as the study would entail the participants describing their own histories through stories. This would allow for the trustworthiness as well as the authenticity and creativity of the study. The researcher shall also be aware of her own bias as she comes from a substance abuse background, thus focusing on the subjectivity of the study.

1.10.5. Qualitative Data analysis

Data analysis tends to be a challenging and creative process. There is no ‘right or wrong way’ in qualitative data analysis, but there are general guidelines to be followed, such as: an attentiveness of wording used by respondents in capturing the meaning they attach to these words, and themes too should be noted especially in relation to connecting them to other themes that might emerge and seeking out similarities in these themes (Poggenpoel, 1998). The researcher has made use of narrative analysis in this regard. Narrative analysis requires the analysis of a story, which includes placing events according to chronological order and illuminating epiphanies (Creswell, 2007). Labov and Waletzky’s model of narrative analysis was used in this study. A more detailed description of this method can be found in Chapter 5.
In analyzing mixed methods, there has to be a focus on the type of research strategy employed. As there will be data analysis for the quantitative and qualitative data, the focus is on the integration of the data. Significant cases can be discovered through the quantitative data analysis, which in turn could lead to a follow-up qualitative interview, which could provide information-rich data. The aim in exploring the outlier in the sequential model would ultimately be to provide insight (Creswell, 2003).

1.11. Ethical Considerations of this Research

When any interaction arises, whether that is with human beings, animals or the environment, the need for ethics is essential especially where there exist the potential for conflict of interest to arise: what is right for one person might not be right for another. Doing the most correct thing might not necessarily be evident and in many cases could lead to a compromise between the interest and rights of different parties. The scientist has a right to research, not at the expense of violating the rights of others (Babbie & Mouton, 1998). As the researcher aimed to conduct her research ethically, it required an awareness and responsibility towards all involved in the research and not just a focus on answering the research question.

The following ethical guidelines were followed in the research. Permission was requested from SANCA, Cape Town Drug Counseling Centre, Sultan Bahu and Tafelsig Matrix Site, to obtain data from their database. A professional at the respective rehabilitation centres was sought to facilitate contact with the primary caregiver of adult substance dependants who had sought treatment at their facility in the six months prior to the research. If the primary caregiver granted permission, the researcher then contacted the primary caregiver to obtain permission to meet with her/him and to administer the questionnaire. Participants were made aware of the aim of the study.

Participant Information Document (Annexure B) was read and presented to participant in the participant’s language of choice. No harm was done to participants. Participants were made aware of the risks and benefits of the study. If any harm did arise, - the researcher arranged for
counseling for the affected individual/s. Participants were made aware of the potential impact of the research. Contact information of resources (family support groups and rehabilitation centres) was made available to the participants. Written consent was requested from the participants, according to a consent form (Annexure A). Participation was voluntary and free and participants could withdraw at any stage.

Participants were informed that their identifying details would appear on the quantitative questionnaire, and that this information could be used to contact potential participants for the qualitative study. Participants were informed that a coding technique would be used to protect their identities. The researcher is the only one who will have access to the identification key. The identifying details of all participants were kept strictly confidential and were kept in a safe, locked facility. Identifying details, all tapes, transcripts and questionnaires would be destroyed after the research had been completed. In protecting participants’ identities, pseudonyms would be used when results were published. Participants have access to research findings prior to public dissemination.
1.12. Definitions of Concepts

**Definition of Substance Dependency**

Substance dependency/Addiction, according to the American Psychiatric Association, is defined as a chronic disease, manageable but incurable (Koob & Le Moal, 2006). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) was used to diagnose substance use and addiction. The symptoms included: Tolerance levels increase, withdrawal is present, using larger amounts for a longer period of time, unsuccessful attempts at using less or an attempt to control the usage, an increase in time spend acquiring the substance in lieu of time that has to be spent on life’s events, and be used despite the knowledge of having consequences. At least three of the above mentioned have to be present for a substance dependency diagnosis to be made (American Psychiatric Association, 2000).

The term ‘caregiver’ refers to a family member who has been influential in providing financial, physical or emotional care of the adult substance dependant. The caregiver will also have had to be an adult family member living in the same household as the substance dependant for the last six months preceding the research being undertaken.

**Acronyms**

CTDCC – Cape Town Drug Counselling Centre

SACENDU – South African Community Epidemiology Network on Drug Use

SANCA – South African National Council on Alcoholism and Drug Dependency
1.13. Chapters to follow

Chapter 2 reviews the literature on the nature of addiction. In this study, the definition of addiction is discussed as well as a discussion between two theoretical frameworks on addiction; that of the moral model and the medical model of addiction. A discussion is presented with regard to the different types of illegal drugs, an international and national viewpoint on illegal substances and statistics with regard to gender, age, race and substance of use for the Western Cape.

Chapter 3 reviews the literature on families and the effects that illegal substances have on the families. In this chapter, the family systems theory is discussed as well as addiction as a family disease, shame and denial and the effects that having a loved one who is a substance dependant has on the families and the caregiver.

Chapter 4 reviews the literature on coping and stress. The definitions of coping and stress are discussed as well as a discussion on family and stress. Three theories relating to coping and families of substance dependents are also discussed namely the stress-strain-coping model, co-dependency and support groups.

Chapter 5 focuses on the methodology of the study. The research design, that being mixed methods is discussed as well as a pragmatic approach to the research study. The sampling method, data gathering and data analysis process for both the quantitative and qualitative designs will be discussed.
Chapter 6 consists of the quantitative data analysis. In this chapter the analysis that was run through the SPSS program will be discussed. The demographics of the study will be discussed, intercorrelations will be done on the different coping methods and reliability and independent t test will be presented.

Chapter 7 consists of the qualitative data analysis. Four narratives of four different caregivers will be presented.

Chapter 8 consists of the summary, conclusion and recommendations. A summary is given of the study as well as the goal and objectives of the study as well as the extent to which these were achieves. The content of the research report will be discussed according to the contents of each chapter. The chapter will end off with a concluding discussion on the empirical data and literature as well as recommendations for practice and research.
CHAPTER TWO

THE NATURE OF ADDICTION

2.1. Introduction

As this research is focused on the nature of addiction and the impact that it has on the caregivers, it is necessary that a discussion should be done around the phenomena of drug addiction. In starting this chapter, a detailed discussion is presented on the theoretical framework from which the researcher worked. Subsequently the researcher will discuss the different types of illegal substances and how South Africa has been affected by the use of illegal substances. In concluding this chapter, the researcher will be focusing on two of the most popular illegal substances and the impact of those substances on the Western Cape community.

2.2. Addiction

The word drug resulted from a 14th century word drogue, referring to a dried substance and in that period of time, was usually referring to dried out herbs (Plfain & Jankiewicz in Abadinsky, 2007). In later years the word ‘drug’ would have had a completely different meaning to previous times, no longer selectively referring to the medication aimed at increasing health and wellbeing, but now having severe social consequences. It is due to this reasoning that Abadinsky (2007) considers the term drug an inappropriate wording in this context and preference is given to referring to it as ‘substance abuse’ or ‘dependency’.

Substance dependency or addiction has been defined as a mood altering, chronic relapsing brain disease, whereby individuals continue to use substances despite adverse consequences (National Institute on Drug Abuse in Abadinsky, 2007).
According to the DSM-IV-TR, the following has to be present in order to diagnose substance dependency/addiction:

- Tolerance – needing to use more of a substance in order to achieve the same effect:
- Withdrawal – physical and/or psychological withdrawal is present, if the substance is not consumed:
- Using occurs over a longer time or in larger quantities than was intended:
- Attempts at using less or attempts at controlling the substance use has occurred:
- A vast amount of time is spend on the drugs, either in getting the drugs, using or recovering from its use:
- Activities that used to be of importance to the individual, are given up in lieu of using:
- Using occurs despite knowledge of potential consequences:

2.3. Moral versus Medical Model of Addiction

There have been many debates around the explanation of what makes people use drugs and alcohol and what makes them continue to use despite the consequences. In aiming to describe the theoretical aspects of substance dependency, the researcher aims to discuss the disease model versus the moral model.

2.3.1. Moral model

Prior to the mid 1800’s, substance addiction was described as moral failing of individuals who had low self-control and were of weak character. The shame and blame that is often attributed to addictions can be ascribed to the moral model of addiction, where it is seen as coming down to a choice, the individual chooses to deal with the situation by using substances (Faulkner, 2009). Fisher & Harrison (2009), state that words such as substance abuse, alcohol abuse and drug abuse stem from a religious background, where there is still a notion of a lack of morality. It is a description that has been challenged but a great deal of society still characterises substance dependents in this manner. The moral model of addiction is still very rife in terms of the stigma
that society places on those people who have substance dependency. As Fisher & Harrison (2009) challenges the reader to examine their response to seeing a homeless person affected by drug dependency, asking: “Do you express a moral judgment?” It is this frame of mind that creates the tendency towards stigma that keeps people from seeking treatment.

2.3.2. Medical Model

The word ‘disease’ comes with a vast range of reactions. Defining the word, Sussman & Ames (2001) define it as “the impartment of the individual on various levels due to an outside concept”. Drug addiction can also be explained in that way as it involves negative social, legal, physical or functional consequences.

The Disease Model was developed by Jellinek in the 1940’s in his seminal work The Disease Concept of Alcoholism. In 1950 Jellinek undertook research where he did a survey with 98 members of Alcoholics Anonymous. He described the disease model as being one where the alcoholic has a physiological problem with alcohol. In further describing the physiological concept, it places this concept first and physical, emotional and a problem second to this (Jellinek in Fisher & Harrison, 2009). Jellinek categorised addiction as early, middle and late and the stages as being use, misuse, abuse and addiction. A contributing factor to the disease model becoming such a popular term used in the addiction field can be widely attributed to Alcoholics Anonymous as the disease model is an implicit component of A.A. (Kurtz in Fisher & Harrison, 2009; Faulkner, 2009). This seemed to have sparked off more interest in this notion, with the World Health Organization defining alcoholism as a medical problem in 1951. The American Medical Association followed suit in 1956, when they defined alcoholism as a treatable illness in 1956. In 1965 the American Psychiatric Association described alcoholism as a disease and the American Medical Association followed in 1966 (Royce in Fisher & Harrison, 2009; Faulkner, 2009).
The main component of the description of the disease model lies with the concept of ‘loss of control’, in which a person with the addiction is seen as not being able to consume substances in the same manner as a person who does not have an addiction. The addiction is also seen as the primary disease and is secondary to any other conditions that have stemmed from the use of substances. Jellinek described the progressive nature of the disease of alcoholism, which has no cure and which ultimately requires the individual to abstain. This point is further argued by Ohlms in Faulkner (2009), where he states that the concept of alcoholism as a disease is that it is never cured only “in remission”. McCarthy in Fisher and Harrison (2009) stated that abstinence encompasses all psychoactive drugs and not only the primary substance. In supporting the concept of the disease model, McLellam et al., in Fisher & Harrison (2009) compared addiction to chronic illnesses such as diabetes and cancer, which affect the social, physical, emotional and psychological functioning of the individual.

Critics of the disease model, such as Stanton Peele and Herbert Fingarette, who have both released books and numerous articles, argue that Jellinek’s research was biased in that the sample were A.A. members and that it excluded women and that it compassed 98 homogeneous males who were late stage gama alcoholics (Faulkner, 2009). Critics also argue that the disease concept favours politics as well as those aiming to make profit. It argues that alcohol business use this ploy to distract users from the dangers of addiction, as it presents a dismal picture of addicts and that most individuals are at very low risk of becoming addicted (Fisher & Harrison, 2009; Faulkner, 2009).

Advantages of the disease model are that it works towards removing the moral stigma as instead of being punitive it works towards providing assistance and getting more people into treatment. It also provides the opportunity for research to be done. One does not blame a diabetic for having diabetes so why blame an addict for having an addiction (Faulkner, 2009). Cancer victims and leapers are avoided because of the stereotyping that labels give them. The wording behind disease also plays a vital role. Rosch in Sussman and Ames (2001) questions whether one would
argue if a penguin is a bird in the same way that a robin is a bird, or would you reply based on the fact that a bird cannot fly?

The disadvantages of the disease concept are that if someone does not fit the criteria of the disease model then what happens to them? It also gives the sense of powerlessness over certain areas of their lives. As Peele & Brodsky states in Faulkner (2009), ‘...the model of addiction does more harm than good because it undermines one’s capacity for self-management to problem solve, adapt to changes and feel accountable for actions taken’. Criminal juridical also argue that often individuals use the disease model in order to shy away from taking responsibility for their actions.

2.4. Brief review of substances of abuse

Drugs are sectioned into three categories.

- Central nervous depressants or downers as it is known are substances that slow down the functioning of the nervous system. Examples are heroin and valium:
- Central nervous depressants or stimulants speed up the functioning of the nervous system. Examples are methamphetamine (Tik), crack cocaine and cocaine:
- Hallucinates cause sensory changes. Examples are LSD and PCP (Sassman & Ames, 2001):

2.5. Illegal substance abuse internationally

Illegal substance abuse and dependency is no new phenomenon. History has shown that substance dependency has migrated from one country to the next, with the example of World War II and the increase of heroin use (Abadinsky, 2007). Different types of drugs have also been shown to have periods of popularity but at no stage has consumption of the drug completely stopped. In the 1980’s cocaine was romanticised in the entertainment industry and a huge demand for cocaine existed, which led to an increase in criminal organizations. Crack cocaine
became popular in the 1980’s and concerns were raised, as the devastating effect of the drug was evident in violent behaviour and the increase in HIV, babies born from crack-addicted mothers and the drop in age of first-time users. Methamphetamine use became popular in the late 1980’s, specifically in North America, where it was manufactured in rural areas. All of these drugs are currently being consumed; however there is a huge increase in the amount of methamphetamine users (Abadinsky, 2007).

2.6. South Africa and Illegal Substances

Prior to 1994, during the apartheid era, South Africa was fairly isolated from the rest of the world, mainly owing to the restrictions that were placed on it, which included economic isolation, monitoring of external borders and internal control which limited the access to drugs (Myers, Louw & Fakier, 2008). The 1994 elections and the election of a free and fair democracy saw restrictions being lifted as well as opening the country up to trade with African countries and the rest of the world (Struijt, 2009). During the apartheid era, border control was more of a priority whereas in 1994 there was more focus on negotiating a political settlement than border control (Wong, Thompson, Huang, Park, DiGangi & De Leon, 2007).

South Africa became a target for the drug trade as well as the trade of illegal goods, which would sometimes go hand in hand. Being a developing country, South Africa had westernised its financial systems as well as the port, making it a lucrative business opportunity (Struijt, 2009; in Pluderman, Myers & Parry, 2008). South Africa was in no way prepared for the influx of different drugs and the chaos that would come with it. Prior to 1994, the main drugs of concern were alcohol, dagga and mandrax, although there were other drugs such as cocaine, it was not widely known. In the 2002 United Nations Country Profile, South Africa rated as the largest consumer of drugs in Southern Africa (Wong, Thompson, Huang, Park, DiGangi & De Leon, 2007). Changes in South Africa post 1994 have increased the variety of drugs and the cost of the drugs decreased, making them more accessible (Myers, Louw & Fakier, 2008).

In comparing the primary drug data from SACENDU phase twelve (July 1997 – December 1997) and SACENDU phase twenty six (January 2011 – June 2011) for the Western Cape Area,
the statistics can be observed in Table 2.1. In this 12 year period there is a significant change visible in the primary drug of choice in the Western Cape. Alcohol’s percentage dropped from 82% in 1997 to 28% in 2009. More astounding is the dramatic increase of Tik, from 0% in 1997 to 35% in 2009, and heroin, which increased from less than 1% in 1997 to 13% in 2009.

Table 2.1. Primary Drug of Choice in the Western Cape

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>82%</td>
<td>28%</td>
</tr>
<tr>
<td>Dagga / Mandrax</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Dagga</td>
<td>5%</td>
<td>18%</td>
</tr>
<tr>
<td>Crack/Cocaine</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Heroin</td>
<td>&lt; 1%</td>
<td>13%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>0</td>
<td>35%</td>
</tr>
<tr>
<td>Ecstacy</td>
<td>&lt; 1%</td>
<td>&lt; 1%</td>
</tr>
<tr>
<td>OTC / PRE</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt; 1%</td>
<td>0</td>
</tr>
<tr>
<td>N</td>
<td>2103</td>
<td>2927</td>
</tr>
</tbody>
</table>

Data gathered around the gender, ethnic group, employment status, marital status and age distribution for SACENDU phase 30 (January 2011 to June 2011) is tabulated below: In Table 2.2. the gender difference indicates that there are almost 3/4 more males than there are females who seek treatment for substance abuse or dependency. Coloured individuals make up the majority of the substance users seeking treatment at an astounding 73%, (Table 2.3.) , which is more than the rest of the ethnic groups combined. In Table 2.4. the vast majority of individuals have never been married and Table 2.5. indicates that 42% of individuals seeking treatment are between the ages of 20 to 29 years.

Table 2.2. Gender difference of substance users seeking treatment in the Western Cape

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>74%</td>
<td>26%</td>
</tr>
</tbody>
</table>
Table 2.3. Ethnic Group percentage of substance users seeking treatment in the Western Cape

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>African</th>
<th>Asian</th>
<th>Coloured</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9%</td>
<td>1%</td>
<td>73%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Table 2.4. Marital Status of substance users seeking treatment in the Western Cape

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Married living with spouse</th>
<th>Married not living with spouse</th>
<th>Living together</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Never married</th>
<th>Living together</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13%</td>
<td>4%</td>
<td>6%</td>
<td>7%</td>
<td>1%</td>
<td>69%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 2.5. Age in years of substance users seeking treatment in the Western Cape

<table>
<thead>
<tr>
<th>Age in years</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-14</td>
<td>116</td>
<td>4</td>
</tr>
<tr>
<td>15-19</td>
<td>496</td>
<td>17</td>
</tr>
<tr>
<td>20-24</td>
<td>604</td>
<td>21</td>
</tr>
<tr>
<td>25-29</td>
<td>616</td>
<td>21</td>
</tr>
<tr>
<td>30-34</td>
<td>322</td>
<td>11</td>
</tr>
<tr>
<td>35-39</td>
<td>274</td>
<td>9</td>
</tr>
<tr>
<td>40-44</td>
<td>192</td>
<td>7</td>
</tr>
<tr>
<td>45-49</td>
<td>140</td>
<td>5</td>
</tr>
<tr>
<td>50-54</td>
<td>83</td>
<td>3</td>
</tr>
<tr>
<td>55-59</td>
<td>45</td>
<td>2</td>
</tr>
<tr>
<td>60-64</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>65-69+</td>
<td>11</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>
2.7. The most damaging drug in the Western Cape

The name Tik is synonymous with South Africa, a name derived from the sound that crystal methamphetamine makes when it is smoked (Berg, 2005). Worldwide the use and abuse of methamphetamine has surpassed any other drug, with the United Nations Office on Drugs and Crime (UNODC) calculates approximately 26 million people using Methamphetamine worldwide in comparison to the less than 11 million using heroin and the 14 million who are using cocaine (Rawson & Condon, 2007). The Western Cape has the highest number of Tik users in South Africa, and this is indicated in the SACENDU report Vol 13(1), where the overall substance of abuse was Tik, at an astronomical percentage of 46.6%. The astronomical surge in individual’s seeking treatment for Tik, represents the most increase of any drug in any period of time (Pludderman, Myers & Parry, 2008). To illustrate the increase, Pluddemann, Myers & Parry (2008) say that there has been a surge in the number of admissions to rehabilitation centre’s in the Western Cape. Comparing the statistics of the two phases, clearly indicates that the type of substance used has changed. The substance, Tik, did not even feature, and 12 years later is the substance most individuals seek treatment from. Tik was an unknown drug in South Africa in 1996, but in 2004, Tik became noted in treatment centres in Cape Town (Pludderman, Myers & Parry, 2008; Wong, Thompson, Huang, Park, DiGangi & De Leon, 2007). The SACENDU phase 30 report for January 2011 to June 2011 indicates that the vast majority of Tik users are coloured males, at 85%, with a mean age of seeking treatment at 26 years and a gender ration of 70 males to 30 females.

The effects of Tik are associated with an increase in stimulation, which leads to a sense of euphoria, weight loss, paranoia, insomnia and distorted sexual behaviour. Furthermore, Tik has an adverse effect on the behaviour of the individual, making them more aggressive and adversely affecting an increase in criminal behaviour and activities (Rawson & Condon, 2007; Berg, 2005). Tik is also extremely addictive and tolerance and dependency can develop quickly. In addition to this, Tik can be cheaply produced and can be manufactured almost anywhere, which in conjunction with the immediate high that it gives, makes it “better than wine” as was mentioned by a gang member in a preliminary research (Leggettt, 2001).
Family members tend to experience the effects of this increase in physical and verbal aggression. In the case of Ellen Pakkies, who made worldwide headlines, when she murdered her son because of what she says was mental distress caused by his persistent physical and verbal aggression (Samsodien, 2008). In addition, the plight of parents is being highlighted even more, as they struggle with constant threats from their substance dependent loved ones. Rawson & Condon (2007) mention that there are still debates around the severity of methamphetamine use and whether it should be considered a catastrophe, though there is no denying the health and social risk accompanying this drug.

### 2.8. Coming in at a close second: the drug called Unga

Heroin is classified as an opiate, alongside methadone, codeine and morphine. However heroin is eight times more potent than morphine and has been put under international control at the UN Single Convention in 1961 (International Council on Alcohol and Addiction in Pludderman, Parry, Fisher & Jordaan, 2004). According to SACENDU, phase 30 reports for the period of January 2011 to June 2011, heroin showcased at 13% of the overall primary drug of choice. This percentage had remained stable over the last 5 years. However if you evaluate it according to the SACENDU report, phase 12 for the period January 1997 to June 1997, when heroin showcased at <1%, an alarming discrepancy can be seen. SACENDU phase 30 reports put the mean age of users seeking treatment for heroin dependency at 26, and the ratio of males to females at 78:22.

Heroin is somewhat different to other substances because of the physiological aspects that are attached to heroin use and withdrawal. In addition, heroin holds health consequences that are related to overdose and pulmonary complications, in addition to health risks related to the use of needles in Injection Drug Users (Pludderman, Parry, Fisher & Jordaan, 2004).

A vast majority (95%) of illegal drug users in the Western Cape smokes their drugs at and only 1% injects their drugs but more specifically only 8% of heroin users inject their drug of choice. This in conjunction with the 33% of individuals, who have been tested for HIV in the last 12
months, paints a daunting picture (SACENDU, 2009). In a pilot study done by Pludderman, Parry, Fisher & Jordaan (2004) on heroin use in Cape Town, a few concerns were highlighted with regard to the increase of heroin in Cape Town, that being lack of affordable treatment services for heroin users, problems with methadone prescriptions, an increase in heroin use in previously disadvantaged communities and the lack of affordable detoxification services.

2.9. Conclusion

Substance abuse is not seen to be selectively an individual process; in fact, family members, brothers, sisters, mothers, fathers, husbands, wives and others tend to be affected by the use of substances as well (Barnard, 2005). In the following chapter, the influence of illegal substances on the family will be discussed.
CHAPTER THREE
FAMILY AND ADDICTION

3.1. Introduction:

The following chapter focuses on family and addiction. In this chapter the family and the caregiver will be conceptualised. Thereafter the focus is on gaining an understanding of the family through introducing the family systems theory. The logic behind why addiction is seen as a family disease will be discussed, giving insight into how addiction affects the family system. A major concept in understanding addiction as a family disease, centering on shame and denial, is also discussed in this chapter. The impact on the family of a loved one who is a substance dependent and the impact that it has health of the family are discussed.

3.2. Defining the family

The concept ‘family’ derives from the Latin word meaning household. Anderson & Sabatelli in Robinson & Rhoden (1998) define the family as a group of interdependent individuals with a commonality of shared history and emotional bonding, and who develop methods of meeting the needs of the individual family members and the family as a unit. The function of the family includes not only reproduction, but also the socialisation of its members, as well as providing support and development of the economic and emotional aspects of its members. In order to obtain a healthily functioning family, the following dimensions have to be present: boundaries, roles, emotional responsiveness, and behavioural control, problem solving and ethical, moral and cultural values (Malcolm, 2007; Robinson & Rhoden, 1998).

3.3. Defining the caregiver

The concept ‘caregiver’ refers to the person who provides assistance to someone who requires it because of psychological and/or physically impairment. The person can either be a formal caregiver such as a psychologist or a nurse or an informal caregiver, such as a family member. Although both types of caregivers have stressors associated with the role, family caregivers tend
to cope differently as they have an emotional investment in the recipient (Price & Price, 2010). Ray, Mertens and Weisner (2009) state that caregivers of substance dependants tend to have different effects to those of caregivers for people with other disorders because substance dependants tend to be viewed as willful, and their condition as self-inflicted.

3.4. Theoretical framework: Family Systems Theory

The family systems theory developed by Murray Bowen stemmed from his observation’s of the families with a schizophrenic member, as well as his experience of 31 years at Georgetown University. The family systems theory implies that no individual can be understood in isolation and that individuals form part of systems’ that are interdependent and interconnected to one another (Goldenberg & Goldenberg, 2004; Cox & Paley, 2003; Nichols & Schwartz, 2004; Robinson & Rhoden, 1998). The family can be seen as the most instrumental system in the developing and shaping of the individual. Malcolm (2007) describes the family as an ‘open’ system that faces continuous internal and external pressures, and which adapts according to those pressures.

In relation to interconnectedness and interdependence, the family systems theory focuses on an evolutionary process as well as the family as an emotional relationship system (Goldenberg & Goldenberg, 2004). The family system has the ability to evolve in response to external forces, which enables it to continue to function while facing new circumstances (Sameroff in Cox and Paley, 2003). The emotional relationship system has eight interconnected concepts which need to be understood in relation to the others. They are: differentiation of self, triangles, nuclear family emotional systems, family projection process, emotional cutoff, multigenerational transmission process, sibling position and societal regression (Goldenberg & Goldenberg, 2004). As is mentioned in Isaacson in Robinson and Rhode (1998), the understanding of the family has to include an understanding of the interactional dynamics of the family members and this needs to be done in addition to understanding the circular patterns and the emergent properties of the family.
In working towards the differentiation of self, there exist opposing forces, the move towards individuality versus togetherness. This entails the inter-psychic and interpersonal elements of the individuality which come head to head with the natural intrinsic nature of the human being - feeling versus thinking. Although there is a striving for balance the outcome ultimately correlates with the rate of individuals’ fusion-differentiation, whether people are able to differentiate themselves from others as well as the rate of fusion between their thoughts and feelings. This is typically evident in anxious family circumstances (Goldenberg & Goldenberg, 2004). Family members exhibit behaviour that is mutually influential and over time, behaviour developed in response to each other (Robinson & Rhode 1998). No one ever achieves full independence from the family (Goldenberg & Goldenberg, 2004).

In attempting to balance the self and the desire for closeness, tension may arise between family members. This may be enhanced by the fusion of two individuals. In an attempt to defuse the situation, triangulation may occur, into which a vulnerable third party (usually a person with low levels of self-differentiation) may be drawn in. This may alter when anxiety level decreases and the dyad engage their feelings with one another. As soon as the anxiety increases the third party may be roped in again. If the anxiety increases, the triangulation may increase with interlocking triangulation in which more third parties are involved, and could develop and extend to third parties who do not form part of the family system, for example the courts or social services. The interlocking triangulation could prove harmful to the situation if a third party sides with one of the dyad, which could lead to more anxiety. The third parties may however, play a vital role in breaking the cycle by remaining neutral which could grant both parties an opportunity to work through the anxiety on their own as well as in a family system. The cycle may also be broken if the third party leaves the cycle but if consensus has not been reached, or if the anxiety increases, the dyad might triangulate with someone else (Goldenberg & Goldenberg, 2004; Nichols & Schwartz, 2004).

Next Element Consulting (2010) which includes the Drama Triangle was discovered in 1968 by Dr Karpman in an attempt to describe the unhealthy roles that families, individuals and groups take on. Karpman’s theory supports the concept ‘Drama Triangle’ which is aimed at
describing unhealthy roles in group interaction. These roles consist of the three role-players in the ‘Drama Triangle’ - the victim, the persecutor and the rescuer. He sees the roles as being dysfunctional and having a self-fulfilling and self-perpetuating benefit to the individual members (Karpman in Karpman, 2010). The prosecutor is an individual with a negative demeanour, who gives off the message of frustration and controlling. The rescuer is a person who tends to be in denial and believes that the actions are for the good of the individual. The victim is the individual who struggles to cope with the situation and tends to go back to old ‘childhood games’.

These roles feed on distress, and people are able to move between roles as the distress shifts. This is evident in the family systems theory and when addiction is in the picture. The Drama results in a loss of personal power in an attempt to ‘fix’ things. Kahler in Next Element Consulting (2010) shares the notion that emotional stress lies at the heart of the roles, as it is suggested that “some attention is better than no attention.”

Bowen in Goldenberg & Goldenberg (2004) theorised that people choose partners with equal levels of differentiation to their own, and with that produce families with the same characteristics. This marital dyad then seek ways to reduce tension and maintain stability by engaging in a focus on one of the following patterns: physical or emotional dysfunction in a spouse; overt, chronic, unresolved marital conflict or the psychological impairment of a child. In addition to this, the dysfunction could articulate itself in the form of an over- adequate- under- adequate reciprocity where one spouse takes on all or none of the responsibilities (Goldenberg & Goldenberg, 2004).

The family projection process consists of the triangulation of poorly differentiated parents and the most infantile of their children, usually someone who is psychologically unprotected, which could lead to the child becoming less able to function autonomously in the future (Bowen in Goldenberg & Goldenberg, 2004). Emotional cutoff is considered to be the flight of individuals in an attempt to cut ties with the family; however it does not entail true emancipation (Goldenberg & Goldenberg, 2004). According to Bowen in Goldenberg & Goldenberg (2004), cutting off ties with the family without seeking resolution could create a spinoff of new relationships that could also yield levels of anxiety and a cycle of emotional cutoff. The concept
of a multigenerational transmission process implies that severe dysfunction is a result of generational accumulation of lower levels of self-differentiation (Bowen in Goldenberg & Goldenberg, 2004).

A hypothesis by Toman in Goldenberg & Goldenberg (2004) around sibling position suggests that children develop a certain personality trait based on the order of birth. It is argued that the functional position that the individual occupies in the family ultimately outlines future expectations and behaviour. Societal regression argues that there is a tendency towards togetherness and a move away from forces which tend to encourage individualisation under chronic stress such as for example population growth, which could potentially move towards greater levels of discomfort and further anxiety (Goldenberg & Goldenberg, 2004).

3.5. Addiction as a family disease

One of the main reasons why affected family members living with a substance dependant have been neglected in health and social policy, is the absence of a model that explains addiction and the effect it has on the family (Orford, Copello, Velleman & Templeton, 2010). The nature of addiction influences the substance dependant to move away from family, work and educational commitments to compulsive attention on a using lifestyle. This diversion from expectations to a self-centred compulsion results in high levels of stress on the family individually and as a unit.

Substance abuse and dependency affects the functioning of the family system as well as the family dynamics. Studies that have been done thus far indicate that on discovery of the drug use, most family members tend to feel ill-prepared and uneducated, and tend to try to cope on their own (Butler & Bauld, 2005). If there is a need for research on family members, there is an equal need for research on siblings of users. Siblings are often the ones that are neglected in the process of caring or having a child.
who is a user. This is similar to a parent who has a child who is sick, perhaps who has cancer. Unintentionally more time and energy are spent with the child who is sick. And in addiction more time is spend with the child who is using. This is not only significant for younger children but also for adult children. Siblings of the user often have a sense of resentment towards the user as more of the parents’ time and energy go to the one who uses. In addition to this there is also the possibility of siblings becoming addicted to substances themselves (Barnard, 2005). Siblings also mentioned feeling powerless about the situation with their brother or sister. The shame and guilt do not affect only the parents of the users, but also the siblings.

Families can be seen as the enablers of the problematic drug use. Families often take on responsibilities that do not rightfully belong to them. Taking on the role of the caregiver for the substance user could be considered as being a rescuer; however, concern has to be given to the children of the users. Many family members feel an obligation towards keeping the user safe, as well as not burdening the rest of the family. This could lead to isolation of the family member. Assisting the family in finding means of support could assist in minimising isolation (Orford et al., 1993).

3.6. Shame and denial

According to Albers (2000:52) “shame lies at the heart of addiction”.

An analogy that has been made with regard to denial is that it can be linked to a river, where the navigator of the river is oblivious of the hazards that are often exposed and are very evident to those standing on the bank. Denial is a trademark of addiction, not only for the substance dependant, as the family members are also navigators on this river. Albers (2000) believes that shame is the blinkers of the navigator. Fossum & Mason in Albers (2000:53), defines shame as: “Shame is an inner sense of being completely diminished or insufficient as a person. It is the self judging the self.” Albers (2000) places shame as the root evil in the conspiracy of silence.
Disgust is one of the dynamics of shame, in which feelings of embarrassment at the individual’s behavior are experienced. Albers (2000) refers to the movie “28 days” in which the sister abusing alcohol trashes the wedding causes embarrassment and strains relationships by her behaviour when she is drunk. Denial can surface when the family colludes with the substance dependant so that he/she does not engage in any unwanted behaviour.

Deficiency is another dynamic of shame. Deficiency is one of the most frequently discussed concepts in addiction. Nar-anon, which is the family derivative of Narcotics Anonymous (N.A.), has as basis of one of their principles make clear to the family members that they did not cause the substance dependants using. Feelings of deficiency is not only selective to the family members but to the substance dependant as well. Feelings of self-blame can contribute towards shame as the substance dependant and/or family member engages in denial because they do not want to expose their deficiency to the outside world (Albers, 2000).

Desertion or abandonment or the fear of it is another dynamic of shame, where the fear of being ostracised by the rest of the family or society can contribute towards the conspiracy of silence and denial (Albers, 2000). ‘What will the people think?”, is a common response when faced with the knowledge of a family member using.

Dishonor ties in with desertion in that it attacks the honour of the family. Society favours the strong and those who are seen as morally strong. Especially when faced with a sense of addiction being a moral failing, it can easily be interpreted that the family has a loss of morality and that it could be a genetic defect because they are seen bailing out the substance dependant, having people knocking on the door, or being seen in unfavourable places (Albers, 2000).

Defectiveness, meaning that something is irregular or strange, not ‘normal’, can create fear in that human beings want to appear normal. The fear of the unknown or flaws can create stress,
and a lot of effort is needed to appear normal. The conspiracy of silence contributes towards not exposing the defectiveness and saving the normality of the family (Albers, 2000).

Shame creates a sense of helplessness and hopelessness in that it affects all aspects of the individual’s life and that includes the spirituality of the individual (Albers, 2000).

3.7. The impact of excessive drug taking on family members

According to Orford, Natera, Copello, Atkinson, Mora, Velleman, Crundall, Tiburcio, Templeton & Walley (2005), there are four facets which contribute towards the strain of the family members and which showcase themselves in the form of physical and emotional stress.

Three of these factors are as follows:

- Living with a relative who is using drugs is excessively stressful;
- The family member is worried about the substance dependant;
- Home and family life are threatened by the substance dependants behaviour;

When living with a substance dependant, the relationship between the family member and the substance dependant tends to deteriorate. Family members find that communication tends to be poor, as the substance dependants become defensive about their use of substances. The element of fear becomes more prone as the substance dependant are riddled with mood swings and sometimes physical and verbal aggression, which not only break down the level of communication but affect trust and reduces affection and increases tension. Family members tend to feel that they have to tiptoe around the substance dependant, rather than make the individual angry. Butler & Bauld (2005) relate to a study that was done with family members of substance dependants and the problematic behaviour that was displayed by these individuals. These behaviours left family members with different negative emotions such as being lonely and depressed, amongst others. Anxiety that family members have, when living with substance dependant, centers on the concern for the substance dependants safety as well as not knowing where they are or whether they will return home. The anxiety also stems from not knowing how
the individuals will react or the unpredictability of their moods and behaviour. One aspect that contributes towards the deteriorating of the relationship is conflict over money and other material possessions. Family members tend to feel pressured to give the substance dependant money, which is normally associated with threats, physical and/or verbal aggression or manipulation. In Aboriginal culture, this behaviour is called *to Humbug*, which refers to the demanding nature of requesting money and the dilemma that such a request places on the family members. This includes getting the family members to pay for things, giving money even though the family member is aware that the money will be used to buy drugs, making it difficult for the family member to refuse money by asking for money in the presence of others, taking things of sentimental value, holding those items hostage, and lastly demanding money despite knowledge that the household would run short of their own necessities.

Concern over the substance dependant is another problem for the residing family members. Even though there have been alterations in the relationship between the family members and the substance dependant, there still tends to be a level of concern for the loved one’s financial, physical, emotional and psychological well-being. The third major impact on family members, who live with a loved one who is a substance dependent, is the family home and family life that are threatened by the substance dependant. Firstly the family home could be threatened with a financial depletion of resources. The second factor is that the other siblings and other members of the family are exposed to a drug lifestyle and the possibility of becoming dependent themselves when the person being dependent on substances lives at home. Thirdly it can create dispute amongst family members and leads to strained relationships amongst the non-using family members. The concern that weighs the most heavily is the exposure of children to the drug lifestyle, as well as the aggression and financial implications that accompany having a substance dependant living with the family.
The home is no longer a safe haven. Family members find that the house is invaded with drug paraphernalia and the unwanted presence of other substance dependants. At times the police will get involved, either through having the substance dependant being arrested, the house being raided, due to the family members calling in police assistance.

3.8. Health of the family members

Substance abuse and the effect that it has on the family also lie heavily on the health of the family members. Copello & Velleman, 2007; Ray, Mertens & Weisner, 2009, state that numerous studies have indicated that having a substance abuser in the family system has a negative impact on the chronic illnesses and could act as a contributing factor towards the development of physical and psychological illnesses in the family. Medical costs of those affected by a loved one’s use of substances are significantly more than those who do not have a loved one who is a substance dependant (Ray, Mertens & Weisner, 2009).

An interesting fact displayed in the research of Ray, Mertens & Weisner is that family members of diabetics tend to develop diabetes, and family members of asthmatics are more likely to develop asthma, and therefore family members of substance dependants have the possibility of developing a substance dependency owing to genetics and environmental components (Ray, Mertens & Weisner, 2009).

Addiction can be seen as a family illness, in that the family experiences many of the symptoms that the user experiences. Family members often suffer stress through the user’s use of substances, and this could have an adverse effect on their health. Studies by Orford et al., 1998, are highlighted by Robert & Brent, 1982, in Copello et al., 2000, done to assess the stress and strain that families experience, showing that there was a high rate of attendance at doctors and diagnosis of stress and trauma related to the problematic substance use (Orford et al., 1998, Svenson et al., 1995, Robert & Brent, 1982, in Copello et al., 2000).
3.9. Conclusion

While family is not selectively focused on the bloodline of an individual, there is a definite connection between members. The link between family members is being so interconnected at times that certain boundaries had to be established for a healthy functioning family system to occur. In the same manner, the term ‘caregiver’ is broad in its description; however it holds a sense of responsibility that sets it aside from the general family system. The family systems framework views the family system as having the interconnection where a movement, in any direction can have a reaction on any of the members of the family. This reaction can be beneficial or detrimental to the entire family system even though it might suit the needs of one of its members.

Substance dependency affects not just the individual; it has a domino effects on all those around the individual as well as affecting the affected ones. However it has a specific effect on those on the frontline, especially the caregivers. Family members tend to experience a disruption in their family system owing to the substance dependency. There are various theories around substance dependency, and various viewpoints are taken on but two concepts that are rather popular are those of shame and denial. These two concepts are interrelated and could affect the family system through the meaning that substance dependency holds for those individuals.

The impact that excessive drug use has on the family has consequences for the family system. Family members experience a different consequence to the substance dependant even though at times the consequences may seem similar. The family find themselves in positions which they might not have been exposed to if it was not for the drugs. The stress that accompanies excessive drug use can be severe and in the following chapter, stress and coping are discussed in more detail. Family members fear for their safety and for that of the substance dependant. This adversely affects their health, both physically and psychologically. In favour of a healthy family system, healthy coping patterns need to be established, not selectively to the individual, but to the entire family system.
CHAPTER FOUR
COPING AND STRESS

4.1. Introduction:
This chapter will be sectioned into two parts. Firstly, the researcher will be focusing on defining stress, as well as focusing on how stress affects the individual and the family system. The second division will focus on coping methods, but the researcher will focus specifically on two theories relating to family members and coping namely codependency and Orford’s coping typology and a discussion of support systems.

4.2. Defining Coping
Coping is defined as being a response to the process of changing thinking and behavioural patterns in order to manage stress (Lazarus & Folkman in DeLongis & Holtzman, 2005). Cognitive psychology and sociology have been influential in the study of family and coping. Family coping has been sectioned into three categories: the first one is direct actions whereby the individual reacts in a way in which they think is effective; the second is learning new tools in order to manage the situation and the third one is intrapsychic, referring to viewing the problem differently and managing the emotions caused by the stressors such as attending support groups. Coping is not a once-off process; it is something that has to be modified over time. Therefore coping can be seen as a process by which balance can be achieved within the family system, and through that process it assists in promoting individual growth and development (Price & Price, 2010).

The study of coping and exploring how individuals have coped has been the area of interest for many researchers. In attempting to study the coping process, Lazarus and his colleagues devised a measure called ways of coping which distinguishes between two types of coping; problem-focused coping and emotion-focused coping. Problem-focused coping refers to seeking solutions to problems or doing something actively to reduce stress, while emotion-focused
coping refers to reducing or managing the emotional distress that accompanies the stress (Carver, Scheier & Weintraub, 1989). The problem in using only these two concepts is that they provide too broad a spectrum, as the coping method can have either positive or negative effects for the individual.

4.3. Defining Stress

The Oxford English Dictionary indicates that the concept ‘stress’ relates to several meanings which include hardship, adversity and affliction amongst others (Rutter in Price & Price, 2010). This concept originated in the early 14th century and researchers in today still define stress in a similar way but have broadened the concept to include chemical, environmental and psychological stimuli that yield a response which can be observed in bodily changes. This was seen to be the basis of ill health in the 19th century (Frankenhaeuser, Lazarus & Folkman & Sarafino in Price & Price, 2010). Stress consists of three processes: primary appraisal, secondary appraisal, and coping. Primary appraisal refers to the perceived threat to oneself, secondary appraisal centres around thinking about ways in which to deal with the threat, and coping occurs when contemplated coping methods are put into action (Lazarus in Carver, Scheier & Weintraub, 1989).

4.4. Family and stress

Families are bombarded on a daily basis by a variety of stressors that result from events that are both positive and negative. Families who were considered to be happy and functional were ones who did not experience any stress from within the family systems and stress were selectively from outside sources such as employment and schooling. However this assumption holds very little truth in that families are constantly bombarded with change and the family’s perception of whether this change can be coped with (Price & Price, 2010). The family is seen as a unit that enables the individuals in the family to adapt to external and internal stress. Stress enables the family unit to change and reorganises within the system and functional family systems are able to be flexible in their response to the stress experienced (Robinson & Rhode, 1998). The
psychological and physiological outcomes of stress are directly linked to the individual’s ability to respond to the situation at hand (Somerfield & McCrae, 2000). Defence mechanisms were a concept made popular by Sigmund Freud and later by his daughter Anna Freud, where individuals ‘cope’ with stressful situations by utilising defence mechanisms (Somerfield & McCrae, 2000). The question arises in Somerfield & McCrae (2000) as what defines ‘effective coping’ mechanisms. The coping mechanism utilised in one situation may yield effective in one area and be detrimental in another area. The coping methods utilised by an individual are heavily influenced by the personality of the individual (Bolger, Costa & McCrae, Watson, David & Suls in Somerfield & McCrae, 2000).

Families have a resistance to change and prefer maintaining equilibrium and consistency in their developed patterns of functioning (Robinson & Rhode, 1998). Social and cultural aspects have to be taken into consideration when there is a focus on stress, what constitutes stress, as well as how stress is coped with. For instance the socio-economic situation of a family could determine whether they would be able to seek medical assistance and access social support groups (Patterson, 2002).

4.5. Family Resilience

It has been argued that families possess inherent resilience, whereby they can overcome tragedy and which enables them to ensure that future generations are able to survive those tragedies and are strengthened (Landau, 2007). Rutter in Cowan, Cowan & Schulz (1996) defines resilience as “the capacity of an individual and not the outcome of certain events occurring.” Resilience can be answered by the following question: How do individuals do well when faced with risk? The answer can be found in the coping mechanisms that individuals use in order to minimise or eliminate the negative effects of risk or the advancement to new levels of adaptation (Greef, Vansteeneweegen & Ide, 2006; Cowan, Cowan & Schulz, 1996). Furthermore, the focus has deviated from viewing the family in light of its deficits to viewing the family in a more positive light, with emphasis on family strengths and resources (Greef, Vansteeneweegen & Ide, 2006; Patterson, 2002). A family’s resilience is not a standardised one; it fluctuates based on the stress...
it is experiencing. In addition to this, a family may have sufficient resilience in order to deal with one stress but another part of its functioning may be left unattended (Patterson, 2002). In a study done on family resilience when having a loved one with a mental illness, Greef, Vansteenweegen & Ide (2006) speak about the resiliency model, where they emphasises two phases, the adjustment phase and the adaptation phase. When confronted with crises, the family experiences pressure, which forces the members to change their way of functioning and adapt behaviour in line with dealing with the stressor. This model has its focus on three main components that can assist the family system in dealing with the confronted risk: the ability of the individual to make use of his/her intrinsic skills; the family’s ability to find coping solutions, and the benefit of social support.

4.6. Theories relating to coping methods

If the mindset of the family is positive, it could enable them to view themselves as able to discover new solutions and seek new resources that could help them to work towards managing challenges (Patterson, 2002). These three theories relating to stress, coping and family members of substance dependants are discussed in the following section.

4.6.1. Stress- Strain-Coping - Support Model

Professional thinking about family members who have a loved one who is a substance dependant was that those individuals were psychopathological themselves. Family members were seen in a typically negative role; parents of children who used substances were seen as lacking parental skills; husbands who left their substance- dependent wives were seen as deserters; wives of substance -dependent husbands were seen as enablers; and virtually no attention was given to the siblings, grandparents, uncle and aunts or any other family members who had been affected by having a loved one who was a substance dependant (Orford, Copello, Velleman & Templeton, 2010). The stress-strain-coping-support model moves away from perceiving the family system as failing, to one having good intentions when reacting in a certain way. The stress-strain-coping- support model theorises that having a substance abuser in ones life causes
stress, which then leads to strain on these relatives and leads to physical or psychological consequences. In an attempt to cope with the stress, family members tend to seek out different means of coping, and these manage the relationship between stress and strain for relatives. This model originated in the field of health psychology.

The idea stems from the stress that individual’s have, in relation to having a loved one with a chronic illness. Different individuals deal differently with stress, and that can either be beneficial to their health or detrimental to it (Orford, Copello, Velleman & Templeton, 2010; Orford, Natera, Copello, Atkinson, Mora, Velleman, Crundall, Tiburcio, Templeton & Walley, 2005). The stress-strain-coping-support model is illustrated in Figure 4.1:

**Figure 4.1: The stress – coping- support model**

(Orford, Natera, Atkinson, Mora, Velleman, Crundall, Tiburcio, Templeton & Walley, 2005).
The assumption that this model makes is that all individuals who are exposed to having a loved one who is using alcohol or drugs will experience some form of stress because substance dependency is associated with certain characteristics that are harmful to the individual and those closely associated to him/her. The assumption is that this stress has been occurring over an extended period of time and therefore the strain associated with the stress has manifested itself in physical or mental symptoms. In an attempt to manage the strain, family members tend to seek out coping methods that they believe to be effective in understanding or responding to the substance dependant. In elaborating on the term ‘effective’ this does not necessarily mean that the coping method works or will work for everyone, and this could merely serve as a buffer or it could be a coping method that could be productive or counterproductive towards the recovery or attempted recovery of their loved one. An assumption made by this model is that family members are able to make decisions about coping behaviours that can have an impact on their health in addition to having an impact on the substance dependant’s use (Orford, Copello, Velleman & Templeton, 2010; Orford, Natera, Copello, Atkinson, Mora, Velleman, Crundall, Tiburcio, Templeton & Walley, 2005).

The last section of the model is the need for social support. Cohen & Wills in Orford, Copello, Velleman & Templeton (2010) state that previous research has indicated that when individuals have access to a good quality social support system, it is a significant determinant of physical and psychological wellbeing. Coping and social support are closely related concepts because social support can significantly assist the coping process. The founders behind this model are of the opinion that this model allows family members to become a focus and therefore reverse the neglect that they once experienced (Orford et al., 2010; Orford et al., 2005).

4.6.2. Codependency

The concept of codependency is theoretically constructed and has no specific definition (Doweiko, 1999). Although there is no scientific evidence to verify the concept of codependency, it has a strong following (Van Wormer & Davis, 2008). Codependency is not listed in the DSM IV. The term ‘codependence’ was initially used in relation to the wives of
alcoholics, as being the cause of alcoholics continuing to drink. However this point of reference has since shifted and these individuals are more seen to be the perpetuation of the disease and are not only restricted to women or wives (Van Wormer & Davis, 2008).

Bowen’s Family Systems Theory defines codependency as follows:

“Codependence emerges from dysfunctional relationship patterns that are primarily rooted in the intergenerational family emotional system. These patterns include: anxiety-binding mechanisms in the form of triangulation, fusion, compulsive or addictive behaviors; lack of awareness of feelings while focusing externally on another person, activity, or substance; a lack of intergenerational individuation; difficulty with establishing desired levels of interpersonal intimacy or distance, and diminished sense of personal identity and authority. The intergenerational processes are reinforced and transmitted through current relationship functioning” (Prest & Protinsky in Stafford, 2007: 207).

A common trend emerging from theory focuses on the dysfunctional pattern which exists between the substance user and another party with interest in the user, the theory suggesting that each family member’s behaviour influences the others (Bower in Jung, 2010). Cermak in Stafford (2007) and Cermak in Fisher & Harrison (2009), define the traits of codependency as having distorted boundaries, enmeshed relationships and a need to control others while neglecting own needs. The non-users would then forfeit their own autonomy and independence, which could bring on a loss of self-esteem, helplessness and depression (Jung, 2010). The non-user emulates many of the defining properties of the disease of addiction, with one specific property emerging, the unmanageability of the family member in attempting to control the user, which leaves the user in need of a caretaker and the caretaker perceiving this as an opportunity to take control of the user’s unmanageable behavior (Doweiko, 1999). Jung (2010) is of the opinion that a reciprocal relationship exists between the user and the non-user, which leaves the non-user as an unintentional aid to the using and the related using behaviour. The shift towards obtaining control brings on a tendency to make personal sacrifices through over involvement in external events while concurrently ignoring internal indications which is seen as a loss of ‘self-hood’ (Doweiko, 1999; Fisher & Harrison, 2009 & Stafford, 2007). Beattie in Doweiko (1999) speaks
of an inability to detach, by taking on feelings of guilt, in regard to the behaviour of the user, feeling that the user’s behaviour is a reflection of their behaviour and feelings of self-blame for the user’s use of substances. Construed boundaries are intertwined with emotions, but culture does play a role in the relatedness of the individuals. Kwon in Fisher & Harrison (2009) state that in codependency, the ego boundaries which separate ourselves from others are more prominent than the relational boundaries, which are formed when we develop our own sense of self in relation to others.

In the disease of addiction, the role of codependency takes on a mutual detrimental role, where the substance dependant has a ‘rescuer’ and the family member/friend has a ‘victim’ (O’Brien & Gaborit, 1992). Prest & Storm, Schaef & Whitfield in O’Brein & Gaborit (1992) even go as far as describing the concept of codependency as being a disease, very much like the disease of addiction. The disease model in the concept of codependency relates to a want or a need to control and by doing this the internal aspects of the individual (emotions, desires, and goals) are pushed to the back burner. Individuals, who suffer from codependency, seek out individuals who have compulsive behaviors, such as substance dependants, in order for them to ‘help’ those individuals (Whitfield in O’Brein & Gaborit, 1992).

4.6.3. Support Systems

In gaining an understanding of family members of a substance dependant, the topic of social support is important in the link between coping and stress (Orford et al., 2005). In his book on ‘Coping with Alcohol and Drug Problems’, Orford et al (2005) categorise social support received by family members into five categories. The five categories are emotional support, provision of accurate information, practical or material help, back-up from others in responding to the relative and to the relative’s problem and positive assistance to the substance dependent. Having a loved one or a friend provide emotional support, in terms of having someone to listen to them and talk to them, was found to be one of the support systems mentioned most often by research done. It is having the feeling that someone will be there for one, or that those who assist in support have coping mechanisms, which can be beneficial to the family members (Orford et al., 2005).
Social support groups serves as a platform from which family members are assisted. Some of the benefits of the self-help groups are that families might feel more comfortable with non-professionals. Having someone who is experiencing the situation first hand might seem more approachable and the person might feel that the other person is more able to give advice. One also does not feel so alone, and know that there is someone else who is going through a similar problem. Reassurance and isolation can be reduced by peer facilitators. Active participation in groups is also empowering (Orford et al., 1993). The disadvantage of social support groups is that families might become despondent hearing about other people’s problems, and this could increase fear that the same might happen to them.

Having access to accurate information has assisted family members in being better informed and staying informed about expected happenings, current happenings and future happenings. Some of the information includes having in-depth descriptions of the nature of substance dependency and the effect that substance dependency has on the family system. Professionals working in the treatment field, books on drug problems and any related literature, information booklets relating to where treatment is available, as well as the types of treatment available were found to be beneficial to the individual. Family members have found that having practical or material support assists them. Having a family member or friend who provided them with accommodation, support, and so on benefited them especially as there are times when circumstances become unbearable and a break is needed (Orford et al., 2005).

4.7. Barriers to seeking support

The method of coping that the family takes on will also determine whether the family system or individuals within the family systems will seek support (Butler & Bauld, 2005). There has been a tendency to shy away from seeking support as privacy is considered to be of more importance and not letting anyone know. Shame and playing the role of the good mother or the good wife as well as putting up pretence attributed to this. The fear of negative reactions and being judged or blamed for the substance abuser’s use of substances is another factor that keeps family members from seeking assistance. External and immediate family members might be opposed to seeking
professional treatment or support outside of the family systems. The notion that the family member might have contributed towards the substance dependency therefore ends with the family member shying away from seeking support. The reactions that family and friends of the family member might have towards him/her can be unhelpful in that family and friends might feel that the substance-dependent person was the only concern, and might get tired hearing about him/her all the time. When boundaries are set up or attempted to be set up, there might be criticism of family members being too independent, not being sufficiently supportive, and not conforming to traditional roles and duties. In some instances family members are at the disapproving end when it comes to how they choose to cope (Orford et al 2005).

4.8. Conclusion

Stress gives entry to the concept of coping, in that it is a start of a process whereby the inability or unwanted strain, either on the physical or psychological, has to be eliminated or managed. Although various methods of coping have been researched, in the field of addiction there are a few core concepts in coping with having a loved one who is a substance dependant. Family members of a substance dependant find that they experience a different type of stress compared to stress or strain from other factors. Here emotional involvement becomes core, but it does not exclude the family’s abilities to manage or cope with the stress.

This chapter interlinked the effect that substance dependency has on the individual and the family system. The different theories have been argued to be either of benefit to the family system or have held them accountable for the behaviour of the substance dependant. What has been of interest is that when coping with stress, no literature has stated directly that there is one correct way of coping with stress.
CHAPTER FIVE

RESEARCH METHODOLOGY

5.1. Introduction

Research methodology refers to the research process, methods and procedures that are undertaken in order to answer a research question. This research process consists of the measurement, sampling, data collection and data analysis methods that are used by researchers in order to achieve the aims and objectives of the study (Babbie & Mouton, 2009). The present research study endeavours to obtain a multidimensional view of the coping methods which caregivers employ when they have an adult family member who is dependent on an illegal substance. When the above problem formulation is being considered the researcher asks the research question: “What are the coping methods of primary caregivers of adult substance dependents?” As this research study made use of mixed methods, the aims and objectives as well as the hypotheses of the study are presented so as to answer the research question.

5.2. Aim of the study

The aim of the study was therefore to explore and describe the coping methods of primary caregivers of adult substance dependants.

5.3. Objectives of the study

In order to attain the aim the researcher concludes with the following objectives:

- To explore the coping methods that primary caregivers employ when faced with adult family members’ substance dependency by using the coping questionnaire;
- To described individual primary caregivers experience with regard to their coping methods through utilising narratives;
5.4. Research Methodology

5.4.1. Research Design

Research designs can be defined as the plans and procedures undertaken in order to conduct research, and include the integration of the philosophy, the strategy of inquiry and the specific methods (Creswell, 2009). Making use of descriptive, exploratory or explanatory research designs is determined by the research question and the aims, objectives and hypotheses of the study. As this research was a mixed methods design, it used both explanatory and descriptive methods. Descriptive studies are undertaken to describe a phenomena accurately through making use of a method such as narrative type descriptions. As the qualitative research aimed to obtain thick descriptions of the phenomena, the qualitative section of this study was a descriptive one (Babbie & Mouton, 2009; Durrheim, 2006). The main aim of using an explanatory study is to ‘gain insight between variables and events’ (Babbie & Mouton, 2009:81). The quantitative section of this research aimed to explain the coping methods that caregivers take when they have a substance dependant in their life.

5.4.2. Research Approach

In striving to achieve the goal of the research it is of paramount importance that a multi-faceted research approach should be taken. This resulted in this chapter being sectioned into four segments, which are:

(i) Methodological approach: The mixed methods approach was used and a definition of this approach is given as well as the reasoning behind using this approach in 5.6. of this chapter;

(ii) Quantitative Research was the dominant research approach used in the study. In this chapter a definition of quantitative research, the population, sampling, data collection method, data analysis, validity and reliability of the study are discussed. In addition to this, there is a focus on the questionnaire which was used;

(iii) Qualitative Research is presented by focusing on the narrative approach, sampling, data collection method, data analysis and the trustworthiness of the study.
5.5. A mixed methods research approach

The researcher decided that the mixed methods research approach, held the most benefits for this research question, as the research needed an understanding, which the qualitative and quantitative approaches would not have sufficiently been able to fulfil in isolation. The thought is that a dual view would be beneficial to the outcome of the study, the personal capacity of the researcher and the audience who ultimately benefit from the information gathered (Creswell, 2009).

The mixed methodology design model is an example of working between deductive (general to the specific) and inductive (particular to the general) models of thinking (de Vos, 1998). Harrison in de Vos (1998) states that two qualities that are extremely beneficial for the integration of qualitative and quantitative research are relativism and reflexivity. In describing the two terms, Harrison in de Vos (1998) defines relativism as having more than one frame of reference; caution has to be given to how these frames are utilized so that it does not become a process involving trial and error. Harrison in de Vos (1998) refers to reflexivity as having an understanding of how the individual understands or interprets their world. As was said by de Vos (1998) incorporating reflexivity and relativism are crucial in the understanding of mixed methods study and the mindset of a researcher who wishes to find new, alternate and more in-depth means of understanding.

5.5.1. A Pragmatic Approach

The researcher used a pragmatic worldview with regard to the research study. Pragmatism view research gives an individual choice, of techniques that would best for meeting research needs. The world is not an absolute unity, but a complex, intergraded entity which requires different methods of interpretation (Creswell, 2009). This approach provides fresh insight into the methodological world and the combination of quantitative and qualitative research methods (Morgan, 2007).
Morgan (2007:71) tabulates the benefits of a pragmatic approach by showcasing the key issues in social science research methodology.

<table>
<thead>
<tr>
<th>Qualitative Approach</th>
<th>Quantitative Approach</th>
<th>Pragmatic Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connection of theory and data</td>
<td>Induction</td>
<td>Deduction</td>
</tr>
<tr>
<td>Relationship to research process</td>
<td>Subjectivity</td>
<td>Objectivity</td>
</tr>
<tr>
<td>Inference from data</td>
<td>Context</td>
<td>Generality</td>
</tr>
</tbody>
</table>

**Table 5.1: A pragmatic philosophy to key issues in social science research methodology**

The pragmatic approach works from abductive reasoning, moving from general to specific (deductive) and specific to general (inductive) reasoning. This provides an opportunity to “first converting observation to theories and then assessing those theories through action” (Morgan, 2007:71). In this study, the quantitative research highlights the different types of coping methods that caregivers employ whilst the qualitative research explores the experiences of the caregivers through their narratives.

The pragmatic approach is neither completely subjective nor completely objective, but it takes on an intersubjective viewpoint which suggests that there is no “single real world” (Morgan, 2007:72). This study uses questionnaires as well as narrative research. This allows not only an objective view of coping methods by using the questionnaires, but also provides subjectivity as the subjective viewpoint of the realities of the caregivers was exposed.
In a qualitative approach the concern is that data is specific to the context in which it is gathered (Roman, 2008). A quantitative approach has a concern with regard to inferences from data, and the generality of the research. In pragmatism the concern is alleviated in the focus being more on the possibility of data gathered being transferable and that the most beneficial use can be made of the data gathered (Morgan, 2007). The main benefits to the pragmatic approach are that it allows benefits of both quantitative and qualitative to amalgamate into a richer answer to a research question. There are different methods of starting this process which lead to a difference in approaches. For the purpose of this study, the researcher has taken on a sequential approach.

5.5.2. Sequential Designs

Sequential mixed methods inquiry relates to undertaking one research inquiry, obtaining the findings and then expanding on the findings with another research inquiry (Creswell, 2009). The researcher has specifically focused on a sequential explanatory design, whereby the first phase of the study consists of the quantitative data gathering and analysis. This is followed by the second phase of the research, the qualitative data gathering and analysis. The logic of this format is to give a detailed description to at least one of the findings in phase one of the studies. The integration occurs in the data interpretation and/or discussion. For the purpose of this study, the integration will take place in both the data interpretation and discussion.
5.5.3. Strengths and Weaknesses using a Mixed Methods Approach

The pragmatic approach aims to shed light on the benefits of employing a method of inquiry which incorporates the strengths of quantitative and qualitative research methods. This does not leave the mixed methods without any weakness. Johnson and Onwuegbuzie (2004) mention the following strengths and weaknesses of the mixed methods study.

**Strengths**

- Making use of pictures, words and narratives can add meaning to numbers. In this study the use of narratives provided meaning to the statistical data being provided and in retrospect statistical data provided accuracy to the pictures, words and narrative.
- As a mixed methods study consists of qualitative and qualitative research designs, the strengths of both these designs provided benefit to the study, as well as providing an opportunity to complement the weakness of one research design with the strength of another research design.
- A broader range of research questions could be answered as there is no confinement to a single approach, making the study open to greater insight and understanding.
Weaknesses

- Conducting a mixed methods research might require more than one researcher especially in the event of a concurrent study. This study was done by the researcher.
- A requirement was that the researcher gains a working understanding of the entire qualitative and quantitative research process as well as the ability to mix these two approaches effectively.
- Mixed methods study can be costly and time consuming. In this study, a good deal of time was spent in quantitative and qualitative data gathering and analysis.
- As the mixed methods approach is still fairly new, there are still some areas that need attending to. Literature regarding mixed methods studies was fairly limited.

5.6. Research Design of the Current Study

5.6.1. Population of the study

The population of a study can be described as a group of individuals who possess characteristics that are relevant to a specific topic and around whom conclusions will be drawn (Babbie & Mouton, 2009; Strydom & Venter, 2002). The population that was targeted was the familial caregivers of adults who were dependent on illegal substances. In addition to these criteria, the researcher focused specifically on the Mitchell’s Plain community and in particular the so called ‘coloured’ people because of the prevalence of substance abuse in this area. Mitchell’s Plain was developed in the 1970’s as a means to alleviate the conditions of the ‘slums’, but there was racial segregation that had heavy undertones in their ‘assistance’ (www.capetown.at/heritage/history/1910_dev_plan_art.htm). Individuals living in the Mitchell’s Plain area constituted 66.2% ‘coloured’ people and more than half of them (55.3%) were adults between the ages of 20-60 years, and 33.8% were female - headed households (Census, 2001). SACENDU’s report for January 2008 – June 2008 indicated that 67 % of those seeking treatment for substance abuse were ‘coloured’.
5.6.2. Sampling

5.6.2.1. Quantitative Sampling

The sampling frame includes those who are in close proximity of the population, but there has to be consideration given to the fact that it might not be a true reflection of the population (Durrheim & Painter, 2006). The researcher was fully aware of this glitch, as the sampling frame, which initially included all the rehabilitation centres in the Mitchell’s Plain area, was not specifically representative of all familial caregivers of adult substance dependants. There are numerous manners in which to define ‘sampling’; however Arkava & Lane in Strydom & Venter (2002) state it quite simply as being elements that are possessed by a specific population that has relevance to the study at hand.

Initially it was decided that cluster sampling was to be the manner of obtaining respondents. However owing to an inability to obtain permission from the relevant rehabilitation centres, the sampling method had to be reviewed, as was mentioned in chapter 1. The main concern of the researcher was that she wanted the study to not have any undertones of bias, and so she shied away as much as possible from only using respondents from a governmental out-patient rehabilitation centre, as the researcher is employed in that setting.

The researcher then made use of non-probability sampling. Non-probability sampling does not focus on randomness; even though they might not specifically focus on the randomness of a study, the benefit is embedded in the ability to test theory about universal processes (Durrheim & Painter, 2006). However there are times when it is appropriate to use one’s own judgment based on the knowledge of the population, elements and nature of the research, when purposive or judgmental sampling can be used (Babbie & Mouton, 2009).

According to Reid & Smith and Sarantakos in Strydom & Venter (2002) the rationale behind sampling is to focus on the feasibility of the study. This is equal with the reasoning behind using
80 respondents in the quantitative data collection. In accordance with Grinwell & Williams & Seaberg in Strydom & Venter (2002), the larger the sample, the more accurate the study, but 10% is sufficient for controlling sample error. There has been debate around the appropriate number of samples with some saying 30 and others 100 (Grinwell & Williams in Strydom & Venter, 2002). The researcher decided to meet a mid-mark and use 80 research respondents to complete the coping questionnaire. The researcher made use of purposive or judgmental sampling, whereby any potential respondent who meets the research criteria and has linked to the phenomenon, is given the opportunity to participate in the research study (Strydom & Venter, 2002). The researcher however did not use the method of just asking individuals off the street. She used the family group at a governmental in-patient facility as well as the family group at the governmental out-patient facility, to recruit potential respondents. The researcher divided the 80 questionnaires between the two genders, having 40 male caregivers and 40 female caregivers to complete the questionnaires. The researcher took into consideration that non-probability sampling has its risk factors in the generalisation of the study.

5.6.2.2. Qualitative Sampling

Qualitative sampling selection was obtained from the first section of the mixed methods study, the quantitative data analysis. As is mentioned in Strydom & Delport (2002) the sampling procedure for qualitative research is less structured than for quantitative research. Rubin & Babbie in Strydom & Delport (2002) even go as far as stating that qualitative researchers do not sample at all, and there is a continuous observation of all matters relating to the field of study. The aim of the research was to get a representation of a specific phenomenon and therefore the method of sampling would make use of non-probability purposive sampling. Cresswell in Strydom & Delport (2002) mentions that it would be essential that specific criteria and sound rationale be employed in the sampling process and therefore the researcher initially selected three individuals that were representative of the three methods of coping which is mentioned by Orford in his typology of coping methods, namely tolerant coping, engaged coping and withdrawn coping. This method of sampling speaks to the qualitative researcher because the aim of qualitative research is to draw out individuals who are more likely to be engaged in the specific process, who would be able to provide rich data (Erlandson; Denzil & Lincoln in
Strydom & Delport, 2002). In the literature chapter on coping and stress, assumptions are made by different theorists with regard to the manner in which different genders cope with having a loved one who is a substance dependant. It was thereafter decided that this method would not provide an accurate reflection of the effect that gender has on the coping method, and therefore four individuals were selected from the qualitative research.

- A male caregiver and a male substance dependant
- A male caregiver and a female substance dependant
- A female caregiver and a male substance dependant
- A female caregiver and a female substance dependant

5.7. Data Collection Strategy

5.7.1. Quantitative Measures

The coping questionnaire (Annexure 3 & 4), was initially used in a study designed to assess the coping method of 94 spouses of alcohol users. This questionnaire was later adapted to include any family member who is closely affected by a loved one’s alcohol and/or drug abuse (Orford et al., 2005). The questionnaire consists of 30 questions that centre on the coping methods used by that family member within a period of three months. The outcome of the questionnaire would place the person in one of three different categories namely engaged, tolerant-inactive and withdrawn coping (Orford et al., 2000).

‘Engaged coping’ refers to engaging in behaviours in an attempt to change the substance dependants excessive use through acts that are emotional, firm, controlling and/or encouraging. ‘Tolerant coping’ involves behaviours which involve either acceptance, self-sacrificing or entertaining the using. ‘Withdrawal coping’ involves activities that are undertaken in isolation of the substance dependant or complete isolation from the substance dependant in all facets of that individual (Orford et al, 2005).
The questionnaire was in the form of a Likert scale. A Likert scale measures the relative intensity of different items as well as providing an index score for each individual statement (Babbie & Mouton, 2009).

5.7.2. Qualitative Measures

Narrative inquiry was used as the qualitative approach in the mixed methods study. Narrative inquiry is seen to be the one of the oldest forms of data gathering (Hendry, 2010). Narrative can be described as an opportunity to value the experience of others through a vivid description of an individual’s experience (Pepper & Wildy, 2009). It comprises a specific method where materials collected, and analysing empirical materials (Denzin & Lincoln in Spector-Mersel, 2010). Bruner, Polkinghorne & McAdams in Spector- Mersel (2010), states that story-telling enables meaning to be attached to ourselves and the world, and through the process, form personal identities. Two sections, continuity and interaction, present separate experience (Clandinin & Connelly in Pepper & Wildy, 2009).

Pepper & Wildy (2009) describe continuity as being a situation where “experience grows from prior experiences and leads into future experiences” and interaction is described by as “the notion that people need to be understood not only as individuals but also as individuals in a social context”. Social reality is primarily a narrative reality (Sarbin in Spector-Mersel, 2010). Shlasky & Alpert in Spector-Mersel (2010) state that “the borders between ontology and epistemology become blurred: reality is shaped largely by the way we perceive it, know it, interpret it and respond to it”. It is therefore of importance that the researcher also considers discourse analysis, as the interpretation of the individual is influenced by their history, timeframe, content and culture.

The researcher made use of interviews as a method of data collection for the narrative approach. Interviews are the prevailing form of gathering data, when it comes to qualitative research (Greeff, 2002). As is mentioned in Greeff (2002), everyone knows how to do an interview, but
to make it a good interview depends on the skills the interviewer uses. Interviews are not only related to getting the story but also involve the description and interpretation of the story, as well as a reflection of the description of the story (Seidman in Greeff, 2002). The guide includes open-ended questions, which are simple and clear, in order to evoke responses that will be valid and reliable. The interview was structured into four time frames:

(i) Pre-drug use  
(ii) On discovering the drug abuse  
(iii) Active knowledge of the drug use  
(iv) Current situation

The time frame concept was inspired by Elliot (2005) whereby he states that individuals are most often able to answer questions when they are sectioned into parts rather than the question with reference to the whole situation.

5.8. Pilot Study

De Vos (1998) mentions the importance of the pilot study in that it serves as a means of determining whether the relevant data has been obtained. In addition to this, the pilot study is use as a test with the purpose of determining whether there is a need for any modifications to be made; area’s that need to be delved into, and any unclear questions. The researcher undertook a pilot study with one research participant of the quantitative study, as well as one for the qualitative study. It was not necessary to include more participants as the researcher established that more modifications were not necessary.
5.9. Data Analysis

5.9.1. Quantitative Analysis

Durrheim (2006) states that there are three key steps when preparing data for analysis: coding, entering and cleaning. The researcher made use of the coding method that was provided by Orford et al., (2005), in analysing the coping questionnaire and that has been used in all the studies that had made use of this research instrument and were mentioned in section 5.4.2. The researcher firstly entered the data on the questionnaire on a spreadsheet, using an Excel document. Each row was allocated to a question, so in total there were 30 rows, and each column represented the scoring to that particular question. The last step in preparing the data was cleaning the data; this involves checking and re-checking for possible errors in the capturing of the data (Durrheim, 2006). It is mentioned in Durrheim (2006) that entering data can habitually have errors occurring and he suggests that data be rechecked. In addition to this, he mentions that certain researchers enter their data twice in different spreadsheets and thereafter compare the two, in an attempt to illuminate possible errors. The researcher followed the suggestions and entered the data twice in two different spreadsheets and then compared the two. No errors were detected.

The researcher made use of Statistical Programs for the Social Science (SPSS) in analysing the data. Scoring for the Likert scale was assigned in ascending order, ranging from 0 to 3.

The following scoring keys were made use of:

1. For engaged coping sub-scale (CQ –E), sum score for items:
   1, 5, 6, 7, 9, 11, 13, 16, 17, 19, 21, 25, 26, 28

2. For tolerant coping sub-scale (CQ-T), sum scores for items:
   3, 4, 10, 14, 20, 23, 24, 27, 30

3. For withdrawal coping sub-scale (CQ-W) sum scores for items:
   2, 8, 12, 15, 18, 29 and subtract scores for items 5 and 22: and then add 6 (to ensure all values for CQ-W are positive)
5.9.1.1. Validity / Reliability of the Quantitative Research

The term ‘validity’ in relation to the coping questionnaire, serves two functions, one being focused on whether it is serving the purpose of its invention, and the second whether it gives a true account of what it is supposed to measure (Durrheim & Painter, 2006; Delport, 2002; Babbie & Mouton, 2009). The researcher has therefore focused on three areas of measurement within the area of validity that will serve to support the claim of the validity of the coping questionnaire to this research study. The three areas are:

(i) Content Validity
(ii) Criterion Validity
(iii) Construct Validity

5.9.1.2. Content Validity:

In viewing whether the content of the research instrument is valid, the researcher used two questions that are asked by Strydom (1998):

- ‘Is the research instrument measuring the concept under investigation?
- Is the research instrument employing enough illustrations that evoke responses and understanding around the concept under investigation?

Content validity tends to be more of a judgmental process, where the opinions of the researcher and other interested or assisting parties are considered in the evaluation to determine whether the research instrument is content valid (Durrheim & Painter, 2006; Strydom, 1998). In order to evaluate the content validity, the researcher undertook a literature review on previous research that had been done whilst using the coping questionnaire.
5.9.1.3. Criterion Validity:

5.9.1.3.1. Reliability:

Reliability is defined as the means of determining whether a research instrument would yield similar results in equivalent circumstances, which ultimately contribute towards the consistency and dependability of the research study as it works towards defining how well the concept is being measured (Durrheim & Painter, 2006; Strydom, 1998). The researcher has drawn on previous studies that used the coping questionnaire to illustrate the reliability of the research instrument. Orford et al. (1998b) showcased results for the Engaged, Tolerant-Inactive and Withdrawal Coping scales as having had coefficients of internal reliability of 0.82, 0.78 and 0.67 in South West England and 0.82, 0.73 and 0.70 in Mexico.

5.9.2. Qualitative data analysis

The researcher used the structural model of narrative by Labov & Waletzky (Elliot, 2005). Riessman & Coffey & Atkinson in Elliot (2005) has argued the logic in using Labov and Waletzky’s structural model of narrative, in that they perceive this model to provide a logical perception of the structure of the narrative and the purpose of diverse elements in a narrative.

Labov and Waletzky’s structural model of narrative was utilized in the analysis. In the box below it is further depicted:

**Figure 5.2. Labov and Waletzky’s structural model of narrative analysis sourced from Elliot(2005:42).**

<table>
<thead>
<tr>
<th>Abstract</th>
<th>Summary of the subject matter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>Information about the setting: time, place, situation, participants</td>
</tr>
<tr>
<td>Complicating action</td>
<td>What actually happened, what happened next</td>
</tr>
<tr>
<td>Evaluation</td>
<td>What the events mean to the narrator</td>
</tr>
<tr>
<td>Resolution</td>
<td>How it all ended</td>
</tr>
</tbody>
</table>
Labov and Waletzky state that every narrative has properties and that the patterns that form can be used to analyse each element of the narrative. Although the abstract, orientation and complicating action only provides a glimpse into the story, it is the evaluative aspect that brings the reality of the narrative to the reader as it provides insight into the meaning that the narrative has to the narrator (Elliot, 2005). The researcher therefore first coded the narratives into abstract, orientation, complicating action, evaluation and resolution and thereafter grouped together the different colour codes. The analysis was then done by writing up these codes with reference to the original coded transcript.

5.9.3. Trustworthiness of the study

The trustworthiness of the study is an important part of the study as it allows for the audience to determine whether the research is worth taking note of (Babbie & Mouton, 2009). A major part of this research is the focus on the qualitative data enquiry, and therefore it is importance that attention be given to the credibility of this study. This claim is made evident by Lincoln & Guba in Whittemore, Chase & Mandle (2001) whereby they state that the credibility of a study is the prevailing aspiration of any qualitative research study. As was mentioned in the preceding sections, this research will focus on narrative, an interpretation of the individual’s experience, giving even more importance of the need for credibility in this study. The researcher has drawn heavily from the techniques mentioned in Whittemore, Chase & Mandle (2001) and Lincoln & Guba (1985) to ensure that adequate attention is given to this very important aspect of the research.

A hierarchical triangle of the validity criteria, techniques on how the establish credibility, demonstrated by Whittemore, Chase & Mandle (2001), will be discussed below in an attempt to showcase the credibility of the study. According to Whittemore, Chase & Mandle (2001) the primary criteria are credibility, authenticity, criticality and integrity, while the secondary criteria consist of explicitness, vividness, creativity, thoroughness, congruence and sensitivity.
(a) Primary criteria

The goal with establishing credibility was centred on giving an accurate description of the experience of the research respondent (Carboni in Whittemore, Chase & Mandle, 2001). The researcher used the three of the five techniques mentioned in Lincoln & Guba (1985) as a baseline from which to achieve this criterion.

i) Activities increasing the probability that credible findings will be produced
ii) Peer debriefing
iii) Member checks

Within the folds of the first criterion, there exist three potential activities that could be used to increase the probability of credible findings, however the researcher has focused on one, that being triangulation. There is a strong focus on triangulation, whereby the researcher has made use of two different methods of data collecting and different theories from which the data was analysed. Triangulation is a term that has been used in the method of combining of qualitative and quantitative research (de Vos, 1998). According to Mouton & Marias in de Vos (1998) the term is not selected as the combination of qualitative and quantitative methods; it refers to the use of approaching the research study with mixed methods of data collection, which serves to increase the reliability of the research. As the research is a mixed methods study, triangulation serves to influence the reliability of the study.

Lincoln & Guba (1985) states that the logic behind peer debriefing centres around challenging everything the researcher is thinking and doing, giving him/her an opportunity to think critically around research selections and biases. The researcher was fortunate to have two individuals who have undergraduate degrees in psychology and one is currently engaged in a research masters as well as her research supervisor, who reviewed the data analysis and findings, and they were able to give valuable feedback.

Member checks is one of the most crucial techniques with regard to credibility and is echoed in Janesick, Thorne in Whittemore, Chase & Mandle (2001) whereby the data gathered is a true
interpretation and does not have traces of the researchers biases or experiences. Therefore the data gathered, through the use of the dictaphone and notes gathered, was repeated to the participant, as well as the use of reflections, in a bid to ensure that the researcher captured the true reflections of the respondent. Authenticity of a study is defined as being the quest towards giving an accurate reflection of the meanings and interpretations given by the respondents (Sanelowski in Whittemore, Chase & Mandle, 2001). Member checks ties in with the concept of authenticity and in some or manner also deals with the criticality and integrity of the study. In addition to the above mentioned is an awareness that the researcher had regarding her own biases.

(b) Secondary criteria

The researcher used the questions asked by Whittemore, Chase & Mandle (2001) in assessing the secondary criteria of validity. In relation to explicitness, the researcher aimed, through the intensive methodological review, to display both insights into the logic behind opting for the chosen methodological design as well as with the interpretation of data gathered. It is through the recording of all data gathered as well as the interpretation of the data, that deductions can be drawn regarding the level of bias of the study (Marshall & Sandelowski in Whittemore, Chase & Mandle, 2001). The vividness of the study relates to the researchers ability to provide the reader with an imaginative but honest account of the data gathered and its relation to the study (Geertz & Sandelowski in Whittemore, Chase & Mandle, 2001). In the chapter on data analysis, the narratives are given in thick descriptions and rich data, adding to the notion of vividness of the study. It was therefore vital, that this study made use of a narrative study, as it allowed for all of the criteria to establish vividness to be visible, as well as giving the readers of the research an opportunity to personally experience the phenomenon under discussion.

The purpose of incorporating thoroughness in establishing validity boils down to whether or not the research question was answered convincingly (Eisenhart & Howe & Thorne in Whittemore, Chase & Mandle, 2001) The data analysis technique enabled the researcher to answer the research question. If there is congruence in the steps in undertaking the research study and even
in the data analysis, this will contribute towards establishing trust in the validity of the research study (Marshall and Sandelowski in Whittemore, Chase & Mandle, 2001). This was a noted concern that the researcher took on; as the research was a mixed methods study and as the study was a sequential study, care had to be done to establish order in all aspects of the study. Sensitivity as one of the criteria for establishing validity of a study is an important part of the study, not only in the sense that it speaks to the validity of the study, but also the study as a whole. The chapter on ethics addresses all areas of concern regarding concern for human dignity as well as ensuring that the research is not selectively for the benefit of academia, but for the benefit of society as a whole.

5.10. Conclusion

In this chapter the methodological approach of this study was discussed. The research design that was used was discussed in relation to the research question and the aims and objectives of the study. A mixed methods approach was used and therefore the researcher has discussed both the quantitative and qualitative sections of the research. A detailed discussion was provided regarding the sampling, data collection and data analysis of both the quantitative and qualitative approaches. In the following two chapters the results will be presented of the qualitative and quantitative data collection.
CHAPTER SIX

QUANTITATIVE FINDINGS

6.1. Introduction

In this chapter the results of the analysis of this study will be presented. Analysis was run through the SPSS, the Statistical Package for the Social Science 18 programme (Antonius, 2003). The results are presented as (1) the demographics of the study (2) intercorrelations which were run on the different coping methods, (3) a reliability test which was run. In addition an independent test was run to determine the significant difference between male and female participants.

6.2. Demographics of Study

<table>
<thead>
<tr>
<th>Variables</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 80</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>40 (50%)</td>
</tr>
<tr>
<td>Males</td>
<td>40 (50%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age of Caregiver</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>25-29</td>
<td>5 (6.3%)</td>
</tr>
<tr>
<td>30-39</td>
<td>10 (12.5%)</td>
</tr>
<tr>
<td>40-49</td>
<td>19 (23.8%)</td>
</tr>
<tr>
<td>50-59</td>
<td>32 (40%)</td>
</tr>
<tr>
<td>60-69</td>
<td>13 (16.3%)</td>
</tr>
<tr>
<td>70-79</td>
<td>1 (1.3%)</td>
</tr>
</tbody>
</table>
### Relationship of caregiver

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Count (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>27 (33.8%)</td>
</tr>
<tr>
<td>Father</td>
<td>29 (36.3%)</td>
</tr>
<tr>
<td>Sister</td>
<td>6 (7.5%)</td>
</tr>
<tr>
<td>Brother</td>
<td>2 (2.5%)</td>
</tr>
<tr>
<td>Wife</td>
<td>3 (3.8%)</td>
</tr>
<tr>
<td>Stepfather</td>
<td>2 (2.5%)</td>
</tr>
<tr>
<td>Girlfriend</td>
<td>2 (2.5%)</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>4 (5.0%)</td>
</tr>
<tr>
<td>Mother in law</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Father in law</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Brother in law</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Nephew</td>
<td>1 (1.3%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (1.3%)</td>
</tr>
</tbody>
</table>

**Table 6.1. Demographic description of caregivers**

In Table 6.1, the demographics show that the percentage of males (50%) and females (50%) was the same. The age range of 50-59 was the highest at 40% followed by the age category 40-49 at 23.8%, 60-69 years at 16.3%, 30-39 at 12.5%, 25-29 years at 6.3% and the 70-79 year age range at 1.3%. Mothers and fathers were at a higher percentage to the rest of the relationship types, the fathers being at 27 (33.8%) and mothers 29 (36.3%). The rest of the relationship types of caregivers were as follows: sister 6 (7.5%), brother 2 (2.5%), wife 3 (3.8%), stepfather 2 (2.5%), girlfriend 2 (2.5%), boyfriend 4 (5.0%), mother-in-law 1 (1.3%), father-in-law 1 (1.3%), brother-in-law 1 (1.3%), nephew 1 (1.3%) as well as another type of family caregiver 1 (1.3%).
6.3. Descriptive statistics of the variables

Means (Ms) and standard deviations (SDs) for the different coping styles are presented in Tables 6.2, 6.3, 6.4 and 6.5. A discussion is presented after each of the tables with regard to the Ms and SDs of tolerant, engaged coping, withdrawal coping, engaged coping and different coping styles.

Engaged Coping: Items

<table>
<thead>
<tr>
<th>Item</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused to lend her money or to help her out financial in other ways</td>
<td>1.15 (1.159)</td>
</tr>
<tr>
<td>Straight talk regarding solution/actions</td>
<td>2.02 (1.031)</td>
</tr>
<tr>
<td>Started an argument with him/her about his/her drug use</td>
<td>1.64 (1.245)</td>
</tr>
<tr>
<td>Pleased With regard to consumption of drugs</td>
<td>1.91 (1.265)</td>
</tr>
<tr>
<td>Clarity regarding using causes upset and has to change</td>
<td>2.20 (1.118)</td>
</tr>
<tr>
<td>Try to limit use</td>
<td>1.58 (1.300)</td>
</tr>
<tr>
<td>Encouraged oath taking, promise to not use</td>
<td>1.50 (1.212)</td>
</tr>
<tr>
<td>Got moody or emotional with individual</td>
<td>1.83 (1.077)</td>
</tr>
<tr>
<td>Watched every move, keep close eye on</td>
<td>2.04 (1.141)</td>
</tr>
<tr>
<td>Made it clear using will not be accepted, won’t cover up</td>
<td>1.81 (1.244)</td>
</tr>
<tr>
<td>Expectations regarding contribution to family made clear</td>
<td>2.14 (1.076)</td>
</tr>
<tr>
<td>Accused individual of not loving you or letting you down</td>
<td>1.19 (2.02)</td>
</tr>
<tr>
<td>Sat down with individual to help sort out financial situation</td>
<td>1.15 (1.313)</td>
</tr>
<tr>
<td>Searched for individual drugs or hidden or disposed of them yourself</td>
<td>.91 (1.214)</td>
</tr>
</tbody>
</table>

Table 6.2. Means and Standard Deviation of items for Engaged Coping
The highest mean score for engaged coping was clarifying to the substance dependant that their use of substance upset the caregiver and had to change ($M = 2.20$, $SD = 1.118$). The following means and standard deviations by caregivers engaged coping were found: The mean and standard deviations of caregivers making clear to the substance dependent the expectations regarding their contribution towards the family were ($M = 2.14$, $SD = 1.076$). Caregivers who watched every move of the substance dependent and kept a close eye on them were scored ($M = 2.04$, $SD = 1.141$); Caregivers speaking directly to the substance dependant and providing them with solutions ($M = 2.02$, $SD = 1.031$), and caregivers who pleaded with the substance dependant with regard to their use of substance ($M = 1.91$, $SD = 1.265$). It is therefore clear that caregivers observed the substance dependant rather than communicating with them. When they communicated they pleaded with the substance dependants and were emotional and moody. The M and SD of caregivers getting emotional or moody with the substance dependants were ($M = 1.83$, $SD = 1.077$). Caregivers who made it clear to the substance dependant that their using would not be accepted and that they would not cover up for them ($M = 1.81$, $SD = 1.244$) Those caregivers who started an argument with the substance dependant about his/her use of substance were ($M = 1.64$, $SD = 1.245$), caregivers trying to limit the substance dependant’s use of substance ($M = 1.58$, $SD = 1.300$), caregivers who encouraged substance dependants not to use by making oaths and asking them to promise not to use ($M = 1.50$, $SD = 1.212$), caregivers who accused the substance dependant of not loving them and letting them down ($M = 1.19$, $SD = 2.02$), caregivers who sat down with the substance dependant to help sort out their financial situation ($M = 1.15$, $SD = 1.313$) and caregivers who searched the substance dependant for substances or disposed of it themselves or hid it ($M = 0.91$, $SD = 1.214$).

<table>
<thead>
<tr>
<th>Tolerant Coping: Items</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put yourself out for him/her</td>
<td>1.03 (1.253)</td>
</tr>
<tr>
<td>Money given even if you thought it was for drugs</td>
<td>.70 (.986)</td>
</tr>
<tr>
<td>Felt too frightened to do anything</td>
<td>.73 (1.043)</td>
</tr>
<tr>
<td>Felt too hopeless to do anything</td>
<td>1.15 (1.202)</td>
</tr>
<tr>
<td>Made threats that you did not mean to carry out</td>
<td>1.33 (1.077)</td>
</tr>
<tr>
<td>Got in a state where you did not or could not make any decision</td>
<td>1.05 (1.113)</td>
</tr>
<tr>
<td>Accepted the situation as a part of life that could not be changed</td>
<td>.81 (1.057)</td>
</tr>
</tbody>
</table>
When things have happened as a result of drug use, accepted the consequences  

\[ M = 0.60, SD = 0.989 \]

Tried to keep things looking normal, hid extent of use, pretended all was well  

\[ M = 1.19, SD = 1.192 \]

Table 6.3. Means and Standard Deviation for items of Tolerant Coping

The highest mean score for tolerant coping was making threats with no intention to carry them out \((M = 1.33, SD = 1.077)\). The tendency to pretend that all was well by keeping things looking normal or hiding the extent of the use was at \((M = 1.19, SD = 1.192)\). The mean score of caregivers who felt too hopeless to do anything was at \((M = 1.15, SD = 1.202)\), got in a state where they did not or could not make any decision \((M = 1.05, SD = 1.13)\) and put themselves out for him/her was at \((M = 1.03, SD = 1.253)\). The mean score for those caregivers who accepted that the situation in which they were in were a part of life and could not be changed was at \((M = 0.81, SD = 1.057)\), those who felt too frightened to do anything was \((M = 0.73, SD = 1.043)\), those who gave money even though they knew it would be used for drugs \((M = 0.70, SD = 0.986)\) and for those who accepted the consequences when things happened as a result of the drugs \((M = 0.60, SD = 0.989)\).

Table 6.4. Means and Standard Deviation for items of Withdrawal Coping

<table>
<thead>
<tr>
<th>Withdrawal Coping: Items</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = 80</td>
<td></td>
</tr>
<tr>
<td>Put interest of other family members first</td>
<td>.96 (1.107)</td>
</tr>
<tr>
<td>When under influence, left alone, kept out of way</td>
<td>1.30 (1.287)</td>
</tr>
<tr>
<td>Pursued own interest</td>
<td>1.11 (1.212)</td>
</tr>
<tr>
<td>Avoidance because of drug use</td>
<td>1.10 (1.176)</td>
</tr>
<tr>
<td>Got on with your own thing, ignored individual</td>
<td>.97 (1.147)</td>
</tr>
<tr>
<td>Sometimes put you first by looking after yourself or giving yourself treats</td>
<td>.92 (1.028)</td>
</tr>
</tbody>
</table>
In the withdrawal coping items, the highest mean score was found for the item (*When under influence, left alone, kept out of way*) $M = 1.30$ and $SD = 1.287$. Caregivers pursued their own interest ($M = 1.11$, $SD = 1.212$), would avoid the substance dependant because of drug use ($M = 1.10$, $SD = 1.176$), got on with their own life and ignored the individual ($M = .97$, $SD = 1.147$), would put the interest of other family members first ($M = .96$, $SD = 1.107$) and sometimes would put themselves first by looking after themselves and giving themselves treats.

<table>
<thead>
<tr>
<th>Different Coping Styles</th>
<th>M (SD) female</th>
<th>M (SD) male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged Coping</td>
<td>43.25 (18.824)</td>
<td>36.35 (14.257)</td>
</tr>
<tr>
<td>Tolerant Coping</td>
<td>53.98 (20.079)</td>
<td>69.35 (25.062)</td>
</tr>
<tr>
<td>Withdrawal Coping</td>
<td>9.73 (7.282)</td>
<td>7.63 (5.006)</td>
</tr>
</tbody>
</table>

*Table 6.5. Means and Standard Deviations of different coping styles*

The highest mean score for the different coping styles, both amongst males and females was for tolerant coping. Males scored higher at ($M = 69.35$, $SD = 25.062$) than females ($M = 53.98$, $SD = 20.079$). The second highest mean score for the different coping styles, again both for males and females was that of engaged coping, but females scored higher at ($M = 43.25$, $SD = 18.824$) than males ($M = 36.35$, $SD = 14.257$). With withdrawal coping females scored higher at ($M = 9.73$, $SD = 7.282$) than males at ($M = 7.63$, $SD = 5.006$).
### Descriptive Statistics

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged coping</td>
<td>80</td>
<td>2</td>
<td>77</td>
<td>39.80</td>
<td>16.951</td>
</tr>
<tr>
<td>Tolerant coping</td>
<td>80</td>
<td>9</td>
<td>114</td>
<td>61.66</td>
<td>23.852</td>
</tr>
<tr>
<td>Withdrawal coping</td>
<td>80</td>
<td>0</td>
<td>27</td>
<td>8.68</td>
<td>6.298</td>
</tr>
<tr>
<td>Total coping</td>
<td>80</td>
<td>0</td>
<td>21</td>
<td>8.56</td>
<td>5.168</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Lower</th>
<th>Upper</th>
<th>t</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engaged Coping</td>
<td>39.80</td>
<td>16.95</td>
<td>-.54</td>
<td>.1434</td>
<td>1.85</td>
<td>72.67</td>
<td>.07</td>
</tr>
<tr>
<td>Tolerant Coping</td>
<td>61.66</td>
<td>23.85</td>
<td>-25.49</td>
<td>-5.26</td>
<td>-3.03</td>
<td>74.46</td>
<td>.00</td>
</tr>
<tr>
<td>Withdrawal Coping</td>
<td>8.68</td>
<td>6.23</td>
<td>-2.69</td>
<td>4.89</td>
<td>1.50</td>
<td>69.13</td>
<td>.14</td>
</tr>
<tr>
<td>Coping</td>
<td>8.56</td>
<td>5.17</td>
<td>-2.94</td>
<td>1.69</td>
<td>-5.38</td>
<td>77.73</td>
<td>.59</td>
</tr>
</tbody>
</table>

**Table 6.6: Summary of results for independent-samples t-test based on gender**

An independent-samples t-test was conducted to compare the coping styles of males and females. The only significant difference in scores was found for tolerant coping. Males ($M = 69.35, \ SD = 25.062$) scored higher than females ($M = 53.98, \ SD = 20.079$) for tolerant coping. Overall the great majority of participants made use of tolerant coping ($M=61.66, \ SD=23.85$), compared to making use of engaged coping ($M=39.80, \ SD= 16.95$) and lastly that of withdrawal coping ($M=8.68, \ SD= 6.23$). The ranking of the coping methods in total is fairly similar to the ranking by gender. The only difference is that the range between tolerant and engaged coping in gender is closer than that of the total sample.
6.4. Conclusion

The aim of this section of the research was to explore the different types of coping methods that caregivers made use of when they had a substance dependant in their lives. In this chapter the findings to the above mentioned question were presented. There was a clear distinction between the different coping methods in total and that by gender. Further discussions will be presented in chapter 8, where the quantitative and qualitative findings are integrated and presented.
CHAPTER SEVEN

QUALITATIVE FINDINGS

7.1. Introduction

Chapter 7 is the second segment of this mixed methods research study. As this study is a sequential study, the quantitative data analysis was a prelude to this section of the study. The previous chapter focused on the different types of coping methods which caregivers employ when having a loved one who is a substance dependant. In this section of the study, the focus will be on the narratives of four of the caregivers. A caregiver is any individual who is providing financial and/or emotional support to a substance dependant. The role of caregiver is not selective to the parent or spouse, but acts in general. In order to establish validity to the quantitative section of the study, participants were based on the following criteria:

- Father of a male substance dependant
- Father of a female substance dependant
- Mother of a male substance dependant
- Mother of a female substance dependant

The main aim of this chapter is to provide rich insights into the different means of coping not only by gender of caregiver but also by gender of substance dependant. The structural model of narrative (Labov & Waletsky in Elliot, 2005) is used to do the narratives (See Chapter 5).

7.2. The narrative’s of four primary caregivers of substance dependants

The narrator constructed four narratives from the contents of the four interviews (Appendix 6, 7, 8 & 9). Labov and Waletzky’s structural model of narrative form was used in the telling of these narratives. The narrator will indicate the different elements for the reader. Each narrative has an abstract, which is a summary of the subject matter; an orientation where information is given regarding the setting, which is the time, place, situation and participants; complicating action which refers to what happened thereafter and evaluation which refers to the meaning the events had for the narrator. Resolution refers to how the events discussed in the narrative ended (Elliot,
As was mentioned in chapter one, under the ethical considerations, pseudonyms had been utilized as to safeguard the anonymity of the participants and therefore add to the ethical considerations of the study.

7.3. Narrative One

Mrs. Carriem is a 54-year-old divorced mother of four adult children. She is the mother of Wadia, a 28-year-old female and caregiver of Wadia’s 10-year-old daughter Ayesha. Wadia gave birth to Ayesha when she was 17 years old and as Wadia was in Grade 11, Mrs. Carriem had taken on the role of Ayesha’s caregiver. Mrs. Carriem has an older son, who is 32 years old and two younger daughters; Shireen is 21 years old and Rhaldea is 26 years old. Wadia’s drug use has made the biggest impact on Mrs. Carriem and her family. At the time of the interview, Wadia was nearing completion of a 16-week out-patient rehabilitation programme.

7.3.1 Abstract

Mrs. Carriem did not expect that her daughter used drugs. Everything changed when it was discovered that Wadia was using and Mrs. Carriem’s reaction towards Wadia’s drug use also contributed to this. Wadia would use other family members to save her from the consequences of her drug use, causing a difference in the family dynamics. Having another child of a different gender affected Mrs. Carriem in a completely different manner. There were numerous emotions that were brought on by Wadia’s drug use and the main one was shame. Mrs. Carriem did not make use of support groups her spirituality played a big role in her coping method. With Wadia’s entry into rehabilitation, the dynamics between Wadia and Mrs. Carriem changed in a positive manner.

7.3.2. Orientation

Mrs. Carriem found out about the drug use, after Wadia was 18 and she had left home to cohabit with the father of her child. It was Wadia’s appearance that made her mother suspicious that she
was using drugs. This factor, in conjunction with the company that she was keeping and the behaviour of her then boyfriend contributed to this. Wadia returned home, but a few months later she started dating a man who was known by her brother to be a drug user. Soon thereafter the old behaviour and appearance that had initially made her mother suspicious started resurfacing. Wadia started staying out late and lying about where she was. Mrs. Carriem’s behaviour towards Wadia became even more strained. At this time, Mrs. Carriem’s son exposed his drug use to his mother and she proceeded to assist him in his recovery. Wadia at this point still denied that she was using. Initially none of Mrs. Carriem’s family members knew about the drug use, but overtime she decided to tell them. Mrs. Carriem’s son was extremely angry with Wadia’s using drugs and this caused conflict between Wadia and her son. Mrs. Carriem’s youngest daughter and Wadia’s daughter tried to help Wadia out of the consequences that arose due to her drug use. Mrs. Carriem started engaging in behaviour that was uncharacteristic of her. Wadia entered recovery after being given an ultimatum by her mother; now the relationship between all of the family members and Wadia has significantly improved.

7.3.3. Complicating action

Mrs. Carriem had gone through denial over her daughter’s use of drugs. This had later turned to rage as she was ashamed that her daughter was using. Mrs. Carriem started engaging in behaviours that were not characteristic of her. She started attempting to control Wadia’s drug use by trying to keep her indoors and thereafter resorting to threats and violence. It had got to the point where Wadia was only given limited access to the home and Mrs. Carriem would search Wadia’s body and belongings for drugs. Mrs. Carriem’s sleeping patterns became disturbed as she tried to monitor Wadia and she became increasingly paranoid, to the extent that she was hiding money in her night clothes as well as locking her bedroom door. Her behaviour with her son’s using drugs was completely different. She assisted him in his recovery by taking him to places that could assist him in staying clean.
7.3.4. Evaluation

Mrs. Carriem found out about Wadia’s drug use after Wadia had left home to live with her boyfriend, Shaun. Individuals in the community came to inform Mrs. Carriem about Shaun’s behavior and that it mirrored that of a drug user. Mrs. Carriem responded with affirmation that if her daughter was associating herself with drug users and engaging in similar behavior then she most probably was using as well. This does not mean that Mrs. Carriem just accepted that Wadia was using. She went through her own turmoil in attempting to understand what had happened that contributed to Wadia’s drug use. Mrs. Carriem confronted Wadia about the allegations that she was using. Wadia denied the allegations but some time after the confrontation, Mrs. Carriem met up with Wadia and confirmed her suspicions as Wadia no longer looked like herself, she was noticeably thinner.

Mrs. Carriem then went to seek assistance from a spiritual leader who gave her advice on prayers that she could make in order to help her get Wadia back. Mrs. Carriem was livid when she found out that Wadia was using; she blamed her boyfriend at the time for the drug use. Mrs. Carriem could not understand why Wadia had made such a choice as she was well educated about drugs and the effects of drugs. This angered Mrs. Carriem even further as she knew that Wadia was not a stupid person and she did not expect it from her. Mrs. Carriem raised her children as a single parent and went beyond her abilities in order to provide them with what they needed. When Wadia had her daughter as a teenager, Mrs. Carriem took on the responsibilities of her caregiver. She was assisted by her family in taking care of Ayesha and the rest of the family. Even though Mrs. Carriem had a strong support family system, she hesitated to inform her family about this drug use.

There was a lot of shame as she, Mrs. Carriem, was seen as a perfect daughter and sister and she had a daughter who was using. Mrs. Carriem’s son was also using at one stage. Her approach to handling her son was different to that of Wadia. She was more hands on her son and more involved with his treatment. Wadia then approached her maternal grandparents, who were living with her mother at that time, in order for them to speak to her mother about allowing her back
into the home. Her mother allowed her to come back into the house on condition that she stopped using drugs; she still denied that she had ever used drugs. Mrs. Carriem then got an interdict against Wadia’s boyfriend which banned him from having any contact with Wadia or her daughter, Ayesha. In the time period after not having contact with her boyfriend, Mrs. Carriem started observing noticeable differences in Wadia, which indicated that she was no longer using drugs. She then got involved with a man who lived in the area. At first Mrs. Carriem was not aware that this new guy was using drugs until her son caught Wadia and the boyfriend using drugs. Wadia denied it and it was difficult for Mrs. Carriem to accept as well that her daughter was using drugs despite being at home. She was not at ease though and decided that she would take all of her children for drug tests. Wadia’s test came out negative; but Mrs. Carriem was not convinced that she had not been using drugs. Although Mrs. Carriem was not able to positively prove that Wadia was using or that she was sober, she assumed that in that two year period Wadia had stopped and started numerous times.

Wadia then got involved with a man in 2010 and things got progressively worse. This man was known to associate with drug users and when Mrs. Carriem confronted Wadia about the allegation that he was associating with drug users that he used as well, her youngest daughter assured her that he was not a drug user. A few months later she noticed that Wadia was getting thin again and that her behaviour indicated that she was using. By this time, Mrs. Carriem had got so angry that she told Wadia to leave the home. On the insistence of Shireen she allowed Wadia back into her home. This was done on condition that she stopped using drugs. This however did not happen, as Wadia started doing something that she had not done in the past. She started stealing. Mrs. Carriem started blaming the mother of this individual as she knew that her son was using drugs, but she did nothing to caution her about his drug use. Wadia stole a phone from her mother and this was very difficult for Mrs. Carriem to accept. She considered making a case against Wadia as she wanted her to be out of her life. Her brothers stopped her as they felt that she could not expose her child to jail. Mrs. Carriem’s feelings towards Wadia started to change; she started having more negative feelings towards her because of her stealing and breaking the trust.
Mrs. Carriem had a very good relationship with Wadia prior to the drug use. They had a close family relationship prior to the drug use. Because of the drug use there was conflict between Wadia and her siblings, especially her brother. This conflict stopped Mrs. Carriem from speaking to her son about Wadia’s drug use and she ended up hiding things from him. Wadia was only allowed to have access to the family home at certain times owing to the lack of trust that her mother had in her. Mrs. Carriem started engaging in behaviors herself in order to safeguard herself and her property from Wadia. Mrs. Carriem started watching her daughter’s movements in an attempt to control her use. It got to the point where she was not sleeping and her own behaviour mimicked that of her daughters. When things got to overwhelming for her, she found peace in her spirituality. She never attended support groups or had any specific individual to speak to, so she spoke to God. Wadia relied on her daughter and her sister to continue saving her from the consequences of her drug use. Mrs. Carriem responded to this by making it clear to Wadia and Ayesha that she would not condone any drug use. Mrs. Carriem started searching for rehabilitation centres by making use of a radio station. She investigated the different centres and when she found one that she was satisfied with, she gave Wadia an ultimatum that she could only stay if she attended a rehabilitation centre. Wadia agreed to it. As Wadia continued in the treatment centre and her behaviour changed, Mrs. Carriem found that her positive feelings towards Wadia were returning. She still watches Wadia thought but she admits that the relationship is slowly improving again.

7.3.5. Resolution

Initially Mrs. Carriem’s feelings towards Wadia were shame and disgust and she handled the situation punitively. It was after Wadia agreed to the treatment option that her mother started putting action into assisting her. Her mother called radio stations to enquire regarding treatment. Even though at the beginning of the treatment, her mother was still skeptical about her sobriety this has somewhat changed. Mrs. Carriem’s manner of speaking and her behaviour and attitude towards Wadia have changed.
7.4. Narrative two

Mr. Abrahams is a 59-year-old married father of 4 adult children. He is the father of 27-year-old Cindy. Cindy has 7 children, including 11-year-old Sam, who has been legally adopted by Mr. Abrahams. Mr. Abrahams took on the care of Sam and legally adopted Sam 2 years ago because Cindy, as a teen mother could not provide for them. Mr. Abrahams has two adult sons both of whom are actively using illegal substances; one of his sons developed a mental illness as a result of his drug usage. His other daughter is the only sibling never having used any illegal substance. At the time of the interview, Cindy had completed a 6-week in-patient treatment programme and was currently mid-way into her 16 week out-patient treatment programme.

7.4.1. Abstract

It was difficult for Mr. Abrahams to accept that Cindy was using drugs. His biggest concern was around the relationship that Cindy had with an older man who was also a substance dependant. This relationship yielded several children and Mr. Abrahams took on the role of caregiver to those children. Two of the major effects that Cindy’s drug use had on Mr. Abrahams were on his health and his spirituality. Even though Mr. Abrahams encouraged his wife to support Cindy, he was able to put down his own boundaries and limits. These boundaries and limits assisted Mr. Abrahams in separating his personal and professional lives. The relationship between Cindy and her father changed when she entered treatment.

7.4.2. Orientation

Cindy’s drug use started when she got married to a substance dependant, who was older than she was and who had come from a family where his substance use had caused damage to them. It was at this point that Mr. Abrahams realised that the possibility exsist that Cindy was also using drugs. This was confirmed through the behaviour of Cindy and the environments that she found herself in. Her children were not being taken care of and Mr. Abrahams at that point took financial responsibility for the children and the guardianship of the eldest child. Cindy had become hostile towards her family engaging in behaviour that was not characteristic of her as
well as behaviour that was manipulative. The community became aware of the drug use; however they were also able to testify to the upbringing that Cindy and her siblings received. Through the period of Cindy’s drug use, both her parents frequently became ill and Mr. Abrahams was asked to leave his home church. Cindy’s behaviour and attitude changed when she went into treatment, which in turn changed her father’s view of her.

7.4.3. Complicating action

When Mr. Abrahams became aware of Cindy’s drug use, he confronted her about it and was met with resistance from other people who felt that he was interfering. He attempted to convince Cindy about the effects that the drugs would have on her children and as this was the main concern, he attempted to have her sterilised to avoid future pregnancies. Mr. Abrahams started taking responsibility for Cindy’s actions and for her children. He adopted Cindy’s eldest and provided food to her other children. However, he made it clear to Cindy that he would not tolerate her using drugs especially not in his home. He had concerns about the effects that the drugs had on Cindy and he encouraged his wife to seek serenity in her own life instead of being sick the entire time. For his son he built a Wendy house outside the house and furnished it, but the son sold everything and broke down most of the Wendy house. He became increasingly frustrated when he was unable to connect with Cindy and have her understand the devastating effect that the drugs have had on her and the rest of the family. Mr. Abrahams moved from his home church to one further away as the asked him to do that because his son and his daughter were using illegal substances. He made use of his spirituality in maintaining his sanity and with that came acceptance of his own limitations and strengths. He set boundaries with regard to the safeguarding of his family. Although Cindy completed one aspect of her recovery programme, the boundaries still exist. Cindy’s behaviour has changed in that she speaks with respect now and is involved with family.

7.4.4. Evaluation

Cindy’s father, Mr. Abrahams, found it very difficult to accept that his daughter was using drugs. What was specifically difficult for Mr. Abrahams was that he gave Cindy an upbringing, which he thought was the best he could do. There was a sense of frustration when he realised that the
decisions that Cindy made after she became an adult, he had very little control over. Mr. Abrahams came to the conclusion that even though he gave Cindy the best upbringing that he could, it was not her environment or her upbringing that caused her to make certain decisions, those decisions were made by Cindy herself. Mr. Abrahams told Cindy, as a young child, that there are consequences to all actions and that once a decision has been made and it is something that your parents are not happy with then it is something that could have big consequences. Cindy became involved with a substance dependant, who was older than she was and had a history of creating chaos with his previous wife and children. Mr. Abrahams realised that if the husband was using drugs then the chances were that Cindy is also using and he stepped in, in order to try to save Cindy from a possible drug life. When he could not reach Cindy he became angry and that was the start of their many fights. Others were seeing Mr. Abraham’s behavior as interfering when he felt that he was only doing what was best for his grandchildren. He went as far as attempting to book Cindy in for a hysterectomy, as he felt that she was not taking adequate care of her children. Cindy ended up leaving the hospital with the money that her father gave her and ended up having a few more children after that. Cindy had her eldest, Sam, when she was a teenager. Mr. Abrahams and his wife took over the responsibility of caring for Sam and eventually adopting her, as they found there were obstacles in everything that they wanted to do for Sam and that included her schooling and her health care.

Mr. Abrahams could still recall when he found out his daughter was using drugs and how he kept on speaking to Cindy and her husband and being able to see the destruction but not being able force Cindy to see differently. They eventually moved into a shack over the road from his house. He felt that that was manipulation on their part as they knew that he was going to see to the welfare of their children. He felt that if he was better educated about substances, he might have been better able to assist them, but as he was not, he played straight into their hands. Cindy had 7 children in 10 years and had relied on her father to support her children. The biggest strain that Mr. Abrahams faced was concern around his grandchildren and their welfare. He now not only had his own children, he was now financially taking care of his grandchildren as well. What was more disturbing to him was that his grandchildren were living a dysfunctional life and they viewed his home as survival. Even though he felt great concern for Cindy and her children, he
never allowed Cindy or her husband into his home, as he had boundaries around drug use and his home. He decided to set the boundary as he was able to identify the characteristics of drug dependency and the manipulative and destructive nature of drug use.

It was not selectively Cindy’s drug use that caused the boundaries to be set. There was another son who was using drugs as well, and whom Mr. Abrahams had tried to assist but who ended up stealing and causing destruction to his property. This caused stress and strain on Mr. Abrahams and he found himself with various health concerns. In addition to this, his children’s drug use affected his spirituality and his role in the church which was the cause of emotional stress to Mr. Abrahams. He had always been held in high esteem by those around him, and his neighbours were able to testify that he gave his children the best opportunity for education in life. To Mr. Abrahams, finding serenity was important as he realised that he could not control his daughter’s drug use or the decisions that she was making. Mr. Abrahams found solace in prayer as there was a time when he had given up on Cindy; however he tried to motivate his wife to continue to support Cindy as well as to find her own serenity. He never felt that he could confide in his family or neighbours and leaned heavily on his spirituality and on learning acceptance of what he could change and what he could not change. Mr. Abrahams had early on put boundaries between home and work life and he had kept to those boundaries. Cindy entered treatment and the relationship between herself and her father improved tremendously.

Her father was able to see the potential that was emerging in Cindy as well as her abilities as a mother. Cindy’s behaviour and her sober status is the main reason for her father’s behavior and attitude change. This does not mean that there have been no boundaries set for Cindy. Her father is willing to assist her with accommodation and food, but if she continues to use drugs then she must leave the house. He has learned now that drugs change the way that a person thinks and behaves and that he has no control over; he can basically just manage his own behaviour and attitude towards his children’s drug use.
7.4.5. Resolution

In the beginning Mr. Abrahams reacted with anger towards Cindy and he was fighting with her all the time. Thereafter he resorted to speaking to Cindy about her substance dependency and the effects that it had on her children. Cindy however manipulated the efforts of her father. Mr. Abrahams denied Cindy access to his home if she was still actively using but he did take care of his grandchildren. Mr. Abrahams turned to prayer, seeking guidance with regard to his ability and what he needed to surrender to his higher power. When Cindy entered a treatment programme, her father stuck to his boundaries but was still willing to assist her in her recovery.

7.5. Narrative three

Mrs. Watson is the 59- year- old married mother of Eric a single child. Eric has a four- year- old son, Ethan, whom Mrs. Watson has raised because both Eric’s and Ethan’s mother, May were abusing illegal substances. At the time of the interview, Eric had completed a 6- week in-patient treatment programme and a 16 week out-patient treatment programme.

7.5.1. Abstract

Mrs. Watson’s process started a few years ago after Eric made up his mind that he wanted assistance. Behaviour changes were noticeable in Eric and started of his parents’ suspicion that he might be using drugs. This was confusing to the family, as they felt that they took every precaution in assisting Eric not to use drugs. This sparked off a long process of mistrust with each parent using different means of dealing with Eric’s use. Eric’s drug use did leave the family in a financial predicament, especially as they became the primary caregivers to Ethan, Eric’s son. For Mrs. Watson living with a substance dependant placed strain on her health and as she initially hid Eric’s using drugs, in the hope that it was just a phase, she did not connect with anyone specifically, to help her cope. She found solace in her spirituality. Eric’s relationship with his mother changed once he entered treatment and he started going back to the person she knew before the drugs.
7.5.2. Orientation

Eric was not raised in a home where there were other drug users and his parents were not educated about drug use. Eric’s explanation of his behaviour change was not acceptable to his family. His personality had changed completely from a respectable person to one who was disrespectful and had no regard for those around him. Things became progressively worse when he was introduced to his girlfriend and to the drug that eventually became his drug of choice. Eric became demanding about money and he started stealing things from his house. He was then asked to leave the home and ended up sleeping in a car outside the house. He tried to explain to his mother the effect that the drug had on him. His girlfriend became pregnant and it was decided that she would live with them. Eric and his girlfriend continued to use drugs after the birth of Ethan. Mr. Watson became physically abusive to them and Eric’s girlfriend decided to leave, leaving behind the child. Mrs. Watson took on the care giving of the child. Eric sought assistance from his parents and was eventually directed to the outpatient rehabilitation programme where his process towards recovery would start.

7.5.3. Complicating action

Mrs. Watson was not the first to notice that Eric was using drugs, it was noticed by her husband. The drug that Eric started off using which was dagga was not the one that he ended off with, which was heroin. Mrs. Watson’s approach to assisting Eric was through trying to speak reason to him where Mr. Watson became physically aggressive when Eric still continued to use. After the birth of Ethan, Mrs. Watson attempted to assist Eric and his girlfriend and found out that they were still using drugs; Mrs. Watson went to have Ethan’s child support money placed on her name as both parents were still using. She asked Eric’s girlfriend to leave as she felt that she could not assist Eric if she was still there. When Eric was living outside of the home, his mother was fearful that something would happen to him. Eric continued using drugs and continued engaging in behaviours that was not characteristic of him such as stealing and manipulating money from his family or others. It got to the point where he was using his son’s name in order to obtain money for the drugs. The drugs became all consuming and it was his main focus.
Initially Mrs. Watson hid Eric’s drug use from her family as she hoped that it would be a phase and that he would eventually get over it. When things became unmanageable she did eventually speak to her family. They did not form her main support as she felt that she found peace with her spirituality and this helped her cope especially in the long time period while she was awaiting Eric’s opportunity at rehabilitation. Then Mrs. Watson was diagnosed with breast cancer and this became Eric’s motivation to work on his road to recovery. Once he entered treatment his behaviour changed and Mrs. Watson was able to start her process of establishing trust in Eric.

7.5.4. Evaluation

At the beginning Mrs. Watson was not aware that Eric was using drugs as he was not exposed to a household where drugs were used. His behaviour was odd and initially he tried to assure his mother that it was because he was drinking alcohol. However as his behaviour became more suspicious, his mother started considering the possibility of drug use. He did not start off with his drug of choice, it was dagga at first, which was easier to detect as the smell of dagga is very distinctive. Eventually he stopped using dagga and went on to other drugs. It was a blow to Mrs. Watson as she did not expect her son to end up using drugs; she felt that she had given him everything and as he was an only child, she had been able to give him more than if he had siblings. Her point of view at that stage was that it was children of dysfunctional homes who used drugs and that to her was baffling because that was not the type of home that Eric came from. She and her husband even went to look at the places where Eric and his friends were socialising and they found them to be in order. It was only when she realised and accepted that it did happen to her son that she was able to start taking action. At first Eric’s drug use was kept a secret and his mother was constantly making excuses for his absence at family events, but eventually she told her family. It was the neighbors who were able to spot the difference in Eric’s behaviour and the link to drug use.

Eric’s drug use escalated once he was exposed to heroin, for which his mother blames his girlfriend. His personality had changed completely. He was no longer the respectful young man that they knew; he became disrespectful and engaged in behaviours’ that were not characteristic of him. He demanded money and would become manipulative if he did not get it from her. He
went as far as using his child in order to manipulate money. This was not the Eric that his mother knew, she knew him as a polite person who was family orientated, where this person was only interested in his drugs. Eric and his girlfriend had a son and Mrs. Watson felt that perhaps this was going to be the time that they would stop. Eric started stealing from home and the trust started to dwindle away very quickly. Both Mrs. Watson and her husband attempted to speak to Eric about his drug use. They took on different approaches in an attempt to reach him; hers was gentler, where her husband was direct and somewhat confrontational. His father went as far as telling him to leave the home, which ended up with Eric sleeping in the garage or yard, as well as becoming physically abusive to him. Eric’s father felt that Eric needed to be an example to his son and he would not be able to be one if he was still using drugs and if he allowed Eric to do whatever he wanted to.

Mrs. Watson was inquisitive about the effects that the drug had on Eric and asked him to explain to her why he was using drugs and continuing to use them. It was after this incident that she decided that she would do whatever was possible to assist him. She assisted Eric into getting him into a treatment facility; the first one was unsuccessful but after that he stuck to a programme. It was difficult for Mrs. Watson to believe Eric as he made constant promises that he had stopped but this was short-lived and caused more mistrust between himself and his parents. The relationship between Mrs. Watson and her husband was also strained as they had constant arguments about Eric’s drug use and the different approaches that were taken by each party. The family was also experiencing financial constraints as Eric was borrowing money from people who would request the money back from his parents. In an attempt to not have Eric steal their property; his parents would also give him money for chores done. Although Mrs. Watson felt that the money was not enough to buy the drugs, it was just enough to get him off their backs.

The financial situation had become increasingly difficult as they were now pensioners and had to survive off a pension whereas when Mr. Watson was working, there was less strain. Eric’s parents had taken on the responsibility of raising Eric’s son Ethan as well. Ethan’s mother, May, is a heroin user. Initially Mrs. Watson took both of them in, in an attempt to help them to stop
Mrs. Watson relied heavily on her spirituality. Although she is close to her family, she always felt that she could only achieve serenity through her connectedness with her higher power. She developed breast cancer while Eric was using drugs and she was not sure whether or not it was due to his using and the strain that it had on her. She found solace in her spirituality both with Eric’s drug use and with her illness. She felt that it brought her closer to God and that it was a test to determine her strength and that God would not forsake her at such a time. Eric was feeling guilty about his role in her illness. Mrs. Watson reminded him that it was a wake up sign for him to get his act together. She felt that this was an awakening to Eric, an eye opener to the effects that his drug use had on his loved ones. Unfortunately the wait for treatment was long and draining and there were times when Mrs. Watson needed to be reassured that there was hope for Eric. It did not stop her from worrying about him, as she would lie awake at night, concerned about his safety and whereabouts. This only changed once he started actively participating in treatment programmes and support groups and his mother was able to see behaviour changes.

The fact that he reached out for assistance himself and that he wanted a change in his life and behaviour change was ongoing assisted his mother in building up her trust in Eric’s abilities to not just get clean but stay clean as well. Eric’s attendance at treatment facilities assisted his family in their recovery process, as it enabled them to deal with certain issues in a specific type of manner. He attended both in-patient and out-patient treatment and in that time frame, his mother was able to see physical and behavioural changes in him. To them he had almost reverted to the old Eric that they once knew. In the past, his mother would not trust him alone at home,
not even for a moment. It is different now in that his family trusts him and they are able to do so because he is responsible with money and he displays interest in his family and the well-being of others around him. To the Watson family this is a continuous journey and one which Mrs. Watson realizes is only complete at the end of their lives. For now Eric is partaking in family activities, showing compassion and interest in his family and the drug is no longer a priority.

7.5.5. Resolution

Although it was difficult at first for Mrs. Watson to accept that Eric was using drugs, it had eventually got to the point where she had to accept that it was a reality and not just a phase that he was going through. His father had put down boundaries and communicated with him what was acceptable behaviour and what was not but Mr. Watsons approach was mostly physical abusive. For Mrs. Watson the hope of change was always there as she believed that Eric started this process and he had the ability to end it. She waited for Eric to indicate a willingness to enter treatment, and once he did that, she started her process of assisting him in finding that opportunity at treatment. After Eric completed his treatment programme and his interest was again in the family and not in the drug, the family dynamics are slowly being restored to former days.

7.6. Narrative four

Mr. Mohammed is a 58-year-old married father of 7 children and the father of 27-year-old Dean. Mr. Mohammed has all of his children and their families living on his premises. Apart from Dean, Mr. Mohammed has another son who is also a substance dependant. Dean is divorced and has two sons, a six-year-old and a two-year-old from his former wife. At the time of the interview, Dean had just started a 16-week outpatient rehabilitation programme.

7.6.1. Abstract

Mr. Mohammed was devastated that his son had chosen to use drugs when he, Mr. Mohammed, had been in a similar lifestyle, and had managed to not use drugs anymore. Mr. Mohammed
placed the blame on Dean’s previous marriage and the relationship he had with this lady. Even though Mr. Mohammed has another son who is a substance dependant, Dean’s drug use was completely different. Mr. Mohammed became ill as a result of the emotions that were attached to Dean’s drug use. In an attempt to explain the logic behind Dean’s drug use, his father started research and attempting to assist him to make sense of it. His manner of coping with the drug use caused strain between himself and his wife. Although he was resistant at first, his relationship with Dean has shifted somewhat since Dean entered treatment and make an effort to change.

7.6.2. Orientation

Mr. Mohammed discovered Dean’s drug use just prior to him moving to Manenberg; however it was the time that Dean spend in Manenberg, when things spiraled completely out of control. Dean had a conflictual relationship with his then wife which led to domestic disputes which drew in Mr. and Mrs. Mohammed. Their lives started centering on Dean and his marriage disputes. As there were children involved, his parents felt obligated to assist him. This led to arguments between Mr. and Mrs. Mohammed as they were both critical of the others means of dealing with the situation. For a while the focus was not so much on the drug using but on the dysfunction of Dean’s marriage. Dean started working with his father; but that proved to be ill-fitted as Mr. Mohammed had to treat Dean as he would any of his colleagues and Dean rebelled. Having another son who was a substance dependant placed further strain on Mr. Mohammed. He sought information from individuals at his school and through the Internet and television. A few months ago, Dean appeared at his parents’ home and he did not immediately inform his family that he had sought treatment. It only became evident when they observed behaviour change in him.

7.6.3. Complicating action

The trust that Mr. Mohammed had in Dean was destroyed by Dean’s behaviour. This formed the basis for his reaction to Dean. Mr. Mohammed was able to later identify when Dean had used drugs. Mr. Mohammed was giving advice to his family members and strangers about how to manage having a substance dependant in the household; but he was struggling to make use of his
own suggestions. He struggled to understand why people would damage their bodies with cigarettes, alcohol and drugs. Even though he claimed that he was able to distance himself from Dean, when Dean went missing or did not return home, Mr. Mohammed became sick with worry. The trust factor changed once Dean entered treatment and he had proven, through his behaviour that he was trustworthy. The connection that Dean and his father had, especially with regard to sports, was slowly returning and Mr. Mohammed started taking an interest in his son again. Mr. Mohammed is willing to assist his son, but he has cautioned him that if he steals from him again, he will get angry and the trust will be broken. The trust has returned somewhat as Mr. Mohammed allows Dean to make him tea and do other tasks. This does not mean that Mr. Mohammed does not have resentment for all of the items that he stole. He does at times still test Dean to determine whether he will steal again or not.

7.6.4. Evaluation

Mr. Mohammed became aware of his son’s drug use when he started noticing that things were going missing. This contributed to the mistrust that they had for him. Things got completely out of hand when Dean got married and moved to Manenberg. Mr. Mohammed and his wife had to continuously intervene when things got out of hand between Dean and his wife. This had a major impact on their lives as they felt that their lives were centered on Dean and his problems. The attention was almost completely off Dean and his drug use and the focus became more on his relationship with his wife. Mr. Mohammed had to take financial responsibility for Dean’s children. It was a difficult for Mr. Mohammed to understand why Dean was using drugs as he, Mr. Mohammed, was exposed to similar pressures but he chose not to drink or smoke. At one stage Dean was working with his father. He continued using drugs and his behaviour was completely out of line. Mr. Mohammed had to dismiss Dean as he was still the senior at work and he had to set an example to the rest of his colleagues as well as safeguard his own employment.

It was difficult for Mr. Mohammed to understand why Dean would use drugs and continue to use despite having the support of his family. Dean and his father used to have a good relationship,
they were both interested in sport, specifically running, and they would spend a lot of time together. That however changed once Dean started using drugs. Mr. Mohammed was stricter than his wife in their response to Dean’s drug use and his stealing. Mr. Mohammed felt that having a strict approach would enable his children to make better decisions as he had had that type of upbringing and it assisted him in becoming the man that he is today. At first he wanted to blame Dean’s friends but he soon realised that every individual makes their own choices and even though the current generation is exposed to the realities of drugs, they still choose to use. Mr. Mohammed struggled to speak to any of his family members about his son’s drug use. He did find that doing research about substance dependency helped him.

Having another son using, was also causing him stress. The stress caused Mr. Mohammed to have health problems. Mr. Mohammed dealt with his stress by distancing himself from Dean and his brother, which was seen by many to not be healthy approaches to dealing with the stress. When Dean came to seek assistance, his father was reluctant to believe that he had changed or that he wanted to change. He started noticing differences in Dean’s behavior and attitude. He started attending a rehabilitation programme and was eager to attend sessions and go to the mosque. Neighbours and other community members started noticing that there was a difference in Dean’s appearance and his behaviour. Mr. Mohammed acompañied Dean to one of his sessions and was inspired by the commitments of those at the sessions. It has inspired Mr. Mohammed to assist other individuals who have substance dependencies once he retires. The relationship between the two of them has been restored almost to the state where it used to be.

7.6.5. Resolution

Mr. Mohamed had initially been passive aggressive towards Dean’s using drugs. He would ignore Dean or distance himself by isolating himself in his room. None of the approaches were healthy for him and his health was suffering. He decided to do research into drugs and he started assisting others in their use of substances. He has even considered writing a book or assisting the community once he retires. With all the research that Mr. Mohammed undertook, Dean was still using drugs and Mr. Mohammed decided to cut himself off from Dean and focus on his children.
who were not using drugs. So when Dean did enter treatment, Mr. Mohammed was sceptical about whether Dean was being honest. It was through his wife’s support that he was able to let go of the obsessive thoughts and to give Dean an opportunity to re-gain their trust.

7.7. Conclusion

None of the narratives of these four caregivers were exactly the same but it seemed that there were similar patterns. These separate people came from homes where the parents gave them the best opportunities in life. The choices that they made following that upbringing seemed to be the most difficult for these parents to accept. And it was also through these choices that the parents had to take on roles again that they had completed, such as that of the caregiver of the grandchildren. It does seem though that once the substance dependants started changing their behaviour and attitudes, it was easier for old relationships to be rekindled.
CHAPTER EIGHT
SUMMARY, CONCLUSION AND RECOMMENDATIONS

8.1. Introduction

The study aimed to explore and describe the coping methods that caregivers implement when they have a substance dependant in their lives. The primary purpose was to assess the type of coping that these caregivers were utilizing and how these coping methods impacted on them. The study was done based on a mixed methods approach which allowed both quantitative and qualitative approaches to be utilized. As it was a sequential study, the qualitative complemented the quantitative research findings which enabled the strengths of both approaches to be highlighted and made up for their shortcomings. The information in this chapter will be based on literature and empirical data.

8.2.1. Goal of the study

The goal of the study was to explore and describe the type of coping that the caregivers of substance dependants employ; how they gain insight into their coping as well as the effectiveness of the coping methods.

8.2.2. Objectives of the study

The objectives of the study were therefore to:

- To explore the coping methods that primary caregivers employ when faced with adult family members substance dependency by using the coping questionnaire
- To describe individual primary caregivers experience with regard to their coping methods in relation to the results that were obtained from the coping questionnaire through narrative research
- To make recommendations for social workers in practice
8.2.3. Research question

In light of the aims, objectives and hypothesis of the study, the research question that this study endeavoured to answer was: What are the coping methods of primary caregivers of adult substance dependents?

8.2.4. Content of the research report

Chapter one consisted of an introduction to the planning of the study, in this chapter a brief literature review was done so as to determine the appropriateness of the research question. The proposed aims and objectives of the study were mentioned as well as the proposed research methodology. Chapter two consisted of a discussion on the nature of addiction. A brief history of illegal drugs and South Africa was presented as well as statistical information with regard to drug trends in the Western Cape. Two major theories in the field of addiction was discussed, the moral model and the medical model. A brief discussion was done on the two illegal drugs that yield the highest percentages of users in the Western Cape, Tik and Heroin.

In chapter three the focus was on addiction and families. In order to form an understanding of the family, the family system model was used as a theoretical framework. The effects of drugs on the family was discussed with a specific focus on shame, addiction and the family and the effects that having a substance dependant has on the health of the family. Chapter four focused on coping and stress. A literature was done on the three theories regarding coping, stress, addiction and the family. Those include codependency, the stress-coping-support model and support groups. Chapter five had a complete discussion on the research methodology that was used. As the research was a mixed methods one, there were discussions on the sampling, data gathering and data analysis of quantitative research and qualitative research.

Chapter six is a presentation of the quantitative research findings. The data analysis was done through using the SPSS program. The demographics of the study as discussed, intercorrelations was run on the different coping methods and test was run to determine the significant difference
between males and females in terms of coping methods. In chapter seven, four narratives were analyzed and presented according to Labov and Waletsky’s structural model of narrative.

8.3. Summary of findings

8.3.1. Tolerant Coping

Before the medical model became known in the addiction field, the viewpoint was that addiction was a moral failing which had strong societal influence to it (Fisher & Harrison, 2009). In the literature review, Albers (2000) speaks at length to the impact that shame has on addiction, not selectively to the substance dependant but to the family. As he speaks to the inert feelings of deficiency of self, there are hints of a reversion back to the concept of moral failings. In the quantitative research findings, tolerant coping methods were dominant amongst the population sample however what was most surprising is that it occurred at a greater percentage amongst males than females. A popular theory around coping with a substance dependant has been the Codependency theory. The codependency theory focuses on the dysfunctional relationship that exist between the substance dependant and the family member and in literature, that family member was typically the female. The codependent was in essence protecting the substance dependent from consequences through becoming a sacrificial victim (O’Brien & Gaborit, 1992). Tolerant coping refers to acceptance, self–sacrificing and entertaining the use and in the quantitative findings, it was found that the caregivers were attempting to control the use of drugs, there were attempts at hiding the drug use, consequences meant for the substance dependant were accepted even to the extent of giving money even if there was knowledge that there would be drug use as a result of that money. In the qualitative findings, mothers were engaging in tolerant coping behaviour. However the influential factor in this regard was shame. The mother with the substance dependant daughter did not initially inform anyone of her daughters drug use, due to the shame (Annexure A). For this mother having a daughter who was using substances presented a deficiency in herself, as she considered herself “prim and proper”. The mother who had a son who was a substance dependant (Annexure C) whose situation was slightly different as her shame originated from the raising of her son and that it was more disbelieve that despite the amount of effort; there was still an inability to control completely. The high rate of individual’s
8.3.2. Engaged Coping

Living with a person who has a drug dependency brings with it consequences for the family. Addiction has been viewed as a family illness in that it brings with it an invasion of the family system both physically, emotionally and psychologically, so addiction changes the way people think, how they behave and how they respond to emotions and families mirror these changes as well (Orford, Copello, Velleman & Templeton, 2010). ‘Engaged coping’ refers to engaging in behaviors in an attempt to change the substance dependant’s excessive use through acts that are emotional, firm, controlling and/or encouraging (Orford et al, 2005). Engaged coping is the second highest means of coping and females seem to dominate over males. In looking at the items of the quantitative and qualitative data findings, the majority of the caregivers were attempting to communicate with the substance dependent about the effects that their drug use has on themselves and on others. Literature indicates that there is a high stress level due to the effects that the substance dependant individual has on the family members. Tik and Heroin, the two leading drug of choice in the Western Cape, affects the behaviour and this behaviour change can be extremely stressful for the family member. In all four narratives (Annexures F –I), caregivers make reference to the substance dependant changing with the drug use, they became more aggressive and disrespectful.

Family members fear for the safety of their loved ones, despite the fact that they might not agree with the drug use, the family connectedness is such that the concern is still there. In the mother-son narrative (Annexure H) the mother speaks of her inability to sleep until her son had come home safely. There is still a sense of wanting to control the use with some of the caregivers (Annexure F) is an example of a mother-daughter narrative where the mother would be sleep deprived so that she can monitor her daughters using drugs. The stress-coping-support model assist in obtaining means of finding answers to the drug related behaviours and means to assist the individual. Whether it is looking at ways of stopping their loved one’s drug use or assisting
them in obtaining support, engaging coping assist through action. This model assumes that families experience stress as a result of the drug use and seek means of support in an attempt to cope. None of the caregivers made use of support structures however they relied on their connection with their higher power. This model allowed some of both the tolerant and withdrawal coping to surface in that it attempts to assist and to control which links somewhat to the different means of dealing with stress as no one means can always be effective.

8.3.3. Withdrawal Coping

Anna Freud theorized that individual’s at times take on defence mechanisms which might be beneficial in one regard but detrimental in others (Somerfield & McCrae, 2000). The quantitative research findings found that a smaller percentage of caregivers making use of withdrawal coping. It has not been confirmed nor denied that withdrawal coping is effective or not effective, however as was mentioned above that there are benefits and consequences to taking on any behaviour. Problem-solution coping seek out a solution to a problem and might not necessary have emotional connectedness (Carver, Scheier & Weintraub, 1989). This however does not mean that the individual does not have elements of emotional connectedness, as the emotional relationship system has eight interconnected systems and one of them is emotional cutoff. (Goldenberg & Goldenberg, 2004). Withdrawal coping’ involves activities that are undertaken in isolation of the substance dependant or complete isolation from the substance dependant in all facets of that individual (Orford et al, 2005). More females than males engaged in withdrawal coping in the findings of qualitative research however the margin was very slight. Functioning families must have boundaries (Malcolm, 2007; Robinson & Rhoden, 1998) so when they were keeping away from the substance dependant or pursuing their own interest or taking care of them, it does not indicate that there was less emotion for the substance dependant, there merely was a focus on the self. In the narrative of a father and substance dependent son (Appendix I), the father seeks out his own luxuries, that being his newspapers and CD’s, a sense of reward to himself, however as the narrative continues it can be seen that his coping mechanism lies with finding some self enjoyment in a process where he almost loses himself by becoming engrossed in the life of his son.
8.4. Accomplishment of goals and objectives

The goals of the study was to explore and describe the type of coping that the caregivers of substance dependants employ; how they gain insight into their coping as well as the effectiveness of the coping methods. Through utilising the mixed methods approach, as was mentioned in 5.6., the researcher was able to not only gather statistical information but in-depth accounts as well. In striving towards the accomplishment of the research goals, the researcher focussed on the accomplishment of the objectives.

The objectives were:

- To explore the coping methods that primary caregivers employ when faced with adult family members substance dependency by using the coping questionnaire. In 5.8.1. the coping questionnaire was discussed as well as the data gathering methods. The researcher achieved the proposed completion of the 80 coping questionnaires by family members who have loved ones who are substance dependent. Annexure 3 and 4 are examples of the questionnaires. Thereafter the data gathered were captured and the analysis was done through the use of the SPSS program. The means and standard deviations for items can be observed in tables 6.2., 6.3. and 6.4. In table 6.5. the means and standard deviations of the different coping styles per gender are displayed.

- To describe individual primary caregivers experience with regard to their coping methods through utilising narrative research. In order to achieve this section of the research, the researcher recorded the narratives of four different individuals. The respondents were given an opportunity to ‘tell’ their stories. An example of a narrative can be found in Annexure E. These narratives were then coded, observe Annexure F, G, H and I, where the narratives were coded into five different sections, that being; abstract, orientation, complicating action, evaluation and resolution. These were then sectioned together in order to gain an understanding of what their means of coping brings to their lives.
To make recommendations for social workers in practice. The literature review enabled the researcher to gain knowledge of the information that was already known and through undertaking the research, recommendations have emerged. This will be further discussed in point 8.6.

8.5. Recommendations

The recommendations for practice and research stem from the information that was obtained through the research process.

8.5.1. Practice

Recommendations for practice

- Educating the community about substance abuse as two of the caregivers referred to the need to be educated about substance dependency. In the discussion on moral versus medical (2.3.), the different theories on addiction is discussed and even though there is huge support for the medical model, the moral model is still alive and very active in the minds and attitudes of some individuals. This can be observed in 7.6., the fourth narrative, whereby the father seeks out information so as to gain understanding on his son’s actions.

- Relevant and effective literature to be distributed in an effort to educate people about substance dependency and to break the stigma. This second recommendation ties in with the first one. Only one respondent mentioned actions, 383 in Annexure I, whereby the respondent bought newspaper in order to educate himself as he prided himself on having knowledge through which he can help others.

- The establishment of more support groups that is easily assessable. None of the respondents utilized support groups, however in 4.6.3. the literature speaks to the benefits of attending support groups. The majority of the respondents, both males and females, made use of tolerant coping (table 6.5.). The items mentioned under this section display a need to engaging in behaviour where the individuals remain deliberately oblivious to the
substance dependency as a means of coping. However in the narratives, the respondents inform the researcher about their health concerns and that it worsens with the loved one’s use of substances.

- The integration of having the option of spirituality into a treatment program. Most of the respondents related to spirituality being a main feature in assisting them to cope.
- Family programs with the main feature being the family member as research indicated that there is a focus on the substance dependant but not specifically with the family member. In noting 1.3. the Department of Social Development speaks to the need of family programs as has been noted in chapter 3, families are mobiles, if the one moves the others would move as well, whether they want to or not.

8.5.2 Research

Recommendations for future research:

- Developing a family coping program based on the different coping methods and evaluating the effectiveness of that program.
- Determining what the barriers are for family members in accessing assistance for them.

8.5.3 Limitations

The limitations of the study that occurred during the initial stages of the study were that inability to obtain permission from the initial sample population. This therefore resulted in that the sampling method had to be altered. Two organizations rendering treatment were utilised in the study which limited the population and the possible responses. The study would most probably not yield a clear-cut solution, as people are individuals and their experiences can never be exactly the same. The researcher does however acknowledge that there are individuals who have similar experiences. The researcher gathered data from both male and female caregivers, however due to limitations in literature, which speaks to the coping mechanism of the different genders in relation to having a loved one who is a substance dependent, this aspects was not explored in more depth.
8.6. Conclusions

The literature review had showcased the shocking influx of illegal substances within South Africa and especially in the Western Cape. Substances such as Tik and Heroin, amongst others, have caused havoc in the lives of individuals and families. Addiction, a word that has been rather unknown in this province had becoming part of everyday vocabulary. Although known, addiction is misunderstood and is plagued with labels that denote immorality and wilfulness. Within the Western Cape the majority of individual who are substance dependants are coloured young adults and the main drugs of choice is either Tik or Heroin. The use of Tik and Heroin had come at such an alarming rate that the after effects have left complete devastation. This has been especially so with the family members and especially the caregivers. The case of Ellen Pakkies made international headlines and added fuel to the sense of despair that families were experiencing. Individuals within family units were searching for coping methods and with the lack of guidance, they did what they felt was beneficial to them and their families.

The quantitative findings highlighted the difference in the different coping styles. The majority of males and females made use of tolerant coping styles, the second most was engaged coping and the last was withdrawal coping. What was significant to this study is that ‘coping’ is fluid and no individual makes use of one specific means of coping throughout their existence and even throughout an event or in their lives. Family members are fluid and the members take on whatever role they feel constitutes survival for them. This in no way guarantees that the coping method is the most correct means of dealing with the event. However family members are like mobiles and if the one moves they will all move whether they want to or not and also whether it is beneficial to the entire system or not, so a negative move could shift the dynamics and in essence cause a domino effect of consequences. This was highlighted in the qualitative findings.
8.7. Final Comments

The field of addiction has still yet to be fully explored. In a country that is still very new to the disease of addiction and that has family units that are so closely linked, exploration with regard to the family and addiction has to be made priority. No country and no family and no individual are the same and consensus has to be made for that in order to assist the whole and not just the unit.
Bibliography


• South African Community Epidemiology Network on Drug Use. 2009. SACENDU

• South African Community Epidemiology Network on Drug Use. 2008. SACENDU


Annexure A: Consent Form

Title of Research Project:

Coping Methods: Primary Caregivers of Adults, who are dependent on illegal substances

The study has been described to me in the language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.

Participant’s name: ....................................................

Participant’s signature: ..............................................

Date: .................................................................

Witness Name: ........................................................

Witness Signature: ...................................................

Date: .................................................................
Should you have any questions regarding the study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator’s Name: Dr. A. Beytell

University of the Western Cape

Private Bag X17, Bellville 7535

Telephone: (021) 959 2277

Cell:

Fax: (021) 959

Email: ambeytell@uwc.ac.za
Annexure B: Information Sheet

Coping Methods: Primary Caregivers of Adults, who are dependent on illegal substances.

What is the study about?

This is a research project being conducted by Saadia Jackson at the University of the Western Cape. We are inviting you to participate in this research project because you are the primary caregiver of an adult who is dependent on illegal substances. The purpose of this research project is to explore the coping methods employed by the primary caregivers of adults, who are dependent on illegal substances. Information is sought on coping methods as to gain an understanding of what type of coping methods has assisted primary caregivers in living their lives when faced with an adult who is addicted to drugs or alcohol.

What will I be asked to do if I agree to participate?

You will be asked to complete a questionnaire. An investigator will assist you in completing the questionnaire. The study will be conducted in an area that is suitable to you. The questionnaire will take approximately 15 minutes to complete. The questionnaire focuses on situations that you encountered with the adult drug/alcohol addict whom you are the primary caregiver of, and the behavior that you utilized when faced when those encounters.

You might be asked to participate in an in-depth interview. The interview will be conducted in an area that is suitable to you. The duration of the interview would be approximately 60 minutes. The interview entails obtaining your experience of the coping method you employed in your role as the primary caregiver of an adult drug/alcohol addict. The questions will be open questions but will draw much from the questionnaire. You would also be requested to do a collage of your family situation.
Would my participation be kept confidential?

We will do our best to keep your personal information confidential. To help protect your confidentiality, the following procedures will be adhered to:

- All data will be kept in a locked storage area
- All questionnaires will require your personal details; however this will only be stated on the cover page. This cover page will be removed and the questionnaire will be coded. The researcher will be the only one who will have access to the identification key.
- The same code will be used for those participants who will be participation in the in-depth interviews.
- All data gathering will be done on a password-protected computer and the researcher will be the only one who would have access to the code.

If we write a report or article about the research project, identity will be protected to the maximum extent possible.

What are the risks of the research?

There may be some risk from participating in this research study. The questionnaire as well as the in-depth interview includes questions that could potentially make you feel uncomfortable and might include emotional or psychological risks.
What are the benefits of the research?

The benefits to you include:

- Having your voice heard

The research is not designed to help you personally, but the results may help the investigator learn more about the coping methods of the primary caregivers of adults who are dependent on illegal substances. We hope that, in the future, other people may benefit from this study through improved understanding of it.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Assistance will be available to any participants who are negatively affected by the study. This will be in the form of a referral list of appropriate resources. The investigator will also assist the participants in making first contact with the resource.
What if I have questions?

The research is being conducted by Saadia Jackson, Social Work Department, at the University of the Western Cape. If you have any questions about the research study itself, please contact Saadia Jackson at 079 628 9080/ Saadia.jackson@gmail.com.

Should you have any questions regarding the study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Chairperson of the Ethics Committee

University of the Western Cape

Private Bag X17

Bellville 7535

Email: rchristie@uc.ac.za

Telephone: (021) 959 2949

This research has been reviewed according to the University of the Western Cape’s Ethics Committee’s procedures for research involving human subjects.
Annexure C: Coping Questionnaire female

Female, drug version (F,dr)

COPING QUESTIONNAIRE

30-item form

Copyright: Alcohol, Drugs and Addiction Research Group, School of Psychology, The University of Birmingham
Short 30-item Form

SCORING KEY

Score each item:  
NO = 0
ONCE OR TWICE = 1
SOMETIMES = 2
OFTEN = 3

FOR TOTAL (CQ-TOT) COPING, sum all 30 items

FOR ENGAGED COPING SUB-SCALE (CQ-E), sum score for items:
1, 5, 6, 7, 9, 11, 13, 16, 17, 19, 21, 25, 26, 28

FOR TOLERANT COPING SUB-SCALE (CQ-T), sum scores for items:
3, 4, 10, 14, 20, 23, 24, 27, 30

FOR WITHDRAWAL COPING SUB-SCLAE (CQ-W) sum scores for items:
2, 8, 12, 15, 18, 29 and subtract scores for items 5 and 22:
and then add 6 (to ensure all values for CQ-W are positive)

(N.B. – Item 5 contributes positively to CQ-TOT and CQ-E, but negatively to CQ-W)

2 of 5
Have you recently (in the last 3 months) Please circle one answer

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Refused to lend her money or to help her out financially in other ways?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>Put the interests of other members of the family before hers?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Put yourself out for her, for example by getting her to bed or by clearing up mess after her after she had been using drugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Given her money even when you thought it would be spent on drugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sat down together with her and talked frankly about what could be done about her use of drugs?</td>
<td></td>
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<tr>
<td>6</td>
<td>Started an argument with her about her use of drugs?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Pleased with her about her consumption of drugs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>When she was under the influence of drugs, left her alone to look after herself or kept out of her way?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
<td>Once or Twice</td>
<td>Sometimes</td>
<td>Often</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>9 Made it quite clear to her that her use of drugs was causing you upset and that it had got to change?</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Felt too frightened to do anything?</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Tried to limit her use of drugs by making some rule about it, for example forbidding use of drugs in the house, or stopping her bringing drug-using friends home?</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
### Have you recently (in the last 3 months)

Please circle one answer

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>Pursued your own interests or looked for new interests or occupation for yourself, or got more involved in a political, church, sports or other organisation?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>13</td>
<td>Encouraged her to take an oath or promise not to use drugs?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>14</td>
<td>Felt too hopeless to do anything?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>15</td>
<td>Avoided her as much as possible because of her use of drugs?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>16</td>
<td>Got moody or emotional with her?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>17</td>
<td>Watched her every move or checked up on her or kept a close eye on her?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>18</td>
<td>Got on with your own things or acted as if she wasn’t there?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>19</td>
<td>Made it clear that you won’t accept her reasons for using drugs, or cover up for her?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>No</td>
<td>Once or Twice</td>
<td>Sometimes</td>
<td>Often</td>
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<tr>
<td>20</td>
<td>Made threats that you didn’t really mean to carry out?</td>
<td>NO</td>
<td>ONE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>21</td>
<td>Made clear to her your expectations of what she should do to contribute to the family?</td>
<td>NO</td>
<td>ONE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>22</td>
<td>Stuck up for her or stood by her when others were criticising her?</td>
<td>NO</td>
<td>ONE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>23</td>
<td>Got in a state where you didn’t or couldn’t make any decision?</td>
<td>NO</td>
<td>ONE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
<tr>
<td>24</td>
<td>Accepted the situation as a part of life that couldn’t be changed?</td>
<td>NO</td>
<td>ONE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
</tr>
</tbody>
</table>
Have you recently (in the last 3 months)

Please circle one answer

25 Accused her of not loving you, or of letting you down?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
</table>

26 Sat down with her to help her sort out the financial situation?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
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</thead>
</table>

27 When things have happened as a result of her use of drugs, made excuses for her, covered up for her, or taken the blame yourself?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
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</thead>
</table>

28 Searched for her drugs or hidden or disposed of them yourself?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
</table>

29 Sometimes put yourself first by looking after yourself or giving yourself treats?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
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</thead>
</table>

30 Tried to keep things looking normal, pretended all was well when it wasn’t or hidden the extent of her use of drugs?

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
</tr>
</thead>
</table>

5 of 5
Annexure D: Coping Questionnaire males

Male, drug version (M,dr)

COPING QUESTIONNAIRE

Short Form

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1 of 5
COPING QUESTIONNAIRE

Short 30-item Form

SCORING KEY

Score each item:  NO = 0
ONCE OR TWICE = 1
SOMETIMES = 2
OFTEN = 3

FOR TOTAL (CQ-TOT) COPING, sum all 30 items

FOR ENGAGED COPING SUB-SCALE (CQ-E), sum score for items:
1, 5, 6, 7, 9, 11, 13, 16, 17, 19, 21, 25, 26, 28

FOR TOLERANT COPING SUB-SCALE (CQ-T), sum scores for items:
3, 4, 10, 14, 20, 23, 24, 27, 30

FOR WITHDRAWAL COPING SUB-SCLAE (CQ-W) sum scores for items:
2, 8, 12, 15, 18, 29 and subtract scores for items 5 and 22:
and then add 6 (to ensure all values for CQ-W are positive)

(N.B. – Item 5 contributes positively to CQ-TOT and CQ-E, but negatively to CQ-W)
Have you recently (in the last 3 months) 

Please circle one answer

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>NO</th>
<th>ONCE OR TWICE</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
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<tbody>
<tr>
<td>1</td>
<td>Refused to lend him money or to help him out financial in other ways?</td>
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<tr>
<td>2</td>
<td>Put the interests of other members of the family before his?</td>
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<td>3</td>
<td>Put yourself out for him, for example by getting him to bed or by clearing up mess after him after he had been using drugs?</td>
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<td>4</td>
<td>Given him money even when you thought it would be spent on drugs?</td>
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<td>5</td>
<td>Sat down together with him and talked frankly about what could be done about his use of drugs?</td>
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<td>6</td>
<td>Started an argument with him about his use of drugs?</td>
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<td>7</td>
<td>Pledged with him about his consumption of drugs?</td>
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<td>8</td>
<td>When he was under the influence of drugs, left him alone to look after himself or kept out of his way?</td>
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<tr>
<td>9</td>
<td>Made it quite clear to him that his use of drugs was causing you upset and that it had got to change?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>10</td>
<td>Felt too frightened to do anything?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>11</td>
<td>Tried to limit his use of drugs by making some rule about it, for example forbidding use of drugs in the house, or stopping him bringing drug-using friends home</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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</tbody>
</table>
Have you recently (in the last 3 months)\n
<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Sometimes</th>
<th>Often</th>
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<tbody>
<tr>
<td>12</td>
<td>Pursued your own interests or looked for new interests or occupation for yourself, or got more involved in a political, church, sports or other organisation?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>13</td>
<td>Encouraged him to take an oath or promise not to use drugs?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>14</td>
<td>Felt too hopeless to do anything?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>15</td>
<td>Avoided him as much as possible because of his use of drugs?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>16</td>
<td>Got moody or emotional with him?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>17</td>
<td>Watched his every move or checked up on him or kept a close eye on him?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>18</td>
<td>Got on with your own things or acted as if he wasn’t there?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td>19</td>
<td>Made it clear that you won’t accept his reasons for using drugs, or cover up for him?</td>
<td>NO</td>
<td>ONCE OR TWICE</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<tr>
<td></td>
<td>Question</td>
<td>Response Options</td>
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<td>20</td>
<td>Made threats that you didn’t really mean to carry out?</td>
<td>NO, ONCE OR TWICE, SOMETIMES, OFTEN</td>
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<td>21</td>
<td>Made clear to him your expectations of what he should do to contribute to the family?</td>
<td>NO, ONCE OR TWICE, SOMETIMES, OFTEN</td>
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<td>22</td>
<td>Stuck up for him or stood by him when others were criticising him?</td>
<td>NO, ONCE OR TWICE, SOMETIMES, OFTEN</td>
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<td>23</td>
<td>Got in a state where you didn’t or couldn’t make any decision?</td>
<td>NO, ONCE OR TWICE, SOMETIMES, OFTEN</td>
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<td>24</td>
<td>Accepted the situation as a part of life that couldn’t be changed?</td>
<td>NO, ONCE OR TWICE, SOMETIMES, OFTEN</td>
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Have you recently (in the last 3 months)

Please circle one answer

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<th>SOMETIMES</th>
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<tr>
<td>25</td>
<td>Accused him of not loving you, or of letting you down?</td>
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<td>26</td>
<td>Sat down with him to help him sort out the financial situation?</td>
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<td>27</td>
<td>When things have happened as a result of his use of drugs, made excuses for him, covered up for him, or taken the blame yourself?</td>
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<td>28</td>
<td>Searched for his drugs or hidden or disposed of them yourself?</td>
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<tr>
<td>29</td>
<td>Sometimes put yourself first by looking after yourself or giving yourself treats?</td>
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<td>30</td>
<td>Tried to keep things looking normal, pretended all was well when it wasn’t or hidden the extent of his use of drugs?</td>
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Annexure E: Narrative Example

Ok. Umm…. I will start very when I found out nè because umm.. Me and Wadia had an argument of the guy that she was going out, that is Ayesha’s daddy…. Because apparently I found out afterwards that he was doing drugs man…. And then I didn’t wanted her to see him anymore. But he had such a hold over her man….. because at that time she was 18 already and then she went over to them. and I wasn’t at home , I came home and she wasn’t here then I went around there, to go and call and her and then she came out and then told me that she is gona stay there….. And then I mos now threw a fit. And anyway then I came home. And … I left her there. Two weeks after that so my neighbors came to tell me that she and Shaun was there at their place three o clock in the morning and then I told myself that if she is walking with him that time of the morning then she is doing drugs with him…. Anyway whenever I go to the town centre then I pass there and then she was outside one day so I asked her, are you doing drugs? ‘No she is not’. And then I went to the police to fetch her and they told me she is 18, they can’t go and fetch her. Because she is mos now of age…… Then I left her there. Then I saw her… then I knew she was doing drugs. Just for the way she was looking she wasn’t dressed, the hair and just the way she was looking man. You could see she was doing drugs. And then I had an argument with his mother …. about the drugs and stuff and then she denied it ,but I knew Wadia. Because you see how Wadia is now nè. she was thinner than what she is now, but Wadia was never a fat , she was never fat but she was thinner than she was when you saw her for the first time. …. (sigh) But anyway so I went to Sheigh . And I asked him what I can do to get her home and he gave me a lot of duas … to make man, to get her home. And then my father got sick and then my mom and my dad moved in here . Nè, they came to live here. Then she came here, one day and then she spoke to my mom and she left and the evening while I was sitting with my daddy in the room my mom came to me and she said that Wadia wants to come home and I must let her come home. And then she came, that night she came. Then she just asked maaf and all that, so I told her you can come home but when you are home you gona stop with the drugs, but then she still deny she doing drugs man. She is doing drugs; she is still denying ‘no she is not doing drugs’. Then he came here and I chased him away. and then I got an interdict out for him not to come here to come near any of my children which includes Wadia and Ayesha and stuff. And then she told me then she, she never admitted she was doing drugs
but then she was home and I could see the change in her because in her face I could see no she is not doing it anymore because she was just at home and so.

Then, that was 2004. Then she went to go and work and long after that man so she met up with also a guy that’s living around here. Mmm. I can’t remember his name but anyway. So she went out with him and I was glad that she is going out with him because I thought he’s not on drugs man. But he was also on drugs. Later, we found out, because actually my son told me. Because the two of them. There was a bakkie standing in the yard, my son, is a panel beater, he was working on the bakkie and then he and the girlfriend came over the field and then they saw you know like they light this thing they smoke. He saw that light in the bakkie. Then he came in and then he told me that the two of them was tikking in the bakkie. And then I called her and she just denied it and she said that they were lighting a cigarette and so. But anyways I also didn’t want to believe that she is doing it now because she is then at home. (started talking faster). Why she is doing it? Because when she was doing it around the corner she was mos living with her boyfriend. And umm and then one Friday man, I was laying on my bed and I got up and she was also lying, she, my daughter and my son. Then I woke them all up and I told them come with me and then we got in the car and then I went to this place in Westridge man. I can’t remember the place but it is there were you can get tested. So we went there and they got tested and everybody came out clean. So that is what I did then. So I don’t plan I just decide, like I will just take them today. And then I will take them. Like my son was working and then I only took Wadia. And then I would take. And then the test came clean. When he saw her, I took her the next day. The test came clean. You know that thing they put when they use when they took it out of the pee and it was lying there waiting for them to read the thing. So it was open man and then they took another one and they took two or three and the same thing happened the thing opened. And then this lady told me and then I thought she is clean. But then my son told me I don’t believe in that stuff because I know what I saw. And then I told them but he don’t do drugs and my son said yes, he do drugs because when used to give him a lolly, the time he used to use drugs. But anyway. Then, then she stopped again. She was on and off. Because when she was doing it, you can see it on her face, her face is in. you can see her hair, because then her hair looks like kroes hair so her hair look. Then, then she stopped but she did then she would stop for
a couple of months or she stop for a year and then she would start again like that. And umm 2009 was it 2009 let’s just see. Not this year, Last year 2010 she went out with this guy that lives in the road and that’s when it got worse. Because when she went out with him she doesn’t come home. And then the next morning when I sent Shireen to go and see if she is there, she is not there. And then the mother, but ok he also, according to me I also thought he didn’t do drugs. Because he don’t come weekends. he would come in the week to visit her but he don’t come weekend. then I asked him once one time I ask him, now how come you don’t come on weekends. But he said, no he is with his friends. So I ask him so if you are with your friends and your friends are doing drugs, are you then? You the only one not doing drugs why you than with them so he said no he just chill with them. So I told Wadia, he is lying. I told her he is doing drugs because for me to be with this group of friends for the entire weekend and they doing drugs but I’m not doing drugs what am I then doing there. Because whatever they gona do I’m mos not gona do because I am not in the state of mind that they are in. She said ag man mammie you can always think so bad of everything, everybody and you don’t even know. Then Shireen talked. Because of Shireen I was convinced that he was not doing drugs. She told me mammie I know them mammie nè and she won’t allow him to do drugs still staying at home ne. And then I thought ok maybe I’m just wrong. And then afterwards a couple of months after that. Then she also start getting thin then I asked her what is wrong with you, are you pregnant and she said no then I told her then you must be using. And how did I find out that he is using? I don’t remember how I found out man. When she is with him then she don’t come home. Then she come home here in the middle of the night so. You know when I know Wadia is using. When I say something if I when I ask her where the hell are you coming from, then she answer me. And that is when she is doing drugs. When she does drugs then she will backchat she will answer you, but if she, but if she is like now and she is not doing drugs. I can say anything I can skell whatever she won’t answer ,but when she is on drugs, she answer. And that night when she answered me so I knew. That she is on drugs and then umm. She came in here one night past one. But then you must know by this time I am already so worked up and so dik of her I just want to throw her out. Because I did throw her out. And I told her she’s out and I don’t want her here. Shieyaam say mommy let her ma come home. Because where she sleeping and where she’s eating. But I was you know I was at that stage where I didn’t care what happens to her. But Shieyaam was the one who keep on keep on. Now when she comes here ne when she comes
here. After a week or so then Shireen will say mommy Let she may stay here, now she will come in and if I say nothing then she stays. And then I told her if you not gona stop I don’t want you here because. You see when she do drugs nè, then I can expect anything of her. But that time since 2004 up to now last year she did do drugs but she never stole from us. And last year then she was with this guy and then she did drugs everyday. She was on drugs every day. And then it happened so that umm she came in here past one this night and then he had a phone. And we could see that she was on drugs and Shireen said mommy lock the door don’t let she go out. But I was so fuck man why must I waste my time if she wants to go and mess up her life let she go and mess up her life. But anyway so I did lock the door. And she went on and I was so angry that night so I took the chair and I hit her with the chair. But she just wants to be outside. Then what I did, no then she got the key and she went out. She’s gona fetch the phone, she just needs to get the phone now. She said she needs to get the phone she must get the phone, then she asked Shireen to walk with her so I said no Shireen is not gona walk with you why must Shireen walk with you in the middle of the night. And its middle of the night here to walk. Anyway she left I didn’t see her she came the morning that was the Monday morning. She came. She ate. Now she most don’t really sleep when they are on drugs. Then she ate that morning then I asked her where’s your phone. You then left here early hour of the morning for your phone. Now she tell me they were walking and then this guys wanted to rob her so he took the phone. Then umm they took the phone from him apparently. Anyway. Then she had the phone after two days they got the phone. Then he took the phone from her and then he selled the phone. And then she came she told me that, no, his mother sent the brother to come and call me. So he said that his mommy is calling me and then I said why. She don’t know but the mommy is around the corner by that other lady’s house. So I mos now walked with the child. And I saw her on the corner and I went, so she said I must just come with because apparently the boyfriend did pan Wadia’s phone by this lady. And this lady don’t want to give the phone and Wadia is putting up a big performance on there for the phone, and the lady don’t want to give the phone because he must give the lady R50 for the phone and that’s when I just had enough. Because I was very angry because his mother, we have spoke so often with each other but she never mentioned that he was on drugs man. Even when they went out, she didn’t mentioned. And I was angry. Because I expected her to tell me listen here jasmine he is on drugs I just want you to know because I don’t know if you know he is on drugs. Because if I knew I wouldn’t have allowed Wadia to go
out with him. But anyway, then we got the phone that was the Monday. The Saturday afternoon Ayesha was by the granny. But her clothes was here for the weekend. So I told Wadia take the clothes over to Ayesha. So Shireen said no, mommy come lets all take a walk. She said no she is not gona walk with. When we came back everything was normal, that Saturday night I was sleeping, I woke up in the middle of the night. And my mind just said my phone. But listen the phone I was using was laying in my draw because the phone I was using Shireen bought me December and that’s now my old phone. And I went to the draw my phone is missing. I was so angry. And she wasn’t home she was also missing. I was so angry not for the fact that she stole my phone for the fact that she stole from me. Then she came Sunday that was the Saturday night when I missed the phone now she took that phone the time me and Shireen was not here the afternoon to take the clothes away. Oh I was so angry! The Sunday morning I phoned my one brother because I was gona make a case against her. I was gona put her in jail for stealing that phone. I phoned my one brother. He is he was not here in Cape Town man, but I can’t remember anyway I can’t come to the name. Namaqualand, he was in Namaqualand that morning when I phoned. He was a taxi driver he drive those car taxis, he was there. I phoned my youngest brother I asked him to come because I want to go to the police station. Then he came, he talked me out of it, of going. He said no don’t go because it is your child and all of that. But what they didn’t understand at that time is that I didn’t feel anything. I would have gone through if he had take me, I would have gone through that case. I wouldn’t have shown any mercy. Because I was at that stage nè, you know what I wanted at that time was for her just to go to jail or to die. That’s how I felt I couldn’t stand looking at her because that time when she stole the phone. I would only let she sleep here during the day in the morning when Shieyaam go to work and Nawaal go to school she must also go out. Then she can come back six o clock. Then she can eat, wash and sleep here. That’s all I didn’t allow her whole day in the house. Anyway and then she lied about the phone, ‘no the phone isn’t sold’. And all that stuff and she has the phone. Now she tells me no she is gona fetch the phone then she say no the lady isn’t there she went to work. I did let her walk everyday for the phone. Say she say the lady girl is gona be there tomorrow at 5 o clock, quarter to 5 then I will remind her, fetch my phone. I knew she was lying but I would let her walk every day. And every day she will come back with an excuse. I think it was for a month so I told her why don’t you tell me you sold the phone. Because then one of her friends not friends but ok acquaintances came here, and they told me
that they know where the boyfriend did pan the phone. So they and then ask me what kind of phone you mos know the stories come out what kind of phone you have, I told them. So he said he knows where the phone is he can take me. He can take me to the people where they pan the phone. So I said no I’m not gona fetch the phone. And I didn’t go fetch they phone and the reason I didn’t go fetch the phone because I didn’t want her to know that she can take stuff go pan stuff and I will come and fetch it. I will rather be the loss of that phone, so I didn’t go fetch the phone and eventually the phone never came. Because I don’t know, I can’t even remember what she said the last time she went for the phone. The fact remains is the phone never came. And then after that, that happened December now last year December2010. And it was end of January Shireen was away already. You know I was, I made up my mind if Shireen leave for the army, I’m gona put her out. Because then Shireen is not here to come on nag on my head, mommy don’t let she sleep out let she come in and stuff like that. Because at that, at that time, she did only sleep here. During the day in the morning if Ayesha leaves for school at 8 o clock she must leave and then at 6 o clock she can have supper and wash and sleep. And then it was in January end of January I was busy hanging washing that Saturday. But now this lady down the road she sells eggs man, and then I bought a tray of eggs by her but I didn’t pay her for the eggs so I told her I will pay her the end of the month because I did a lot of baking for Shireen leaving and for her to take with. So I ran out of eggs. So I took eggs here by her and then the Saturday I was hanging washing. And I saw her coming to the shop and I called her and I said, ok Bieba I must still give you the money of the eggs you must come in then I’m gona give. Now you must now that I must hide my money, after the phone I must hide my money. I walk whole day with my money on me. And if I go sleep I either hide it or what I do the money is in the money bag and I take a small pin and I pin it fast on my pajama pants. And I sleep with my money so. That I did after she stole the money. Then I came in with the lady I told her I’m coming now. And I put my money under this thing there is a tray I put it under here (points to the wardrobe with boxes on top). Now I lift up the tray there is no money there was a R100 and a R20 and a R10. Now I stand on a chair and I look, no there is no money. And I knew she took the money. But how, I’m thinking how did she know the money is there. And anyway she is just missing. She came home and said no she didn’t use the money the money is here by this girl around the corner. And then I told her to go and then that girls father in law and father came here that same night looking for her, for the girl. And umm so that night I locked the doors ne I
came to get into bed because then she mos now told this guy uncle Joe that she will go with and show where is his daughter in law. So I said no she is not going with she can explain to you where the house is and all that. But this house around the corner it’s a Muslim lady né she keeps all of the children there man that’s doing drugs and stuff. That is now the house the children will go to because she also do drugs. But anyway so this night this two guys left and I locked the door and I took the keys and I put the keys under my pillow and I came to lie here. But at that time né, that was last year December/ January when I at night then I lock my door. And I go sleep and that’s when Ayesha decided she gona sleep by me because, because that is the time I started locking the door. Away from her mother. I already locked my door. That is the time. Because you know I didn’t feel anything for her. And then in that time when she was sleeping outside somewhere. But this guy the boyfriend. So Shireen ask her, that was in January because Shireen left. so Shireen ask her where did you sleep. So she say she slept here on the park. I heard her telling Shireen she slept on the park. That is when I realized I don’t feel a thing. Because I didn’t feel a thing when I heard she, she say that she slept here on the park. And Shireen said hai why didn’t you come and knock on the window so. I felt that day, I felt absolutely nothing. I didn’t even feel sad or anything for her for sleeping there, nothing. I felt nothing. And that’s when I realized that whatever she do, it won’t bother me because I feels nothing, there is nothing, nothing anymore and after she stole the money and Shireen left. So she disappeared again for a couple of days then she came. You know what she do when she come home, she know Ayesha is sleeping by me she will knock on my window. Then she’ll knock so loud Ayesha wakes up. And Ayesha will say ma open the door for my mom. And I will say no I’m not gona open the door. And she will say ma open the door. Then I get up and open the door. And then I just take it that if anything happens she will say if opened the door nothing would have happened to her. But anyway when Shireen left that was this year January so I told her, so I sat her down and I sat Ayesha down. And I told her, I had enough. And I told Ayesha you know what your mommy’s doing now I had enough. You know how she found my money I hidden there. Ayesha was by the granny she went to Ayesha she told Ayesha that I can’t remember where I put my money. She asked Ayesha do you know where ma did put ma’s money. So Ayesha said yes And Ayesha explained to her. And that’s how she knew. When Ayesha came home the Sunday so I asked her, did you tell your mommy where I put my money. So she say no but my mommy was there by me. So she told me the mommy was there by her.
But I know she did tell but she sieke too afraid to tell me that she told her mommy because if she didn’t tell her mommy her mommy wouldn’t have known. But anyway. So when I sat them down so I told Ayesha you know how many times changes I gave your mommy. And your mommy don’t want to listen. And this, now before I sat them down. Ayesha said ma just gave her a last chance. So I said ok. So when I sat them down so I told her you ask me to give your mommy a last chance. And I am giving your mommy that chance. Now, so I am telling your mommy in front of you, this is her last chance. If I must just think that she is on that she is doing drugs. Then I’m gona throw her out. So she either have to get herself into a rehab or I’m gona throw her out. And then I phoned the radio station. And then I asked them I explained to them about the drugs and that and then they gave me a couple of rehab places. And then I went to the one in Hanover Park. But I didn’t go to the rehab I went to my daughter and then she showed me where the place is it is just like so a house like man, open man. They can walk out and do whatever they want to. So I thought no, because this is too free access. To whatever they need, leave it ma. And that is when I found the radio. And then they gave me a lot of places and then they said I can try the clinic for counseling and then I told her and then I got the number and I told her here is the number, you either go for counseling or I’m gona put you out for good. And she knew ill put her out because I explained to Ayesha what I’m gona do in front of her because she knew that there is nothing she can bank on for Ayesha to save her because Ayesha was the only person, it’s because of Ayesha that I didn’t throw her out years ago…. Because when she was around the corner by Ayesha’s daddy them she and Ayesha was there. If she were there alone I would have left her there because she and her sister the two of them were the two who came home after school and tell me about the drugs. And what the drugs do to you. On high school. You didn’t expect it from Wadia. Uh ha What was your reaction when you found out? When I found out I was, I was so angry but I blamed the boyfriend man you understand I blamed him because I just took it so because she is with him she wants to be with him. She wants to stay with him so she will do whatever he tells her because he told her that she is 18 and she is old enough and she don’t have to listen to me. And that is why she went to go and live there man. And because of umm when she was pregnant, she got pregnant when she was in standard 8, Ayesha was a year old when I went forward for maintenance for Ayesha. Now that time when she moved to go live with him, that was just before that I went, went forward because he only paid for 3 months for that 4 years. He only paid three months maintenance man.
Then I went forward for the arrears and stuff and then he wanted Wadia to go to court and to put the money the maintenance thing on her name because she is mos now 18 man. And then she didn’t wanted to do it. I told her you not gona do it if because he knows that if if that is on your name he can do whatever do with you whatever he wants to. But at that time she was just in love. Listen to him don’t listen to the parents and stuff. But I actually I blamed him but now I don’t blame him. But at the time I blamed him. Because I just took it so that she would but now I blame her as well because she isn’t a stupid person man. She wasn’t a stupid person. She could have said no I don’t want to do this or I’m gona leave you. You understand. But at that time I was too angry. When I found out I was so disappointed because umm I didn’t expect it from her. Because I’m open with all my children. I speak open I don’t still camouflage a word. I just tell them as it is so they can know exactly what im saying. And Wadia and Raldia when they were at high school they were taught about drugs. I didn’t even know about drugs that existed they came from school and they would tell me about this drug and that drug and what it do to you and all that. So I didn’t expect it from her. And I didn’t expect Wadia to do drugs because why her mouth is too clever. She don’t take shit and she is not afraid to say she don’t take shit. I would have expect it from Raldia. The things Wadia did I would expect Raldia to do it. Because So I didn’t expect it from her. Raldia is not a strong person to say no. Raldia will do what the friends do to fit in, now Wadia she’s not like that she can she got a mouth on her body, she can tell the people shit and she don’t want to do it she will let you know she don’t want to do it. But now uh ha you know that time So I felt so. Only now ummm I will say it’s only now about 2 months that I start feeling something for her again. I was dead where she concerned. Whenever I hear of her also I feel nothing. Because Shireen had still tears in her eyes and when she said ya and then she still lied to Shireen but she didn’t sleep on the field but she said that to Shireen to get to me. But what she didn’t know was that my feelings was so dead that I didn’t even feel anything I didn’t even feel sorry for her or anything. I still told her she must leave but Shireen said mammie but where she gona sleep she slept on the park so I said she can sleep again on the park. You see I could have taken everything of Wadia but the day when she stole from me that was just. You know I just could not believe that she stole from me. Because I gave them everything. I am without their father for 19 years now. And I had given them everything. They never went without anything. They got their schooling, they got everything, if they want something, if they don’t get it today, they will get it at the end of the day or by the end of the
month, but they will get it man. They will not go with anything else. And when she got Ayesha I raised Ayesha since day one. Because she was on school. And with Ayesha also, we didn’t know about Ayesha, Ayesha just came so we saw and that was in the holidays, and when school opened she went back to school, I took care of Ayesha. Ayesha’s father and his family never took care of Ayesha. I took care of Ayesha since day one. Until now from Jan /February this year that Ayesha’s father is paying maintenance regularly up to now. But I took care of her, me and my family. When my husband passed away, me and my family took care of Ayesha. Like if Ayesha need something and my brother come in here and I mention nè, then they will see that Ayesha have it. When she was a baby and she needed milk, and I don’t have, then I’ll phone them they’ll see that she has. So Ayesha even though umm Wadia father passed away and Ayesha’s father didn’t support her, and my father passed away, Ayesha still had everything she wanted. So you got support from your family in terms of financial things for Ayesha. was there ever support from your family or others in terms of assisting or helping you with Wadia? With the drugs? Hmm. My family never know that she is doing drugs. I never mentioned anything to them because I was too shy. I felt too shit to tell them that she is on drugs. They only, when was it, let me see, not last year I think 2009. I think it was 2009 or beginning of last year when they, when they found out that she’s on drugs. When I actually told them that she is doing drugs. Why did you feel shy? What made you feel shy? For me it was embarrassing that that my daughter is on drugs man. Because far as I can. There is no reason. I can’t think of any reason for her to be on drugs. Because it’s not that she didn’t you know, she didn’t have anything or its bad at home. Because Wadia and I were very close. We were very close. So I, there was no reason, man. Up to today I can’t think of any reason for her to do drugs. Because she never had any reason to do drugs. Was it difficult not telling you family at the beginning about what was happening in your life? It was difficult, it was difficult. Because it is then my daughter that’s on drugs. And I am then the prim and proper daughter. Having a daughter that’s on drugs. I never said anything. They will now look and ask what’s wrong with her and I won’t answer so. How did you cope through all these years? Oooh it was. With her now? With the whole situation? Man, I don’t know, I just . you see she was off and then she was on. And then I didn’t take any. At the beginning, I didn’t still worry much and because I can see the way she look so man. Didn’t worry much. But then there comes times when I look at her and I think no man. You don’t look right and then I will go fetch her at work and then when she gets in the car I will take her bag and
I'll search her bag. And I'll get a lolly in the bag. But it is never Wadia’s stuff. And when she and Raldia go out and they come home. and I open, my, my children never had a key even my son also, he never had a key. If they go out, even like my son if he come home 4 o clock from the clubs and stuff I will stand up and I will open my door. I never gave them a key. So when Wadia them when they come home and I look at them and they don’t look right I will undress them just there by the front door to see if they have. But I have on Wadia I have found so many lolly’s when I go fetch her at work and she come out and she walks to the car I will just look at her and I will think ahha something is wrong, then I’ll take her bag and she will ask ‘why is mommy scratching in my bag, it’s my bag’. Then I’ll scratch and then I will get a lolly in there. Even at home also, she went to work and I will start unpacking her cupboard and I will get a lolly. Somehow I will get a lolly. She will come in and I will get a lolly in her pocket. And she will still tell me it’s not hers. She had never owned up to whatever I have found on her, whether I have found Tik on her or whether I found a lolly on her, she never owned up. So do you think that any areas of your life was affected by what was happening with Wadia, your health, your spirituality. No ahha, it wasn’t affected, in fact, my spirituality actually got stronger. Because you know that time when she was living with her boyfriend when she moved out. When she went to stay by the boyfriend. So I went to sheikh that time I my father was still alive, but my father was very sick at that time. He was like his memory is now with him në and then later on then he is not with you so man. Now my father was always the person I could go to for advice for anything, and he was sick at that time. So I couldn’t go to him. And then I went to sheikh. Because we attended his mosque, always attended his mosque and so. And he know my father and stuff. So I went to him, I spoke to him and explained to him what happened at that time, she was living there. That time I didn’t even know about the drugs. She was living there but I had some suspicion he is doing drugs man. But I didn’t know about her and he would talk to me and stuff like that. And he will tell me make dua for this and that and so and that’s what I did and that’s when she came home and but then she did drugs very seldomly when she was at home. Until she went out with this guys here meesy Caster, until she went out with him then she start getting heavy into the drugs. You say that your spirituality is actually stronger now, and your health? No my health, so far my health is fine. My health is fine. And the family dynamics between, because it seems that Shireen on the one hand was protecting Shireen and Wadia was protecting Ayesha from the consequences and from you as well. And having her brother and her
other sister also at some stage like you said with the sister also at some stage also using. You see Wadia and Raldia they used together, they used together. And that times when they went out, before Raldia got married. When she was working in Athlone, then they go out. They used to use together the two of them. How did that impact on the family dynamics Wadia using. Did it cause any conflict in the family? Yes, Because me and my son would argue a lot. Because he will come, you see my son also did drugs. Nè , and he first just smoked that slowboats right, that’s all I knew he was doing. But he was doing drugs nè but not here at home man. Say Fridays then he goes to his friend for the weekend so he would say mommy I’m going to this one or that one for the weekend, see you on Sunday. Then they will do their drugs nè. But I knew he was smoking buttons man. But I never knew of the drugs. And then one day so this lady came here one of his friends mothers came and she told me ya Yaqoob and Waleed is there by this house and they were whole weekend there and they whatever drugs they were using man and they were dancing man so because of the drugs. And she went there and she coming here now to tell me because I must go fetch him. I’m not gona go fetch him. He’s a big boy because that time when he started doing drugs was when his wife manigaled. Because she died of cancer. And he had a boy of four. And then he started doing this heavy drugs and stuff. So she said, she I said. But the way she was talking she’s blaming this lady of the house because this lady is allowing them. so I told them so if they are playing music and dancing I’m not going because he’s a big boy, he’s then a father already and he knows right from wrong and I’m not going to the lady’s house to make a scene there. And then when he and that was a Sunday morning when she came here. He came the Sunday night so I told him. And then he just laughed and he said ag mammie she is mad it is not like that. You see my son did drugs, but, I, there was no problems man. And I didn’t know that he was using this stuff. Un Till one day when he was working in Bayview and I would fetch him sometimes when he brings his tools home. If he had a private job and he would bring his tools home and I would fetch him and I went to fetch him this evening and he worked till 5. And he told me about This guys that came into the workshop and this guy told him if you don’t stop what you are doing you gona lose your mother. And you gona loose the love of your mother. The he told me this. So I asked him now what are you then doing? And then he said umm but now I was standing in the car park in front of the work when he got in and he told me that, and then I started the car and I asked him now what are you doing and he said mommy switch off the car I want to talk to you. That’s when he told me. About the stuff the E
and I don’t know what. Oh, it was so a lot of stuff, different kinda drugs stuff that he mentioned. He said he’s doing drugs and that’s the stuff he is doing. And I just looked at him and I was shocked. Because he was in his 20’s already. And he had a child already of 4 years old. His mother passed away and he is now doing it. Then he told me but I want to stop. And I need mommy to help me to stop. So I said yes, I will help you. But I dont know what I can do to help you. So he said just be there for me to talk to. So I said ok and that’s when this guy, that spoke to him, it’s a my age type of man who spoke to him. I can’t remember his name but anyways so he him that he is every Saturday at the kramats man. Every week they go to a different kramat. And this was the Friday when I went to go fetch him then he told me about this guy. And then Saturday afternoon he asked me mommy, I can’t remember Boeta S or something like that, I think it was a Boeta S or something but anyways, Boeta S say ma Boeta S he is going to be at the kramat in town. So he asked me, mommy can me and you go tonight. So I said ok. So that was the Saturday, so I phoned someone to go fetch Raldia because Raldia was working in Athlone by the take aways and she was worked till 11 o’clock on a Saturday now. I phoned someone to go and fetch her and so the two of us went. We went to town. And we went to the kramat and so he told me he is every Saturday going. So the following Saturday I took Raldia and Shireen and Wadia, we all went. We took everybody and we went. Because I had a car at that time. So we went and we went every week. And then only when Raldia works late then me and him go alone. And then afterwards so he said mommy I want to go but I want the car I want to take my friends with so I said ok. And so I gave him the car and he and his friends the friends he used to smoke them doing the drugs together, they went. I stayed at home. And like on a, you know when he feel triggered and he is at home on a weekend then he will tell me and then he will say mommy I’m not feeling lekke come we go to Faure kramat. And then well go and we will sit whole afternoon there he will batja the Quran, I will make tasbeegh. Until he now tell me mommy we can go now so. And that is how he stopped and he is still clean and he is clean for years now. And he is working with guys that are doing, but it never, it never tempted him. He was then afterwards, afterwards the he was then attending mosque now after that go to the mosque and go with the guys from the mosque if they go somewhere to P.E. for the weekend and so. Then he go with them so. I think that is keeping him sane and he mos now remarried and he have another boy. And now his son Lukmaan the eldest he is learning hafiz now. Now I think that is also making him strong man. Not to go back. You mentioned that for the last two months.
you started to regain feeling for Wadia again what did you mean? Like now if this is what I realized two months ago nè , before this . I can see something is bothering her and she will sit there , she be sad and so but it will not even bother me. You understand so. But now when she come in and she lays there I will go to her and talk to her I’ll ask her what you thinking of , what’s wrong and so. And if I see she is sad then I will feel sad. And this happened now since June. What changed? I don’t know? I don’t know what changed. I think , you know sometimes I lay in bed nè and I try to figure out because I like to know why and how and stuff like that man. I don’t know, because when she attended here nè I didn’t believe that she is clean. Nè so I think and I must be starting believing now she is clean because I can see the change in her body in her face man. And I think that subconsciously, I know now I believe now, and I think that is where the feelings is coming back. What type of feelings did you have for Wadia before all of this happened I would say prior to this, say before she was 16 years old? We were very close, she was like my friend I could talk to her. You see I don’t have sisters I only have brothers nè. And my father was the one I always talked to confided in, and when my father got sick, she was the one I spoke to. You know I would speak to all of them about sex and boyfriends and stuff so everyday man. You know this is how we used to be. When they come from school and then they will tell me about their day. We will talk about since they left the house this morning up to now when they come home . And when I was working and I come from work at night and then each of us will talk about our day. I will talk about my day my son will talk about his day and they will talk about their days, so man. We will always sit and talk always. If it’s not the afternoon like now when I’m at home the it will be at night around suppertime. We eat at 6 o clock , that’s when everyone’s home. Then we will sit and I will ask my son how was work and he will say how was work something funny happened he will tell so and well all start talking and it will go so around, everyone one will get a chance to talk about their day. So it was, but me and Wadia was very close , she was more like my friend than my daughter because if I feel something then I will talk to her so man and when this all happened. I think it just , I don’t know I think that’s why I just went dead man because I didn’t expect it of her. Because she is my eldest daughter. And I didn’t expect it and I always spoke to her that she’s the eldest that she must take care of her siblings and stuff and even Lukmaan ‘s mom when the doctors told her to get her affairs in order she also spoke to Wadia and she told Wadia that if when I pass she asked Wadia to step into my shoes. For her son, for Lukmaan so man. And even if Yaqoob must like
get married, remarry one day and Wadia must always be there to see that the wife treats Lukmaan proper man so. And step in as the granny, the mother whatever. And when this, all this came out, I don’t know. I was just so angry and shocked and I just didn’t wanted to accept that it’s her choice man I blamed it on the boyfriend on Shaun, Ayesha’s daddy and stuff. But it was very hard, because you know sometimes when then I lay here nè or I’ll make salaah and I’m busy making my dua then it will just come into my mind then I just want to say Allah take her away. So man. It comes into my mind. And then I’m thinking of this that is on my mind now, and I’m thinking must I say it. Must I leave it there, so man. And I think I did say it a couple of times already. How do you feel about it, saying that? I just wanted her out of my life man I just wanted, you see I don’t like arguing. Nè and when she do drugs we argue constantly. When she walk into the house we argue. Now my son will come in and he will say mommy she is dik getik. And she tell me she is not tik getik. She is not doing drugs and he will say. She is doing drugs, there is constantly she will say umm Raldia can mos say because we were together. Now Raldia say no. Constantly there were arguments every day. And then when he came and he said that he wants to marry I didn’t even, I don’t like, I never liked his wife but his timing man, when he came to say he wants to marry her so I just said yes just to get him out of the house. So the skelling can stop. But in the meantime what he was saying was the true and I didn’t believe what he is saying because how can she then do drugs. She is away from Shaun because when she was there I knew she was doing. But she is away there. Here is nothing here for her to want to be high to be in a different state. Be in a different world. You understand. Ooh it was constant, fighting every day, now I can’t handle that. I can take everything but I can’t handle everyday skelling and being in a house were they skell every day. That I can’t handle. Till when he came and he said that he wants to marry this girl so I just said yes. And I didn’t think of him and his life, the only thing I wanted was for him to be out so the skelling can stop. Did it? It didn’t because when he went out, when he got married and moved out that’s when I really saw what was going on. That’s when I really saw that Wadia is on drugs. Because when he was sometimes when he was still in the house and then Wadia don’t look right but then I don’t want to say anything because he’s in the house because he will soema kill her you understand. Then I don’t say anything then I leave it. Until tomorrow when she is home and he is not here then I will say something. Because when he was in the house I can’t just say if I see she is doing. I can’t just say anything because the first time he did lift his hand for Wadia was when Wadia was
here living with Shaun man. And then I was very upset. And then she was sitting on the coach and he smacked her so he asked her so he said ya you make mommy cry, and why you don’t listen Shaun is this and Shaun is that and stuff man. And that was the first time he lift his hand and after that I was afraid to say anything to her when he is here. Because then he will hit her so man he gets so angry. Now with my son it’s this, no one must shout at me no one must make me cry. So man even if I am outside and one of these people here shout for me whether it’s now a woman or a man he will go to you. And he did hit a woman already that live in our road for coming in here and shouting at me. So that time when he was in the house I didn’t say much about Wadia. I would look at her and I know something is wrong and then don’t mention and tomorrow I will mention. Now if she says no she is not doing drugs then I can’t argue further because he can come in at any time now, you see. But When he left, when he got married and moved out of the house I saw everything he said was true. Because this is also when I found out that this guy that I thought, you see when she got involved with him I thought you can go out with any guy as long as you just get Shaun off your mind man. That is what I wanted at the time. About them. Afterwards I found out he is also doing drugs. How are things now at the moment in terms of the relationship and how things are in the house at the moment? Now things are good, things are good. Because there is no arguments its now for a while now there is no arguments. Say for a couple of months now that there is no arguments it was only now an argument when I made up the bed and I found a lolly and a packet of dagga. Now Shireen has two mattresses, at night now I lay there in that room and I watch TV with her because most of the time it’s just the two of us because if Ayesha is around the corner. Then I decided that night ah ha I’m soema gona sleep here man and I slept there. That was the Sunday, the next morning when I got up she went up to the clinic so I made up the bed. I cleaned the room and that’s when I lift the mattress and I saw this. And then I waited for her. The night I approached her. But she was with this guy Mogamat. He is a friend of Yaqoob’s. They Yaqoob came to live her St 6 because when we moved in here he was still on primary school he stayed with my mom and he and Mogamat got friends. Now Mogamat is still coming here but I know yaseen smoke boutjies. And then she went with him that night and the Saturday night was it and the Monday morning I got this stuff and she said that it was Mogamat’s. And Mogamat never came he came now in the week he came and I then I asked him if he is looking for something and he said no he wants to ask Wadia something and I said no you can ma ask in front of me. And he said no he can’t ask now
in front of me. He wants to ask her alone. I asked him are you coming for your dagga. And so he just laughed. So he asked me how do I know so I said no I found it. So it was his packet but I knew the dagga was his packet. I wasn’t bothered about the dagga, I was worried about the lolly. Then she, then I waited for him. Because when I saw that dagga and that lolly lying there I thought I know Mogamat smokes slowbout he make for him a lot of that it look like cigarettes. He will make for him and he will smoke it somewhere. So my mind was telling me when he smokes his dagga he buys Wadia tik. And she is tikking and when he can’t, so he said it’s his. Ok so when you come fetch Wadia and you go to your brother you smoke your boutjie by your brother and then you buy for her tik and so. He said no he’ll never do it so I said no you would do it and he said no. but anyway I do believe him. Because he would have told me is she would have asked him. But I was just trying him out. But then she told me that this lolly is from Easter. From her and Raldia. That she forgot about because she mos clean there I juat clean my room. I just make up my bed she must vacuum and stuff and clean the whole house and then she said but now for couple of months now its my house is like it use to be. Ok. You know. No arguments. And nothing like that. You don’t lock your door anymore? I don’t lock my door and now. Do you still sleep with the money in your pajamas? Uh ha and last time I left money laying there. (Points to cabinet next to bed) And this time I also left money laying there, and that glass thing there I through all of my change in there. But I know how much I throw in there. So like I buy a bread and I use a R10 and I get a R3.50 then I through it in there. I leave it there and there under that glass thing and I put money there. Its obvious to see and it’s also not obvious to see. You have to stand there to see it. But anyway nothing disappeared. Nothing disappeared when she start going here. Ok. Nothing disappeared. I think she felt it man, after the money, after she stole the money she felt that I didn’t feel anything. I think she felt that. I think that was the day she told Shireen that she slept on the field. And she made sure that I heard what she is telling Shireen and I never said anything and I still told her to leave that night. I think there she sieke knew uh ha. Because before ummm she went out with this guy nè, then she will go with her friends and she will disappear for a weekend for a week. And then I will always go fetch her. And the last time she disappeared I didn’t go fetch her. Nè I didn’t go fetch her. And that was 2009. Then she disappeared, no I put her out. I did put her out, then she left and I knew where she was, she made sure I know where she is. But I didn’t go fetch her. Other times when she go to her friends or with her friends, and she stay away for a weekend a couple of days then I would
go and fetch her. And then she made sure that Shireen knew where she was and Raldia knew and she knew they would tell me and she knew Shireen would tell me. And I didn’t go fetch her. And I knew she was in Parktown, I knew exactly where she was but I didn’t go. Because that time I was dik already. And I told myself I am not going to fetch her. And umm I left her. And then she send an sms to Shireen that was in 2009 because Shireen was in matric. Ask mommy if I can come home for the fast. And I didn’t answer Shireen and Shireen kept on she kept on. And she said mommy let she ma come home for the fast. At least she wants to be home for the fast. Then I said Shireen this is just a ploy to come home. No let she come then after labarang then mommy can mos now. Because she also knew man, she used, she didn’t know how to come home because I didn’t come and fetch her. And she just took it so now it’s fast so I’m gona use this. And then labarang then she will be home. And then she also kept on and then I said ok. You tell her that she can come. And she came and since that time till now up to now she never disappeared again. Because then she knew man I’m not coming to fetch her. Because before that if she go out with her friends and she don’t come home for a couple of days. Then I go to the friend an she is not even with the friend. And she is with the other friend. Also connected to them now. Then ill go there. Then she’ll get in there car and come home. Then I’ll ask her also sometimes where you going? No I going home, so. The last time here 2009 I did put her out. I did put her out because we were also arguing. Arguing and then if I talk on the phone, with the guy then she has a lot of things to say, so man. So we were arguing and I kicked her out because I said I don’t need this. You go, go live wherever you want to, do whatever you want to because if it is not under my roof, I won’t see it I dont hear it. So it won’t bother me. And so I had to put her out and then she came. A week before the fast or a couple of days before the fast. That was in 2009. That was 2 years ago. Mmm. And since that time up to now she didn’t disappear again. And then she mos now start doing heavy drugs with this guy and start stealing, she stole money and, she stole money twice from me. But the first time she stole money, I wasn’t sure she stole money but that wasn’t now it was in these years now. Because I had put a R200 in my cupboard. So under my jerseys because that was something. I owed someone that money man. Or it was a shop or something. And that was now the last payment. So I put the money there and when the time came for me to pay so it was missing. So I had an idea it’s her. I couldn’t prove it was her. Because Yaqoob was still in the house. Was he staying in the house/ but anyway Yaqoob was still in the house or Raldia or whatever. So I couldn’t just pinpoint and say it was her. But now
January/December when she stole my phone. Then she will still deny it. It was just me, she, Shireen and Ayesha in the house. And I think that when she left in 2009, when I put her out. And I didn’t come fetch her. She knew because she was near my brothers house because she . and I didn’t even phone my brother to see or nothing. I think that’s , that’s when she knew. if she must move now, I won’t take her back. 

One last question, you mentioned earlier on that you felt ashamed at the beginning, with not wanting people to find out. About Wadia and stuff. how do you feel about it now. Now I know I don’t worry. because you see that is also when I realized as time went on so I told her I told her, you doing all this because you know I won’t let the family know. Now you see my family is like this. It’s me and four brothers nè and my father passed away three years ago. That time she was still also doing drugs and so. But my father don’t know about the drugs and stuff. But my mother and all of them know now. So I told her, you think that I won’t tell the family. About you and she knew that man because I won’t want them to know that my child is doing drugs and so. And then I don’t know if it was 2009, I think it was 2009 when I told them. Every time when they come here then they mos don’t get her here. So I told them that I put her out but they not so happy with her being put out. Because they will always tell me, no don’t put her out. Because you gonna worry and all that. But what they didn’t understand was that I didn’t worry. That time 2009 when I out her out, I didn’t worry about her. Because before that I will worry and make solaah and make nag solaah so she can come home. You know and all that. But I in 2009, when I put her out I didn’t bother. I didn’t even make dua for her. Nothing . and I didn’t even think of her, now my family think I think of her and I miss her. But I didn’t think of her and I didn’t miss her. Maybe they thought so because she is mos now my eldest daughter and they all know that we were very close. Did you ever go to any support groups? No, never, uh ha. No, because sometimes nè you just feel that you had enough man. So. Then what I will do is, I will lock my door. I don’t open my door for whoever comes here. then whole day I will make solaah. Ok. And if I don’t make solaah I will make tasbeegh then I’ll will fall asleep and then I wake up and make solaah and so. Now I’ll make whole day solaah. And sometimes at night also. I will sit here and watch TV and then I I’ll just all of a sudden feel sad so man. Just sad not for a specific thing. Just feel down and sad and so, I’ll make solaah in the middle of the night I’ll set my alarm for 10’clock and I will stand up. Did you have any friends that you could speak to or. I never spoke to anybody, the only person I spoke to was sheikh but that time. It wasn’t about the drugs because I didn’t even know she was
on the drugs. But when she was doing drugs, I spoke to nobody. I only made dua and made solaah. I didn’t speak to anybody. Because for me it was too embarrassing to even admit that my daughter was on drugs. But now 2009 when she came home, I told her whoever ask me about you I will say that you on drugs. *What was embarrassing though.* Having other people know, what do you mean by embarrassing. What I mean is nè, you see like the family ne. I’m the proper, I was always the prim and proper child, the prim and proper daughter, the prim and proper sister. You don’t I won’t do anything wrong where you will, if someone can now and told you they saw me drinking wine, no one will believe you even if you saw me man, no one will believe you. Because they know what type of person I am, they know I will never do a thing like that. You understand. Now I have a daughter that is doing drugs man so. It was just for me it was just embarrassing. Because by then it was embarrassing for my family to know that I have a daughter that is doing drugs. It was embarrassing for my friends to know. That I have a daughter, because it is then my daughter. You understand. It’s embarrassing. But then I realized man I’m not gona feel embarrassed because it’s not me. I didn’t do drugs, I didn’t drink wine, or anything for my child to do drugs. And she didn’t have a hard life or whatever man. To turn to drugs. Because they had everything on time. If she wants to go out with her friends then I will take them. And I will go fetch them, if I have to get up 4 o clock in the morning I will fetch hem wherever they are. So she didn’t have any excuse to as for things in the house or family or so to do drugs, and then I just, I just realized that I did the best I could and I believe they got a good life. You understand because they never went without food they never went without clothes. Whatever they see they want they get. If they don’t get it today, by the end of the day, by the end of the month they will have it. With father or Without father. They always got what they wanted and stuff like that. And umm so I was a bit embarrassed man. Because I’ts then my daughter. That is doing drugs, you know. With my son it wasn’t so because he’s a boy man. But for a girl it is mos now different. I don’t know just felt so I don’t know if other people felt so. But when I found out that my son that’s doing drugs I didn’t feel embarrassed and stuff. But with Wadia I felt embarrassed. Because she is mos a girl. You know because girls don’t do stuff like that boys mos do the drugs and stuff, not girls. But I just realized man the sooner she knows that I’m not gona hide it the better its gona be for me. And then I just stopped hiding it because she knew that I won’t tell her granny. And she knew I won’t tell my friends. She knew that. I’ll tell no one and then I thought. No man you know when you lay I bed and you think and then
you realize wait man, let me try this let me do this and stuff and then I just decided no I’m not gona hide it. And if anyone even up to now. You can ask her if they ask how she doing, I will say. And she and someone walked here in the road man and then this lady opposite asked her said something. Toe se ek nee die druggies. I still speak to her as a druggie so. Then she will remind me a recovering and I say one day I will use the word recovering . I don’t want to use it now because . see with Wadia its like this man, she can manipulate you without you knowing she is manipulating you. So man. And this is what I’m thinking. If I am going to acknowledge now that she is a recovering then she knows I acknowledge that she is recovering . ne and my mind is set now that she is recovered and then I will not be able to catch her if she falls man . So you understand. So I will I will not I still when I talk , she will remind me a recovering. I will just say druggie and so. Ok. Maybe one day. But I don’t think now. Why I don’t its more because I am more afraid that I will go back to where I were man. You understand. So I think that’s keeping me kind of insane. Not to worry and because you know there was time I had to watch her 24/7. Then I had to watch her. Then when she come in I had to watch her. You know I must look, not just look. I must really look again. To see if she is doing. And if she go in the room and I will go there I will stand I will listen. She is in the room. When she come out then I will go in where she were. And go scratch and stuff. I had constantly had to watch her. Watch her, my mind was constantly working. Sometimes there is nights ne then I don’t sleep for two nights two days I don’t sleep. And I won’t even yawn. Or get tired. And then I told her, you know I didn’t sleep again. And then afterwards then I realized you know that time when I had to watch her. Then I didn’t sleep. Because she will lay in that room then I will lay here but I don’t sleep. I’m listening to her, so man. And I think it’s because my body is so used to not sleeping properly that I’m still not sleeping properly. But I am sleeping now. It was just now about a week two weeks ago that I didn’t sleep. For two days so. But you see but with me nothing happened without a reason. Like that night when I did sleep there ne. then I will just decide that I’m gona sleep there. Now I woke up in the morning will lay now and I will be thinking. Why did I decide to sleep here. I think ok stand up , clean the room, make up the bed. Then I get my reason because if I didn’t sleep there I wouldn’t have found that stuff. Or I will lay here even that time with the money ne the morning I was thinking I must take the money away there. And I thought ag man no one knows. Only me and Ayesha knows. And then she stole the money. You see I and then I decided. Whatever instinct I have when I wake up or what I get during the day I’m not just
I'm gonna push it aside. I'm gonna go with it. We are going to have to end off now is there any last things that you want to share before we went off. No I think that is all. I think that is all for now. I think I hope the way it is now its stays so. Ok. Because now she mos have a boyfriend also to focus on so , because yesterday she was a bit down she said that she was down. But then she was talking and we were talking and talk about this and that and about everything man. Ok. So shukran/ thank you for spending the hour and a half with me. sharing your story like I said I will give you a transcript of this thing and you can hold on to it. You know if you want to read over it. And maybe see what you said etc. also if there was anything that was written and like I said maybe you feel that you didn’t say it then you can also inform me or if you feel for future purposes. I do hope that it helps somebody though. the confidentiality all the names will be taken out and. You know the what I have realized ne the children that doing drugs në they take it for granted you the mother man , you will love us either irrespective of what shit we do në. but what they don’t realize is that love that you have they kill it piece by piece. Because like that day when I realized I feel absolutely nothing for Wadia. When she said that she slept on the park. And then I was thinking. that’s where the children make their mistakes man. Because you a mother you will always love them. But they forget all the stuff that they do ne they kill it slowly man. even We were very close ne, she can be were and she feels upset and I will feel it wherever I am. So man. Then I will go to her. Then she is upset so man. But when the drugs stuff that disappeared. , and she ask me one day. Why don’t I feel anything, why aren’t we not so close. So I told her it’s your behavior. You know you are mentally block out. You know what is happening. Say she leave. I know what is happening ne. now I think we as mothers you mentally block it out because you don’t want to think about it. And that is how you slowly cut yourself off man. Blocking whatever because now when she come home I look at her I know what’s happening. Then I don’t talk I just block it out. And I think that is also were the feelings get killed slowly, slowly, slowly. You also saying that Seeing her behavior change is also rekindling some of that emotions. Because now we talk. Like now for this three weeks. We were alone at home. Ya. Ayesha wasn’t here, then we talk about this and that, and in the morning we talk and we make jokes with each other. Make fun we tease each other. So man. Like it used to be its coming there now. It’s not there completely. But is , is getting there. Well shukran again.
Annexure F: Participant One - Coding

Purple: Abstract

Yellow: Orientation

Blue: Complicating Action

Green: Evaluation

Red: Resolution

1. I will start very when I found out nè
2. Last year 2010 she went out with this guy that lives in the road and that’s when it got worse.
3. And she knew ill put her out because I explained to Ayesha what I’m gona do in front of her because she knew that there is nothing she can bank on for Ayesha to save her because Ayesha was the only person, it’s because of Ayesha that I didn’t throw her out years ago….
4. You didn’t expect it from Wadia.
5. What was your reaction when you found out
6. So you got support from your family in terms of financial things for Ayesha. was there ever support from your family or others in terms of assisting or helping you with Wadia?
7. Was it difficult not telling you family at the beginning about what was happening in your life?
8. How did you cope through all these years?
9. How did that impact on the family dynamics Wadia using. Did it cause any conflict in the family?
10. You mentioned that for the last two months you started to regain feeling for Wadia again what did you mean?
11. What type of feelings did you have for Wadia before all of this happened I would say prior to this, say before she was 16 years old?
12. How do you feel about it, saying that?
13. How are things now at the moment in terms of the relationship and how things are in the house at the moment?
14. One last question, you mentioned earlier on that you felt ashamed at the beginning, with not wanting people to find out.
15. Did you ever go to any support groups?
16. Did you have any friends that you could speak to or.
17. What was embarrassing though.
18. With my son it wasn’t so because he’s a boy man.
19. And if anyone even up to now. You can ask her if they ask how she doing, I will say.
20. Sometimes there is nights ne then I dont sleep for two nights two days I don’t sleep. And I won’t even yawn. Or get tired. And then I told her, you know I didn’t sleep again. And then
afterwards then I realized you know that time when I had to watch her. Then I didn’t sleep. Because she will lay in that room then I will lay here but I don’t sleep. I’m listening to her, so man. And I think it’s because my body is so used to not sleeping properly that I’m still not sleeping properly.

21. We were very close ne. she can be were and she feels upset and I will feel it wherever I am. So man. Then I will go to her. Then she is upset so man.

22. because umm.. Me and Wadia had an argument
23. of the guy that she was going out, that is Ayesha’s daddy…
24. But he had such a hold over her man…..
25. because at that time she was 18 already and then she went over to them.
26. and I wasn’t at home,
27. Anyway whenever I go to the town centre then I pass there
28. and then she was outside one day
29. Then, that was 2004
30. Then she went to go and work
31. and long after that man so she met up with also a guy that’s living around here.
32. she went out with him
33. and I was glad that she is going out with him
34. because I thought he’s not on drugs man.
35. And umm and then one Friday man, I was laying on my bed and I got up
36. and she was also lying, she, my daughter and my son.
37. Because when she went out with him she doesn’t come home.
38. And then afterwards a couple of months after that.
39. Then she also start getting thin
40. And that night when she answered me so I knew.
41. That she is on drugs and then umm.
42. But she just wants to be outside.
43. then she got the key and she went out
44. She’s gona fetch the phone, she just needs to get the phone now.
45. And she wasn’t home she was also missing
46. Then she came Sunday that was the Saturday night when I missed the phone
47. now she took that phone the time me and Shireen was not here the afternoon to take the clothes away
48. I would only let she sleep here during the day
49. in the morning when Shieyaam go to work and Nawaal go to school she must also go out.
50.
51. The fact remains is the phone never came.
52. And it was end of January Shireen was away already.
53. And every day she will come back with an excuse.
54. I think it was for a month so I told her why don’t you tell me you sold the phone
55. So she disappeared again for a couple of days then she came.
56. But anyway when Shireen left that was this year January so I told her, so. I sat her down and I sat Ayesha down. And I told her, I had enough. And I told Ayesha you know what your mommy’s doing now I had enough.
57. You know how she found my money I hidden there.
58. Because when she was around the corner by Ayesha’s daddy them she and Ayesha was there.
59. If she were there alone I would have left her there because she and her sister the two of them were the two who came home after school and tell me about the drugs.
60. And what the drugs do to you. On high school.
61. She wants to stay with him so she will do whatever he tells her because he told her that she is 18 and she is old enough and she don’t have to listen to me.
62. And Wadia and Raldia when they were at high school they were taught about drugs. I didn’t even know about drugs that existed they came from school and they would tell me about this drug and that drug and what it do to you and all that.
63. I am without their father for 19 years now. And I had given them everything.
64. My family never know that she is doing drugs. I never mentioned anything to them because I was too shy. I felt too shit to tell them that she is on drugs.
65. Why did you feel shy? What made you feel shy?
66. ? It was difficult, it was difficult.
67. Man, I don’t know, I just. you see she was off and then she was on.
68. So do you think that any areas of your life was affected by what was happening with Wadia, your health, your spirituality.
69. You say that your spirituality is actually stronger now, and your health?
70. And the family dynamics between, because it seems that Shireen on the one hand was protecting Shireen and Wadia was protecting Ayesha from the consequences and from you as well.
71. And having her brother and her other sister also at some stage like you said with the sister also at some stage also using.
72. Yes, Because me and my son would argue a lot.
73. And I didn’t know that he was using this stuff. Un Till one day when he was working in Bayview and I would fetch him sometimes when he brings his tools home.
74. And this was the Friday when I went to go fetch him then he told me about this guy.
75. And then Saturday afternoon he asked me mommy,
76. Boeta S say ma Boeta S he is going to be at the kramat in town.
77. I can see something is bothering her and she will sit there, she be sad and so but it will not even bother me.
78. What changed?
81. We were very close, she was like my friend I could talk to her.
82. You see I don’t have sisters I only have brothers nè.
83. And my father was the one I always talked to confided in, and when my father got sick, she was the one I spoke to.
84. And when this, all this came out, I don’t know.
85. I was just so angry and shocked
86. and I just didn’t want to accept that it’s her choice man
87. I just wanted her out of my life man I just wanted ,
88. you see I don’t like arguing. Nè and when she do drugs we argue constantly.
89. Did it?
90. Now things are good , things are good.
91. Because there is no arguments its now for a while now there is no arguments.
92. You don’t lock your door anymore?
93. Do you still sleep with the money in your pajamas?
94. Other times when she go to her friends or with her friends, and she stay away for a weekend a couple of days then I would go and fetch her.
95. And then she made sure that Shireen knew where she was and Raldia knew and she knew they would tell me and she knew Shireen would tell me.
96. And then she send an sms to Shireen
97. that was in 2009 because Shireen was in matric.
98. Ask mommy if I can come home for the fast.
99. Because before that if she go out with her friends and she don’t come home for a couple of days.
100. And so I had to put her out and then she came.
101. . A week before the fast or a couple of days before the fast.
102. That was in 2009.
103. That was 2 years ago.
104. Now I know I don’t worry , because you see that is also when I realized as time went on so I told her I told her, you doing all this because you know I won’t let the family know.
105. Now you see my family is like this. It’s me and four brothers nè and my father passed away three years ago.
106. That time she was still also doing drugs and so.
107. But my father don’t know about the drugs and stuff. But my mother and all of them know now.
108. That time 2009 when I out her out, I didn’t worry about her.
109. No , never, uh ha. No, because sometimes nè you just feel that you had enough man.
110. I never spoke to anybody, the only person I spoke to was sheikh but that time.
111. It wasn’t about the drugs because I didn’t even know she was on the drugs.
112. Having other people know,
What I mean is, you see like the family. I’m the proper, I was always the prim and proper child, the prim and proper daughter, the prim and proper sister. You don’t I won’t do anything wrong where you will, if someone can now and told you they saw me drinking wine, no one will believe you even if you saw me man, no one will believe you. Because they know what type of person I am, they know I will never do a thing like that.

But for a girl it is most now different.

I don’t know just felt so I don’t know if other people felt so.

And she and someone walked here in the road man and then this lady opposite asked her said something. Toe se ek nee die druggies. I still speak to her as a druggie so.

Not to worry and because you know there was time I had to watch her 24/7. Then I had to watch her. Then when she come in I had to watch her. You know I must look, not just look. I must really look again. To see if she is doing. And if she go in the room and I will go there I will stand I will listen. She is in the room. When she come out then I will go in where she were. And go scratch and stuff. I had constantly had to watch her. Watch her, my mind was constantly working.

But I am sleeping now. It was just now about a week two weeks ago that I didn’t sleep. For two days so. But you see but with me nothing happened without a reason.

Because now she mos have a boyfriend also to focus on so. because yesterday she was a bit down she said that she was down.

But when the drugs stuff that disappeared., and she ask me one day. Why don’t I feel anything, why aren’t we not so close. So I told her it’s your behavior. You know you are mentally block out. You know what is happening.

Because apparently I found out afterwards that he was doing drugs man...

And then I didn’t wanted her to see him anymore.

I came home and she wasn’t here

then I went around there, to go and call and her

and then she came out and then told me that she is gona stay there.....

And then I mos now threw a fit.

And anyway then I came home.

And … I left her there.

Two weeks after that so my neighbors came to tell me that she and Shaun was there at their place three o clock in the morning

so I asked her, are you doing drugs?

‘No she is not’

then I went to the police to fetch her

and they told me she is 18, they can’t go and fetch her.

Because she is mos now of age.......
And then I had an argument with his mother .... about the drugs and stuff and then she denied it,
But anyway so I went to Sheigh
And I asked him what I can do to get her home
and he gave me a lot of duas ... to make man, to get her home.
And then my father got sick
and then my mom and my dad moved in here. Nè, they came to live here.
Then she came here, one day and then she spoke to my mom
and she left and the evening
while I was sitting with my daddy in the room my mom came to me
and she said that Wadia wants to come home and I must let her come home.
And then she came, that night she came.
Then she just asked maaf and all that,
so I told her you can come home
but when you are home you gona stop with the drugs,
but then she still deny she doing drugs man.
She is doing drugs; she is still denying ‘no she is not doing drugs’.
Then he came here and I chased him away
. and then I got an interdict out for him not to come here to come near any of my children which includes Wadia and Ayesha and stuff.
she never admitted she was doing drugs
But he was also on drugs.
Later, we found out,
because actually my son told me.
Because the two of them.
. There was a bakkie standing in the yard,
my son, is a panel beater, he was working on the bakkie
and then he and the girlfriend came over the field
and then they saw you know like they light this thing they smoke.
He saw that light in the bakkie.
Then he came in and then he told me that the two of them was tikking in the bakkie.
And then I called her and she just denied it
it and she said that they were lighting a cigarette and so.
Then I woke them all up and I told them come with me
and then we got in the car and then I went to this place in Westridge man.
I can’t remember the place but it is there were you can get tested.
So we went there and they got tested
and everybody came out clean.
So that is what I did then.
So I don’t plan I just decide, like I will just take them today.
And then I will take them. Like my son was working and then I only took Wadia. And then I would take. And then the test came clean. When he saw her, I took her the next day. The test came clean. You know that thing they put when they use when they took it out of the pee and it was lying there waiting for them to read the thing. So it was open man and then they took another one and they took two or three and the same thing happened the thing opened. And then this lady told me and then I thought she is clean. But then my son told me I don’t believe in that stuff because I know what I saw. And then I told them but he don’t do drugs and my son said yes, he do drugs because when used to give him a lolly, the time he used to use drugs Then, then she stopped again. she was on and off. And then the next morning when I sent Shireen to go and see if she is there, she is not there. And then the mother, but ok he also, according to me I also thought he didn’t do drugs. Because he don’t come weekends. He would come in the week to visit her but he don’t come weekend. But he said, no he is with his friends So I ask him so if you are with your friends and your friends are doing drugs, are you then? You the only one not doing drugs why you than with them so he said no he just chill with them. So I told Wadia, he is lying. I told her he is doing drugs because for me to be with this group of friends for the entire weekend and they doing drugs but I’m not doing drugs what am I then doing there. Because whatever they gona do I’m mos not gona do because I am not in the state of mind that they are in. She said ag man mammie you can always think so bad of everything, everybody and you don’t even know. Then Shireen talked. Because of Shireen I was convinced that he was not doing drugs. She told me mammie I know them mammie nè and she won’t allow him to do drugs still staying at home ne.
I asked her what is wrong with you, are you pregnant
and she said no
then I told her then you must be using.
She came in here one night past one.
But then you must know by this time I am already so worked up and so dik of her I just want to throw her out.
Because I did throw her out.
And I told her she’s out and I don’t want her here.
Shireen say mommy let her ma come home.
Because where she sleeping and where she’s eating.
But I was you know I was at that stage where I didn’t care what happens to her.
But Shireen was the one who keep on keep on.
After a week or so then Shireen will say mommy Let she may stay here,
now she will come in and if I say nothing then she stays.
And then I told her if you not gona stop I don’t want you here
because. You see when she do drugs n
then I can expect anything of her.
But that time since 2004 up to now last year she did do drugs but she never stole from us.
And last year then she was with this guy and
then she did drugs everyday.
She was on drugs every day.
And then it happened so that umm she came in here past one this night and then he had a phone.
And we could see that she was on drugs
and Shireen said mommy lock the door don’t let she go out.
She said she needs to get the phone she must get the phone,
then she asked Shireen to walk with her
her so I said no Shireen is not gona walk with you why must Shireen walk with you in the middle of the night
And its middle of the night here to walk
Anyway she left I didn’t see her she came the morning that was the Monday morning.
She came. She ate.
Now she most don’t really sleep when they are on drugs.
Then she ate that morning then I asked her where’s your phone.
You then left here early hour of the morning for your phone.
Now she tell me they were walking and then this guys wanted to rob her so he took the phone.
Then umm they took the phone from him apparently.
Then she had the phone after two days they got the phone.
Then he took the phone from her and then he selled the phone.
And then she came she told me that, no, his mother sent the brother to come and call me.

So he said that his mommy is calling me and then I said why.

She don’t know but the mommy is around the corner by that other lady’s house.

So I mos now walked with the child.

And I saw her on the corner and I went, so she said I must just come with because apparently the boyfriend did pan Wadia’s phone by this lady.

And this lady don’t want to give the phone and Wadia is putting up a big performance on there for the phone.

and the lady don’t want to give the phone because he must give the lady R50 for the phone

She said she needs to get the phone she must get the phone,

then she asked Shireen to walk with her

her so I said no Shireen is not gona walk with you why must Shireen walk with you in the middle of the night

And its middle of the night here to walk

Anyway she left I didn’t see her she came the morning that was the Monday morning.

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And this lady don’t want to give the phone and Wadia is putting up a big performance on there for the phone.

and the lady don’t want to give the phone because he must give the lady R50 for the phone

But anyway, then we got the phone that was the Monday.

The Saturday afternoon Ayesha was by the granny. But her clothes was here for the weekend

So I told Wadia take the clothes over to Ayesha.

So Shireen said no mommy come lets all take a walk.
She said no she is not gona walk with.

When we came back everything was normal that Saturday night I was sleeping, I woke up in the middle of the night. And my mind just said my phone.

But listen the phone I was using was laying in my draw because the phone I was using Shireen bought me December and that’s now my old phone. And I went to the draw my phone is missing.

The Sunday morning I phoned my one brother because I was gona make a case against her.

I was gona put her in jail for stealing that phone.

I phoned my one brother.

He is he was not here in Cape Town man, but I can’t remember anyway I can’t come to the name. Namaqualand, he was in Namaqualand that morning when I phoned.

He was a taxi driver he drive those car taxis, he was there.

I phoned my youngest brother I asked him to come because I want to go to the police station.

Then he came, he talked me out of it of going.

He said no don’t go because it is your child and all of that.

Then she can come back six o clock.

Then she can eat, wash and sleep here.

That’s all I didn’t allow her whole day in the house.

Anyway and then she lied about the phone, ‘no the phone isn’t sold’. And all that stuff and she has the phone.

Now she tells me no she is gona fetch the phone then she say no the lady isn’t there she went to work.

I did let her walk everyday for the phone.

Say she say the lady girl is gona be there tomorrow at 5 o clock, quarter to 5 then I will remind her, fetch my phone.

Because then one of her friends not friends but ok acquaintances came here, and they told me that they know where the boyfriend did pan the phone.

So they and then ask me what kind of phone you mos know the stories come out what kind of phone you have, I told them.

So he said he knows where the phone is he can take me.

He can take me to the people where they pan the phone.

I made up my mind if Shireen leave for the army, I’m gona put her out.

Because then Shireen is not here to come on nag on my head, mommy don’t let she sleep out let she come in and stuff like that.

Because at that, at that time, she did only sleep here.

During the day in the morning if Ayesha leaves for school at 8 o clock she must leave and then at 6 o clock she can have supper and wash and sleep.
And then it was in January end of January.

I was busy hanging washing that Saturday.

But now this lady down the road she sells eggs man, and then I bought a tray of eggs by her but I didn’t pay her for the eggs so I told her I will pay her the end of the month because I did a lot of baking for Shireen leaving and for her to take with. So I ran out of eggs.

So I took eggs here by her and then the Saturday I was hanging washing.

And I saw her coming to the shop and I called her and I said, ok Bieba I must still give you the money of the eggs you must come in then I’m gonna give.

Now you must now that I must hide my money, after the phone I must hide my money.

And if I go sleep I either hide it or what I do the money is in the money bag and I take a small pin and I pin it fast on my pajama pants.

And I sleep with my money so.

That I did after she stole the money.

Then I came in with the lady I told her I’m coming now.

And I put my money under this thing there is a tray I put it under here (points to the wardrobe with boxes on top).

Now I lift up the tray there is no money there was a R100 and a R20 and a R10.

Now I stand on a chair and I look, no there is no money.

And I knew she took the money.

But how, I’m thinking how did she know the money is there.

And anyway she is just missing.

She came home and said no she didn’t use the money the money is here by this girl around the corner.

And then I told her to go and then that girls father in law and father came here that same night looking for her, for the girl.

And umm so that night I locked the doors ne I came to get into bed because then she mos now told this guy uncle Joe that she will go with and show where is his daughter in law.

So I said no she is not going with she can explain to you where the house is and all that.

But this house around the corner it’s a Muslim lady nè she keeps all of the children there man that’s doing drugs and stuff.

That is now the house the children will go to because she also do drugs.

But anyway so this night this two guys left and I locked the door and I took the keys and I put the keys under my pillow and I came to lie here.

But at that time nè, that was last year December/January when I at night then I lock my door.

And I go sleep and that’s when Ayesha decided she gona sleep by me because, because that is the time I started locking the door.
Away from her mother. I already locked my door.
Because you know I didn’t feel anything for her.
And then in that time when she was sleeping outside somewhere.
So Shireen ask her, that was in January because Shireen left. so Shireen ask her where did you sleep.
So she say she slept here on the park. I heard her telling Shireen she slept on the park.
You know what she do when she come home, she know Ayesha is sleeping by me she will knock on my window.
Then she’ll knock so loud Ayesha wakes up.
And Ayesha will say ma open the door for my mom.
And I will say no I’m not gona open the door.
And she will say ma open the door.
Then I get up and open the door.
Ayesha was by the granny she went to Ayesha she told Ayesha that I can’t remember where I put my money. She asked Ayesha do you know where ma did put ma’s money. So Ayesha said yes And Ayesha explained to her. And that’s how she knew.
When Ayesha came home the Sunday so I asked her, did you tell your mommy where I put my money.
So she say no but my mommy was there by me. So she told me the mommy was there by her. And then I phoned the radio station.
And then I asked them I explained to them about the drugs and that and then they gave me a couple of rehab places.
And then I went to the one in Hanover Park.
But I didn’t go to the rehab I went to my daughter and then she showed me where the place is it is just like so a house like man, open man.
They can walk out and do whatever they want to
And that is why she went to go and live there man.
And because of umm when she was pregnant, she got pregnant when she was in standard 8,
Ayesha was a year old when I went forward for maintenance for Ayesha.
Now that time when she moved to go live with him, that was just before that I went, went forward because he only paid for 3 months for that 4 years.
He only paid three months maintenance man.
Then I went forward for the arrears and stuff and then he wanted Wadia to go to court and to put the money the maintenance thing on her name. because she is mos now 18 man.
And then she didn’t wanted to do it.
. I told her you not gona do it if because he knows that if if that is on your name he can do whatever do with you whatever he wants to
But at that time she was just in love.
Listen to him don’t listen to the parents and stuff.
So I didn’t expect it from her. And I didn’t expect Wadia to do drugs because why her mouth is too clever.
She don’t take shit and she is not afraid to say she don’t take shit.
So I didn’t expect it from her.
Raldia is not a strong person to say no. Raldia will do what the friends do to fit in,
now Wadia she’s not like that she can she got a mouth on her body, she can tell the people shit and she don’t want to do it she will let you know she don’t want to do it.
Because Shireen had still tears in her eyes and when she said ya and then she still lied to Shireen but she didn’t sleep on the field but she said that to Shireen to get to me.
But what she didn’t know was that my feelings was so dead that I didn’t even feel anything I didn’t even feel sorry for her or anything.
I still told her she must leave but Shireen said mammie but where she gona sleep she slept on the park so I said she can sleep again on the park.
You see I could have taken everything of Wadia but the day when she stole from me that was just.
They never went without anything. They got their schooling, they got everything, if they want something, if they don’t get it today, they will get it at the end of the day or by the end of the month, but they will get it man.
They will not go with anything else.
And when she got Ayesha I raised Ayesha since day one. Because she was on school.
And with Ayesha also, we didn’t know about Ayesha, Ayesha just came so we saw and that was in the holidays, and when school opened she went back to school, I took care of Ayesha. Ayesha’s father and his family never took care of Ayesha. I took care of Ayesha since day one. Until now from Jan/February this year that Ayesha’s father is paying maintenance regularly up to now.
But I took care of her, me and my family.
When my husband passed away, me and my family took care of Ayesha.
Like if Ayesha need something and my brother come in here and I mention nè, then they will see that Ayesha have it.
When she was a baby and she needed milk, and I don’t have, then I’ll phone them they’ll see that she has.
So Ayesha even though umm Wadia father passed away and Ayesha’s father didn’t support her, and my father passed away, Ayesha still had everything she wanted.
They only, when was it, let me see, not last year I think 2009 I think it was 2009 or beginning of last year when they, when they found out that she’s on drugs. When I actually told them that she is doing drugs.
For me it was embarrassing that that my daughter is on drugs man.
Because far as I can. There is no reason. I can’t think of any reason for her to be on drugs.
Because it’s not that she didn’t know, she didn’t have anything or its bad at home.
Because Wadia and I were very close. We were very close.
Because it is then my daughter that’s on drugs. And I am then the prim and proper daughter. Having a daughter that’s on drugs. I never said anything.
They will now look and ask what’s wrong with her and I won’t answer so.
At the beginning, I didn’t still worry much and because I can see the way she look so man.
Didn’t worry much. But then there comes times when I look at her and I think no man. You don’t look right
and then I will go fetch her at work and then when she gets in the car I will take her bag and I’ll search her bag. And I’ll get a lolly in the bag.
But it is never Wadia’s stuff. And when she and Raldia go out and they come home. and I open, my, my children never had a key even my son also, he never had a key. If they go out, even like my son if he come home 4 o clock from the clubs and stuff I will stand up and I will open my door. I never gave them a key. So when Wadia them when they come home and I look at them and they don’t look right I will undress them just there by the front door to see if they have.
But I have on Wadia I have found so many lolly’s when I go fetch her at work and she come out and she walks to the car I will just look at her and I will think ahha something is wrong, then I’ll take her bag and she will ask ‘why is mommy scratching in my bag, it’s my bag’. Then I’ll scratch and then I will get a lolly in there.
Even at home also, she went to work and I will start unpacking her cupboard and I will get a lolly. Somehow I will get a lolly. She will come in and I will get a lolly in her pocket.
And she will still tell me it’s not hers. She had never owned up to whatever I have found on her, whether I have found Tik on her or whether I found a lolly on her, she never owned up.
No ahha, it wasn’t affected, in fact, my spirituality actually got stronger.
Because you know that time when she was living with her boyfriend when she moved out. When she went to stay by the boyfriend.
So I went to sheikh that time
I my father was still alive, but my father was very sick at that time. He was like his memory is now with him nè and then later on then he is not with you so man.
Now my father was always the person I could go to for advice for anything, and he was sick at that time. So I couldn’t go to him.
And then I went to sheikh.
Because we attended his mosque, always attended his mosque and so. And he know my father and stuff.
So I went to him, I spoke to him and explained to him what happened at that time, she was living there.
That time I didn’t even know about the drugs.
She was living there but I had some suspicion he is doing drugs man.

But I didn’t know about her and he would talk to me and stuff like that.

And he will tell me make dua for this and that and so and that’s what I did and that’s when she came home and but then she did drugs very seldomly when she was at home.

Until she went out with this guys here meesy Caster, until she went out with him then she start getting heavy into the drugs.

No my health, so far my health is fine. My health is fine.

You see Wadia and Raldia they used together, they used together

And that times when they went out, before Raldia got married. When she was working in Athlone, then they go out.

They used to use together the two of them.

Because he will come, you see my son also did drugs.

Nè, and he first just smoked that slowboats right, that’s all I knew he was doing.

But he was doing drugs nè but not here at home man.

Say Fridays then he goes to his friend for the weekend so he would say mommy I’m going to this one or that one for the weekend, see you on Sunday.

Then they will do their drugs nè. But I knew he was smoking buttons man. But I never knew of the drugs.

And then one day so this lady came here one of his friends mothers came and she told me ya Yaqoob and Waleed is there by this house and they were whole weekend there and they whatever drugs they were using man and they were dancing man so because of the drugs.

And she went there and she coming here now to tell me because I must go fetch him.

I’m not gona go fetch him.

He’s a big boy because that time when he started doing drugs was when his wife manigaled. Because she died of cancer. And he had a boy of four.

And then he started doing this heavy drugs and stuff.

But the way she was talking she’s blaming this lady of the house because this lady is allowing them. So I told them so if they are playing music and dancing I’m not going because he’s mos a big boy, he’s then a father already and he knows right from wrong and I’m not going to the lady’s house to make a scene there.

And then when he and that was a Sunday morning when she came here. He came the Sunday night so I told him.

And then he just laughed and he said ag mammie she is mad it is not like that.

If he had a private job and he would bring his tools home and I would fetch him and I went to fetch him this evening and he worked till 5.

And he told me about this guys that came into the workshop and this guy told him if you don’t stop what you are doing you gona lose your mother. And you gona loose the love of your mother.

The he told me this. So I asked him now what are you then doing?
And then he said umm but now I was standing in the car park in front of the work when he got in and he told me that. and then I started the car and I asked him now what are you doing and he said mommy switch off the car I want to talk to you. That’s when he told me. About the stuff the E and I don’t know what. Oh, it was so a lot of stuff, different kinda drugs stuff that he mentioned. He said he’s doing drugs and that’s the stuff he is doing.

Then he told me but I want to stop.
And I need mommy to help me to stop.
So he asked me, mommy can me and you go tonight.
So that was the Saturday,
so I phoned someone to go fetch Raldia because Raldia was working in Athlone by the take aways and she was worked till 11 o’clock on a Saturday now.
I phoned someone to go and fetch her and so the two of us went.
And we went to the kramat and so he told me he is every Saturday going.
So the following Saturday I took Raldia and Shireen and Wadia, we all went.
We took everybody and we went.
. Because I had a car at that time.
So we went and we went every week.
. And then only when Raldia works late then me and him go alone.
And then afterwards so he said mommy I want to go but I want the car I want to take my friends with so I said ok.
And so I gave him the car and he and his friends the friends he used to smoke them doing the drugs together, they went.
I stayed at home.
And like on a, you know when he feel triggered and he is at home on a weekend then he will tell me and then he will say mommy I’m not feeling lekke come we go to Faure kramat.
And then well go and we will sit whole afternoon there he will batja the Quran, I will make tasbeegh.
Until he now tell me mommy we can go now so.
And that is how he stopped and he is still clean and he is clean for years now.
And he is working with guys that are doing, but it never, it never tempted him.
He was then afterwards, afterwards the he was then attending mosque now after that go to the mosque and go with the guys from the mosque if they go somewhere to P.E. for the weekend and so.
Then he go with them so.
I think that is keeping him sane and he mos now remarried and he have another boy.
And now his son Lukmaan the eldest he is learning hafiz now.
But now when she come in and she lays there I will go to her and talk to her I’ll ask her what you thinking of, what’s wrong and so.
And if I see she is sad then I will feel sad.
And this happened now since June.
You know I would speak to all of them about sex and boyfriends and stuff so everyday man.

You know this is how we used to be.

When they come from school and then they will tell me about their day.

We will talk about since they left the house this morning up to now when they come home.

And when I was working and I come from work at night and then each of us will talk about our day.

I will talk about my day my son will talk about his day and they will talk about their days, so man.

We will always sit and talk always.

If it’s not the afternoon like now when I’m at home the it will be at night around suppertime.

We eat at 6 o clock, that’s when everyone’s home.

Then we will sit and I will ask my son how was work and he will say how was work something funny happened he will tell so and well all start talking and it will go so around, everyone one will get a chance to talk about their day.

I blamed it on the boyfriend on Shaun, Ayesha’s daddy and stuff.

When she walk into the house we argue.

Now my son will come in and he will say mommy she is dik getik.

And she tell me she is not tik getik.

She is not doing drugs and he will say.

She is doing drugs, there is constantly she will say umm Raldia can mos say because we were together.

Now Raldia say no.

Constantly there were arguments every day.

And then when he came and he said that he wants to marry

I didn’t even, I don’t like, I never liked his wife

but his timing man, when he came to say he wants to marry her so I just said yes just to get him out of the house.

So the skelling can stop.

But in the meantime what he was saying was the true and I didn’t believe what he is saying because how can she then do drugs. She is away from Shaun because when she was there I knew she was do

But she is away there.

Here is nothing here for her to want to be high to be in a different state. Be in a different world.

Ooh it was constant, fighting every day, now I can’t handle that. I can take everything but I can’t handle everyday skelling and being in a house were they skell every day. That I can’t handle.
Till when he came and he said that he wants to marry this girl so I just said yes. It didn’t because when he went out, when he got married and moved out that’s when I really saw what was going on. That’s when I really saw that Wadia is on drugs. Because when he was sometimes when he was still in the house and then Wadia don’t look right but then I don’t want to say anything because he’s in the house because he will soema kill her you understand. Then I don’t say anything then I leave it. Until tomorrow when she is home and he is not here then I will say something. Because when he was in the house I can’t just say if I see she is doing. I can’t just say anything because the first time he did lift his hand for Wadia was when Wadia was here living with Shaun man. And then I was very upset. And then she was sitting on the coach and he smacked her so he asked her so he said ya you make mommy cry, and why you don’t listen Shaun is this and Shaun is that and stuff man. And that was the first time he lift his hand and after that I was afraid to say anything to her when he is here. Because then he will hit her so man he gets so angry. Now with my son it’s this, no one must shout at me no one must make me cry. So man even if I am outside and one of these people here shout for me whether it’s now a woman or a man he will go to you. And he did hit a woman already that live in our road for coming in here and shouting at me. So that time when he was in the house I didn’t say much about Wadia. I would look at her and I know something is wrong and then don’t mention and tomorrow I will mention. Now if she says no she is not doing drugs then I can’t argue further because he can come in at any time now, you see. But When he left, when he got married and moved out of the house I saw everything he said was true. Because this is also when I found out that this guy that I thought, you see when she got involved with him I thought you can go out with any guy as long as you just get Shaun off your mind man. That is what I wanted at the time. About them. Afterwards I found out he is also doing drugs. Say for a couple of months now that there is no arguments it was only now an argument when I made up the bed and I found a lolly and a packet of dagga.
Now Shireen has two mattresses, at night now I lay there in that room and I watch TV with her because most of the time it’s just the two of us because if Ayesha is around the corner. Then I decided that night ah ha I’m soema gona sleep here man and I slept there.

That was the Sunday, the next morning when I got up she went up to the clinic so I made up the bed. I cleaned the room and that ‘s when I lift the mattress and I saw this.

And then I waited for her.

The night I approached her.

But she was with this guy Mogamat. He is a friend of Yaqoob’s. They Yaqoob came to live her St 6 because when we moved in here he was still on primary school he stayed with my mom and he and Mogamat got friends. Now Mogamat is still coming here but I know yaseen smoke boutjies.

And then she went with him that night and the Saturday night was it and the Monday morning I got this stuff and she said that it was Mogamat’s.

And Mogamat never came he came now in the week he came and I then I asked him if he is looking for something and he said no he wants to ask Wadia something and I said no you can ma ask in front of me.

And he said no he can’t ask now in front of me.

He wants to ask her alone. I asked him are you coming for your dagga.

. And so he just laughed. So he asked me how do I know so I said no I found it.

. So it was his packet but I knew the dagga was his packet. I wasn’t bothered about the dagga, I was worried about the lolly.

Then she, then I waited for him.

Because when I saw that dagga and that lolly lying there I thought I know Mogamat smokes slowbout he make for him a lot of that it look like cigarettes.

He will make for him and he will smoke it somewhere.

So my mind was telling me when he smokes his dagga he buys Wadia tik.

And she is tikking and when he can’t, so he said it’s his.

Ok so when you come fetch Wadia and you go to your brother you smoke your boutjie by your brother and then you buy for her tik and so.

He said no he’ll never do it so I said no you would do it and he said no. but anyway I do believe him.

Because he would have told me is she would have asked him.

But I was just trying him out.

But then she told me that this lolly is from Easter. From her and Raldia. That she forgot about because she mos clean there I juat clean my room. I just make up my bed she must vacuum and stuff and clean the whole house

and then she said . but now for couple of months now its my house is like it use to be.

No arguments. And nothing like that.

Uh ha and last time I left money laying there. (Points to cabinet next to bed)
And this time I also left money laying there, and that glass thing there I through all of my change in there
But I know how much I throw in there.
So like I buy a bread and I use a R10 and I get a R3.50 then I through it in there
. I leave it there and there under that glass thing and I put money there. I
Its obvious to see and it’s also not obvious to see.
You have to stand there to see it. But anyway nothing disappeared. Nothing disappeared when she start going here. Ok. Nothing disappeared.
I think she felt it man, after the money, after she stole the money she felt that I didn’t feel anything. I think she felt that.
I think that was the day she told Shireen that she slept on the field.
And she made sure that I heard what she is telling Shireen and I never said anything and I still told her to leave that night.
I think there she sieke knew uh ha. Because before ummm she went out with this guy nè, then she will go with her friends and she will disappear for a weekend for a week.
And then I will always go fetch her.
And the last time she disappeared I didn’t go fetch her. Nè I didn’t go fetch her. And that was 2009.
Then she disappeared, no I put her out. I did put her out, then she left and I knew where she was, she made sure I know where she is. But I didn’t go fetch her.
And I didn’t go fetch her.
And I knew she was in Parktown, I knew exactly where she was but I didn’t go.
. And I didn’t answer Shireen and Shireen kept on she kept on.
And she said mommy let she ma come home for the fast.
At least she wants to be home for the fast.
Then I said Shireen this is just a ploy to come home.
No let she come then after labarang then mommy can mos now.
she didn’t know how to come home because I didn’t come and fetch her.
And she just took it so now it’s fast so I’m gona use this.
And then labarang then she will be home.
And then she also kept on and then I said ok
You tell her that she can come.
And she came and since that time till now up to now she never disappeared again.
Then I go to the friend an she is not even with the friend.
And she is with the other friend.
Also connected to them now. then ill go there. then she’ll get in there car and come home.
The I’ll ask her also sometimes where you going? No I going home, so.
The last time here 2009 I did put her out.
I did put her out because we were also arguing.
Arguing and then if I talk on the phone, with the guy then she has a lot of things to say, so man.

And since that time up to now she didn’t disappear again.

And then she mos now start doing heavy drugs with this guy and start stealing, she stole money and she stole money twice from me.

But the first time she stole money, I wasn’t sure she stole money but that wasn’t now it was in these years now

Because I had put a R200 in my cupboard. So under my jerseys because that was something. I owed someone that money man. Or it was a shop or something. And that was now the last payment.

So I put the money there and when the time came for me to pay so it was missing.

So I had an idea it’s her. I couldn’t prove it was her.

Because Yaqoob was still in the house. Was he staying in the house/ but anyway Yaqoob was still in the house or Raldia or whatever.

So I couldn’t just pinpoint and say it was her.

But now January/December when she stole my phone.

Then she will still deny it.

It was just me, she, Shireen and Ayesha in the house.

And I think that when she left in 2009, when I put her out.

And I didn’t come fetch her.

She knew because she was near my brothers house because she . and I didn’t even phone my brother to see or nothing.

So I told her, you think that I won’t tell the family. About you and she knew that man because I won’t want them to know that my child is doing drugs and so.

And then I don’t know if it was 2009, I think it was 2009 when I told them.

Every time when they come here then they mos don’t get her here.

So I told them that I put her out but they mos don’t happy with her being put out.

Because they will always tell me, no don’t put her out. Because you gona worry and all that.

Because before that I will worry and make solaah and make nag solaah so she can come home.

But I in 2009, when I put her out I didn’t bother.

I didn’t even make dua for her. Nothing.

and I didn’t even think of her, now my family think I think of her and I miss her.

But I didn’t think of her and I didn’t miss her.

Then what I will do is, I will lock my door. I don’t open my door for whoever comes here. then whole day I will make solaah.

And if I don’t make solaah I will make tasbeegh then I’ll will fall asleep and then I wake up and make solaah and so. Now I’ll make whole day solaah. And sometimes at night also.
I will sit here and watch TV and then I’ll just all of a sudden feel sad so man. Just sad not for a specific thing. Just feel down and sad and so,

I’ll make solaah in the middle of the night I’ll set my alarm for 1o’clock and I will stand up.

Now I have a daughter that is doing drugs man so. It was just for me it was just embarrassing. Because but by then it was embarrassing for my family to know that I have a daughter that is doing drugs. It was embarrassing for my friends to know. That I have a daughter, because it is then my daughter. You understand. It’s embarrassing

But when she was doing drugs, I spoke to nobody. I only made dua and made solaah. I didn’t speak to anybody.

Then she will remind me a recovering and I say one day I will use the word recovering

But when I found out that my son that’s doing drugs I didn’t feel embarrassed and stuff.

. But with Wadia I felt embarrassed. Because she is mos a girl. You know because girls

Like that night when I did sleep there ne. then I will just decide that I’m gona sleep there. Now I woke up in the morning will lay now and I will be thinking. Why did I decide to sleep here. I think ok stand up , clean the room, make up the bed. Then I get my reason because if I didn’t sleep there I wouldn’t have found that stuff. Or I will lay here even that time with the money ne the morning I was thinking I must take the money away there. And I thought ag man no one knows. Only me and Ayesha knows. And then she stole the money.

don’t do stuff like that boys mos do the drugs and stuff, not girls.

You know the what I have realized ne the children that doing drugs nè they take it for granted you the mother man, you will love us either irrespective of what shit we do nè. but what they don’t realize is that love that you have they kill it piece by piece

Oh I was so angry!

and then I told myself that if she is walking with him that time of the morning

then she is doing drugs with him….

then I knew she was doing drugs.

Just for the way she was looking

looking she wasn’t dressed, the hair

and just the way she was looking man.

You could see she was doing drugs.

but I knew Wadia.

Because you see how Wadia is now nè.

she was thinner than what she is now,

but Wadia was never a fat ,

she was never fat but she was thinner than she was when you saw her for the first time.

…. (sigh)
but then she was home and I could see the change in her
because in her face I could see no she is not doing it anymore because she was just at home and so.

But anyways I also didn’t want to believe that she is doing it now
because she is then at home.
Why is she doing it?
Because when she was doing it around the corner she was mos living with her boyfriend.
Because when she was doing it, you can see it on her face, her face is in. you can see her hair, because then her hair looks like kroes hair so her hair look.

And then I thought ok maybe I’m just wrong.
And how did I find out that he is using?
I don’t remember how I found out man.
When she is with him then she don’t come home.
Then she come home here in the middle of the night so.
You know when I know Wadia is using.
When I say something if I when I ask her where the hell are you coming from,
then she answer me.
And that is when she is doing drugs.
When she does drugs then she will backchat she will answer you,
but if she, but if she is like now and she is not doing drugs.
I can say anything I can skell whatever she won’t answer
but when she is on drugs, she answer.
But I was so fuck man why must I waste my time if she wants to go and mess up her life
let she go and mess up her life.
and that’s when I just had enough.
Because I was very angry because his mother, we have spoke so often with each other but she never mentioned that he was on drugs man.
Even when they went out, she didn’t mentioned
And I was angry
Because I expected her to tell me listen here jasmine he is on drugs I just want you to know because I don’t know if you know he is on drugs.
Because if I knew I wouldn’t have allowed Wadia to go out with him.
I was so angry.
I was so angry not for the fact that she stole my phone for the fact that she stole from me.
But what they didn’t understand at that time is that I didn’t feel anything
I would have gone through if he had take me, I would have gone through that case.
I wouldn’t have shown any mercy
Because I was at that stage nè, you know what I wanted at that time was for her just to go to jail or to die
That’s how I felt I couldn’t stand looking at her
her because that time when she stole the phone.

I knew she was lying but I would let her walk every day.

So I said no I’m not gona fetch the phone.

And I didn’t go fetch they phone.

phone and the reason I didn’t go fetch the phone because I didn’t want her to know that she can take stuff go pan stuff and I will come and fetch it.

I will rather be the loss of that phone, so I didn’t go fetch the phone and eventually the phone never came.

Because I don’t know, I can’t even remember what she said the last time she went for the phone.

That is when I realized I don’t feel a thing.

Because I didn’t feel a thing when I heard she , she say that she slept here on the park.

And Shireen said hai why didn’t you come and knock on the window so.

I felt that day, I felt absolutely nothing.

I didn’t even feel sad or anything for her for sleeping there, nothing.

I felt nothing.

And that’s when I realized that whatever she do , it won’t bother me because I feels nothing, there is nothing, nothing anymore

anymore and after she stole the money and Shireen left.

. And then I just take it that if anything happens she will say if opened the door nothing would have happened to her.

But I know she did tell but she sieke too afraid to tell me that she told her mommy because if she didn’t tell her mommy her mommy wouldn’t have known

So I thought no. because this is too free access.

To whatever they need, leave it ma.

When I found out I was, I was so angry

but I blamed the boyfriend man you understand I blamed him because I just took it so because she is with him she wants to be with him.

But I actually I blamed him but now I don’t blame him.

But at the time I blamed him.

Because I just took it so that she would but now I blame her as well because she isn’t a stupid person man.

She wasn’t a stupid person.

She could have said no I don’t want to do this or I’m gona leave you

But at that time I was too angry.

When I found out I was so disappointed because umm I didn’t expect it from her.

Because I’m open with all my children. I speak open I don’t still camouflage a word.

I just tell them as it is so they can know exactly what im saying.

Only now ummm I will say it’s only now about 2 months that I start feeling something for her again. I was dead where she concerned.
Whenever I hear of her also I feel nothing.

You know I just could not believe that she stole from me. Because I gave them everything.

So I, there was no reason, man. Up to today I can’t think of any reason for her to do drugs. Because she never had any reason to do drugs.

You see my son did drugs, but, I, there was no problems man.

. And I just looked at him and I was shocked.

Because he was in his 20’s already. And he had a child already of 4 years old. His mother passed away and he is now doing it.

Now I think that is also making him strong man. Not to go back.

I don’t know? I don’t know what changed.

I think, you know sometimes I lay in bed nè and I try to figure out because I like to know why and how and stuff like that man.

I don’t know, because when she attended here nè I didn’t believe that she is clean.

Nè so I think and I must be starting believing now she is clean because I can see the change in her body in her face man.

And I think that subconsciously, I know now I believe now, and I think that is where the feelings is coming back.

So it was, but me and Wadia was very close, she was more like my friend than my daughter because if I feel something then I will talk to her so man and when this all happened.

. I think it just, I don’t know I think that’s why I just went dead man because I didn’t expect it of her.

Because she is my eldest daughter.

And I didn’t expect it and I always spoke to her that she’s the eldest that she must take care of her siblings and stuff and even Lukmaan ‘s mom when the doctors told her to get her affairs in order she also spoke to Wadia and she told Wadia that if when I pass she asked Wadia to step into my shoes.

For her son, for Lukmaan so man. And even if Yaqoob must like get married, remarry one day and Wadia must always be there to see that the wife treats Lukmaan proper man so. And step in as the granny, the mother whatever.

But it was very hard,

because you know sometimes when then I lay here nè or I’ll make salaah and I’m busy making my dua then it will just come into my mind then I just want to say Allah take her away.

It comes into my mind.

And then I’m thinking of this that is on my mind now, and I’m thinking must I say it. Must I leave it there, so man.

And I think I did say it a couple of times already.
And I didn’t think of him and his life, the only thing I wanted was for him to be out so the skelling can stop.

Because that time I was dik already.

And I told myself I am not going to fetch her.

Because then she knew man I’m not coming to fetch her.

So we were arguing and I kicked her out because I said I don’t need this.

You go, go live wherever you want to, do whatever you want to because if it is not under my roof, I won’t see it I don’t hear it.

So it won’t bother me.

I think that’s, that’s when she knew. if she must move now, I won’t take her back.

But what they didn’t understand was that I didn’t worry.

Maybe they thought so because she is mos now my eldest daughter and they all know that we were very close.

But then I realized man I’m not gona feel embarrassed because it’s not me. I didn’t do drugs, I didn’t drink wine, or anything for my child to do drugs. And she didn’t have a hard life or whatever man. To turn to drugs. Because they had everything on time. If she wants to go out with her friends then I will take them. And I will go fetch them. if I have to get up 4 o clock in the morning I will fetch hem wherever they are. So she didn’t have any excuse to as for things in the house or family or so to do drugs, and then I just, I just realized that I did the best I could and I believe they got a good life. You understand because they never went without food they never went without clothes. Whatever they see they want they get. If they don’t get it today, by the end of the day, by the end of the month they will have it. With father or Without father. They always got what they wanted and stuff like that. And umm so I was a bit embarrassed man. Because I’ts then my daughter. That is doing drugs, you know.

But I just realized man the sooner she knows that I’m not gona hide it the better its gona be for me.

Because for me it was too embarrassing to even admit that my daughter was on drugs.

I don’t want to use it now because. see with Wadia its like this man, she can manipulate you without you knowing she is manipulating you.

And this is what I’m thinking. If I am going to acknowledge now that she is a recovering then she knows I acknowledge that she is recovering. ne and my mind is set now that she is recovered and then I will not be able to catch her if she falls man.

So I will I will not I still when I talk, she will remind me a recovering. I will just say druggie and so. Ok. Maybe one day. But I don’t think now.

Why I don’t its more because I am more afraid that I will go back to where I were man. You understand. So I think that’s keeping me kind of insane.

You see I and then I decided. Whatever instinct I have when I wake up or what I get during the day I’m not just gona push it aside. I’m gona go with it.

Because like that day when I realized I feel absolutely nothing for Wadia. When she said that she slept on the park.
And then I was thinking, that’s where the children make their mistakes man. Because you a mother you will always love them. But they forget all the stuff that they do ne they kill it slowly man. even

I know what is happening ne. now I think we as mothers you mentally block it out because you don’t want to think about it. And that is how you slowly cut yourself off man. Blocking whatever because now when she come home I look at her I know what’s happening. Then I don’t talk I just block it out. And I think that is also were the feelings get killed slowly, slowly, slowly.

Then, then she stopped but she did then she would stop for a couple of months or she stop for a year and then she would start again like that.

But anyway so I did lock the door.

And she went on and I was so angry that night so I took the chair and I hit her with the chair.

So when I sat them down so I told Ayesha you know how many times changes I gave your mommy.

And your mommy don’t want to listen.

And this, now before I sat them down.

Ayesha said ma just gave her a last chance.

So I said ok.

So when I sat them down so I told her you ask me to give your mommy a last chance.

And I am giving your mommy that chance.

Now, so I am telling your mommy in front of you, this is her last chance.

If I must just think that she is on that she is doing drugs.

Then I’m gona throw her out.

So she either have to get herself into a rehab or I’m gona throw her out.

And that is when I found the radio.

And then they gave me a lot of places and then they said I can try the clinic for counseling.

and then I told her and then I got the number and I told her here is the number, you either go for counseling or I’m gona put you out for good.

So I said yes, I will help you.

But I dont know what I can do to help you.

So he said just be there for me to talk to.

So I said ok and that’s when this guy, that spoke to him, it’s a my age type of man who spoke to him.

so he him that he is every Saturday at the kramats man.

Every week they go to a different kramat.

I don’t lock my door and now.

Like now for this three weeks. We were alone at home. Ya. Ayesha wasn’t here, then we
But now 2009 when she came home, I told her whoever ask me about you I will say that you on drugs.

And umm I left her.

And then I just stopped hiding it because she knew that I won’t tell her granny. And she knew I won’t tell my friends. She knew that. I’ll tell no one one and then I thought. No man you know when you lay I bed and you think and then you realize wait man, let me try this let me do this and stuff and then I just decided no I’m not gona hide it.

talk about this and that, and in the morning we talk and we make jokes with each other. Make fun we tease each other. So man. Like it used to be its coming there now. It’s not there completely. But is, is getting there.
Annexure G: Participant Two - Coding

Purple: Abstract

Yellow: Orientation

Blue: Complicating Action

Green: Evaluation

Red: Resolution

1. it’s not easy to accept you know
2. when something like that happens in your family
3. And how old was Cindy at that time?
4. Candice is now… she is now 27 years old
5. How did you find out she was using
6. And this man never improved you know
7. and I always said to my wife, you know that we should not really give up
8. How many children does she have all together?
9. What made you decide to adopt Sam
10. What made you decide to legalize it formally
11. You mentioned Mr Abrahams that you basically went through 10 years of hell, what exactly were you meaning by that.
12. How are you as a family affected by Cindy
13. So you saying financially you were taking responsibility for the children
14. Did that place strain on you as the financial breadwinner
15. Was it difficult to see your grandchildren because your house is comfortable?
16. What made you decide to make strong viewpoint on you know like what you just said now that you won’t allow anyone who is still using to live under your roof.
17. Do you feel that your health was affected,
18. Would you consider yourself to be a spiritual person
19. How did your Cindy’s using, did it alter or affect your spirituality in anyway whether it was negative or positive.
20. How does it make you feel having to leave your church?
21. Did your family and your neighbors initially did they know about it
22. Is that another daughter of yours
23. . Has your relationship changed with Cindy since she entered treatment.
24. Who did she see you as then?
25. Your work situation, do the people at work know about Cindy being in recovery or at any stage having used
26. Your home life never influenced your work
27. How did you manage to do that
28. What helped you to keep the two lives basically separate?
29. How did you manage to cope through the ten years, having Cindy and her brother as well, using?
30. Did you ever have support like family support, outside support, did you go to support meetings, some assistance for yourself

31. You know and that hurts
32. Ok there’s a lot of people saying that ya your environment creates the person
33. which is something, that yes has an influence,
34. you know outside environment and all that
35. at the end of the day it’s my belief it’s the way I brought them up
36. . It’s you yourself.
37. And I teach them from young
38. that once you enter this world be aware that whatever you do there’s consequences with it.
39. And if you gonna do anything which your parents are not gonna be happy with
40. then you on the wrong track
41. Its as simple that’s how it is.

42. Because if you look at the way you brought your children up
43. you know and umm you done the best you could do during the years
44. And all the incidences happened after they have grown up.

45. In Cindy’s case, it happened when she got married
46. She got involved with a drug addict which is an adult man,
47. he has already destroyed one family
48. family and now this is the second family that he has destroyed.
49. Sam, her eldest daughter turned 11 yesterday.
50. It’s like later on you know
51. I didn’t know that this man was on drugs
52. They were living in shacks you know
53. I’m not talking about Wendy houses,
54. shacks!
55. because there was a stage where I pulled out
56. Seven children
57. Seven children in 10 years.
58. Sam has never been away, out of the house to one day
59. Cindy, she was mos young when
60. Sam was born.
61. It is because of the insurance policy
62. With her producing children all the time
Of course it did.

You know the children get to know you and umm

The moment they get a gap to

They were living over the road.

It is because it is such a destructive thing

you must know drug addicts they steal and they lie all the time

time because they will do anything

And anybody that love them thats on their side becomes their enemies

Because they don’t see you as the father figure anymore or as the mother,

they only see you as a way were you can get things

I can get this or that out of them

and the moment you allow them in the house they start stealing your stuff.

I was sick on many occasions

my wife was sick

we were hospital in and out

I am a Christian and I’m also a minister of the New Apostolic Church

Yes al the neighbors, everybody knows about it

One thing I can say, one of the advantages is that these are neighbors are the same people

We all moved I together at the same time. Being a new area

This area is now 23 / 24 years old.

These are still the same people all moved in together at the same time.

And all of us have raised our children here.

She matriculated at Princeton but she attended Van Riebeek before that. George comes out of Spes Bona College. Kevin was never bight but he attended Batavia. Cindy comes from Spine Road to Glendale to St Maria’s and then to Belhar

Within 2 years in 4 different schools.

She was very rebellious from young

and the other grandchild that we also raised, Nadia, also matriculated at Princeton

so I have worked hard through the years, not just me , me and my wife.

And we have given them the best possible education.

Definitely, definitely, definitely

She now speaks properly

She doesn’t swear anymore,

she now recognizes us again as the father and the mother

Which she couldn’t recognize us.

Your parents becomes the enemy

If you can’t give them

or you don’t support the things that they do

then you become the enemy.
you know in your working environment the less your company know about you, your domestic problems the better it is.

That is why you have to make sure in the morning when you leave your home, then leave your home,
you go to your work you be productive
be the best you can
and once you leave there, you leave the work
then you come home and then live your life at home
God willing on the 3\textsuperscript{rd} of January, within six weeks from now, we will be married forty years on paper but we are actually forty three years together
Because the neighbors keeps on telling us
where do you people get the strength to survive through all this.
We don’t share this knowledge, this discussions with family

Because you know family is fine, they will sit and listen to you.
And then I put a lot of effort into it
When I became aware of it
and then I told her hello, this man is involved in drugs
But then I was told on various times
that listen, those are married people
You interfering into other people’s married life.
But I said listen I got nothing against the people being married
I’m disturbed about what they are doing
and I kept on explaining to her
, listen life is not just about you,
it’s about the children that are born out of you
, you have a responsibility towards your children
But in her case it was extremely tough
because this man fed her with drugs instead of food
and providing for her, her natural needs
and she turned into a sex slave
and she kept on producing children.
After the third one …..
and talking and fighting with her
they weren’t living near me at the time,
they were living in Manenberg
I spoken to her
and after she given birth to the third one
I spoke to the doctor
and they said no that’s fine she only has four children
we can have her sterilized
Fine they gave the appointment, right
. I went the morning down to Manenberg
and picked her up
took her to the hospital
but then I had to go work
It was at Somerset Hospital
I dropped her at Somerset Hospital
and then I made the worst mistake of my life
I gave her money
like a father would think, hello she’s gona need a cool drink, a sandwich and whatever
that’s she’s gona need
And then the afternoon I still took of early,
I phoned round about 1 o clock, you know,
ok I couldn’t get an answer then.
Three o’clock the afternoon I left work
I drove back to Somerset Hospital
when I got there I saw the sister
I said how did it go?
How did what go?
Cindy?
She said no, the moment you left this morning,
then she also left
so I umm raised Sam.
I have now also legally adopted her
As time goes on you mos start getting to know
so I find out
no this man was married
then I met his daughters
and he is like almost 20 years older than her you know
And I mean Cindy must have been 17 years old at the time
you know when she got involved with this man
umm only then did I learn when I now met his daughters
And then his wife phoned me one day
you know to give me more information
And so many times I used to go and clean up the area
I said listen I need to find peace with myself
I said to her find peace with yourself
because they are beyond repair
you are not gona get spare parts for them anymore
And until this particular incidence happened now.

My biggest worry was, the extent of the damage that it does to their brains. Because you get to the stage as you know you cannot reverse the damage if it’s there in their brains. But what do you do then?, Because at the end of the day it’s the children that are suffering the most. Until this particular incident happened now there are so many occasions.

I used to run to the hospital go and buy clothes and provide for the children, And straight from the hospital Sam came in here. we got a family policy so for her to be covered under that you gotta be legally adopted to raise a grandchild. Or if you take a child from outside legally to be covered under the burial. by the hospital you know we could not even sign to get Sam’s teeth extracted because the hospital said according to social services the child is, we want the parent you know The moment they find out we are the grandparents then it is a huge problem. Because they wanted to know what is the problem and not being able to provide for them, I had to work harder and we had to make plans to make sure that those children gets cooked food and give whatever we can. Then they here, they right here by the gate because they hungry they wana come in I have lost thousands and thousands and tens of thousands of stuff during the years. , Kevin, like I said Kevin is in the yard. But what I have done, I have put up that shack Its descent, he made it look ugly. There’s toilet facilities, there’s fresh water, there was electricity in there, a microwave, a kettle, everything. He even sold the lead. They sell the electric leads, the globes, they are so destructive. It destroys you, I can tell you.
Because there is nothing you can do you keep on saying how do I get through to these people. And it’s strange you know it is so disturbing that the language. Its not like there is a language problem that the person comes out of a different eh eh country so they can’t understand when we speak to them. They just cannot understand. Everybody is the enemies, But amazing they do the most harm to the ones that are the closest to them. because of my children I was transferred out of the one church to a church further away because you know the children not being an example of children who come out of a house of a minister. You know to behave like that. So the authorities said, well you haven’t done anything so we can’t, it would be unfair to relieve you of your ministry. But we are going to have to do something to protect you and to stop the scandal of the members of the denomination. we are going to do, we are going to transfer you. And I was transferred to another congregation. And you know and whenever we had an opportunity to talk to one another they would always say, listen we are the witnesses, we are living witnesses of how these children were brought up. You know. and the teaching they came out of and what happened here and the things they did after they were grown up. if I can tell you like Zenobia. They left their schooling out of their own accord. It was never because of us. It was never because of not having proper uniform, not having all of their books, money for transport, everything was there for them all the time. My neighbours will say up to today they called us here the Royal family. because my children had the best of everybody else of everybody’s children here within the circle. But all these things happened when they were grownup. So now they cannot see that you are actually working and feeding her children and raising their children. They cannot see that, all they are seeing is how come you not approve of me being on drugs. That is their thinking. Thank God, I will support her,
245. she is in my home for as long as I possibly can.
246. If for any reason she even drop out of the program,
247. she is gone, she is out of my house
248. I don’t allow people that’s on drugs into my house
249. That’s my bottom line.
250. She has her own room
251. I have in this home, one, two, three, four bedrooms, three toilets
252. and we are only, there are only Zenobia and her baby and Micah in the one room, Sam
      has got her own room, Cindy has her own room, the two of us has our own room, our own
      complete en-suite at the back
253. There is still a lot of work to be done. But it is always clean, there is always cooked food in
      this house.
254. And I, I do the best I can do for them
255. I never allowed it.
256. And since we were young we never ever interfered in one another’s work
257. and I always said to her since I was young, never ever phone me at my work for any
      reason what so ever
258. unless it is critical somebody has now died or you know it’s, you just have to let me
      have the message
259. But if somebody gets sick I don’t wanna know about it
260. because you can tell me tonight
261. And although we share sometimes our stresses of work to one another.
262. We talk about it and that’s it
263. The one don’t get involved in the other one’s work environment.
264. But then again you now sometimes I tell myself
265. if I listen to other people’s problems,
266. what other people are going through
267. then you can just always tell yourself,
268. listen man you not alone in this struggle
269. and sympathize with you
270. The moment you leave it becomes a scandal
271. It becomes a story
272. You know then the real actual reason why you have spoken to this particular person
      about this specific topic thinking in your mind,
273. you know this is the type of person that can understand
274. And the moment you leave, then that person can turn that story around where it becomes
      something negative.
275. So it’s all the better to share with God
276. and pray for strength
277. that always seems to pray for serenity
Pray for the things you know God granted me the serenity to accept the things that I cannot change but grant me the courage to change that which I can.

You know and that’s how I carry on

Work on the things and I tell them, listen the reason why you cannot live here is that I got nothing against you. I explain to them in detail.

You must understand that there is certain things that cannot change and the fact of the matter is you are my child that cannot change but because of the things that you do, you can never be a part of me.

And then I realized whoops she is also on drugs.

And then at that stage I didn’t realize that one of the worst things that you can do is to give these people money she immediately just the moment I left she had money turned around climbed in a taxi and off she went.

most of her destruction happened during her 10 years with this drug addict.

. Wow this is an evil destructive guy.

There is already a family out there in Manenberg that is destroyed and yoh I went through tough times through the years And umm I kept on saying to my wife, what is happening to my child.

But me not being educated into that field you can do everything you possibly can to provide for them it’s all just in their favor because the moment you turn your back you feed them, because now whatever money they can get hold of they use on drugs and I tell you it was 10 years of Hell so far I am so proud of her.

She is really a strong person and you can see she is sincere man And really wanting to do the best she can to get her children back she is a fantastic person man it took a lot out of us, it took a lot out of us we just said there is no way that she can look after Sam because I keep on explaining it’s my child, I have raise her.

They can’t provide
Not her nor her husband
Because it’s sad to witness these things hey
It affects you,
because you know there are grandchildren out there, That hasn’t got food
so it’s a tremendous strain.
because you know that the saddest part of all of that
is that nothing gets appreciated
because you know they. It’s a survival over here.
It’s so sad and so disturbing
But I could never ever allow her or her husband in my house
Because you know I am dead against it
. It is a destructive thing
It’s sickening man
That is why I hate drugs
They do the most harm to the parents, to their brothers, their sisters
But they will never go out and do harm to their neighbors
And one of the worse things that drugs does
If a person works and gets on to drugs
it is only a matter of time then he loses his job.
And they never ever go work again.
It hurts. I can tell you it did hurt.
And you know the sad part, they kept on
I can thank God that this change now come
. Because I still believe that you know, if you can save a mother then you saving the ch
Its tough, its tough.
And it has worked for us through the years.
You know honestly I can tell you that I don’t really have an answer for it.
, how we survived through it, these years (giggling) I don’t know
It doesn’t help much but its comforting the thought that you are not alone
And you must never ever give up hope, never stop praying and you need to genuinely,
whole heartedly genuinely believe that there is going to come a change
You know and sadly enough
once they carry on with their things it means nothing
and then I sometimes tell her
it is strange that they don’t understand
But then I also learned that is afterwards that is  now recently
years that the sad part about these drugs is that the actual drugs take over their lives, and
it starts controlling their lives
So now its not about them anymore, they got no control.
So they are controlled by the drugs
So then I got angry and you know I was fighting with her all the time.

And after that then, another 3 children were born after that particular incident and I kept on talking to Cindy and it just didn’t work. until eventually then they were living over here. But thank God you know we kept on praying and praying, you know that, make something happen you know for her to come around with all that she never threw her children away they were around her all the time you know it was so tough to produce such a lot of children in such a short period of time. So we just adopted Sam that’s it although the legal documents was only done now recently But we raised Sam as my own daughter. They say yes we understand that but the law says, until you have legally adopted her only then can you authorize. You know for teeth to be extracted for this for that. They cannot see the value of what you are doing. But they were going to move away. So they always be around here were they know, ya there is going to be survival for the children. So that they can carry on with their thing. We were providing for them. And as long as I have the health and the ability. I will never ever allow anybody that uses drugs to live under my roof. I lived through it you know. I lived through it. Because that is such an evil destructive thing. So I will support her which I have done since the beginning of the program and I will support her as long as it is possible. You know so I think that is what carried us through the years. So for that reason, since the beginning up to now. And may God be with me, until I die the day. That I will never ever allow any person. person irrespective who it is that is on drugs. will never have the privilege to live in my house.
Annexure H: Participant Three - Coding

**Purple: Abstract**

**Yellow: Orientation**

**Blue: Complicating Action**

**Green: Evaluation**

**Red: Resolution**

1. It was quite a few years ago
2. , it happened so that he made up his mind that he wants to be helped, he wants to get help
3. How was Eric prior to the drugs, in terms of his personality and things like that?
4. How did he change
5. . And if he couldn’t get it
6. And there was no trust
7. How did you react when you found out that Eric was using
8. How was the relationship between family members in the household when Eric was still currently using
9. Financially how did you cope during his active days
10. It seems like you mentioned Ethan when he has been living with you since, since birth.
11. Would you say that you have raised Ethan
12. How have you managed with raising Ethan, your grandchild?
13. And how have you been coping with raising a four year old.
14. At the beginning when you found out that Eric was using did you inform anybody, any of your family, family members or your neighbors.
15. How did the family find out though?
16. A period of how long was this whole event
17. How did you cope with the waiting
18. Would you consider yourself to be a spiritual person?
19. Would you say that your spirituality was affected either negatively or positively through this experience?
20. And health wise how is your health right now?
21. You say his usage never placed strain on your health otherwise
22. how do you think you coped though all these years, what helped you to cope?
23. Was there anybody that you could rely on or a group of people?
24. how are things now?
25. he was not growing up in a home where substances were used either alcohol or drugs
26. I was I would say a bit stupid about these things
Because my husband was also sometimes,
he was not a regular drinker but an occasional one
That this is not just what Eric says this is more than that
And that time it wasn’t umm what he was using And well so the years went on
there were times when he said, no he is off it
he is not doing it and you believe it
and umm you know and so things went
he had a girlfriend and umm this girlfriend was into something else like heroin
Many a time I would also talk to him and his father
but his father , you know men are more to the point
There were times when I know
which I found out afterwards once or twice he skipped
And umm, now he is at a stage where he went to a rehab
when he was at school he would come home in the afternoon and ask me if he could go and
play those games that they were playing at the shops, they had those machines
We had a pool centre in Colorado
But I mean Eric was, everyone use to talk about this nice boy
even at school and at home
He was never rude or insulting
because Eric wasn’t then that nice person anymore
because if he wanted money, he wanted money
That time we had a vehicle standing in the driveway.
There was no trust  at that time
because that was the time I also and his father noticed that things were getting lost
Things were missing in the house
I would notice if I wash my windows and I want to put up a pair of curtains,
you know where is those curtains
. And then later on
because of umm unruly characters passing during the night
and sometimes they would come to the vehicle
and there were once or twice that he had to shout
because they wanted to break in at the vehicle.
So he said well it is the friends that he is with and they do it and they told him to try it
Umm, and at the beginning it was a bit horrible
but then when the sensation started
you know getting an effect on him it makes you feel good.
And trying again
and as I said then he got to know about Matrix
Well there was many a times tension between my husband and myself.
65. because of people coming here and knocking on the door saying he came to lend money from them
66. and it was not that we were by the means to pay the people.
67. But we had to do it to keep the peace
68. And to keep the people to not keep on coming back to the door.
69. umm as I said it really took time for things to get sorted out
70. And umm for him to stop lending from people.
71. And umm then it was that he said he was doing jobs for people
72. That is how he got his money.
73. Because he would ask me for money
74. There were half of the time that we, my husband was still working
75. working and then we went on pension.
76. Since we’ve been on pension
77. he gets much less than what he earned Because when we found out that Eric’s girlfriend was pregnant
78. when they told us in a roundabout way.
79. and she herself even said
80. that many a day she would come here and say there was nothing at home to eat
81. Can’t we give her a sandwich, or things like that.
82. And umm when Ethan was born.
83. When she came out of hospital because as I said he was here since birth
84. and even when she was here during the night,
85. many many a nights you could say almost every night
86. And that time she was breastfeeding Ethan
87. Well umm in the beginning she used to get the all pay,
88. she used to get Ethan’s all pay and I would get whatever was left by the time they went to go and get it.
89. Right at the beginning I did not.
90. but umm neighbors knowing their children were also doing it
91. they were quicker to notice things
92. Many a times our family would come here then Eric is not here
93. And umm then going to visit family they would ask
94. Why didn’t Eric come with The family found out by me telling them.
95. Him being on drugs took years
96. getting to Matrix getting there took months and months
97. and then umm being there he weren’t as he was explained there we got to know it’s not just that you are there and in a months’ time you will be lucky to go into a rehab.
98. It also took time and it took months and months, you can almost say close to a year.
99. Many a time you get up in the morning Ethan would perhaps come and say ma I want to go to the toilet or I’m hungry
Because I knew that God did not send him to go and do those wrong things.

It wasn’t God that send him and umm

There was I was always a healthy person, just an odd cold that I had,

but strange enough during the time with Eric doing his drug

The only thing that really that I can now say that with my health wise.

And so it went on for quite a few years

and then one day it happened so that I was how can I say, done with my menstruating

already, like they say change of life that happens

No it is just that and I don’t know about that

but a neighbor of mine once said to me, when she spoke to Eric.

But I umm I just feel that that you know made a big change in Eric you know seeing look

at what happened to my mom, I can’t let things like this happen to her.

Eric is determined he wants to be helped and help is going to come.

I do, I do and that’s why I always pray.

then he comes home and I notice something different about him you know

Then umm he would always say he was with friends and they were having beers and you

know and umm having a good time and umm

but then my husband really was the one to notice first

what he used at the end finished off and started with him getting clean.

It was like dagga and things like that.

And umm well dagga you can easily smell

and there was once or twice then I could smell

and umm then he stopped with that

and umm he went on to something else

And she introduced him to that substance again

Which he went for because of her

Ethan was born, a son, to him

Where a mothers try and soft soap a thing,

I’ll say to him; Eric there you’ve got a son now

. God blessed you in that way

please my boy pull up your socks now

and please change your friends

, get rid of your friends that you with

because they are not teaching you the right thing

What they are teaching you was wrong

I only found out afterwards as I said but anyway.

He pulled through

he went there

he would come home and tell us what happened
you know umm talk to us
and even advise us what to do and how to go about things
he first went to Stikland Hospital
and from there he went to a rehab in Kensington
And I would give him money and he would go and play
and he would over weekends and so ask if he could go to the pool centre
And we went there, my husband and myself and we looked
he would now say he is going to friends umm when he umm
There were times that he would tell us umm that he washed somebody’s car or he cleaned
somebody’s yard or swept somebody’s driveway and that is how he got money
There were times even I know that he would use his child
and to say to people he wants to buy milk for his child
or things like that And he begged us not to chase him away from the house
His father said to him well you go and sleep in there
and your mother can give you food through the windows
but we don’t want you in the house
And then I started thinking to myself
let me check on my things
and then I would notice
it’s just not curtain
it is even the doylies and things like that and umm.
There was once where I even noticed
some little umm sweaters of Ethan that was missing
And his father would notice tools that got missing.
He would leave something and its not there
we asked Eric about it he would deny it
and then later on we would say no one else came into the house
no one else would take things like that
no one else will know that is packed down there
it is only you
. And then he would confess.
And so his father said to him well you can sleep in the yard
yard and there was a mattress given to him and he slept in the yard.
And when it rains
then he would go sleep in the garage on a mattress And umm I even spoke to him
and I even cried
I said to him, Eric why did you go and do things like that?
I mean is it that we didn’t treat you properly
Is it that you didn’t get what you wanted,
we registered you at the best schools
And umm you know we gave you the best that we could afford. How come that you could go and do something like this. Because you know I would now want to talk to him in a nice way and my husband felt the nice way was not working. You have to put your foot down and let him know you know what is what and umm but never come to that to be aggressive. them and they wanted their money back because he promised he would bring it back. And umm that caused tension in the house and there were times that we would give him money. There were definitely times when we gave him money and he would even wash his fathers car and his father would give him something but we never gave him money which would be enough for him now to just go to buy his drug. it was a little something, And umm the times when my husband was still working things you can say things were a bit better, we could cope better. things went a bit difficult and even now we manage to get through the month but barely you know umm we are trying we are struggling have your meals here. She can go home and sleep at night. But she should have her meals here because we wanted her to give birth to a healthy child. That is when I started saying she should come and umm they Ethan and she came to live with us. And it was I think Ethan was a few months old when I got suspicious about why ‘s the door always closed and umm and then I would go in and open the door and umm you know Then one night so I went out to the yard and I thought what are these two doing in the room and umm then I peeked through the window because the curtains wasn’t not drawn yet. And then I noticed that umm his girlfriend Mavis she was busy with things on the floor and umm then I came in and I told my husband and we approached them and then she said its grandpa that she puts into a straw,
she got a hole in her tooth and her tooth is paining
and that is how she gets the grandpa into her tooth
And umm my husband especially did not fall for that,
and to me it didn’t make sense either
and umm that didn’t seem to help much
and as time went on my husband went in the room one day
And then he caught her again standing with a blade in her hand
Eric was sitting there, he was smoking.
I don’t know if it was a cigarette or if it was a drug he was smoking
and she walked out
And she stayed away quite a few months
and then she came back one day
And then I said to her I’m sorry but she cannot sleep here anymore
she can still come down during the day because they don’t live, they did not live far from us
I said she could come down during the day, wash out Ethan’s clothes, feed Ethan but umm I cannot keep her under my roof.
and umm she must speak to her parents to help her.
And umm that is how that happened.
Ethan would cry in the room and it would wake me
and then I would get up and go into the room
And then she is laying snoring
and Eric would also be sleeping
And the baby would be crying
And umm then I must wake her
and umm she would just put her breast in Ethan’s mouth and go on sleeping.
And then I would talk to her and say to her she must pick the baby up keep the baby over her shoulder,
let the winds come out first
first but it would just be done because I am there now,
tomorrow and the next day, no
And umm that is how when umm this incident happened about the drugs and my husband
and she walked out
And as I said umm if I get a R50 if I get a R100 that would have been it
There are times when I did not get a blue bean
Because then she would tell me either she was robbed or umm she had to buy medication for herself and she had to buy sanitary towels for herself and underarm and things like that.
And nothing would come umm to me.
so it’s easy just to say, oh no Eric is not here or he went to friends you know.
They didn’t really see him to see what he looked like and how he was starting to lose weight.

And umm how he was umm not clean on himself.

Things were going umm how can I say, he was not looking after himself, bathing and umm dressing and cleaning himself.

and umm then we would say, ag no man he is at home doing this or that or the other.

We were hiding it away in the beginning

Telling them that umm Eric has taken a wrong turn in life.

And umm he got himself involved with drugs and he is in it.

And umm we and he and us we are trying to help him to get rid of it

But umm as I said it took time.

It wasn’t an overnight thing

even getting into Matrix even getting into Stikland and even getting into the rehab it all took time.

You know you cope with the waiting,

I always pray, it doesn’t matter where I am

, if I’m sitting in the bus or I’m busy cooking or I am sitting here.

I like to sit in the lounge alone.

and they would always ask, what is mommy doing alone in the lounge?

That is my quite time that I spend with God and umm that I will talk to him.

I believe in God and I know he believes in God, my husband beliefs in God

and we knew , I knew that it wasn’t God that send him go and do that.

And I knew that God was gona help us to get him back again

And to get him back on track where he knows him comes from

And so umm it made me stronger

it made me pray more

it made me go to church more you know umm umm

I always used to feel my breast and I always had small tiny little lumps in it and I always used to go to the private hospital there was a doctor there and then I went to him and he would always examine me and always with a needle extract whatever was in the little lump.

Sometimes there was three in the one and four in the other

but it was always small ones and it was always send away and it was always clear.

And umm then I noticed there was a lump that I could feel and I thought this is strange because I’m not menstruating anymore , I don’t have those cycle’s anymore.

What now?

Because sometimes the lumps would come and it would disappear after my period, it would disappear and sometimes it would remain and that is when I would go to this doctor.

And then I noticed this one was persistent, he was just staying.
And when I made an appointment, I was told that this doctor is not practicing anymore because he had a fall and he bumped his head and he is not practicing and a new doctor is going to take over.

I must just give them time to settle in and so a few months went by. Weeks and months and eventually when I spoke to them again I found out that umm that things were a bit too expensive now because we are on pension now and I couldn’t afford going to this doctor because his fees were a bit much now because now we didn’t have medical aid anymore.

And I was told to go to the day hospital, which I did and they gave me a letter to, after examining me there, to go to the breast clinic at Groote Schuur, which I did.

Went there and they examined me again and then the doctor said to me, umm its best that they take the lump out because

They couldn’t, I don’t know if they could draw from it because they got a bit hard now or whatever but anyway they rather gona take it out, I must have an operation.

And also I suppose I mean being in me for quite a while umm they said they detect some cancer cells in the they were gona treat me for that as well and I had the op.

Umm it was a very small lump as they say not even a centimeter

They took it out and I had to have chemo and I had to have radium too.

And of course I lost all my hair in the process and I had very long hair and I lost all that.

But it was a small price to pay for being healthy again.

I went for a checkup again today. I go every 6 months for it for a checkup and up to now.

I went for my op in 2009, yes and it is now 2011 and everything is still clear.

She spoke to him and he said to her that he didn’t want to change his life and he has found this place here at matrix and he is going there, every week he goes there.

That is now how just after I had the op.

I had to rest my arm of course because of the cut that was made I had to rest my arm.

Therefore I wasn’t out and about for her that she could see me.

Then he said to her that I had an op and he explained to her now what happened and so on.

and then he told her, she told me that he said to her that he blames himself for what happened to me.

because he feels that it is through him that that happened to me.

And umm I spoke to him afterwards.

Many a times he even cried, when he spoke to me and said mommy I can’t go on like this, I don’t want to go on like this.

This is not me, this is not us, this not the family that we are.

And things must just change.

and the only way it will change is if I change.

I must say since he made the change you can just feel that closeness that bond is.

is not I won’t say 100% there yet.
because my husband is still, he is still very much on the lookout still
and when he comes in and he shows me the results of his drug test that was taken,
the proudness in him and me looking at it and said where all these corrections going.
You know it makes me feel good
and it makes him feel good to see that I am feeling good.
And umm I will even show it to Ethan
says that your daddy is all clear everything is clear and no more smoking and no going to
the wrong places.
You know and even he is happy about things
my sister as very supportive
I have a sister and I have a very close friend too
hasn’t really been a time that I felt oh I must call my sister now because if I don’t phone
her I might do something terrible.
It has never come to that you know
or I feel oh the world is tumbling in on me now I have to phone my sister or my friend
now to talk to them
even in the time when Eric was still doing wrong I would speak to them
either my sister or my friend and I would say oh I know he is trying but he is not there yet.
I know he is going to come right but I would just chat to them and talk about things in
general and say that umm we are coping he is here.
At least I know at night he is here although he is sleeping in the garage at the time he was
doing wrong
Although he is sleeping in the garage but I know he is safe
, he is here I was always worried about his safety out there you know.
They would rob him and stab him or kill him.
. I didn’t mind whatever they took of him as long as he could come home.
And when he is home, many a night, my husband would go lie down with Ethan
because Ethan did not like to go lie down alone
alone and then I would still be up waiting for Eric to come home.
I would sit in the lounge or lie in bed watch TV but waiting for those footsteps you know
and when I open the door, the first thing do is look at him, are you in one piece, are you ok.
But umm but that is how I managed to cope

Well seeing that it is a boy also and I have Eric and of course being
and I just took it, oh well I have seen that behavior before so then it can be and so on but
umm it was umm it was a blow to me
because I always thought that it happens to other people and to other people’s children
But here Eric is our only child
and umm and we gave him what we could
and umm he was very fortunate
because umm it’s not that I would say umm no we can’t buy you that expensive jeans
because 3 / 4 other children in the family that must get it as well.
So he was fortunate in that way
in that he you could say always got what he wanted.
And then when this happened to people where the children are unhappy and don’t get
what they want
and then they go for greener fields But anyway in the end I was so grateful when he got
involved with Narcotics and umm with Matrix there in Tafelsig and umm he started going
there.
And seeing that he was going regularly
it showed me that Eric is determined he wants to stop
because he even said it to me; Mommy I don’t want to go on with this life anymore.
It’s not leading me anywhere. and I thought to myself. No, now things must really start
pulling itself together.
And umm but it really had to come from him.
I am so glad that he went there
and they really, they really helped him tremendously
when we could go and visit him
we were shocked to see
because then it was the Eric that we used to know.
We went to the place and we saw no it looks quite decent and nice
nice but it’s always when you come home and other’s come
and I suppose that’s when the wrong friends umm
And umm those that did that do the drugs and that is how
as I said drugs change you
It changed Eric
and it changed us too
and that was not true
because we provided for the child
But now umm Eric is like he was before you know
That nice person
that person you can talk
to you can associate with
that you can have a conversation with
because while he was on drugs you couldn’t have a conversation with him
because he was always in a hurry to go out before it gets too late before it gets dark,
we didn’t trust him in the house.
But that changed as I said with him going to Matrix and to the Rehab
you know that changed.
and Eric is now that we can trust him
and we can have a conversation with him
And he is there for his child,
he is not working now
because he still has to finish programs that he is busy with.
So umm so he is trustworthy now
. And whatever you leave you can rest assured tomorrow it will still be there,
And with money he can even be trusted
Because I noticed that sometimes he would get a lift home from matrix
then he would put that money aside
and he told me already he needed a jeans
and when we were ready to buy the jeans
he could go to the wardrobe an take out money
and said this is what he has been saving if he gets a lift home.
The busfare home or the taxifare home
And he gave me that money to put with my money
to buy him a jeans and a sweater
so which he never use to do before
and that also showed me and showed his father that umm you know something can change
I was so hurt and so shocked;
And umm and it really that was a really hurtful thing to us
to find out that our son are on drugs.
You know that he is on drugs.
because we could see that this is not going to do him or us any good
and umm I am so glad that helped.
something because we didn’t want him to steal from us anymore
Well financially you know we were just getting by
we were really just getting by
that is why we would be very grateful in the new year
when Eric is umm stronger and deeper into his recovery that umm that he would start looking out for a job, to help us.
Then umm we decided that umm she, seeing that we were a bit better off than her family
And I thought to myself
man that looks like drugs to me
it doesn’t look like medication or something
I must now really battled to get Eric in order.
And umm to help Eric
I would definitely say that And umm then I thought to myself, no this can’t go on like this a boy too it, it was like natural you know. I didn’t find it difficult or strange or anything because I raised Eric so then it’s like you just remember what you did then and you just do it, the same And umm it’s a pleasure having Ethan his, my, our first grandchild, so it’s just a natural thing.

I did not because I thought maybe this is just a short term thing it will go away, it will. He will easily get over it, so let him get over it umm and things can go back to normal I still don’t need to tell people or tell family You hide it, because as I said I just thought, I just felt, oh please let it just go away in a short while He will come right you know. It is something that now happened. And umm he is going to get over it So I am not going to make a fuss over it but I was wrong. I was wrong you know your child is doing wrong, you know he is going out every day and whatever he is going to earn, or get from people or get from you, you know it is going to go for drugs. But you just pray and you hope and you pray that soon you will hear there is an opening for him at a rehab that he will be send away And that thought kept you going knowing that you know it can’t go on like this forever. There will come a time when there is an opening for him and he will be send away and he is determined that he wants to get rid of this problem and he wants to be helped and that he wants his life back that he has before the drugs Umm him speaking to us also and telling us he doesn’t want to go on with the drug, I will say so, I will say that it made me even stronger I won’t now say going to church made the difference. But it is just the time that you spend with God, , no matter where it was at church, at home, in the bus, as you are watering the garden wherever, you know your faith is just there I have always been umm how can I say, always been to the doctor, where they umm you know needle extracted so I don’t know, I cant say that he is to blame.
But it can be a small part that I can say attributed his drug habit that can perhaps be could have lead how can I say how can I put it, could have put it in there you know that I could.

How is it that I could always overcome these things at the time when he was doing wrong or maybe it was just a way of God speaking to him and you know letting him know, you must pull up your socks because look at what is happening to your mom.

You know you never can tell.

Perhaps he blamed himself totally for it and that also made him make up his mind that he wants to you know, leave of this drug habit and change his life so we can be the family we used to be.

You know what helped me cope is like I say my faith in and knowing that there is a start to a thing and there is an end to a thing and umm the bible even said it and there is a time for crying, weeping and there is a time for rejoicing.

So if that is the weeping time, then the rejoicing time has come. And when it came out I just knew Eric that is not going to turn back now he was too determined.

But as I say it it’s not an easy walk it’s a journey that a person goes through. Things now it’s really getting, it’s like a puzzle that is falling into place.

Slowly but surely you finding the right piece that fits in there. And although there are, I won’t say the puzzle is complete, the puzzle is not complete we still fitting in parts and I think it’s a puzzle that will last for the rest of Eric’s life.

So there will always be parts going in and I suppose the last part will fit in the day he closes his eyes and he is not on this earth anymore.

But that is what I think recovery is all about. Every week when he comes back and the results are clear then I know it’s a piece of the puzzle that is put in but it’s not a puzzle that will ever be completed, it will take the rest of his life to complete.

And that is how we got to know about him using drugs.

And umm and then anyway, it happened so that it did happen here and we had to then face it and umm and try and help him. .. And eventually it did.

I said he went to Matrix in Tafelsig and they really helped him tremendously.

He went every week he had to go. . and umm and anyway umm that is how he also got to get his money.
And there was times when his father put him out and said to him; no, no we can’t. You’ve got a child you must set an example, we must teach the child properly we cannot harbor you here knowing that you using drugs. That is how we found out and that is why his father started putting him out. That’s why I never gave up. Once I found out that he’s on drugs, I made up my mind he must just as you started a thing you can end a thing. And we tried different things. we umm, had him in once at New Jerusalem. That’s also a rehab and umm but things didn’t work out there because they send him home the day we took him the following day he was here. And he came here tattered and torn and robbed. Walking home people robbed him took whatever he had on him, all the bedding and the thing. He came home with just a few items. and he was so badly bruised also the way they hit him and umm it didn’t work. But we were persistent that we wanted him to be helped. And there were times when my husband would really give him a few lashings with the belt. And then we had to pay the people because we would say to him, we give you food and umm you’ve got shelter here it’s not that you have to go and lay in the bush or whatever. and umm that is what we did. and we warned them, we warned them And we told them about the child there is a baby in the house. but my husband gave them both a few smacks. I made up my mind when she came back that she should take her clothes and go back home. and came down during the day and do whatever needs to be done for Ethan. and then my husband and I both, we were going to SASSA. And we went to talk to them. And umm, that is how they said, no, seeing that we are raising the child and the child is with us since birth, its only right that I should get the money. and then the umm with their help umm the money was transferred over to me. And that is how I get Ethan’s money.
that gave you hope that you know that something good is going to come. You don’t have
that quiet time with God then but you find a time during the day.

As I said it might be that time when I am sitting alone in the lounge, now is my time,
you just make that time.

You just believe you just know God is there and God is going to help. And umm that has
just kept me going, knowing that something good is going to come.

But things are really as I say we can talk to each other as a family, we can sit and have
meals together, we can laugh about things, we can feel sad about things when we hear
something happened in the family.

When before he would just say oh like my drug is more important.

I don’t have time now to listen to sad stories but now it’s different it’s taking part in
things.

It’s going to family together now you know, going to church together.

Doing things together
Annexure I: Participant Four - Coding

Purple: Abstract

Yellow: Orientation

Blue: Complicating Action

Green: Evaluation

Red: Resolution

1. I don’t drink or smoke
2. I can quick see ah jy is al weer getik
3. jy kan ma wat sê you always deny it. And when his life changed he went to Manenberg
4. to this woman we were totally against it
5. He was on his own already
6. because why then he can mess up his life like that.
7. He worked with me there
8. he also didn’t pitch up
9. I have another son
10. he is also not by us
11. I was going nightclubbing in and out
12. Because at the end of the day they stay our kids
13. but they also have to bring their part.
14. when and how did you find out that he was using
15. How did you feel when you found out that he was using
16. Because we were brought up very strict
17. we were really poor
18. and it’s what you make of it.
19. but I’m getting old and I also have a lot of health problems.
20. must just get away from the bad elements and the friends.
21. what was your reaction during, do you still remember still when they told you?
22. Did you inform your family that Dean was using?
23. Was there any specific reason that you didn’t speak to your family about Dean’s using or didn’t tell them he was using?
24. How did you feel when you said earlier on that you were never someone who smoked or drank and having a son or not one because you said your other son also was using umm what was it like for you, you know, the fact that you never used and here you have two sons who are / were using.
25. So it was confusing to you that somebody so bright will be able to make decisions that he made.
26. You also mentioned that your health, health wise you not 100%.
27. Is that how you manage if there is any stress
28. So you say if you are stressing you get sick then.
29. Do you feel that having your sons using has an impact on your health?
30. How did it change your life?
31. And he is now from February here
32. And umm I’m very, if you make me bedonnerd I am soema get cross
33. The reason why I could not take his wife
34. And how did you cope with the finance?
35. Mr. Jassiem what type of work do you do?
36. Do they know about Dean?
37. So financially you are responsible for Dean’s family How did you cope?
38. How did Dean’s drug use affect your relationship with your wife?
39. And like I said, ek het swaar groot geword
40. en ek het nightclubs in en out gegaan
41. en ek het nie gerook en gedrink nie maar verder as dit.
42. So you do feel that your spirituality was affected by it, by Dean’s using.
43. but then he makes me weer bedonnerd What changed?
44. Is it just the rehabilitation, him going there or is it something about him that made you change.
45. In his behavior?
46. And your other son?
47. Did Farouk’s drugging have the same impact as Dean’s drugging had?
48. Is this now Farouk, that you are referring to? Yes. So it was the difference in personalities meant that you dealt differently with them. Ya. So even though Dean was also not living with you, here you said you would go to help him out and go when he was in trouble but not Farouk.
49. Was there anyone who helped you, was there any support for you in any way? Someone you spoke to?
50. You say you never want to any support meetings or anything like that. However you did use the newspaper and those type of things to get information.
51. Do you think that your health and that just overall that you are in a different space than a few months ago. Ya. How different like what? How exactly would you say?
52. You say you feel more calmer, health wise? How are you now?
53. Does it help you educate yourself
54. Only a bit in the religious wise.
55. You also said Mr. Jassiem that, that is the way that you have educated yourself.
56. I was more angry than my wife
57. And the two of you, your relationship with him?
58. En it is ook ma wat ek groot geword her.
59. Ek was so.
60. Jy wil nie daai tyd geluister het nie.
61. So jy het tien jaar eintlik verloor

62. Yes, he used to work there
63. he would party with friends; Tik, drugs and everything
64. I’m the foreman I got a job too,
65. I must protect my family.
66. He was married
67. And when we found out altogether
68. because I know he was talking things
69. and till this time I don’t have that trust in him yet
70. because every time I look for something it was gone.
71. His mom’s things, because she was already married
72. and umm the kid is only 9 years younger than him and the gap was too far out with his experience
73. And he started with bad friends in Manenberg
74. And they used to come here
75. There was a time when we used to run half past one to Manenberg
76. to stop a fight
77. he was now trying to bring him closer to him.
78. And he can see he is 100% sure he is on the right path
79. , I didn’t drink or smoke, why?
80. And you enjoy yourself in your own way You can talk you blue in the face
81. but they must take the first step.
82. I found out when I could see, I could see.
83. When I found out is umm about 10 years ago.
84. He had a girl in Grassy Park and she told us he was taking drugs
85. that’s why she left him actually
86. ? I just told him if anything disappears out of my house
87. because of the Tik again
88. then I disown him
89. Then he must go
Dan moet hy in die bos gaan slap
He must dinges the hard way.
It made a better person
nobody was seeing that we were very poor, arm gat and all that you see is my family.
. I don’t show it
Although you can’t blame the friends
it’s your own mind cause nobody did press it down your throat. I was I didn’t focus too much
on the drugs side itself
No, no, my sisters and nobody knows
No I didn’t have any reason
I just like the thing must stay in the house,
it mustn’t go out of the house
The next person he mustn’t know
I was just in a mood of plain talking
and I just wanted it out of my life
I just want to concentrate on the kids that
Because we, every time we had to run, me and my wife had to run
every time there is a fighting
We don’t need to look for Dean
 umm laylatul Qadr this year they had an argument,
His got kids you see
and that makes it that we must give
I am a foreman at a school.
At the end of the day it was his own fault also.
Yes, because its our grandchildren
and now the way the government with maintenance,
now me and my wife dinges them
Man I can’t say how I coped,
We use to only argue
because I want to skel him out
I am the only one that doesn’t smoke and drink. Ag smoke in this house.
Only the other boy doesn’t, he is 15.
Not actually I have learned a lot
and I have learned how to cope and how to work.
Just seeing what is happening around me.
We used to talk to him
he used to swear and he wanted his own way and all that.
The way he was going, the right way
128. It’s this rehab and now. And all the classes he is going.
129. No maybe it can be that made me change.
130. But I quick see when he used things.
131. Very quick.
132. Look behavior and attitude goes together. I think.
133. He stays in Rocklands.
134. My wife doesn’t want him here because he is trying to dinges Dean.
135. Yes, but he had his own place so it was not much.
136. For him we also used to run, a lot of places.
137. No I spoke to nobody.
138. I used to only speak to teachers at work.
139. There was only the certain ones that I would speak to, have a conversation and umm actually it was only one or two teachers.
140. We would share our views like friends al is hulle boere.
141. There is also a lot of problems in their lives also it’s nor just in the coloured community.
142. The atmosphere in the house is far better than what it used to be.
143. There is a difference and even the kids is different to him also.
144. When they used to see him.
145. Man I am alright; I try to block it out of my mind.
146. And try not to upset myself
147. See I got the heart thing and I have prostrate and I’m battling with a shoulder here that I can’t get rid of for a year and 6 months already.
148. Kids they got a mind of their own.
149. They can see on TV, but this Tv.
150. That’s why the talking about drugs
151. Its actually, its helpful information and all that and they can get the program on the TV.
152. I don’t miss the news I don’t miss Special Assignment about this drugs and everything.
153. They used to think I don’t want to go to mosque but I buy religious music and everything.
154. That is for me also.
155. I don’t like to go sit there.
156. I came early and my wife said I must go.
157. Jy ken mos die ma sy is mos meer sag,
158. , it is haar kind, sy wil nie hê hy moet dit doen nie maar sy wil nie vir hom wys dat sy omgee nie.
159. Ya I never actually sit in his presence, very seldom or we very seldom talk also.
160. My pa was ‘n terrible man
161. Ek het nooit geweet ek gaan eendag huil oor hom nie.
162. And he could work, I could do plumbing, electrical, electrical.
163. If there was anything I could do, I would teach him.
164. Because that is what my father taught me.
165. Maar hy wil net katterjak in die aand.

166. For this year alone he sold four phones, five phones
167. This year alone I lost four phones
168. I don’t give anything anymore
169. And that’s what I told him
170. I first need to gain his trust and his mom pack in but I used to give him money
171. and he used to use it for his benefit not for the family’s benefit.
172. Then we come
173. there they sitting and talking as if nothing happened
174. And nowadays you can see the children
175. also starting to take notice and they setting in he didn’t work for me and so they fired him
176. And he was just going backward and backward and backward
177. That is why I told him he mustn’t come here. in the nights and everything he used to ask me R5 for milk, R5 for bread
178. then it’s not for bread
179. then I get him jobs
180. then he rather gives his wife a R10 and he takes R90
181. Right he has taken the first step.
182. And like I said there has been a big improvement
183. Leave anything around
184. he doesn’t take it
185. The morning I left a bag of money from the guys at work
186. I forgot it here If he was still doing the things
187. it would have been gone today
188. And I would have had to pay from my wages.
189. I work for the government
190. I would have had to pay that money in today.
191. But now everything is here, nothing disappears
192. The games, the memory cards, everything will disappear.
193. I don’t know if it was the truth
194. And I said why didn’t you tell us before the time?
195. And so we started taking notice.
196. I can quick see when he had something in; his eyes, his moods
197. And he always have koue koors you know sss then it starts to wear out.
198. . And he is restless, he just wants to be on the go.
199. That’s why I, I can see anything any person also, at work also
200. I can quick see when they
201. because something ok they don’t drug but drink
202. so I can quick see
203. And umm you getting to thin
204. but die ma is altyd so bietjie al die ma’s is mos so hulle is so bietjie terug getrekkê
205. umm that’s why he told me hy gaan baie erf
206. en ek het gesê ek gaan nie laat jy my geld opmos of uit Tik nie.
207. As you can see I was going away from here already. And umm I talk to a lot of kids
208. I focus more on the marriage with this woman
209. They know yes for the past 2 years or so,
210. , because their kids were also doing it
211. And umm some of them were in rehab already
212. come out and boyfriend/girlfriend still on Tik
213. Tik and they don’t get rid of it
214. My sisters daughter she steals everything in the house
215. and umm she was in rehab already
216. but her boyfriend is a skelm and a tikkop
217. and she just came over and gave on again
218. Toe het ek dit toe ma net onder ons gehou en gepraat,
219. I don’t actually like what is said here must go out of the door
220. What is said here must stay here.
221. Never talk …
222. I used to talk with my sister ; support man, doen iets
223. Los die gemos af en sulke goed
224. Dean was a very active guy with sports
225. We used to run, we used to walk, we used to play rugby.
226. Once I wanted to throw him out.
227. He said ‘ek gaan in die bos slaap’
228. Ek sê, ja gaan slaap in the bos, lewe so as jy so wil lewe.
229. Because I’m still buying
till this day I am still buying clothes and so on.  
When you see then it’s gone  
and I just stopped it.  
And there I bought again for me.  
Every time I buy, I buy for all of them.  
The thing is still in the cupboard. I must still give to him  
Its not my duty to buy clothes and all that  
but just because I see that he is now on the right path.  
My heart bounds and then it dinges in my head, headaches and all that  
You know I used to say fuck off man en gaan en sulke goetes  
Dean is dik gerook en dik getik.  
Before he takes money home  
Then he would first see to his needs before he would go  
and umm then she phones.  
Dean is not here for a day or two not at home  
Then my wife worries  
and otherwise if I don’t show it out then I also worry  
nou moet ek weer gaan ry en vir hom soek.  
Ok, the first 3 months he was here  
He used to come here late  
because he was mos used to how doing that but not  
He is now every night here  
they just come to fetch him to, they shout outside and I know he is going to mosque  
Because I like to accommodate you . I like to go out of my way  
but moetie my besteel of moetie my belieg nie  
Then you make me bedonnerd  
she had the cops take him in his solaah top and everything  
Why she call the cops every time?  
And then it was even because even because it was a friend  
and I had to get him away there.  
And she can go on with her life  
but sometimes we also haven’t got.  
My daughter was on college,  
My other son is on high school  
it’s a government school, his fees is R10 000 a year.  
We ma battle  
all that is why I can say uh we glad his life is like this we make a way for him.  
And I used to talk to people outside even  
these youngsters and that.  
I talk to kids at school,
it’s a white school
But I caught kids with dagga and stuff, grade 4 kids
And I like to talk to people.
and they used to drink together.
And they used to cover up for him also
. But I couldn’t cover up because I am a foreman.
The police arrest him.
Ok, I took him on when they fired him.
Because there is a lady who is always drunk
who every time steals wine.
Its every time favourite , favourite.
At the end of the day he used to drug and all that things
, he had to swear at me at work.
At the end of the day we had to see that his family is sorted.
Seeing that she doesn’t even make an effort by her family to see
and every time we have to buy R10 airtime
I kept it all in
and I actually only did it for my wife.
Because at that time
Because Manenberg is dangerous
and we would go in the middle of the night.
Dan sit hulle weer op en praat.
Or he walks away then call the cops again
because they know the cops are on the way
Why must you call the cops,
and ek gebruik sometyd verkeerde woorde.
Now sometime moet die verkeerde woorde gebruik word
dat hy na sy senses moet kom.
They skel, I say ek koop my koerant en my CD’s en my koerant is my plesier.
Julle kan maar julle ligaam opmos
maar my ligaam gaan nie opgemos word deur koerante en CD’s nie
maar julle ligaame word opgemos deur die cigarette.
We used to run  every Saturday morning.
We go 4 o’clock in the morning. To wellington all over
we used to run
his wife didn’t know where he was.
but we watch soccer and all that I even bought him now weights and all that
and its keeping him busy
I can see he is using it.
He said next year he will run and play rugby.
And how I will say Dean maak my n koppie tee daar.
, I am more down to earth now
Because before this he would sleep whole day
but how he is early morning up and he just wants to be at the classes
he doesn’t sleep during the day anymore.
First he would sit whole night up and sleep here till 3 o clock
And umm, there’s a big difference.
Nou praat hy van trouplanne.
Ek sê nee, jy wag.
Eerst gaan werk.
. He feels he is on the right way.
Maar enige dom poephol kan sien hy tik en goed nog.
Because he keeps put by the dinges
nd I said dan moet jy eerder nie hier kom nie as jy nie will change nie
My wife also said that he must come with. Invite him also to come with him
He say nie daar is niks verkeerd saam met my nie.
He had his own place and , ya he had his own life and all that.
We used to run for him also.
And umm I always ask them advice
and umm I phone a lot of places in the newspaper for advice and all that.
So my wife would always ask me , waar kry jy nou die nommer?
Ooo hier kom Dean, sit die goed uit die pad.
Ek het 4 phones, ek sal nie vir hom `n phone gee nie
ek het hom al drie, vier phones gegee, dit hou nie eers `n week of so nie.
Daai phone wat hy nou het is my vrou se phone.
Daar her ek vir haar drie phones klaar
dit lyk so ons moet ma trust met die phone.
Dis sy way van communicate en so
Ek kan vir hom ene gee maar hy verkoop it of hy het dit verkoop.
I was yesterday by the specialist again.
A lot of people tell me to let go.
Moetie so lank kwaad wies vir hulle nie.
En sieke goed maar ek kan nie my sin kry nie, dan los ek jou eerder,
want as ek vir jou nou verkeerde antwoord gaan gee dan verstaan nou.
We had quite a few arguments over this already.
Hoekom gee jy vir hom geld. Jy weet hy gaan nou huis toe nie
I want to hoe kan ek nou sê, as ek iets maker dan moet ek die key vir hom gee.
Op die ommbliek kan ek nog nie.
I got a lot of valuable things in that garage and sometimes I just try him out.
Gaang haal gou die in die garage
You can see hoe doesn’t take anymore
My wife leave her money anywhere.
He brings her money.
Tell me wife hay he moet erens gaan wan ek gaan die huis sluit. Toe se ek man los uit ons kyk. Ons kyk.
Because we wanted to put him out.
Yes. My kids say I must go to parliament because I know too much.
People at work also.
I get to see a lot of people’s problems.
I’m the union representative of all the schools in Goodwood.
How the other schools pick me and they don’t know me, it’s the way I communicate.
For the way I give advice.
Yesterday someone came to me.
Her mother passed away the 25th of November
They didn’t know so she said that there is no money.
I said gee my net ‘n kans tot more oggend.
There the woman, the child get R7500 out of the pension fund.
That’s all the channels I know.
even if a man throw out a tobatjie out of the window.
I take his number and I phone.
Last week here on the N2, a man threw a tobatjie out of the window.

It could have landed there in the squatter camp.

The wind was blowing.

There is mos an ashtray in the car.

But he feels also lekke now because I came to see him.

And I can see some of those guys are sincere they wana come right

What I thought about, I want to organize one day a soccer tournament,

I got soccer trophy’s , to keep the kids off the road

But at the moment I am so occupied that I don’t want to do now but I can’t.

I had my own soccer team.

I got experience from soccer and all that

and I got books of sport, different countries habits and all that and different countries ways of life

I read about it and I ask them at work; haal die van die internet vir my af.

And they very helpful, you can ask them anything.

I buy 5 different newspapers everyday

that’s why I know exactly what’s going on.

That’s why they say I must go work at parliament

because I know too much.

You see in my car I got the New Age, I got the Argus, I got the Son and the Voice.

I buy them that’s why I know what’s going on.

En die relationship met my vrou en hy is nou ver beter now.

I’m not one who sits and talks actually ,

I only talk when they come ask me.

. En ek is so as hulle my kwaad maak dan kom ek soema nie uit vir 3 maande nie, ek is baie strik.

But you have to be cruel to be kind.

En as hy nie besig is  hier nie is hy besig daar onder.

Saterday hy wil net data wees, hy wil net in die Westridge wees.

Ok ek skel ’n bietjie as hy heelday draai want niemand van petrol gee nie, maar ek moet hom neem.
Op die einde van die dag die kar loop nie op water nie.

As sy vriende hier kom dan rye ek vir hulle is net vir ‘n good cause.

Maar as jy na jou girlfriend toe gaan, nee ek gaan nie op en a fry vir sulke dinge nie.

My meisiekind is 25 sy het nog nooit Grandwest toe gegaan nie, ek her vir haar geneem Grandwest toe en gehaal in die nag.

Maar ek weet hulle is daar en ek weet ek gaan haal vir hulle, hulle is saam met my.

Enege iets kan gebeur so ek staan op om vir hule to gaan haal.

Hulle is groot en ek doen dit nou nog

That’s why two got married now in the past 6 weeks.

Because my granddaughter was born in this house she moved out after, she is almost 8 now.

Ek mis haar maar ek wys dit nie uit nie.

Nou in die week toe huil sy vir my.

Ek her agter haar soos my eie kind gekyk

Ek is so met al my kleindkinders maar sy is special because sy was baie sieklik.

She was very sickly and me and my wife used to sit up during the night with her.

En anyway toe ek hom verloor kan ek dit nie vat nie.

Because ons het vir hom ons whole life gehê.

Ons is 10 kinders almal is nie wel af nie

Ty sal nie sê ons is mense wat so in die gutter gebly het nie

In district six nog ons was uit gesmuit

And we learned to overcome it to make us more stronger.

En ons het ‘n weird life gehê,

, die security police het my broetjie kom optel

hy het die pamphlets uitgetdeel , die apartheid goed.

Daar het ‘n blanke man by ons gebly, hy het ook met die anti apartheid goed , government.

Ons het ‘n weird life gehê.

Hy het 10 jaar om op te vang,

It is baie moeilik om 10 jaar om op te vang.
425. Hy het al so baie verloor al
426. En hy moet nou net 'n werk kry.
427. He must just get him a job and the friends that he got now even those who go to mosque and all that

428. His mother was more softer.
429. I was more strict
430. Tik jouself vrek as jy wil
431. ek hardloop nie meer nie
432. Because the way that we had to run for him
the time he was in Manenberg.
433. Our lives was just terrible
434. And as I can see now since he is not using it now
435. he has a shine in his face
436. and all that and I give him support I used to
437. we go to soccer and umm that together
438. but he was hurting me very much
439. We couldn’t leave a 20 cent or a 30 cent or anything
440. and then its gone and he denies it.
441. Soema new phones also like that
442. and umm we also getting fed up
443. because we buy anything and we put it down there Now I can see he has made a change in his life
444. And you don’t wish something bad for someone else
445. But I am the one that is so glad that he is out of that woman
446. because his life was standing 10 years still
447. And in the meantime our life was standing still
448. and I think he took the right step
449. and everything depends on him now
450. and I didn’t see why he was sitting there
451. I can see some of them are sincere
452. and they are trying to come right
453. We didn’t send him to do that things
454. it’s done with friend
455. but you can’t even blame friends even , it’s yourself And I can see there is an improvement,
456. So I think he is on a positive
457. I am positive that he is positive
458. I think he is sincere in what he is trying to achieve
I don’t know, I don’t know if it is because of this new lady that he met or is it out of his own. I really don’t know. Even so, I think he had to make a break. The woman was encouraging him and that you don’t want to. He committed it twice, suicide already. And then we just come upon it by coincidence. So it was the marriage wasn’t and that drove him to it but at the end of the day you have kids and it is a coward that wants to commit such things like that because you can firstly you can talk and fight not fight actually. But afterwards you both you work it out you talk it out But you can’t fight 12 years. I think he made the right choice. I’m always right. They always deny it Nee ek wietie van opcover en so los hulle ma en seke goeters. Otherwise he would have long time been out already. I would have thrown him out already because I am very strict. They say I am just like my father but that is just who I am. And I just hope umm he carries on because you can see even people in our road also told me, jong Dean is nou mooi nou in sy gesig en almal dat. You see this tik is so you dinges it once you know you dream you know you took it once dinges to leave it again and I don’t know if this drug I think the government is too um…. slapgat to take this matter. Because they don’t do it. I know for a fact that the merchant don’t Tik umm they sell it even their kids don’t Tik most of their kids don’t even. And umm his life was never the same afterwards. It was totally just never the same. So my sister did have the support of her husband. You must have one that is strong in the family but I am everyday in work so my wife is here and she is actually the one that will walk for you and go.
because she was there already with them already with my other son also
And that’s umm after a while he just started again
And he is going to mosque also,
sometimes in the week
because he is the one with the brains, religious wise he is very clever.
He can soema tell where he is in the Quraan and stuff like that.
He is not stupid he knows a lot
so why must he waste his knowledge on something like this.
and then I must take my heart tablets
It goes from my heart to my head
I very seldom use my tablets, it’s only if it is urgent and I need , do I take it.
but when he is again gone here
then I think waar is hy nou , waar is hy nou?
You know this Manenberg changed the whole system, the whole life.
to tell you honestly that woman was not it fit for a bread
That woman was just terrible
And as you can see he is changed a person
can see there is a big change in him.
That’s why we didn’t even know that he went to this rehab.
We used to ask him, Dean wanner gaan jy dan huis toe?
We didn’t know he didn’t want to be there anymore.
And we were, Dean wat is jou storie?
Wat is jou planne nou?
Hoekom vra julle will julle dan vir my weg hê.
Then we left him
And its his choice
and umm it was a good thing that he decided here and no further
because his life was standing still.
I have 5 workers who work under me, so its almost like its 50.
. I couldn’t let him do things his way.
The other guys will see, oh see he can do those things
and afterwards he was so, hoe sal ek sê, spuit
because that time he could not find work.
Sien hulle sien mos daar is ’n wet.
Die ouma en die oupa moet betaal as die kind nie werk nie.
Ons het mos nie gelê vir daai kinders nie.
Daai is ’n stupid ding.
we also 30 years married,
we also had our ups and downs,
, but we coped,
En ek wiet ek het baie verkeered dinge sometyds gesê.
I don’t regret it today
. And all of a sudden when he started doing this
then we drove apart
I think he will do it.
I think he will carry out what he intends to do,
we must only give him support and all that.
I was always the one that gave them very little support
Before that hy sal nie vir my tee gemaak het nie.
I couldn’t take it.
Almost like it was normal for him.
He did not want to listen to me, take my advice.
But uh he didn’t want to take it. That’s it.
Ek wiet wat aangaan baie mense wiet nie wat aangaan nie.
Dit voel seer and ons voel seer om vir hom uit die huis te sit
maar op die einde van die dag, ons werk hard vir die goed ons kan nie die goed net so verloor nie.
Maar dis nie lekke nie, dis jou kind.
My car is full of sweet papers but I don’t throw it out of the windows
I eat a lot of sweets but I don’t throw it out
that’s why I try to be a law abiding citizen.
Julle dink mos ek is dan dom.
But you must also take a first step
no one is going to help you if you don’t help
You must take the first step.
Sometimes the newspapers doesn’t tell all the truth
but it gives you an idea and all that.
There is such a lot of drugs and all that rubbish that they poison the kids and all that
As hulle mos alles op ‘n platter kry dan gaan hulle mos nie hulle kant bring nie.
Hulle moet ook werk vir wat hulle wil hé.
I’m a bit overprotective of my kids but I just decided that I’m gona let go now
Maar soos ek gesê het, dit het vir ons sterker gemaak.
Daarom kan ek nie verstaan hoekom mense hier om, as die polisie ‘n kind wil vat dan wil hulle kom aangaan. Jy encourage mos jou kind on stout te wees. Because jy weet al is dit jou kind. As my kind iets doen en hulle kom hom hier optel , dan moet hy leer, how gaan hy leer. As hy een mistake gemaak it is on integee integee maar as hy aanhoudend in gaan breek dan gaan jy mos nie reg kom nie. That’s the problem in our area’s they want to sit whole day in the sun and their kids steal and they know their kids is doing wrong but they do nothing but the police stops there now , dan wil hy die polisie uitvloek en sê jy die en daai, jy het nogal my kind, you now. But jy was nie saam met jou kind nie. That’s how I look at it. Jou kind moet supposed om my kind te wees. Another person’s child is your child also so you must talk to him and see that he also don’t go astray. And their children is our children. Maar vandag is dit nie so nie. Daar is nie daai closeness in ons community soos voorheen nie. Voorheen het ons mekaar geken na jou huis gekyk en sulke goete. Nou steel en rob jou neighbor soema jou huis. That togetherness is not in our communities. And the politicians is also to be blamed for it because there is rules and regulations , that protects the criminal, die skelm word meer protect as die persoon wat die saak maak. Which is wrong , that’s why they get away with it. It doesn’t mean he must leave the other friends , he must just greet them and it is not necessary that you must do what they do.
Why must we hide it away?

Why must you buy anything?

And I will support him because at the end of the day he is still our child and that is also something I want to do when I go on pension,

I want to help try help the community

Because I know such a lot of things

they told me I must go into politics already because of all the channels that I know.

I wanted to write a book in England already.

there is why we support him

as I said we will support him and see where it goes.

but afterwards it always comes out My kids are big today.

And nobody is gangsters

I focus on my other son now,

they don’t want to listen its their problem

And these kids they are trying it

but you can see on the TV

everything about it but they still do it.

I could quick see if there is something not right if there is problems

I can feel it but I can sense it there something not right

that’s why I rather go into my room and close the door.

So I must talk.

so I had to take steps.

That’s the way things were

Jy kan maar gaan van my gaan jy niks kry nie.

We use to only argue out.

We also scold at each other

. After that it’s all better.

We 32 years married now.

because why sometimes the kids that the only language they understand That’s why I’m not even running anymore

I sit in my room I read my newspaper gaan jy maar aan.

What he thinks is just the right way in his mind I have a lot of contacts.

Ya, I did my own type of research and all that

Ons het hom goed nou kort gekoop vir die troue

He used to sell anything that lies around.

So my wife gave me the courage to leave him here to see what happens.

And that is why I try to help other people also.
631. The only thing not law abiding is when I get fines, I drive too fast.
632. And I am sure I got one today also but nonetheless.
633. I try to live a healthy life and a proper life.
634. I take notice and I will read and listen to a lot of things.
635. And I um that was a thing in the right direction.
636. I said to him that I will disown you, if you steal from me now I will disown you, jy kan maar bos toe gaan.
637. Ek dink hy is op die regte pad en ek dink hy is geintereseerd met wat hy wil doen
638. en kan sien hy sit effort in
639. Sometimes I don’t shown it out even to my own kids and so.
640. Sometimes I will show it out but I know in here it’s a different picture.
641. That’s why I talk to Dean
642. maar is amper soos, hai jy praat net strown man and sulke goetes.
643. And it looks like he is taking notice
644. daai wat daddy vir my gesê het was nogal so.
645. I don’t think it is the right way to just follow them now.
Annexure J : Certificate