



UNIVERSITY *of the*
WESTERN CAPE

**PERCEPTIONS AND EXPERIENCES OF ADOLESCENTS LIVING WITH A
SUBSTANCE-ABUSING SIBLING REGARDING PARENTAL AUTONOMY
SUPPORT**

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A full research thesis submitted in fulfilment of the requirements for the Degree of Master's in Child and Family Studies at the Department of Social Work, Faculty of Community and Health Sciences, University of the Western Cape

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ABSTRACT

Background: Substance abuse has become a major concern in the Western Cape Province of South Africa as it devastates many lives and negatively influences families and communities. When there is a substance-abusing sibling in the family, the well-being of other family members and non-substance abusing siblings tends to be neglected. This may mean that families could grapple with parental autonomy support to meet the psychological needs of autonomy, competence and relatedness of the non-substance abusing siblings within the family. However, prior to this study, there was scant insight into the perceptions and experiences of adolescents living with a substance-using sibling regarding parental autonomy support.

Aim: The aim of this study was to explore the perceptions and experiences of adolescents living with substance-abusing siblings regarding parental autonomy support.

Methods: An interpretive qualitative exploratory-descriptive research approach was used to gain understanding of, and insight into, the phenomenon of living with a sibling who was abusing substances and parental autonomy. Purposive sampling was employed to recruit 14 adolescents living with a substance-abusing sibling. Participants included both males and females, aged 13 to 19 years, who were living in Delft in the Western Cape. Semi-structured interviews were conducted using an interview guide. All interviews were audiotaped and transcribed verbatim. Thematic analysis was used to generate codes, categories and themes. Trustworthiness was ensured by using credibility, transferability, dependability and confirmability. Ethics approval was sought from the university ethics committee. Ethics considerations that were adhered to included informed consent, confidentiality and privacy, non-maleficence, beneficence, autonomy and justice.

Findings: Four themes were identified: 1) Parenting in our families, 2) Hardship in decision-making, 3) "Environment where we live in", and 4) Adolescents' coping strategies. These themes accompanied by their categories were developed from the grouping of codes.

Conclusion: Overall, the findings of the current study highlighted that families raising children who were abusing substances failed to meet all three psychological needs of the adolescent children who did not abuse substances. Accordingly, the adolescents

and their families experienced need frustration because of the difficulties resolving the challenges of living with a substance-abusing child.

Keywords

Adolescents

Autonomy

Competence

Experiences

Independence

Parental Autonomy Support

Perceptions

Relatedness

Sibling

Substance abuse

List of Definitions

Adolescents: The World Health Organisation (2018) defines an adolescent as any person between the ages 10 and 19 years.

Autonomy: Deci and Ryan (2000) define autonomy as the degree to which children act and behave, according to their choices and decisions they have made for themselves.

Competence: According to Deci and Ryan (2000) individuals feel effective (competent) when they can express their capabilities or do well in activities.

Experiences: is a process whereby individuals get exposed to different circumstances in life that they had to live through on a daily basis.

Independence: According to Van Petegem, Beyers, Vansteenkiste & Soenens (2012), adolescents need to learn to make decisions for themselves without consulting their parents, which is a normal stage of development.

Parental Autonomy support: Parental autonomy support comprises the three basic psychological needs of autonomy, competence and relatedness which all human beings need to function optimally (Deci & Ryan, 2000).

Perceptions: is when an individual is aware of what is happening in an environment through an understanding of an experience that influences life.

Relatedness: Individuals have an innate need to belong, and to connect, with one another – they want to be loved and cared for (Baumeister & Leary, 1995; Deci & Ryan, 2000).

Sibling: is a brother or sister who lives together in a family.

Substance abuse: The World Health Organisation (2018) defines substance abuse as the “harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs”.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AUDIT	Alcohol Use Disorders Test
CET	Cognitive Evaluation Theory
GBV	Gender-based Violence
HIV	Human Immunodeficiency Virus
MRC	Medical Research Council
NEET	Not in Employment, Education or Training
SACENDU	South African Community Epidemiology Network On Drug Use
SDT	Self-determination Theory
STATSSA	Statistics South Africa
STI	Sexually Transmitted Infections
TB	Tuberculosis
UWC	University of the Western Cape
UCT	University of Cape Town
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation
YDS	Youth Development Strategy

DECLARATION

I declare that this thesis entitled ***"Perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy"*** is my own work, that it has not been submitted for any degree or examination in any other university, and that all the resources I have used or quoted have been indicated and acknowledged by complete references.

Full name: Marilyn Dudley

Date: 26 November

A handwritten signature in black ink, appearing to read 'M. Dudley', written over a horizontal line.

Signed:

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All Glory and Honour to our Heavenly Father for making this possible, I could not have done it without Him. Thank you for granting me the strength, patience, wisdom and endurance to see this through. The road was long but in the end it was so worth it. To my husband Marc, thank you for walking this journey with me, for never giving up on me and for your support, love and understanding. Thank you for the endless cups of tea and coffee when I needed that pep-me-up to carry me through the many hours of working late.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1. Introduction

Substance abuse is a global phenomenon that impacts society, groups and individuals irrespective of race, culture, religion and class (Fokazi, 2015). Substance abuse not only affects parents but every single member in the family. Having a family member with a substance abuse problem can be very difficult and challenging. Drug abuse does not only affect the person who abuses the drugs, its ripple effects affect family members and communities. The White Paper on families in South Africa (Department of Social Development 2012:3) defined a family as: “A societal group that is related by blood (kinship), adoption, foster care, or the ties of marriage (civil, customary or religious), civil union or cohabitation, and goes beyond a particular physical residence”. Bandura (2011) stated that the family is a highly interdependent system; therefore, when there is dysfunction such as substance abuse in one family member, other family members are also affected.

The influence of substance abuse on the rest of the family has not received much attention, possibly because the focus is on treating the individual instead of family members. Bamberg (2008) stated that the assumption guiding any substance abuse programme is to first assist parents prior to involving siblings in family change efforts. Barnard (2005) conducted a qualitative study in the greater Glasgow area, which was aimed at investigating the influence which siblings with a drug addiction problem may have on their younger siblings, and how parents may respond to such a problem. The study found that substance abuse is experienced as stressful for all family members. It impacts on family functioning as well as the social, physical and mental health of

family members who struggle to come to terms with the effects a substance abusing sibling has on their lives (Barnard 2005). The study also found that families have discovered that after many years, they could not, after all, solve the problems of their substance abusing children. However, no studies have been conducted in Cape Town to explore this problem.

1.2. Background

Adolescents are perceived as philosophers trying to make meaning of life and to discover their place in the world (Piaget, 1967). Furthermore, Piaget (1967) states that the adolescent period is also a time for adolescents to form life goals and to direct their lives over time. Furthermore it is also a period mostly associated with increased autonomy (Harris–Mckoy & Cui, 2013). Lastly, it is not only a time for transition for adolescents but for parents as well as they try to weather this period of storm and stress. Parent-child relationships are crucial and are most likely to change during this time.

Therefore, one important task for parents is to create environments that support their children's behaviour, which is important in the development of adolescents and children. Various developmental and motivational researchers (Hill & Holmbeck, 1986; Steinberg, 1989) believed parents have an important role in supporting their children in being autonomous. One of the roles of parents is to support their children during the adolescent phase by providing psychological support and resources (Ryan & Deci, 2017). With this support, adolescents would flourish and prepare themselves to seek independence (Zarrett & Eccles, 2006). Furthermore, autonomy support was positively linked to adolescent well-being, irrespective of gender and age (La Guardia, Ryan, Couchman & Deci, 2000; Soenens, Park, Vansteenkiste, & Mauratidis, 2012b).

Additionally, previous research indicated need-satisfaction individuals had a smoother transition with identity identification (Luyckx, Vansteenkiste, Goossens, & Duriez, 2009). Therefore, promoting autonomous behaviour in adolescents would ultimately lead to their well-being.

Within Self-Determination Theory, parental autonomy is when parents encourage their children to act upon their own interests and values (Deci & Ryan, 2000; Grolnick, 2003). Not only do parents have the task to teach their children values to optimally function within society, they also have the role to nurture their children to express themselves and pursue their interests. According to Self-Determination Theory, parents give their children power to make their own decisions without controlling them. Autonomy refers to individuals making sense of self; to have the power to choose freely and to make their own decisions without being controlled by others Charms, 1968; Ryan et al., 2006). According to Ryan, Deci, Grolnick and La Guardia (2006), one of the key components of successful parenting is autonomy.

Furthermore, it was found that autonomy-supportive parenting led to increased empathic behaviour from adolescents (Miklikowsha, Duriez, & Soenens, 2011). Previous studies have found that adolescents have less depressive symptoms with autonomy-supportive parents (Ryan et al., 2016), the reason being perceived autonomy results in increased life satisfaction (2004) and self-esteem (Soenens et al., 2007). Furthermore, Deci and Ryan, (2000) and Ryan and Deci (2000) postulated that need satisfaction and need frustration could be the reason why people were considered to either function in the “bright” or “dark” side respectively (Ryan & Deci, 2000). Individuals will function in the “dark” side when they are pressurised to think and behave in a certain way; when their psychological needs of autonomy, competence and relatedness are frustrated. This will result in anxiety and an inner

struggle with the self (Ryan & Deci, 2000). Additionally, according to Ryan and Deci (2000), this controlled behaviour can foresee psycho-social adjustment and lead to maladjustment and psychopathology (Ryan & Deci, 2000). They further stated individuals could be caring, open and curious, but they could also come across as self-centred and aggressive, especially towards their loved ones. Deci and Ryan (2000) in their studies showed the satisfaction of the basic psychological needs of autonomy, competence and relatedness contributed towards proactivity, integration and well-being. They also argued that the frustration of these very needs could lead to passivity, fragmentation and ill-being, especially if it came from their significant others (Deci & Ryan, 2000). Therefore, autonomy-supportive parents also act in ways that promote independence and allow children to solve their own problems (Deci & Ryan 2000; Grolnick et al., 1991).

1.3. Problem statement

The issue of substance use places a major burden on families, health, legal and welfare systems in particular in the Western Cape Province. According to Dada et al (2014) substances such as alcohol, cannabis and methamphetamine are a major public health concern. Methamphetamine use is regarded as the highest in the Western Cape with Cape Town at its centre (Peltzer et al., 2010). As a Social Worker, employed by the Department of Health, the researcher has witnessed the effects of substance abuse on families, specifically on adolescents and parents seeking help from the health facility. Working with affected families seeking help for their children abusing substances, the researcher identified Delft as an area of interest. According to the 2011 census, the township of Delft was established in 1989 to house both black

and coloured families (Stats SA, 2011). The area of Delft is characterised by high levels of unemployment, poverty and crime (Watt et al., 2014).

While attention is given to adolescents and substance abuse, few studies have explored the perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support. Additionally, previous studies conducted portrayed the influences of substance use on the well-being of families, non-substance abusing siblings, family functioning and communities (Casker, 2019; Kalam & Mthembu, 2018). The impact on families, especially mothers as demonstrated in a study by Wegner, Arend, Bassadien, Bismath & Cross (2014), showed the daily struggles mothers faced caring for their substance-abuse children.

The Substance Abuse Act 70 of 2008 seems to focus more on the needs of a substance user and often the needs of the non-substance abusing siblings are ignored which means that parents are not successful in parenting. Additionally, this may mean that families could grapple with parental autonomy support to meet the psychological needs of autonomy, competence and relatedness of the non-substance abusing siblings within the family (Deci & Ryan, 2000; Casker, 2019). These psychological needs are important but may be overlooked as the parents tend to be controlling and intrusive to the non-substance abusing siblings (Casker, 2019; Joussemet, Landry & Koestner, 2008). The families are trying their best but there are other challenges like gangsterism, poverty and unemployment, particularly in areas such as Delft. This highlights the need for a qualitative study as a way to explore and understand the perceptions and experiences of adolescents living with substance abusing siblings regarding parental autonomy support. Therefore, the research question is as follows:

1.4. Research Question

How do adolescents living with a substance-abusing sibling perceive parental autonomy support?

1.5. Aim of the study

The aim of the study was to explore the perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support.

1.6. Objectives of the study

- To explore the understanding of adolescents living with substance-abusing sibling about parental autonomy support;
- To explore the experiences of adolescents regarding living with a substance-abusing sibling;
- To explore the coping strategies of adolescents in order to live with a substance-abusing sibling;
- To explore the factors that influence parental autonomy support of adolescents living with substance-abusing sibling.

1.7. Reflexivity

The researcher runs the risk of becoming so involved during the data collection process that it is difficult to be objective, and to separate his or her feelings or experiences from that of the participants (Krefting, 1991). This could cloud the researcher's judgment making it difficult to interpret the research findings. A useful strategy to use called reflexivity will help the researcher to become aware of his or her

involvement during this process. It will help the researcher to assess his or her own background, personal history, perceptions and interests (Krefting, 1991).

The researcher made use of reflexivity during the study as a strategy to ensure trustworthiness. She kept a reflexive journal and made notes throughout the entire research process. The summary below, written in the first person, comes from the researcher's reflexive journal.

In my work as a Social Worker, I worked with families who were affected by a loved one's substance use. On a daily basis, I was presented with mothers who approached the Social Work Department seeking assistance for a son/daughter's substance use problem. Subsequently, I also worked with the adolescents within those families. In my engagement with the adolescents, I discovered that little was being done for them to support them in coping with their sibling's addiction. Hence my interest in the research, I could identify with them as it was very personal for me.

Growing up I always wondered how young people coped having to live with a substance-abusing sibling. It sparked an interest knowing what I went through as an adolescent experiencing the same and my late parents' role in having to deal with my substance-abusing sibling. It was for this reason I embarked on this journey to explore what it was like for other adolescents who experienced the same. Furthermore, I wanted to explore the parents' role with regards to autonomy support having to live with a substance-abusing sibling.

1.8. Significance of the study

The outcome of this study is important as it provides information to professionals working in state entities like clinics, hospitals and schools. It also provides information

to everybody working in the field of substance use, for example, non-profit and non-governmental organisations in how to deal with adolescents who were living with a substance-using sibling. This study provides insights into the perceptions and experiences of adolescents who were living with a substance-using sibling regarding parental autonomy support. This study also highlights the importance of developing intervention strategies to support these siblings. This study is also important as it shows the importance of preventing and treating substance use at a local level and to identify gaps in current knowledge. This study was intended to help fill the void in family-based research on parental autonomy support with adolescents' perceptions and experiences living with a substance-using sibling. Additionally, this research would help inform family members about coping strategies to assist with the daily challenges they faced in dealing with a loved one's substance use problem. Due to the huge substance use problem in the Western Cape, the researcher was hopeful that the study would attract funding for future research into this phenomenon.

1.9. Overview of thesis structure

Chapter 1: Introduction provides an overview of the study and contextualises the issue of substance use. The problem statement, research question, aim and objectives are presented as well as reflexivity and the significance of the study.

Chapter 2: Theoretical framework provides a discussion on the theoretical work that underpinned the study namely Self – Determination Theory (SDT). Self – Determination Theory was used in relation to substance abuse and parenting. Chapter two also discusses parental autonomy support linking it to internal and external

motivation. Additionally, it explores parental, psychological and behavioural control. Finally, chapter two links self-determination theory and parental autonomy support.

Chapter 3: Literature review highlights substance abuse and its influences on families and parents. Furthermore, parental autonomy support is discussed in relation to parenting a child that is abusing substances. In this chapter, the influences of older sibling abusing substances are discussed in relation to other family members in particular adolescents.

Chapter 4: Methodology details the research design, the participant recruitment and selection, data collection, data analysis, instituting rigor and trustworthiness by promoting credibility, transferability and confirmability and ethical considerations.

Chapter 5: Findings and discussion are presented with the analysis and interpretation of the findings.

Chapter 6: Conclusion and recommendations provides the conclusion and limitations of the study. It also makes suggestions for future research. Finally, the implications of the study are also considered.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 Introduction

The previous chapter introduced the background of the study and the problem statement. Therefore, this chapter presents the theoretical framework that underpins the study. In this chapter, Self-Determination Theory is introduced as a motivation theory whilst parenting styles and practises are discussed in relation to substance abuse and parenting.

2.2 Self-Determination Theory

The theory of Self-Determination was used as a foundation for the study in order to understand the phenomenon of parental autonomy support in relation to adolescents living with substance-using siblings. Over the past 40 years much research has been done on Self-Determination Theory by motivational researchers. Previous research conducted showed that Self-Determination Theory was a theory with great heuristic power, meaning it was a theory that encouraged us to look at practical ways to solve problems (Vallerand, Pelletier, Koestner, 2008).

According to Deci and Ryan (2000), Self –Determination Theory was an organismic dialectical approach meaning human beings have the ability to evolve, master challenges and learn new experiences. Ryan and Deci (2000) also referred to Self-Determination Theory as a metatheory, when combined it consisted of many “mini-theories” in order for us to understand human motivation and functioning. Furthermore, the six “mini-theories had been conducted across various life domains and address issues such as self-regulation, universal psychological needs and life goals (Deci and Ryan, 2008).

The Self-Determination Theory is a guiding social theory which accentuates the importance of motivation and personality (Ryan & Deci, 2000). In Self-Determination Theory people are viewed as social beings who are naturally motivated by the psychological needs of autonomy, competence and relatedness (Deci & Ryan, 2000). In relation to autonomy, Church and colleagues (2013) describe the need for autonomy as a personal causation that enables people to exercise their internal volitional forces, rather than external ones, to enhance their motivation. Contrary to autonomy, competence is a psychological need that allows people to use their capabilities and be effective in their actions when applying mastered skills. Likewise, relatedness is one of the psychological needs that concern the importance of interconnectedness, and interdependence to promote a sense of belonging.

Self-Determination theorists have highlighted that all three psychological needs (i.e. autonomy, competence and relatedness) are considered as fundamental of motivational tendencies (Church et al., 2013). It should be noted that all three psychological needs are supposed to be achieved in order to reach need satisfaction. However, failing to achieve all three psychological needs may result in need frustration. This indicates that struggling to achieve all three psychological needs could lead to increase in conflicts and maladaptive coping among people who experience imbalance.

2.3 Self-Determination Theory and substance use

Self-Determination Theory is regarded as a behaviour change theory, meaning all human beings have it within themselves to bring about change. According to Deci and Ryan (2000), all human beings strive to be integrated, work towards change and experience good health. However, to achieve growth and experience good health, the psychological needs of autonomy, competence and relatedness should be satisfied.

By satisfying these needs, Fortier, Williams, Sweet and Patrick (2009) postulate those individuals will try and control their behaviour, conducive to their own health and well-being. According to self-determination theory, human beings exercise autonomy if they can make their own decisions and control their own behaviour. Additionally, human beings will feel competent when they experience the feeling of achieving a desired outcome. Furthermore, they will relate to other significant others if they feel that they are being cared for and understood by others (Fortier, Williams, Sweet & Patrick, 2009).

Individuals will also bring about change if their environment is conducive and support of their psychological needs. Therefore, a supportive family environment contributes towards an individual's well-being whereas a negative family environment does the opposite. A supportive family environment will contribute to need satisfaction whereas negative family environments equal needs frustration (Ryan & Deci, 2000). Individuals will display behaviours that are maladjusted, (Ryan & Deci, 2000; Vansteenkiste & Ryan, 2013) and will show feelings of internal conflict and alienation (Ryan & Deci, 2000). These individuals adopt defensive coping mechanisms in order to deal with certain situations (Deci & Ryan, 2000). Vallerand, Pelletier and Koestner (2008) also argued that human beings could be proactive and engaged or alternatively, passive and alienated, largely as a function of the social conditions in which they developed and functioned.

2.4 Parenting

Parents have an important role to play in raising their children. Parenting is a very complex process and it varies from parent to parent. Diana Baumrind, a clinical as well as a developmental psychologist, was best known for her work on parenting styles and was a pioneer in this field (Costa, 2015). During the 1960's, Baumrind conducted a study to determine various parenting styles. Baumrind's parenting styles were the most accepted models of parenting. From those parenting styles, two originated namely: demandingness and responsiveness. From these two models, four types of parenting styles originated called: authoritative, authoritarian, permissive and neglectful parenting styles. Baumrind (2013) stated that it was important to also evaluate both parents' parenting styles because they (the parents) would most likely reciprocally act negatively or positively. The way children were influenced by their parents basically moulded and shaped them in becoming responsible adults (Baumrind, 1971). The manner in which they were moulded largely depended on their parents' attitudes, behaviours, beliefs, values and family background. These specific attitudes and behaviours were what Baumrind (1971) called parenting styles which were important in the development of children. Baumrind (1991) also stated that the different parent styles from mothers and fathers had different effects on how children perceived substances and their choice to use drugs. The four parenting styles are explained below.

2.4.1 Authoritative Parenting Style

According to Baumrind (1966), children with authoritative parents were treated fairly and their parents included them in the decision-making process within the family. Their parents showed them warmth but were very demanding. Research had shown that children raised by authoritative parents benefitted positively because they developed a high esteem and were capable to make decisions for themselves or do things for themselves (Holmbeck, 1996; Litovsky & Dusek 1985).

2.4.2 Authoritarian Parenting Style

Authoritarian parents showed little or no warmth to their children and were controlling to Baumrind (1966). Authoritative parents were very good in giving instructions but failed in explaining to their children why their behaviour was appropriate or inappropriate in certain contexts (Baumrind, 1966). Therefore, authoritarian parents raised children who were not well adjusted in society.

2.4.3 Permissive Parenting Style

According to Baumrind (1966), permissive parenting lacked parental control and allowed their children to do everything. Permissive parenting raised children who were very demanding and they struggled to control their thinking, feelings and behaviour (Baumrind, 1966).

2.4.4 Neglectful Parenting Styles

Parents who neglected their children, often showed no control or warmth (Baumrind, 1966). They were detached, uninvolved, dismissive or hands-off. Children who were neglected often displayed externalising behaviour like aggression or using substances because they could not self-regulate.

2.5 Self-Determination Theory and parenting

Ryan, Deci and Vansteenkiste, (2016) found parental autonomy support is crucial in fulfilling the basic psychological needs of children. By fulfilling these needs, not only do parents contribute to their children's well-being but they promote self-regulation (Ryan & Deci, 2017). Additionally, Joussemet, Landry and Koestner (2008) believed by fulfilling these needs, children would function effectively in society because they are able to pursue their own interests and can express themselves. Self-Determination Theory emphasises the importance of the social environment. Joussemet et al. (2008) argued that the social environment can either help or damage children's motivation and internalisation. According to Deci and Ryan (2000), children will function excellently if they have the support of their parents or teachers. They further argued that where these needs were neglected or thwarted it goes against children's development and negatively influences them (Joussemet et al., 2008).

2.6 Parental autonomy support

In explaining parental autonomy support, Feng, Xie, Gong, Gao, and Cao (2019) highlight the crucial role of parental involvement in adolescents' development and learning in life. It is reported that parents are supposed to encourage their children to learn to solve problems, select and make decisions in their lives (Feng et al., 2019). Parental autonomy support provides families with opportunities to respect their children's views, self-determination, and choices. However, it should be noted that parental autonomy support is regarded as a key component in parenting but in families having challenges with substance abuse they tend to use controlling language, which influences parenting (Joussemet, et al., 2008). This highlights that adolescents might struggle to reach their milestones in life. Hence, this study focuses on the adolescents' perspectives of parental autonomy support.

Parental autonomy support plays a key role in children's development because it provides the opportunities for growth, sense of control and competence (Feng et al., 2019). In a family environment where a sibling is abusing substances, parents might struggle to ensure satisfaction of the psychological needs for competence, autonomy and relatedness. This may mean that the other children in the family would experience difficulties to receive support from parents; as a result, the children's motivation could be affected by the situations. Therefore, Ryan and Deci (2000) argue that parental involvement in ensuring that the psychological needs are fulfilled could motivate individuals to engage in activities in society. Additionally, parental autonomy support seems to promote children to use their energy, direction and persistence in life (Ryan & Deci, 2000). Thus, it might mean that the parents should allow children to use their intrinsic motivation to master their own environment (Ryan & Deci, 2000).

2.6.1 Intrinsic motivation

Drawing from Deci and Ryan's (2000) perspectives of intrinsic motivation, it is imperative to consider Cognitive Evaluation theory (CET). CET was introduced by Deci and Ryan (2000) as a sub-theory of self-determination theory that aimed to explain motivation. According to Self-Determination Theory, one of the life goals of individuals is intrinsic motivation (Deci & Ryan, 2000). Deci and Ryan (2000) regarded intrinsic motivation as the most important feature in self-determination. Furthermore, Ryan and Deci (2000), postulated motivation to be a key feature in the field of psychology as it focused on the biological, cognitive and social regulation of individuals.

They argued when individuals were intrinsically motivated, they enjoyed the activities they did because it brought them pleasure or excitement and they did not expect to be

rewarded. These pleasurable activities were usually associated with spontaneity and individuals required lots of energy (Ryan & Deci, 2000). Previous research had shown that monetary rewards undermined intrinsic motivation because individuals did not act voluntarily or spontaneously, meaning they were forced resulting in them feeling controlled (Deci & Ryan, 2000).

They also regarded intrinsic motivation with satisfied relationships, personal growth and contributing towards one's community (Deci & Ryan, 2000). They further stated that these life goals should be inherently satisfying and should meet the psychological needs of autonomy, competence and relatedness. Self-Determination Theory also encouraged individuals to be more focused on intrinsic motivation than extrinsic motivation as it is beneficial for their overall well-being (Taljaard & Sonnenberg, 2019). This was essential for personal growth and personal wellness (Deci & Ryan 2000) which in turn would lead to positive coping in future (Ryan & Deci, 2017). Valleran and Pelletier (2008) believed that individuals with autonomous support were likely to have high levels of intrinsic motivation which led them to adapt to the environment they find themselves in.

2.6.2 Extrinsic motivation

According to Self-Determination Theory, Deci and Ryan (2000) regarded extrinsic motivation as one of the life goal of individuals. Deci and Ryan (2000) said that extrinsic life goals like fame, attractiveness and wealth were dependent on the reaction of other individuals and were often perceived as a means to an end.

With extrinsic motivation, individuals engaged in activities not because they liked it or were interested in it, they did so because they had to see the results in the end (Wrzesniewski et al., 2014). An example of extrinsic motivation would be an individual

who sacrificed and studied hard to pass at the end of the school term to please parents. Deci and Ryan (2000) found that with external motivation, adolescents complied with their parents' rules because they felt threatened by being punished.

Ryan and Deci (2000) defined extrinsic motivation as when individuals behaved in a manner that led to a separate outcome. They explained further by saying that with extrinsic behaviour individuals felt controlled by the rewards they were given. They viewed extrinsic motivation as non-autonomous as individuals did not act voluntarily.

However, in Self-Determination Theory, when these psychological needs are not met, it impacts negatively on people's health and well-being. It is also true that human beings have the potential to display unsavoury behaviour when their needs are not fulfilled (Deci & Ryan, 2000). They further explained that when these psychological needs were unsupported, individuals find other ways to cope.

Individuals either became self-protective or very defensive. Another mechanism of coping was to develop need substitutes to fill that void. Deci and Ryan, (2000) defined need substitutes as activities that people engaged in to accommodate for those unmet needs.

In order to demonstrate whether intrinsic life goals were linked to greater well-being and extrinsic life goals to poorer well-being, (Vansteenkiste, Lens & Deci, 2006; Kim et al., 2003) studies to determine the relationship between adolescent life goals, well-being and the role of parental autonomy support were conducted across diverse cultures. Studies done in Russia and China found that parental autonomy support was linked to adolescent's effectively self-regulating and positive school performance. The same applied to a study done with North American adolescents (Chirkov & Ryan, 2001; Vansteenkiste, Zhou, Lens & Soenens, 2005). The results of these studies

proved the importance of parental autonomy support in promoting greater well-being and internalisation.

Previously, adolescents depended on culture and tradition to guide them in deciding their life goals but with modern life, adolescents are faced with a variety of choices (Schwartz, 2012). In a previous study by the Pew Research Centre (2007) with a sample of young adults aged 18 – 25 years old, their ultimate goal was to get rich (extrinsic behaviour) instead of giving back to their communities by helping other people (intrinsic behaviour). At the same time the majority of Americans valued being happy as an important life goal and all over the world individuals are in search of happiness (Diener et al., 1995). The research showed that there was no relation between wealth and happiness (Diener & Biswas-Diener 2002). Furthermore, previous studies had shown individuals who focused too much on extrinsic goals, suffered poorer well-being. The results were from self-report and individual interviews which measured their vitality, depression, anxiety, illnesses and how they engaged with their environments (Kasser & Ryan, 1993). This was not only applicable to the United States of America (USA) and China but research was also conducted in other countries such as Russia (Ryan et al., 1999), Germany (Schmuck et al., 2000) and Korea (Kim et. al., 2003).

During adolescence, the life goals and behaviours young people adopt would have life-time consequences for their well-being. Previous research conducted with American adolescents, found adolescents who prioritised extrinsic goals were linked with risk-taking behaviour such as alcohol and tobacco use (Williams et al., 2000). Despite all of this, the adolescents were attracted to extrinsic life goals such as image and wealth because of peer pressure. This was further promoted by powerful media houses that targeted adolescents making extrinsic life goals very attractive (Brown &

Witherspoon, 2002). With globalisation, adolescents across the world are exposed to the commercial market and multi-national corporations (Kanner, 2005). This impact on the choices adolescents make and are detrimental to their health and well-being.

Beside the influence of media and multi-corporations, a key factor was to understand how adolescents were socialised by their parents (Grusec & Goodnow, 1994). Studies in North America and China that parental autonomy support was linked to the type of life goals adolescents would choose (Kasser & Ryan 1993; Kim et al., 2003; Ryan et al., 1999). Furthermore, the authors postulated that autonomy supportive parents promoted intrinsic life goals instead of extrinsic life goals. Finally, according to Self-Determination Theory, societies strived to adopt intrinsic life goals as it is associated with well-being and it is based on the satisfaction of the universal psychological needs. Therefore the relationship between parental autonomy support, life goals and well-being was the same in North America and China.

Ryan (1995) postulated that children are naturally inclined to master their environments and are spontaneous in doing so. Previous studies had shown that children could only benefit if they received parental autonomy support from their parents (Ryan & Deci, 2000). Ryan and Deci (2000) argued when children's needs for autonomy, connectedness and relatedness are met, they function optimally. Up until today parental control remains one of the most debated and controversial topics in parenting and socialisation research (Grolnick & Pomerantz, 2009).

2.7 The link between Extrinsic Motivation and Psychological Control

Drawing from the Self-Determination Theory, it is clear that both extrinsic motivation and psychological control tend to influence the psychological needs of autonomy, competence and relatedness. However, the extrinsic elements of an unhealthy

environment seem to influence individuals' thinking, actions and behaviour in cases when their needs are not met. As a result, individuals tend to adopt unsavoury behaviour which may lead to anxiety, depression and adjustment problems.

For instance, parental autonomy support acknowledges that individuals can function optimally when the three basic psychological needs of autonomy, competence and relatedness are met. This indicates that parental involvement in guiding their children's decision-making could enhance their relationships and relatedness.

2.7.1 Psychological control

According to Soenens and Vansteenkiste (2010), psychological control referred to manipulative tactics used by parents that impacted on children's thoughts and feelings. Children are pressurised to think, feel or behave in a particular way and psychological control is aimed at changing children. Barber (1996) further stated that controlling parents displayed behaviours which were intrusive and exercised control by inducing guilt and withdrawing love. It also involved threats with punishment (Barber, 1996, Soenens & Vansteenkiste, 2010). Reward strategies to promote certain behaviours have been found under most circumstances, also to be controlling. Grolnick (2003) further argued parents who were under pressure often controlled their children because of their own stressful conditions they experienced. Additionally, autonomy support is reduced as it requires parents to be available and have time (Grolnick, 2003). Psychological controlling parenting is also perceived as a pressuring and coercive parenting style (Barber, 1996; Soenens & Vansteenkiste, 2010).

Previous research has shown that psychological control often results in children, adolescents and emerging adults to experience anxiety, depression and adjustment problems (Barber 1996; Barber & Harmon, 2002; Soenens & Vansteenkiste, 2010).

A decade ago, socialisation researchers proved how detrimental psychological controlling parenting practices were on adolescents' well-being and development. Children of psychologically controlling parents felt suffocated and were also struggling to express or explore their individuality which in return led to inner struggles within themselves (Barber 1996; 2002). The consequences of psychologically controlling parenting resulted in children being psychologically dependent on their parents which made it very difficult to be autonomous hence their loyalty to their parents. The parents' love fluctuated which added extra pressure on adolescents' views as they looked up to their parents as role models. Assor, Roth and Deci (2004) postulated also that whilst adolescents looked up to their parents in the same time they also resented them.

2.8 Behavioural control

According to Barber (1996) and Steinberg (1990), behavioural control is considered as an attempt by parents who tried to control their children through setting rules for their family expectations and manners. This may be used as parents' practices to monitor their children's behaviour (Dishion & McMahon, 1998; Stattin & Kerr, 2000). However, since behavioural control is used as a guideline for appropriate behaviour, adolescents seem to experience difficulties in expressing themselves because of the too strict behaviour of parents. As a result, adolescents might be at risk of internalising their problems and suffer from depressive symptoms and a low self-esteem (Barber & Harmon, 2002). In relation to parental behavioural control, there is limited research conducted in the field of substance use and the influence on families of adolescents abusing substances.

2.9 The link between Self-Determination Theory and parental autonomy support

In summary, what is important to note from the theoretical framework is that there seems to be some relationship between the Self-Determination Theory and parental autonomy support, which is considered as important in the development of individuals. Motivation appears as a key element that promotes growth and play among human beings within an environment which conducive for autonomous and relatedness behaviour. This could enhance the well-being of individuals through promotion of the psychological needs of autonomy, competence and relatedness. Furthermore, it is clear that self-regulation among individuals tends to determine how well they integrate themselves into society. Additionally, the way individuals could relate with each other may indicate their motivation to engage in interesting activities in their families and communities. Thus, parents have a major role in socialising their children within society, and enabling their children to become autonomous, feel competent and relate to others. However, in a situation where a sibling is abusing substances, parenting and parental autonomy support may be problematic, particularly when other children are not using substances.

In a community, such as Delft, where the majority of people live in in poor socio-economic conditions, people find it difficult to be motivated. Delft community members are faced with challenges on a daily basis and families struggle to create safe environments for their children. This impacts the way individuals feel, think and behave. The negative environment also hinders the promotion to be autonomous, competent or connected. Additionally, families are disengaged and broken because of the disintegration of individual family members who struggle to fit into society. Therefore, it is important to support families who grapple with dealing with a

substance-abusing son or daughter. Furthermore, this will enable parents to create environments which can promote autonomy, competence and relatedness.

CHAPTER THREE

LITERATURE REVIEW

3 Introduction

In the previous chapter, the theoretical frameworks guiding the study were presented. The reviewed literature deals with substance use in South Africa and specifically in the Western Cape. Additionally, this chapter provides literature on individual substance abuse and substance abuse in families. Finally, the literature review describes the influences on parenting and parental autonomy support in relation to parenting a child that is abusing substances.

For this literature review, the following search terms were used: Adolescents, Substance abuse, Parental Autonomy support. Multiple databases were searched including Behavioural Science Collection (Ebscohost), Psych Articles, Google Scholar, Psynet, Sabinet, Sagepub, Sage Journals online, Science Direct and Social Work), Scopus.

3.1 Global substance use

A major concern in both public health and social work is substance use and its negative influence on families. The World Health Organization (2018) refers to substance abuse as a “harmful or hazardous use of psychoactive substances including alcohol or illicit drugs”. Illicit drugs are considered as the use of substances for nonmedical use and are prohibited by international drug treaties (White, Hawkins, Madden et al., 2017). Around the world the estimated number of users includes 183 million Cannabis users, 17 million cocaine users, 35 million heroin users, 22 million Opiates users and 37

million amphetamine-like stimulants users (United Nations Office on Drugs and Crime [UNODC], 2017).

It has been estimated that a quarter of a billion people or five percent of the global adult population, used drugs at least once in their lifetime in 2015 (World Drug Report, 2017; United Nations Office on Drugs and Crime [UNODC], 2017). It was further stated that a more worrying trend showed that 29, 5 million of those users or six percent of the global adult population suffered from substance-use disorders. This meant that their dependence would require them to seek treatment for their addictions.

The World Drug Report (2017) highlights that more people in the United States of America died from road accidents and violence because of the misuse of opioids like Heroin (World Drug Report 2017). Furthermore, the report states the misuse of drugs appears to be the biggest problem that affects families in global communities. The report further indicates that the misuse of drugs resulted in an increase of deaths.

According to the World Drug Report (2017), methamphetamine was the greatest threat to health globally. The report suggested that methamphetamine use was spreading at an alarming rate and the numbers increased in users seeking treatment (World Drug Report, 2017). Previous clinical research conducted in the United States (U.S.) reported the physiological impact of methamphetamine use on individuals. Individuals with acute symptoms comprised of being alert and awake with a lot of energy. Furthermore, individuals had a poor appetite, had the tendency to get aggressive and violent (Darke, Kaye, McKetin, & Dufrou, 2008; Panenka et al., 2013; Romanelli & Smith, 2006). In severe cases, physical symptoms were associated with chronic use of methamphetamine and individuals developed a variety of dental complications like severe decay and loss of teeth (Curtis, 2006; Hamamoto & Rhodus, 2009; Shaner,

Kimmes, Saini, & Edwards, 2006). Additionally, chronic use of methamphetamine was associated with cardiopulmonary complications (Fronczak, Kim, & Barqawi, 2012; Tashkin, 2001 et. al) and complications related to pregnancy and childbirth (Oro & Dixon, 1987; Sithisarn, Granger, & Bada, 2012). Methamphetamine use had also been associated with increased risk of mental health problems which included: anxiety, depression and other psychotic symptoms (Chen et. al., 2003; Cherner et al., 2010), as well as increased libido (Carrico et al., 2012). The World Drug Report (2017) reported an increase of cocaine use in North America. According to the report, cocaine users suffered the heaviest burden of disease (BOD) because of the use of shared needles (World Drug Report, 2017). The report revealed that globally almost 12 million people injected drugs of whom 1, 6 million are living with Human Immunodeficiency Virus (HIV). The report also showed that more than 6.1 million people are living with Hepatitis C (World Drug Report, 2017).

3.2 History of substance use in South Africa

This study was conducted in the Western Cape in Delft, where substance abuse is a serious public health problem and affects how families cope and function. Substance abuse devastates many lives and negatively influences individuals, families and communities.

The Western Cape Province continues to be plagued by the drug trade and is known to be the most dangerous and noticeable province in the country (Goga, 2014). In order to understand the phenomenon of substance use, it is necessary to look at the history and development of the drug trade in South Africa.

The 1950's saw the Group Areas Act, (Act No 41 of 1950) enforced by the Apartheid State. The State declared majority of the areas as "White-only" areas and people migrated to the City Centres for work. The Apartheid State was opposed to cross-mingling between the White, Black and Coloured populations and started to remove Black and Coloured people from these areas. During the 1970's people of colour were forcibly removed under the Act and were relocated to the outskirts of town which later became what we know today as The Cape Flats.

During the Apartheid years, systems were put in place to exclude people of colour from opportunities that were only available to whites and they were forced to live in poor social conditions on the outskirts of town or remote areas (Peltzer, Ramlagan, Johnson & Phaswana-Mafuyat, 2010). Health and Social services were established for Whites, whilst services to Black and Coloured South Africans were limited or non-existent (Myers, Louw & Fakier, 2008). The only service available to them was the Police and Law Enforcement which were primarily established to maintain control over people of colour. (Peltzer et al., 2010). Due to the poor conditions on the Cape Flats, people organised themselves and formed gangs in order to belong (Lambrechts, 2014). These gangs provided them with a sense of structure and with bleak prospects to look forward to time passed by and the situation on the Cape Flats worsened because of the increased use of drugs during the 1970's and 1980's.

Substances like Alcohol, Tobacco and Cannabis were primarily used in South Africa during the Apartheid years because of the country being isolated from the global community (Van Heerden, Grimsrud, Seedat, Myer, Williams & Stein, 2009). With the end of Apartheid, South Africa underwent major political changes and trade was opened to the South African community (Van Heerden, Grimsrud, Seedat, Myer, Williams & Stein, 2009). However, with South Africa's Drug Policy under the apartheid

regime, previous research suggested that the State Security “deliberately” promoted drugs amongst Coloured and Black communities as a strategy to fight opposition to their apartheid laws and policies (Out, 2011, p.381). Previous studies have also found that methamphetamine is reportedly being used by more Coloureds and Blacks (Van Heerden, Grimsrud, Seedat, Myer, Williams & Stein, 2009). A number of previous studies attributed today’s drinking to the “dopsystem” South Africa had in the past. The “dop” or “tot” practise were practised during the colonial and apartheid years to pay farm workers. Farm workers received wine as payment for work done on the farms (Falletisch, 2008). This was a way of controlling farm workers and provided a cheap labour source. Falletisch (2008) stated that some farms provided alcohol to their workers five times per day. Although the “dop” system was outlawed by the apartheid government in 1961 (Setlalentoa, Pisa, Thekiso, Ryke & Loots, 2009) today one can still see how this practise impacted on current generations of low-income Coloured communities in the Western Cape (e.g. London, 1999, 2000, Mager, 2004).

3.3 Monitoring substance use in South Africa

There are limited studies on substance use in developing countries such as South Africa, China and Thailand (Kelly et al., 2014; Sutcliffe et al., 2009; Watt e.al., 2014). Previous research was only available through cross-sectional studies and was often conducted in one place (Van Heerden, Grimsrud, Seedat, Meyer, Williams, and Stein 2009). This improved with the implementation of the South African Community of Epidemiology Network on Drug Use (SACENDU) project which meets bi-annually to discuss information on substance use and their patterns. The network also provides community-level and public health information (Dada et al., 2016). Additionally, they

keep a close watch on alcohol/other substances trends, and the consequences through the discussion of quantitative and qualitative data (Dada et al., 2016). More recently, SACENDU included data from their other projects such as the TB HIV Care Step Up project which provides harm reduction and HIV prevention services to people who inject drugs in the Cape Metro, Nelson Mandela Bay and eThekweni (Dada, Harker-Burnhams, Erasmus, Parry, Bhana & TB/HIV Care, 2017).

The SACENDU project was established in 1996 by the Medical Research Council and the University of Durban-Westville (Parry, Bhana, Pluddeman, Myers, Siegfried, Morojele, Flisher & Kozel, 2002). SACENDU consists of a network of people from a variety of sectors (e.g. law enforcement, health and welfare treatment services, public health, researchers, practitioners and policy-makers, from five sentinel areas in South Africa. Three of these areas are large port cities, namely: Cape Town, Durban and Port Elizabeth (PE). The other two provinces are Gauteng, which includes Pretoria and the rural province of Mpumalanga. According to SACENDU's Research Brief (2016), data were also collected from the second half of 2016 from treatment centres in the Free State (FS), Northern Cape (NC) and the North West Province (NW).

In the Western Cape, SACENDU data collected from the 39 specialist treatment centres showed the most common primary substance of use reported between July to December 2017 is: Methamphetamine ("Tik"), followed by alcohol, cannabis and heroin (Dada, Harker-Burnhams, Erasmus, Parry & Bhana, 2017). Treatment admissions for methamphetamine were low except for the Western Cape, with thirty percent and the Eastern Cape with twenty percent respectively (Dada, Harker-Burnhams, Erasmus, Parry & Bhana, 2017). In addition, 10047 patients were treated across all 84 treatment centres in the second half of 2017 (Dada et al., 2017) which saw a decrease of patients admitted for treatment. Furthermore, Dada et al. (2016)

also revealed that in the Western Cape, the “State” was the primary source of payment to treatment centres, whilst the “family” was the secondary source of payment.

Dada et al. (2017) reported that across all the treatment centres seventy-three percent of admissions in the Western Cape were male. However, the Western Cape has also seen a dramatic increase in females that are admitted (Dada et al., 2016). According to Hahn et al (2011), alcohol abuse is a major public health concern. This is supported by Dada et al. (2017) who reported that alcohol remained the most primary drug of choice in the Eastern Cape, Kwa-Zulu Natal and the Central regions of the country. In these provinces, between sixteen percent (Northern Region) and forty-three percent (Central Region) of patients were admitted for alcohol treatment. Additionally, the period indicated a slight increase in Kwa-Zulu Natal from thirty-four percent to thirty-seven percent of people seeking treatment for alcohol use. SACENDU’s (Phase 43) report found alcohol use in persons younger than 20 years seeking treatment less common. However, there was an increase in alcohol-related admissions for persons under 20 years in the Eastern Cape from five percent to twenty-three percent. Peltzer et al (2011) reported that rates of harmful drinking - that is drinking patterns that increase the risks of adverse health events - are also on the rise in South Africa with one third of South Africans indulging in harmful drinking. According to Myers, Louw and Fakier (2007), alcohol remained the most frequently abused substance in the Western Cape with the highest prevalence rates for lifetime alcohol use from thirty-nine percent to sixty-four percent and risky drinking from nine to thirty-four percent (Harker, et al., 2008). Previous surveys indicated that the highest rate of problematic drinking in South Africa is amongst Coloured men (Peltzer et al.; 2011; Peltzer & Ramlagan, 2009).

The general South African pattern of alcohol consumption is that of binge drinking and hazardous drinking (Pasche & Myers, 2012). Pasche and Myers (2012) further stated that South Africans' binge drinking is closely related to alcohol-related injuries. They also stated that South Africa has the highest numbers of Fetal Alcohol Syndrome cases in the world (May et al.; 2007). Previous studies have shown that alcohol-related injuries reported at trauma centres across South Africa were higher than their global counterparts from thirty-six percent to seventy-nine percent trauma patients testing positive for alcohol (Pluddeman, Parry, Donson, & Sukhai, 2004). Alcohol abuse is also linked to high rates of interpersonal violence (IPV), Fetal Alcohol Syndrome (FAS) and child neglect in the Coloured community (Gossage et al., 2014; May et al., 2007; Parry et al., 2012). Also, previous studies done in the Western Cape, reported that the province had the highest rate of Fetal Alcohol Syndrome (FAS) in the world (May et al., 2007; 2013).

Heroin is mostly smoked with a small percentage of users reporting injecting heroin (Dada & Harker-Burnhams, 2018). According to SACENDU's (Phase 42) report, heroin use remains a problem in all provinces. The Western Cape showed an increase of from ten percent to fourteen percent of patients with heroin as their primary substance use (Dada et al. 2017). However, there was a slight decrease during the period of July to December 2017, from fourteen percent to seven percent. Across all the sites, the average age of patients that were admitted was 26 to 30 years. Primarily, the method of use for heroin is smoking but between four percent (Northern Region), seven percent (Western Cape), and forty-five percent (Gauteng) reported more persons are using heroin as their drug of choice and injecting it. All the regions, except for the Eastern Cape and Western Cape saw a large proportion of Black Africans admitted to treatment centres for heroin use (Dada et al., 2017). It is the primary or

secondary most substance use of choice with fifteen percent of persons in the Western Cape; twenty-nine percent in the (Northern Region); eleven percent in Kwa-Zulu Natal and eighteen percent in the (Gauteng) region (Dada et al., 2017). The injection of heroin and other substances like, cocaine and methcathinone, also known as CAT remained a challenge as it posed various health risks. Additionally, the injection of drugs is closely linked to Hepatitis A and other infectious diseases, like HIV/AIDS (Dada & Harker-Burnhams, 2018).

Moreover, Nyoape (low-grade heroin and other ingredients smoked with dagga) remained a problem in Kwa-Zulu Natal with eleven percent of people admitted to treatment centres using it (Dada et al., 2017). Furthermore Dada et al. (2017) postulate that in Gauteng, four percent of persons admitted to using Nyoape as their primary substance use of choice. Additionally, ninety percent (Kwazulu-Natal) and ninety-six percent (Gauteng) of persons who admitted using Nyoape were Black African (Dada et al., 2017).

In South Africa, cannabis is also known as dagga. Dada and Harker-Burnhams (2018) reported cannabis as being the most common illicit drug used among youth attending specialist treatment centres. Furthermore, SACENDU's Phase 42 report found cannabis to be the primary or secondary choice of drug for youth attending these centres.

The Center for Disease Control and Prevention's (CDC) Division for Disease and School Health (DASH) routinely monitors youth health behaviours and experiences. The National Youth Risk Behaviour Survey (YRBS) provides the most recent surveillance data on health behaviours and experiences among high school learners across the country. The data released in 2017 indicated that fourteen percent of high

school learners ever used illicit drugs. The report referred to illicit drugs as cocaine, inhalants, heroin, methamphetamines, hallucinogens and ecstasy. Additionally, the report showed that from 2007 to 2017 the percentage of students who ever used illicit drugs drastically decreased from twenty-two to fourteen percent

Methamphetamine is classified as a stimulant and it is highly addictive. Methamphetamine or Tik” as it is locally known is the second most likely drug to be used around the world. It is called “Tik” because of its popping sound it makes when smoked, using improvised glassware (Peltzer, Ramlagan, Johnson & Pheswana – Matuya, 2010). Methamphetamine first emerged in South Africa during the 2000’s after the end of Apartheid (Peltzer et al., 2010; UNODC, 2012). During this time, South Africa saw a dramatic increase of methamphetamine with Cape Town in the epicentre (Dada et.al. 2014; Parry et.al; 2008; Peltzer et.al; 2010). Pluddeman (2008) reported that methamphetamine is the primary drug used by Capetonians and Cape Town also saw the fastest increase in admissions to drug treatment facilities for treatment of methamphetamine use. According to Dada et.al. (2014), nearly half of those admissions were methamphetamine related. Pluddeman and Parry (2012) also found that methamphetamine use is often associated with several side-effects including psychosis, depression and weight loss. Additionally, (Marshall & Werb, 2010) found methamphetamine use is also associated with increased risky sexual behaviour as well as increasing the risk of contracting sexually transmitted diseases like Human Immunodeficiency Virus (HIV).

3.4 Substance abuse and individuals

Previous studies have shown the impact of substance use on individuals. According to Lorvic, Bourgois, Wenger et al. (2012) continuous substance use is closely linked

to negative physical, behavioural and psychological effects which include mental illness, violence and sexual risk. Furthermore, it has been found that substance use and violence is a contributing factor in deaths in our country (Matzopoulos & Myers, 2014).

According to Panenka et al. (2013), methamphetamine users experienced feelings of euphoria and increased energy when used and with over time they become dependent on it (Dada et al., 2012; Pluddeman et al., 2006). Other physiological effects that also might occur are alertness and hypersexuality (Barr et al.; 2006; Darke et al., 2008. Panenka et al., 2013). Additionally, Dada and Harker-Burnhams (2018) reported individuals with long-term substance use, presented with mental health problems, followed by hypertension and respiratory illnesses.

3.5 Substance abuse in families

Substance use is not only a problem for the individual using but also places a heavy burden on the family as it is associated with many problems. Problems associated with substance use include psychological, economic, social, family and legal problems. Furthermore, Daley (2013), postulates the effects of substance use on the family system is enormous. According to Daley (2013), adverse effects reported are the emotional burden placed on families. Additionally, family members may also harbour feelings of anger and frustration in having to deal with the substance-abusing family member. Furthermore, family members constantly worry and fear for their family members' safety. Daley (2013) reported family members are often embarrassed by the individuals' substance use and are ashamed for the family.

According to Daley (2013), job losses and money spent on the individual's substance use further place an economic burden on the family. Family members become economically dependent on their families as they have to foresee to their daily needs (Daley, 2013). Additionally, these daily challenges may cause family members distress and dissatisfaction. Daley (2013) highlights that families may experience tension which creates conflict between family members because of the substance use problem in the family home.

A family members' substance use also causes family instability (Daley, 2013). According to Daley (2013), abuse and violence contributes to the breakup of families. Family breakup often results in parents separating or divorcing. Additionally, another factor that leads to the breakup of families is the removal of children by the authorities (Daley, 2013). To further demonstrate the effects of substance use, the following section will focus on how substance use influences parenting.

3.6 Influence of substance use on parenting

Parents have an important role to play in raising their children. Parents are often faced with the question as to why they invest themselves in the parenting role. Joussemet, Landry and Koestner (2008) argued that individuals are often motivated by the prospect of being a parent, also to play a role in their children's learning, well-being and psycho-social adjustment. However, parenting is a very complex process and it is more challenging when there is a son or daughter abusing substances. Parenting a substance-abusing child is never easy. Substance use does not only affect families but it also influences parenting. A notable example is the case of Ellen Pakkies, a single parent from Cape Town who killed her son because she could no longer deal with his addictive behaviour (Wegner, Arend, Bassadien, Bismath & Cross, 2014).

Additionally, having a substance-abusing son or daughter also creates conflict between parents. Wegner et al. (2014) in her study found mothers to be the primary caregivers of children and they seldom get assistance from their husbands. Furthermore, Wegner et al. (2014) also found that over-involvement from one parent can lead to greater tension within the household due to the lack of boundaries and being too emotional having to deal with a substance-abusing child. Also, the tension between parents often leads to power struggles which further enabled children in their substance-use habits (Wegner et al., 2014). Finally, children's substance-using habits also influence the way parents communicate with each other. According to Wegner et al. (2014), the wives as mothers were mostly affected as they would often have to hide and keep information from their husbands.

So how do parents deal with a son or daughter who is abusing substances? Parental autonomy support has been found to play a major role in dealing with a loved one's substance use problem. In self-determination theory, children are most likely to function optimally when their psychological need of autonomy, competence and relatedness are met (Joussemet et al., 2008). Despite the difficulties of parenting a substance-abusing son or daughter, parents play a vital role in supporting their children to be autonomous despite abusing substances. Parents can support their children by encouraging them to do certain activities which they will enjoy instead of feeling pressurised to do it. Joussemet et al. (2008) suggest parents should try and refrain from controlling strategies if they want see their children flourish irrespective of their substance usage. Additionally, self-determination theory postulates that children can navigate themselves through challenges because they play an active role in their own development (Joussemet et al., 2008). Children only need their parents to believe in them having the capacity to do so. According to Deci and Ryan (2000), children will

naturally explore their environment, pursue their own interests, take on challenges, and engage in activities that will enhance their competence.

Therefore, previous research suggests that parental autonomy support is crucial in parenting children positively and has proven to have many benefits (Joussemet et al., 2008). The question that emerged from the review of literature however, is how do adolescents living with a substance-abusing sibling perceive parental autonomy support?

In summary, this chapter reported on substance abuse in South Africa, with a special focus on the Western Cape. Additionally, chapter three also explored the impact of substance abuse on individuals and families. Furthermore, chapter three described the influences of substance abuse on parenting and parental autonomy support in relation to parenting a substance-abusing son or daughter. Finally, chapter three also focused on global substance use and looked at the history of substance use in South Africa. Substance abuse is a major concern in our communities and public health system. Literature has shown that it negatively influences individuals, families and society. Clearly there is a gap in how we are going to assist families in dealing with this challenge. The next chapter will look at the interpretative worldview and related methodology that was used to conduct the study to understand the perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy.

CHAPTER FOUR

METHODOLOGY

4 Introduction

The previous chapter dealt with the literature review about substance abuse within a family environment. In this chapter, the interpretative worldview was used to understand the perceptions and experiences of adolescents' living with a substance-abusing sibling regarding parental autonomy support. Furthermore, the qualitative approach and the exploratory-descriptive qualitative research design are discussed. The participant selection, data collection methods and data analysis are discussed. Lastly, this chapter presents the rigor, trustworthiness and ethics statement of the study.

4.1 Research worldview

According to Creswell (2014), the interpretive approach entailed philosophical assumptions which will determine which approach would be used to conduct a study. Additionally, the researcher also considered the philosophical world view, what she brought to the study and which method to apply. According to Elster (2007) and Walsham (1995), interpretivism referred to research approaches used to explore the meaning individuals attached to their social and cultural worlds. Additionally, Whitley (1984) stated that researchers wanted to understand the reason for people's behavior and actions in their culture and with others in society. Furthermore, Boas (1995) argued interpretivism studied people's ideas and thinking. Walsham (1995) stated that researchers used their own knowledge to follow the process of inquiry. Walsham (1995) believed that the interaction between researcher and individuals would

influence the perceptions of both, whilst Eliaeson (2002) and McIntosh (1997) stated that individuals make sense of their social world through engagement with others. The researcher used constructivism or social constructivism worldview. According to Creswell (2014), constructivism is used as an approach in qualitative research and is regularly shared with interpretivism. He further stated that social constructivists thinking are that individuals search for meaning of the world they live and work.

4.2 Research approach

In explaining research approach, Creswell (2014) highlights that the research approach is a plan or procedure that is used by a researcher to conduct research and entails detailed methods of data collection, analysis and interpretation. Therefore, Creswell (2014) suggests that choosing a research approach is also guided by the nature of the problem being addressed or the issue at hand.

In the current study, qualitative research approach was used as a way of exploring and understanding the meaning that individuals' ascribed to a social or human phenomenon (Babbie, 2008; Creswell, 2009). The researcher tried to understand the world from the participants' perspectives and their experiences as well as the meaning behind the phenomenon of substance abuse and parental autonomy support.

In describing the importance of the qualitative research approach, Hammarberg, Kirkman and de Lacey (2016) point out that this approach uses a systematic collection, organization, description and interpretation of textual, verbal or visual data. The qualitative research approach was adopted to allow the researcher to reach out to the participants to share their reflections of living with a sibling abusing substances. This was important as the participants could learn more about themselves.

The qualitative research approach is commended as one of the effective methods to elicit deeper insights into perceptions, feelings and understanding. However, Rahman (2017) cautions that the qualitative research approach can be time consuming because data analysis can be a long process which involves moving back and forth between data and findings.

In terms of understanding of the adolescents living with a sibling using substances, the qualitative research approach enabled the researcher to explore and understand the meaning that the participants attached to their problem and considering their family environments. This assisted the researcher to make sense of the participants' experiences in their family environment.

4.3 Research Design

An exploratory-descriptive qualitative design was used in this study, according to Gray, Burns and Grove (2013), is used to explore and describe a topic of interest, and to address an issue or problem in need of a solution. This design allowed the researcher to explore and describe how adolescents perceive parental autonomy support. In explaining the exploratory design, Van Wyk (2012) highlights that a researcher opts for an exploratory design to research a topic that is not well understood and needs to be further explored. It has been further noted that the exploratory designs are considered because of the flexibility and do not conform to formal structure. However, a researcher should be aware of the limitations of the study and use information that is applicable to the study. In contrast, the descriptive research design is used to report accurateness and relevance of the research question in addressing the identified problem (Van Wyk, 2012). In addition, descriptive research tends to have more structure compared to exploratory design (Van Wyk, 2012). Hence, this study

employed an exploratory-descriptive research design in order to elicit a deeper insight into the phenomenon of the study.

4.4 Research setting

The study was conducted in a township on the Cape Flats called Delft which forms part of the City of Cape Town Municipality. According to Statistics South Africa (Stats SA, 2011), Delft was possibly named after a town in the Netherlands with the same name. The township was established in 1989 with the intention to house Black and Coloured families. According to the 2011 census, the total population of Delft comprises of 152, 030 people (Stats SA, 2011). The number of households in Delft is 39 575 and the majority of households are headed by females. Furthermore, statistics showed that the demographics of Delft comprised of more Coloured people, followed by Black Africans, Indian/Asians and White people. (Stats SA, 2011). One of the challenges the people of Delft are faced with is unemployment. According to Stats SA (2011) the working age of people in Delft is between the ages of fifteen to sixty-four years old.

In 2001, The Western Cape Government conducted a study, the Migration Study (2001), to determine the impact that migration into the Western Cape had on the existing service delivery. Particular focus was on the township of Delft, which saw an influx of people from the Eastern to the Western Cape (Mongwe, 2002). According to the Migration Study (2001), Delft is a township on the Cape Flats and formed part of the Tygerberg City Council. Delft is separated from Kuilsriver by the notorious R300 Highway. Mongwe's (2001) study found that to both sides of the R300 Highway a number of government subsidised housing projects were established to address the

housing shortages in the province. Additionally, housing in Delft consisted of low-cost or RDP (Reconstruction and Development Programme) housing. The area also saw the building of a library, community centre, a health centre, several primary and secondary schools (Mongwe, 2002).

According to the Western Cape Migration Study (2001), ninety percent of Delft residents are Coloured and speak Afrikaans. Additionally, some Coloured individuals also speak English (Mongwe, 2002). The other residents of Delft are from the African population and isiXhosa is their mother tongue. However, African people also conversed in Afrikaans and English depending on how long they have been in Cape Town. The dominant language is Afrikaans (sixty-three percent) and IsiXhosa (fourteen percent). Amongst youth aged 16 to 17 years that have completed Grade nine, seventy-six percent are female and sixty-one percent are male. In addition, more than fifty percent of youth live in income-poor households and thirty-three percent of youth live in overcrowded households (Stats SA, 2011). The statistics also showed youth aged 15 to 24 years are unemployed whilst twenty-one percent are employed (Stats SA, 2011). Finally, thirty-four percent of females aged 15 to 24 years gave birth to a child.

According to the latest crime statistics of 2018, Delft is ranked 5th of the worst ten precincts with the largest number of reported crimes in the Western Cape (Crime Stats SA, 2018). The number of crimes for the period reported for Delft was 17 974 with 195 murders committed, 236 for sexual offences placing Delft second on the list. Other statistics showed drug-related crimes were 3756, 829 burglary cases, malicious damage to property 809 cases and robbery with aggravating circumstances at 869 cases.

In addition to violence, the community of Delft is faced with many other challenges such as substance use. According to a newspaper article, substance users in the Western Cape are using methamphetamine to cope with stress and numb negative memories of traumatic events. A study conducted in Delft in 2015 by the Medical Research Council (MRC) and the Duke University's School of Medicine in the United States found teenage methamphetamine users suffered from "classical symptoms of mental illnesses which included depression and post-traumatic stress disorder (PTSD). However, few had ever received any medical treatment. Although there was a link with substance use and mental health, results from the study indicated that only seven percent from the sample ever received help with a psychological problem (Fokazi, 2015). The study found that nearly half of the participants from a sample of 360 users reported they used substances to "feel better", lose themselves and avoid thoughts and to get through difficult situations. The study also found that stress contributed towards the initiation of methamphetamine. Furthermore, the study found that many women used methamphetamine to cope with sexual and physical abuse and also to avoid or numb any psychological stress. Men reported feelings of regret and low self-worth (Fokazi, 2015).

4.5 Participant Recruitment and Selection

Participants were adolescents living in families with substance-abusing siblings in Delft, Western Cape Province. Given the propensity for substances to be introduced by peer groups during adolescence, the researcher used adolescents as they are the most appropriate target for the current study (Pluddeman, Flisher, McKetin, Parry & Lombard, 2010). Adolescents are most often exposed to environmental stressors (Brook, Morejele, Pahl, & Brook, 2006).

In this study, both purposive sampling as well as snowballing was used to recruit participants from community. According to Tongco (2007), the non-probability purposive sampling technique is most effective when one needs to study a phenomenon related to cultural domain with knowledgeable experts. With snowball sampling, a participant was asked to suggest another participant who happened to be living in a family with a sibling abusing substance. In qualitative research, the researcher purposefully selects individuals and sites that can provide the necessary information using inclusion criteria (Creswell, 2011).

4.5.1 Inclusion criteria

- The participants of the current study had to be adolescents between the ages of thirteen and nineteen years.
- The participants included males and females residing in Delft, Western Cape, Province.
- The participants were eligible to be part of the study if they had a sibling who was receiving treatment for substance use.

It was envisaged that twenty participants were going to be recruited, however, due to the various challenges related to availability and accessibility, some participants withdrew from the study before it commenced. Consequently, the researcher managed to recruit fourteen participants to be part of the study. The demographic details of the participants are presented in Table 1 below.

In qualitative research, the researcher purposefully selects individuals and sites that can provide the necessary information (Creswell, 2011). The researcher met with the Facility Manager, from the Delft Community Health Centre to obtain permission to

conduct the research and contact parents/guardians of substance-abusing adolescents who were being treated at the Delft Community Health Centre. The researcher approached the parents in order to obtain consent from the parents/guardians of the adolescents who were under 18 years of age to participate in the study. The only challenge was that parents indicated their interest but did not always commit to the appointments. However, one of the parents, also a community worker who had a son who was being treated at the community health centre was also able to provide contact information of parents. The parents and guardians were considered as gatekeepers because they had a right to prevent their children from participating in the study. The researcher obtained parental consent by providing consent letters and information sheets about the study. This led the researcher to arrange a meeting with one of the participants to give their assent that they would participate in the study. The researcher then set up appointments with the participants so that the interviews could be conducted in a setting that was most comfortable for them.

Table 1: Participants' demographic information

Participant	GENDER	RACE	AGE	GRADE	SCHOOL	SIBLINGS' AGES	AGE OF SIBLING USING
Participant 1	Male	Coloured	13	Grade 7	Yes	23,22,21,16	16
Participant 2	Male	Coloured	13	Grade 7	Yes	28,25,21,19	
Participant 3	Male	Coloured	14	Grade 7	Yes	21	21
Participant 4	Male	Coloured	14	Grade 8	Yes	Unknown	Unknown
Participant 5	Male	Coloured	15	Grade 8	Yes	30,29,24	30
Participant 6	Male	Coloured	13	Unknown	Yes	25	25
Participant 7	Male	Coloured	16	Grade 9	Yes	28,20	28
Participant 8	Male	Coloured	16	Unknown	Yes	25,20,19,12	25
Participant 9	Male	Coloured	12	Grade 5	Yes	28,19,16	28,19
Participant 10	Male	Coloured	15	Grade 9	Yes	29,23,22	29,22
Participant 11	Male	Coloured	17	Grade 11	Yes	28,23,15,11,5	28
Participant 12	Male	Coloured	18	Grade 11	Yes	27,22	27
Participant 13	Female	Coloured	15	Grade 10	Yes	24,10	24
Participant 14	Female	Coloured	15	Grade 10	Yes	18	18

4.6 Data Collection

Drawing from Rahman (2017) and De Jonckheere and Vaughn (2019), data collection is a process whereby a researcher employs a variety of methods to collect data in order to respond to the problem and research question. The methods of data collection that can be used in qualitative research include semi-structured interviews, focus group, participants' observation and photo voice (Creswell, 2014; Barrett & Twycross, 2018; Rahman, 2017).

For the purpose of data collection in the present study, semi-structured interviews were conducted with the participants by the researcher. It has been indicated that semi-structured interviews are considered as in-depth conversations whereby participants respond to pre-set open-ended questions (Jamshed, 2014; De Jonckheere & Vaughn, 2019). The semi-structured interviews were chosen because they allow a dialogue between the researcher and participant about thoughts, feelings and beliefs about particular phenomenon (De Jonckheere & Vaughn, 2019). Furthermore, semi-structured interviews allow flexibility of the participants to bring their own personality and perspective in the discussion (Barrett & Twycross, 2018, p.64).

According to Dudley (2008, p.153) echoing Padgett (2008, p.106), semi-structured interviews use formulated open-ended questions to explore the phenomenon of a study. In ensuring that the interview questions aligned with the research questions, the researcher designed the interview guide based on the reviewed literature, problem statement, research questions, aim and objectives. Furthermore, the researcher used the theory of parental autonomy support and the psychological needs of autonomy, competence and relatedness. The researcher used the open-ended questions to conduct the semi-structured interview (see Table 2 below). The participants in the

study were bi-lingual with the majority being Afrikaans speaking. Throughout the data collection, the researcher had to be attentive to the participants' responses and probe for clarity. All the semi-structured interviews were audio-recorded and transcribed verbatim in preparation for data analysis. For the purpose of this study, the transcripts were translated into English as the participants responded to the questions in Afrikaans. Throughout the data collection, the researcher went back and forth (audit trail) to check the transcripts to ensure that the correct information was captured.

Table 2: Interview guide

Questions for semi-structured interviews
<ol style="list-style-type: none">1. Tell me about yourself? Tell me about your family?2. How did you get to know about your brother/sister abusing substances?3. What is it like to live with a brother/sister who is abusing substances? Can you give me specific examples of situations that happened?4. Can you help me understand the difficulties and challenges that you experience living with your brother/sister who is abusing substances? Can you give me specific examples of situations that happened?5. Let's talk about your mom and dad's way of parenting you and your sibling. How do your parents help you and your sibling to:<ol style="list-style-type: none">a. learn things (competence),b. become independent (autonomy)c. Connect with others/develop relationships with others?6. Is there a difference in the way your mom and dad parent you compared with your sibling? Please describe this for me. Why do you think this is the case?7. How do you cope with your brother/sister abusing substances?

8. Has your family ever consider getting help to discuss your brother/sister abusing substances? In what ways do you think this might help you cope better?

4.7 Research procedure

The researcher made contact with the parents (with the contact details provided by one parent), either by phone or setting up to appointments to discuss the study. Each telephone discussion focused on the purpose of the study and possible dates were arranged to meet the parents. Once this was arranged the researcher provided the parents with an information sheet and consent form. The researcher explained the details and the purpose of the study, also explaining what the research entailed, as well as explaining confidentiality and anonymity. Once consent was obtained, the researcher met with the participants at their earliest convenience. Once initial contact was made with the participants, the researcher once again explained the purpose of the study and provided each participant with an information sheet and consent forms for the participants who were eighteen years of age. The researcher ensured that both parents and participants understood the information sheet and consent form. Both forms were available in English and Afrikaans. Semi-structured interview times were set up and the researcher provided the participants with interview guide. Semi-interviews were conducted with the participants, which lasted for thirty minutes to one hour in a natural setting most comfortable for the participants.

4.8 Data Analysis

In defining data analysis in qualitative research, Wong (2008) explains that it is the process of systematically searching and arranging the interview transcripts,

observation notes, or other non-textual materials that the researcher accumulates to increase the understanding of the phenomenon (p.14). The researcher used thematic analysis in accordance with six steps of Braun and Clark (2006), which include familiarizing, identifying, analyzing, and reporting patterns (themes) within data; therefore, the researcher performed the following steps to analyse the data. The researcher used Atlas Ti, which is an electronic software coding system to organise and group data, as part of the thematic analysis.

Step One: Become familiar with the data by transcribing data (if necessary), reading and rereading the data, noting down initial ideas. The researcher familiarised herself with the recorded data. This process involved reading and rereading each transcript, in conjunction with the audio-recording. The next step was for the researcher to transcribe the data received from the fourteen individual interviews. The recorded data were transcribed verbatim. This enabled the researcher to make meaning of the recorded data, taking notes for coding and forming patterns. Additional notes were made with the researcher observing the environment and capturing the emotions of the participants.

Step Two: The second step was to generate initial codes by coding interesting features of the data in a systematic fashion across the entire data set, collecting data relevant to each code. The codes were produced from the data received. The researcher used different colours to identify the codes and group the codes/units that belonged together. Additionally, the researcher identified the different codes and tried to notice what it said and notice important elements of the data. This cyclical process entailed the researcher going through the fourteen interview transcripts to get the

codes, continuously been reminded of the objectives of the study. At this stage, different categories were identified and were used to develop categories and themes.

Step three: Search for themes. In this step, the researcher sorted different codes into potential themes, which assisted in collating coded data extracts to support the identified themes. Subsequently, the researcher created tables with description of each code that was generated. Then, a thematic map was created to illustrate the relationship between the themes and the extracts.

Step four: involved reviewing of the themes. The researcher reviewed the themes by checking if the themes correlated with the coded extracts and generated a “thematic map of the analysis. Afterwards, the researcher developed a table of themes and categories.

Step five: was to define and name the themes.

Step six: the researcher produced the report of findings, presented in the next chapter.

4.9 Trustworthiness

According to Klopper (2008), trustworthiness is when qualitative data is being evaluated for the truth value and consistence. In this study, trustworthiness was ensured by means of instituting strategies that promoted credibility, transferability, confirmability.

4.9.1 Credibility

Truth value of the current study was ascertained by ensuring that data was rich and reflected participants’ experiences and perceptions of parental autonomy support. The

researcher was confident that the findings reflected the participants' natural environment. Credibility is when the researcher found the participants responses to be true, credible and believable (Forero, Nahidi, De Costa, Mohsin, Fitzgerald, Gibson, McCarthy & Aboagye-Sarfo, 2018). Therefore, credibility was enhanced through prolonged and varied engagement with each setting, and member checking.

4.9.1.1 Prolonged and varied engagement

In relation to prolonged and varied engagement with each setting, the researcher is working in the Delft area and is familiar with the issue of how families are affected by a family member's substance abuse problem. Following the inclusion criteria for the study, the researcher was able to access the participants who were interested to be part of the study. The researcher spent one year conducting the interviews with the participants in their respective homes. The researcher experienced personal and professional challenges hence the reason for the prolonged engagement in conducting the interviews. Additionally, with Delft being a high-risk area in a red zone, the researcher had to ensure her own personal safety and the safety of her participants. Furthermore, given the sensitive nature of the researcher's topic, participants did not always commit to schedule times and were often hesitant to talk because of the risks involved being victimised by their substance-abusing siblings. Having worked through these challenges, the researcher engaged in transcribing the interviews while listening to the audiotapes in order to familiarise herself with the content of the data. Subsequently, the data was analysed as explained in the data analysis section. The researcher then reported the findings of the data analysis in this thesis.

4.9.1.2 Triangulation

According to Krefting (1991, p.219), triangulation refers to “a powerful strategy for enhancing the quality of the research, particularly credibility”. With regards to triangulation of data sources, multiple participants were part of the study and interviews were conducted in their own homes. This enabled the participants to freely share their perceptions and experiences. Theoretical triangulation means that ideas from diverse but relevant literature are used to support the findings from the data analysis. Additionally, the researcher used Self-Determination Theory and parental autonomy support to gain insight into the perceptions and experiences of adolescents living with a substance-abusing sibling. This enabled the researcher to develop a deeper knowledge of the family environment and how it influences the satisfaction of the participants’ psychological needs.

4.9.1.3 Member checking

In line with Krefting (1991, p.129), member checking is used as a technique whereby the researcher validated the data, analytic categories, interpretations, and conclusions with some of the participants to ensure that the data is a true reflection of the participants’ responses. The participants were satisfied with the interpretation of the findings.

4.9.2 Transferability

Klopper (2008) refers to applicability as when the researcher applies the research findings within the context of different groups and not for the purpose of generalising. In this study, transferability was ensured through the selection of participants and thick description. Detailed descriptions were given whereby the researcher provided the biographical details of the participants' age, grade, and age of sibling that is abusing substances and gender. Furthermore, the researcher provided the description of the research setting where the study was conducted by covering the socio-economic status and prevalence of substance use of the community.

4.9.3 Confirmability

According to Klopper (2008), consistency is reached through confirmability where the research findings are consistent even when replicated with different participants in similar contexts. For confirmability, an audit trail was used in the present study where the researcher documented the research process from the research proposal, ethical application and approval, recruitment and selection of participants, data collection and analysis and the writing up of the report.

4.10 Ethics

Ethics approval was sought from the University of the Western Cape Humanities and Social Sciences Research Ethics Committee (ethics reference number: HS/16/3/2) (**Appendix 1**). Permission was requested from the facility manager at the Delft Community Health Centre to make contact with parents of adolescents being treated for substance use at Delft Community Health Centre. The researcher approached different families and explained the purposed of the study using the information sheet (**Appendix 2**). Informed written parental consent was obtained from the parents/guardians for those adolescents who were under the age of eighteen years, as an indication that they were willing that their children may be part of the study (**Appendix 3**). This led the researcher to meet with the adolescents under eighteen years to explain the purposed of the study using the information sheet (**Appendix 4**) and then they signed for their assent (**Appendix 5**). For those adolescent who were 18 years older they consented to participate in the study after they were informed about the purpose of the study (**Appendix 6**). Furthermore, the participants had the right and opportunity to withdraw from the study at any time without any repercussions. The participants' right to anonymity was observed by using pseudonyms, and confidentiality was assured during the dissemination of the results by not revealing any personal information. Participants were informed that in the event of participants feeling the need for counselling participants were referred to the Social Work Department at Delft Community Health Centre. Data is stored on encrypted folders to protect the participants' response. However, it is accessible to the researcher and supervisors, then data will be stored for five years as required by the university.

CHAPTER FIVE

FINDINGS AND DISCUSSION

5 Introduction

In the previous chapter, the research methodology was covered. Chapter five presents the findings and discussion in view of relevant literature control. **Table 3** presents the four themes that were identified using the thematic analysis.

Table 3: Themes and categories

Themes	Categories
Parenting in our families	<ul style="list-style-type: none"> • Mother’s roles • Father’s roles • Negative parenting roles • Positive parenting roles • “I just want the best” • I might just end up like that • We grew up the same • They tried to help • Don’t teach new things • Don’t get to connect with others
Hardship in decision-making	<ul style="list-style-type: none"> • “I don’t get to make decisions” • “I can make my own decisions”
“Environment where we live in”	<ul style="list-style-type: none"> • The environment is not nice • It is chaotic • Violence that influence relationship • My mother and father used to argue • Sibling conflict • Unacceptable behaviour
Adolescents’ coping strategies	<ul style="list-style-type: none"> • “I feel nothing” • “I can’t do anything” • It is very difficult • “So we just have to deal with it” • “We would cope better”

“” indicates in-vivo quotes from participants

5.1 Theme One: Parenting in our families

Table 4 below presents the first theme that contextualizes the perceptions of the participants regarding parenting in their families. This theme further deals with the parents' roles in raising the non-substance abuse children as well as the substance abusing child. It adds further to how parents handle social conditions such as substance abuse within the family environment. The categories identified are supported by extracts from the participants' responses. Relevant literature will be cited as a control as part of the discussion of the findings.

Table 4: Parenting in our families

Theme One	Categories
Parenting in our families	<ul style="list-style-type: none"> • Mothers' roles • Fathers' roles • Negative parenting roles • Positive parenting roles • "I just want the best" • I might just end up like that • We grew up the same • They tried to help • Don't teach new things • Don't get to connect with others

5.1.1 Mothers' roles

This category contextualizes the role played by the mothers in raising their children within the family context. The participants shared that their mothers struggle to deal with their siblings abusing substances. However, the participants pointed out that they

tend to be disciplined by their mothers rather than their fathers. One of the participants said: “*My mother is the one that disciplines and my father spoils*” (Participant 9, male, 12 years old). Even though the participants’ mothers were disciplining them, some of the participants mentioned that they were treated differently compared to their siblings. Two of the participants said: “*My mother spoils me but not my brothers*” (Participant 10, male, fifteen years) and the other participant supported “*She did everything for us*” (Participant 2, male, 13 years old).

It was evident from the participants’ discourse that their mothers taught them new things about life. The participants shared that their parents raised them well and they gave them everything that they needed, as one participant said: “*Just my mom teaches us to learn new things; she did everything for us*” (Participant 2, male, 13 years old). Other participants mentioned that there were times that their mothers taught them new things but they were not specific about what was taught to them. Participant 9, male, 12 years old said that: “*My mother teaches me to learn new things... My mother does not do that with my eldest brother. She only cares for me and my other brothers because we are not using drugs*”. However, one of the participants spoke highly about the importance of values such as respect for other people: “*My mommy always teaches me to have respect for other people, otherwise other people they not going to have respect for me*” (Participant 2, male, 13 years old).

The findings of the current study are in line with previous studies that reported that mothers had a greater influence on how children socialised and established friendships with others (Renk et al., 2003; Tynkkynen; Nurmi, & Salmela-Aro, 2010). Landry et al. (2008) further stated that mothers believed that their children should

develop in a natural and healthy environment. This supports the importance of relatedness-support in both parental autonomy support and Self-Determination Theory (Migliorini, Cardinali & Rania, 2019). The relatedness-support seemed to be an enabler that may foster family cohesion, care and acceptance.

A few of the participants accentuated that they were warned about the negative influences and dangers of using substances and how family lives and dreams would be shattered. One participant shared that: *“She [my mother] said family is very important and if you use drugs, you would end up on the road and no one would take care of you; you would have nowhere to go and would die alone”* (Participant 4, male, 14 years old). Another participant agreed with the others and just confirmed that: *“My mother is always there for me, she teaches me a lot of things”* (Participant 5, female, 15 years old).

The above extracts described the role of mothers in rearing their children so that they may achieve the need for relatedness support. The findings also found showed differences in how mothers and fathers raised their children. Additionally, the above extracts talked about the participants’ perceptions and how their parents provided for their needs such as competence in independence and expressiveness. Furthermore, the extracts revealed how the participants identified the different gender roles assigned to both women and men. It also indicated the difficult positions parents found themselves in having to deal with their substance-abusing son or daughter. Furthermore, the above extracts showed how parents were influenced by their children’s addiction. This ultimately determined how they treated their children. The above extract also provided examples of positive parenting which focused on what their parents taught and did for them.

Reflecting back on the above extracts, it is evident that most of the participants experienced similar experiences. In this category, it is clear that the mothers played an important role in the lives of their families. This finding corroborates with Lindsey and Mize's (2001) assertion that mothers and fathers had different roles to play despite the decreased involvement of fathers.

Parents are perceived as good resources to instil values and norms to their children (Duineveld, Parker, Ryan et al., 2017). This was evident in the conversations of the participants as their mothers taught them the importance of respect. According to Maccoby (2015), parents had the role of teaching their children values and norms that were acceptable to society. Additionally, parents who met the children's psychological needs of relatedness, produced children who are able to adapt, display age-appropriate behaviour and greater well-being. This was positively linked with children across all ages and gender (La Guardia, Ryan, Couchman, & Deci, 2000; Soenens, Park, Vansteenkiste, & Mouratidis, 2012). Both parents had the responsibility in teaching and protecting their children (Crusec & Davidov, 2010). Parents also had the duty to guide their children to take responsibility for their actions. In doing so, autonomy-supportive parents took into account their children's perspectives, gave them opportunities to make their own choices, they took initiative and had the freedom to explore (Grolnick, 2003; Ryan et al., 2016; Soenens & Beyers, 2012a). Furthermore, when adolescents are aware of their own interests, values and goals, they are in a position to make informed choices according to their developmental age because they can attach meaning to their actions (Grolnick, 2003, Van der Giessen, Branje & Meeus, 2014). In the following category, the role that fathers played in the family is explored.

5.1.2 Fathers' roles

Regarding the fathers' role in rearing their children, this category highlight the fathers' contribution within the family environment where there is a substance-abusing son or daughter. From this category, it was noted by the participants that their fathers tend to spoil them with everything they could think of in life. This was what one of the participants described: *"My father used to spoil my brother when he was smaller"* (Participant 9, male, 12 years old). This is further supported by one of the participants when he said: *"My father spoils; he gave us everything"* (Participant 1, male, 13 years old). However, there was one of the participants who shared that his father was very strict and expected them to perform delegated tasks. As shared by the participant: *"My daddy is very strict but if you do what he asks you; he will give you anything you want"* (Participant 11, male, 17 years old).

Although the findings provide evidence about the role of fathers in their families, however, limited studies have been done on paternal involvement because fathers have been largely ignored in research (Pleck & Masciadrelli, 2004). Additionally, another contributing factor was absent or uninvolved parents who did not assume parental responsibility for their children (Parke, 2002). This posed a problem as it limited the research on fathers' involvement in their children's lives.

It has been noted that research on father involvement has been increasing. Palkowitz (2002) postulated that many men were seeking a better father-child relationship than what they had with their own fathers which included nurturance and intimacy. Furthermore, previous research has shown that fathers, who are actively involved in their children's lives, tend to engage less in anti-social behaviour (Flouri & Buchanan, 2002). Marsiglio, Amato, Day and Lamb (2000) examined the reasons for father's involvement in the lives of their children. They identified the following as determinants

for father's involvement with their children: motivation, skills, confidence, social support and supportive policies (Lamb, 1997). Lamb, Pleck, Charnov, and Levine (1987) postulated a father's involvement consisted of various factors and included three factors namely: engagement, availability and responsibility. The findings of the present study had also shown that fathers and mothers have different qualities in raising their children. However, evidence showed men who valued their fatherhood roles, reported being more involved with their children (Beitel & Parke, 1998).

According to Self-Determination Theory, fathers who were intrinsically motivated, to be involved with their children tend to act spontaneously because they gained satisfaction and it generated feelings of autonomy, connected and effectiveness (Palkowitz, 2002; Pasley, Futris, & Skinner, 2002).

5.1.3 Negative parenting roles

This category captures the negative parenting roles within families as shared by the participants. Parenting can be in many forms, this was evident in the participants' conversations as they reported that they look up to their parents as role models who can provide protection, guidance and to see to their basic needs. Unfortunately, the participants shared that there were challenges that their parents had to deal with as part of parenting. It is important to note that the participants were fully aware that their parents were grappling to regulate their feelings. In doing so, the participants noted that their parents' feelings, mental health and general well-being tend to fluctuate because of their sibling abusing substance.

An example of negative parenting with the families of the participants. It also described the effects of negative parenting and how it impacted on the participants' relationship

with their parents. These findings are in agreement with the explanation that parent-adolescent relationships and parenting tend to influence the psychosocial adjustment (Bornstein, 2019; Chung, Flook, & Fuligni, 2009; Fuligni & Masten, 2010).

The participants raised a concern about a lack of fathers' involvement in assisting their mothers in the parenting roles. This was best described by one of the participants who shared about the "absentia" of the father-figure because of substances use which affected their family connections. Participant 4, male, 14 years, appeared to be very emotional: *"In the past my father used drugs and we never saw him... My brother, mother and I, we were living alone"*. The participants' mother had dual roles to perform because of his father's substance abuse habits. This finding supports previous studies which highlighted that fathers spent less time taking care of their children than their mothers (Renk et al., 2003).

The participants referred to their fathers' "old life" of abusing substances, as a result, their fathers missed out on their children's lives even if they no longer using substances anymore. The participants indicated that their fathers tried to make up for those lost years. One of the participants shared the fathers' words: *"Most of my life I was not there for you but I want to be there for you now"* (Participant 4, male, 14 years old). Participant 6, male, 13 years old, further mentioned that: *"My father is also busy using drugs"*. Although the participant's father did not live with him he knew about his father's substance abuse habits. During the interview, the participant stated that his father was abusing Tik (methamphetamine) and Buttons (Mandrax). Another participant shared his experiences of having a father within the family home who always *"swears and does not have a way of talking to me"* (Participant 9, male, 12 years old). Another participant shared that: *"my father who is sick – he used to smoke dagga in the house"* (Participant 3, male, 14 years old).

Although the participants shared experiences of having fathers who abuse substances and poor communication, the participants could not really indicate the reason why their fathers were behaving in that manner.

According to Weinstein, Hodgins, and Ryan (2010b), parents who appeared to be frustrated tend to influence their children's psychological needs. Therefore, Weinstein, et al. (2010b) highlight that parents would enforce their own views instead of considering their children or making room for negotiating. They further argued that the satisfaction of needs, required parents to be open and psychologically available to their children. Also, Mageau, Sherman, Grusec, Koestner, and Bureau (2016) further stated that this energy is necessary for parents to be able to listen to their children carefully with attention to what is happening in their lives.

5.1.4 Positive parenting roles

This category describes the positive parenting roles as enablers that assisted the parents to deal with a substance-abusing son or daughter. Participants shared that their parents played an active role in their upbringing as they were involved in their lives. The participants mentioned that the parents showed an interest in their schoolwork and performance and they always tried to encourage them. One of the participants said: *"They teach me to do my homework when I get out of school, to take my books and sit with my homework... They teach me to greet people and how to talk to people ..."* (Participant 1, male, 13 years old).

Part of parenting includes meeting the need of relatedness in the social environment. This is a positive element of parenting which was experienced by the participants, as they indicated that their parents trusted them enough that they may bring friends

home. As one participant said: *“She allows me to have friends”* (Participant 5, female, 15 years old). Another participant reported that his parents allowed him to bring friends home irrespective of whether were boys or girls. This was what the participant had to say: *“Boys and girls could come to my house”* (Participant 12, male, 18 years old). However, one of the participants said that her mother just had one rule of knowing the friends and their home environments. The participants shared that *“They allow me to make friends; my friends come at my house and I can go to them”* (Participant 10, male, 15 years old).

This finding is consistent with that of Grolnick and Pomerantz (2009) who argue that parents should set rules and communicate expectations for their children’s behaviour as part of autonomy-support. It is an encouraging finding that parents of the participants were involved in the need of relatedness. A possible explanation for this might be that the parents were aware that their relationship with their children tend to influence their behaviour and experiences. Another possible explanation of the positive parenting was the open relationship between parent and child which is built on trust, open communication and respect. This is further supported by the previous studies on cohesion (Balda, Sangwan & Kumari, 2019; Chung, Flook, & Fuligni, 2009; Fuligni & Masten, 2010) which commended the constructive parent-child relationships that produced positive emotions, commitment and support of family members.

5.1.5 I just want the best

This category is about a need for satisfaction, the participants shared that their parents expected the best outcomes from them. It was demonstrated by one participant who shared that: *“My mother just wanted the best for her children... I don’t think she knew*

my brother would turn out like that, I was also disappointed” (Participant 5, female, 15 years old). This result may be explained by the fact that the participant seemed to be experiencing feelings of being disappointed to witness the struggles that their parents had to deal with because of the sibling abusing substances.

The findings seemed to be consistent with Joussemet, Landry and Koestner, (2008) who reported that parents are confronted with the fundamental role of teaching their children values and to nurture their drive to express themselves as well as to protect their children (Grusec & Davidov, 2010). In the case with autonomy–supportive parents, the approach to parenting was more positive than negative. In doing so, the children exercised autonomy because they experienced the freedom of adopting their parent’s behaviour. Deci and Ryan (2000) echoed Ryan and Deci (2000) the essence of self-determination is autonomy-support that enable people to be proactive in expressing themselves. Furthermore, Landry and Koestner (2008) stated when the process of “internalisation” functioned ideally; it would positively contribute to children’s outcomes namely education, welfare and psycho-social adjustment. Additionally, previous studies (Grolnick, 2003; Joussemet, Landry & Koestner, 2008) indicated that children benefits from autonomy-supportive parenting as it adds to their development and improves their personal well-being. Furthermore, Roman (2011) stated children who were raised by parents who embraced autonomy–support tend to adjust well, be competent, and have more self–confidence and higher levels of self – esteem. Grolnick (2009) in her studies also found that autonomy-supportive parents produced high-quality children with motivation, well-being and performance. Also, autonomy-supportive parents would be creative and flexible in finding ways to implement rules and arrange activities which would complement the child’s interests or preferences (Joussemet et al., 2008). Whereas controlling parenting included

children who found it difficult to express themselves and would show a range of problematic behaviours (Grolnick, 2009). According to Joussemet, Landry and Koestner (2008), these studies were conducted in diverse life domains, different age groups and cultures.

It has been reported that a family environment that values the importance of rules tend to foster little independence, which promote the psychological needs of autonomy and relatedness (Sil et al., 2013; van der Kaap-Deeder, Vansteenkiste, Soenens, Loeys, Mabbe & Gargurevich, 2015). There were participants' narratives that supported the previous studies about the controlling family environment as the participants reported that they were raised in families with respect and manners. Nevertheless, the participants were concerned that their siblings tend to digress from the values that the parents instil in them as part of their upbringing. This is what one of the participants had to say: *"My mommy raised us with respect and nice manners, but my mommy does not know how he [brother] turned out like that, a gangster and stuff"* (Participant 6, male, 13 years).

The findings from the current study support previous studies that reported that parents tend to communicate with their children about the family's expectations and how they would monitor them (Barber et al., 2005; Soenens, Vansteenkiste, Luyckx, & Goossens, 2006). However, from the above extracts, the participants shared that their parents were disappointed with the children who did not meet the family expectations.

5.1.6 I might just end up like that

This category highlights parents' fears that non-substance abuse children might end up like their siblings who are abusing substances. The participants shared that their

parents were worried that they might become substance users because of the sibling abusing substance. The participants said: *"Why can't he be like his brother and sister? Your brother is not an example to you. If you go after him, you would also use drugs"* (Participant 5, female, 15 years old). The participants shared that their parents tend to make comparison statements about them and their siblings abusing substances. As expressed by one participant: *"My mother compares us because she does not want us to end up like my eldest brother"* (Participant 9, male, 12 years old). Another participant shared the same concern that: *"They are afraid I might end up just like her"* (Participant 11, male, 18 years old).

Participant 12, male, 18 years old shared that his parents also compared him with his sister who abuses substances and they would scold at him using his sister. The participant indicated that when he is scolded he would get defensive and retaliate by saying: *"I am not going to be like that"*. Another participant shared the same experience of her brother being treated differently as an intruder by their mother. When asked to elaborate, the participant said: *"My mother treats him as if he doesn't belong there"* (Participant 13, female, 15 years old).

The findings of the current study support Zimic and Jakic's study (2012) which postulated that children are at risk of developing a substance disorder if they have a sibling that abuses substance. It seems possible that the parents of the participants acted in that manner because they were concerned that they might adopt their siblings' behaviour of abusing substance. This could mean that the parents were trying to exercise their parental and social responsibilities so that their children would not abuse substances (Lander, Howsare & Byrne, 2013). The parents' behaviour of controlling could result in children displaying behavioural and problems (Soenens & Vansteenkiste, 2010).

5.1.7 We grew up the same

This category is about the participants' perceptions about how their parents raised them as children in their family. The participants shared that they were treated equally, even if their siblings were abusing substances. This was the response by one of the participants: *"No my mother was okay with both of us; if she bought me something, he would get the same"* (Participant 1, male, 13 years old). This was also congruent with other participants when they shared how they were treated the same: *"We were treated the same; if he gets something, I would also get"* (Participant 4, male, years old). This was the same for the other participants when they shared: *We grew up the same"* (Participant 5, female, 15 years old). Participant 6, male, 13 years old, shared the same sentiment: *My mommy raised me and my brother the same"* (Participant 6, male, 13 years old). One of the other participants also agreed: *"My parents interact with everybody on an equal level"* (Participant 11, male, 17 years old).

5.1.8 They tried to help

In this category, some participants expressed the belief that their parents tried to seek help for the substance-abusing siblings. The participants identified a variety of strategies that their parents used to redress the substance abuse within the families. The strategies included corporal punishment, shouting, and being sent away to rehabilitation centres.

Regarding corporal punishment, a number of participants commented that their parents ended up using physical actions. This was shared by two of the participants who indicated that *"My father, he hit them all"*. (Participant 2, male, 13 years old).

Another participant said: *"My parents used to hit him because they wanted him to stop using drugs"*. (Participant 3, male, 14 years old).

Participants further reported that warning shouts were used as another strategy to address their substance abusing siblings. However, the participants felt that the warning shouts did not make any difference in their siblings' behaviour. This is what he had to say: *"My mother talked a lot but he did not listen; she even put him out of the house"*. (Participant 5, female, 15 years old). In some cases, the participants shared how their families managed to get help from other family members. The participant said: *"My mother and aunt got help for him; but he did not want to listen... My mother was tired; she did not have energy for my brother anymore"* (Participant 1, male, 13 years old). Another participant shared that *"My father asked my uncle for help but nothing came from it"* (participant 9, male, 12 years old).

In their accounts of the events surrounding siblings abusing substances being sent away to rehabilitation centres, some of the participants felt that their parents tried professional help from the rehabilitation centres. For instance, participant 11, male, 17 years old, share that his parents tried to help his sister by sending her for rehabilitation on two occasions but unfortunately she relapsed. During the interview, the participant expressed that: *"They tried to help her; they sent her to rehab twice... My Daddy talked to her, but she never listens"* (Participant 11, male, 17 years old). This view was echoed by other participants who shared that their brothers refused to go for rehabilitation: *"My mother wanted to send him away but he refused"* (Participant 4, male, 14 years) and *"My father also put him in rehab but then he ran away"* (Participant 10, male, 15 years old). Another participant reported the same problem when he said: *"My mother took him to rehab, but he ran away from rehab and came home"* (Participant 6, male, 13 years old).

Like other work in the areas of substance abuse, the findings in the present study show that the parents of the participants were powerless, as they searched for possible assistance but this seemed not to work in their family. For instance, Choate's study (2015) explored the parental perspective as they tried to adapt and cope with substance dependency in their teenage children. The results of Choate's study seemed to be consistent with the current research, which indicated that substance abusing children tend to refuse to go for assistance that parents suggested to them. Still, Schultz and Alpaslan (2016) suggested that parents should get help for abusing sibling as a coping strategy.

From the findings, it is clear that the parents tried their level best to seek help for their children abusing substances. This is supported by previous studies (Mageau, Sherman, Grusec, Koestner & Bureau, 2017; Landry & Koestner (2008) which indicated that parents have a role to teach their children how to behave themselves within family and social environments. However, in the current study, it seems that the parents tried to advocate for their children's well-being but they failed to assist despite all the strategies they had put in place to nurture their children's needs.

5.1.9 Don't teach new things

It has been reported that self-motivation can be fostered or inhibited by different situations in a family environment (Migliorini et al., 2019). This was evident in the conversation with the participants that their parents sometimes inhibited their motivation to engage in activities related to their desired goals. One particular participant shared that her mother was strict, controlling and used to do things in her own way. The participant said about her mother *"She doesn't teach me new things..."*

My mother is another person; we don't always do the right thing" (Participant 13, female, 15 years old).

The findings about parents not teaching new things seemed to relate with an authoritarian parenting style. This is supported by Baumrind (1966) who argued that authoritarian parents tend to be controlling and show little or no warmth towards their children's need for autonomy and competence. Additionally, Baumrind (1966) found that authoritarian parents do not explain themselves or inform their children about decisions made. Therefore, children of authoritarian parents tend to struggle and adjust in society (Baumrind, 1966). Furthermore, the findings indicate that the parents pressurised their children to behave in a certain way, which appeared to take away the autonomy of the children. The findings suggest that parents should learn to create a supportive environment that would allow the children to ultimately feel effective and enabled to deal with difficult tasks (Soenens, Deci & Vansteenkiste, 2017). As a result, the children's psychological needs would be achieved in an open relationship and they can bounce back when faced with misfortune and pain (Vansteenkiste & Ryan, 2013).

5.1.10 Don't get to connect with others

Concerns regarding connections with others were widespread among the participants. The participants were concerned that their parents did not want them to form relationships with people who used drugs but only those who were perceived to be non-users. One of the participants explained that: *"My parents don't allow me to develop relationships with anyone – not with anyone; only with quiet people that does not use drugs"*. (Participant 10, male, 15 years old). Another participant felt the same

when she said: *“I am not allowed to go out... even now I am not allowed to go out... I can’t just go out of my own”* (Participant 13, female, 15 years old).

Drawing from the parental autonomy support, it is accentuated that children have a need for relatedness so that they may establish and maintain relationships in a social environment (Migliorini et al., 2019). In contrast, the findings of the current study indicate that the participants were deprived of the opportunity to establish relationships with other children. Additionally, the findings showed that some parents did not see the importance of autonomy in their children deciding what was best for them, as the participants were not allowed to make their own decisions about forming relationships with others.

5.2 Theme Two: Hardship in decision-making

In the second theme, the hardship in decision-making was identified by the participants when they shared about the struggles that they experience in their families. This theme further highlights that the participants had relevant choices that they need to do in their lives. In defining decision making, Miller and Byrnes (2001, p.237) refer to decision making “as a process of choosing a course of action from among two or more alternatives while in the midst of pursuing one’s goals”. However, Davids, Roman and Leach (2016) assert that the process of decision making tends to be stressful. This is evident in the second theme which is made up of two categories: “I don’t get to make decisions” and “I can make my own decisions” (presented in **Table 5**).

Table 5: Hardship in decision-making

Theme Two	Categories
Hardship in decision-making	<ul style="list-style-type: none"> • “I don’t get to make decisions” • “I can make my own decisions”

5.2.1 “I don’t get to make decisions”

The title of this category emerged from the conversation with one of the participants who expressed concerns about making decisions in her life. The participant explicitly said: *“I don’t get to make decisions”*. (Participant 13, female, 15 years). This indicates that the parents tend to override their children’s autonomy. On the other hand, some of the participants mentioned that their mothers tried to involve their fathers when it comes to decision-making. This is what the participant had to say about his mother: *“She will never decide on her own”*. (Participant 12, male, 18 years old). Another participant shared that: *“I can’t just go out on my own, I must go ask”* (Participant 13, female, 15 years).

Some of the participants reported that they felt inhibited to make their own choices without their parents’ involvement. This was evident in one of the participants who said: *“I can’t always make my own choices... I have to ask my parents and they would decide for me”* (Participant 10, male, 15 years). Another participant offered an explanation why her parents wanted to be part of her decision-making, this was her response: *“My mother feels I am not old enough to make my own decisions”* (Participant 5, female, 15 years old).

The findings from the current study highlight that the participants’ autonomy was suppressed by their parents’ tendency to be very controlling, as a way of protecting their children. However, it has been indicated that unwillingness of parents to listen and understand their children’s opinions tends to ultimately lead to parent-child conflicts (Lundell, Grusec, McShane, & Davidov, 2008). Therefore, Grolnick and Pomerantz (2009) are of the opinion that parents should encourage and nurture

autonomy-support in their family environment. It is believed that parents who employ autonomy-support may provide opportunities and encourage their children to participate in decision-making or problem-solving (Grolnick & Pomerantz, 2009).

5.2.2 “I can make my own decisions”

In this category, the participants shared that decision-making is something that needs to be negotiated with their parents. The title of the category emerged from the participant who shared that he had to wait till he turned eighteen years old so that he could make his own decisions. The participant indicated that *“Now I am the eldest in the house now so, I can make my own decisions”* (Participant 11, male, 18 years old).

Another participant shared that his mother entrusted him and he is encouraged to make his own decisions. As a result, the participant felt that he had been given a sense of autonomy. The participant said that: *“She let me make my own decisions and I think I am independent”* (Participant 7, male, 16 years old).

The findings in the present study are consistent with Joussemet, Landry and Koestner (2008) who indicated that parents foster autonomy–support rather than controlling because they would enable their children’s ability to be autonomous. This means that children might learn to make their own decisions and be proactive. Furthermore, the children would take on challenges that might motivate them to pursue their own interests (Ryan & Deci, 2000; Ryan, Deci, Grolnick, & La Guardia (2006). This would ultimately result in them becoming more competent in making their own decisions as they would be in a position to stand for their decisions that they have made.

5.3 Theme Three: “Environment where we live in”

The third theme deals with the importance of the relationship between the participants and the “environment where they live in” with their parents as well as their siblings abusing substances. It has been reported that family environment is about the quality and quantity of socio-economic support and understanding that parents provide to their children in an interdependent relationship (Bald, Sangwan & Kumari, 2019). According to Bhatia and Chadha (2004), family environment is made up of eight domains which include cohesion, expressiveness, conflict, acceptance and caring, independence, active-recreational orientation, organization and control. **Table 6** below presents the third theme and its categories.

Table 6: "Environment where we live in"

Theme Three	Categories
“Environment where we live in”	<ul style="list-style-type: none">• The environment is not nice• It is chaotic• Interpersonal Violence• My mother and father used to argue• Sibling conflict• Unacceptable behaviour

5.3.1 “The environment is not nice”

Drawing on “the environment is not nice”, this category focuses on the influences of environment on the participants living with a sibling abusing substances. The title of the category emerged from one of the participants who shared that: “*The environment is not nice; everything is just a mess... I usually don’t care how I talk; I usually don’t keep my mouth*” (Participant 13, female, 15 years old). This seemed to be a concern

for the participant because their family environment was a mess because of her brother who abused substances.

A number of participants also shared the same concern about the family environment that they are no longer able to do their schoolwork. This was expressed by one of the participants who said: *“The atmosphere at home was also not okay, because I could not do my schoolwork or learn”* (Participant 5, female, 15 years old). The environment appeared as one of the barriers that influenced the participants from engaging in educational activities. Sil et al. (2013) suggested that parents should ensure that a supportive family environment is available to enable family’s mutual interest, concern and support.

It has been noted by the participants that the environment was not only inhibiting them but their parents were influenced by the situation in the social environment. This was evident in the interview with the participant who expressed that: *“Whenever my brother comes into the house, my mommy’s mood changes”* (Participant 6, male, 13 years old). The participant concern was echoed by another participant who said: *“When he comes into the house nobody talks; the whole mood in the house changes”* (Participant 12, male, 18 years). One of the participants provided a rationale for the mood change in the house because his brother always demanded money. The participant said his mother once said: *“Elke keer gee ek vir jou geld; dan gebruik jy dit vir drugs”* (Afrikaans quote) (Participant 6, male, 13 years old).

In accordance the findings of the current study, it was found that substance abuse influenced the family functioning because the psychological need of relatedness was affected (Casker, 2019; Kalam & Mthembu, 2018). The findings further highlighted that there was an unhealthy parent-relationship because of the child who abuses

substances. These findings are congruent with Joussemet et al. (2008) who echoed Barnard (2005) that a social context with substance abuse tends to undermine the importance of family cohesion and functioning between parents and their children.

5.3.2 It is chaotic

This category describes how chaotic the environment was where the participants were living with their parents and their substance-abusing siblings. Some participants argued that the environment was chaotic because their siblings used to misbehave when they get home. This is what one participant said: "*He came and knocked out the windows. He knocked out the windows, every window, everything*" (Participant 3, male, 14 years old). Similarly, another participant expressed the same experience as she was reflecting: "*My brother would scream at us and would fight... He would come in late and disturb our sleep... He also acted strange and went against all of us in the house*" (Participant 5, female, 15 years old).

The participants' narratives support findings of Howard, Heston, Key, Mccrory, Serma-Mcdonald, Smith and Hendrick (2010), which highlighted that substance abuse, can destroy family cohesiveness and throw the overall family unit into chaos (p.465). Howard et al.'s (2010) like Choate's (2015) work confirms that the family environment can be chaotic as the participants highlighted in the current study. The present findings seem to be consistent with other research which found that parents of adolescents who abuse substance tend to experience difficulties with sleep and rest which affect their health and well-being (Kalam & Mthembu, 2018).

Some of the participants felt that their siblings were behaving like an insane person, while others considered that as a distracting behaviour which influenced their family.

One participant said that: *“He would go on like a psycho... When my brother smoked, he was on a high and was crazy”* (Participant 14, female, 15 years old). This was further supported by another participant who indicated that the situation at home was so bad: *“Sometimes, I think they can kill him because of the way he goes on in the road”*. (Participant 13, female, 15 years old). Another participant shared that his parents had no choice but to resort to other measures: *“Then my Mom goes to the police, but then they’re never at home when they [the police] come”* (Participant 2, male, 13 years old). Issues related to a safety of properties were particularly prominent in the interview data. These issues were identified in the interview with a participant who was very concerned over their property: *“Every night he would come in late; he would switch on everything in the house, and then leaves it on; the house can burn”*. (Participant 3, male, 14 years old).

The findings of the current study are congruent with the concern that was raised by Maseko (2017) about a family member who burnt down the family house because of the influences of using substance. This confirms the concern that was raised by the participants about their siblings abusing substances. Hence, the participants from the current study highlighted the issue off safety.

5.3.3 Violence that influence relationships

This category focuses on the experiences of violence that influenced the relationship between the participants, parents and the substance-abusing siblings. The participants on the whole shared that the violence tends to lead to destruction of properties. One of the participants recalled seeing his brother breaking his mother’s

personal belongings: *“throw tantrums and throw DVD and stuff broken”* (Participant 6, male, 13 years old).

A common view amongst participants was that their siblings tend to fight with everyone in their family when they are under the influence of substance. The participant shared his experiences: *“When he is drugged or drunk, he would fight with my mother; my brother and mother would always argue”* (Participant 7, male, 16 years old). This kind of behaviour resulted in the participants developing certain attitudes towards their siblings’ behaviour. The participant shared his thoughts: *“I don’t see my brother in the same way because he is using drugs... I used to look up to you; it is because of you that I play soccer today”* (Participant 12, male, 18 years old). The participant used to regard his brother as a role model but unfortunately all this has changed ever since his brother started using drugs.

Echoing the experiences that the participants had to deal with in their families, Schultz and Alpaslan (2016) found that the sibling who abuses substances tends to be moody, disrespectful and fight with their families. As a result, Aldridge (2013) reported that siblings exposed in an environment where their brothers abuse substances are more likely to feel vulnerable as they do not know how to handle the situation. This indicates that families experiencing challenges of substance abuse are in need of stability which was often unavailable in the home environment (Clarified, 2017).

From the participants’ perspectives, the social condition of the substance abuse has robbed them the sense of interconnectedness in their families. This is evident in Participant 4, male, 14 years old who shared how he missed the times he spent with his brother. This is what he had to say: *“When my brother was not using substances, we would talk to each other; we would watch soccer, if he has money he would buy*

us stuff, but since he is using drugs, he never has time for us". Another participant the same viewpoint: *"Before my brother starting using drugs, he used to work and buy us things, but afterwards we drifted apart because he was so rude... It was not nice when he was like that"* (Participant 5, female, 15 years old).

The quality of sibling relationship within families facing challenges of substance abuse tends to be of concern as highlighted by the participants in the current study. These results mirror those of Tsamparli and Frrokaj (2016) who reported about the "behavioural changes (i.e. disengagement) of the sibling with drug use which are experienced as a loss by the non-substance sibling user" (p.123). Consequently, Tsamparli and Frrokaj (2016) assert that the non-substance use sibling tends to experience the psychological process of 'mourning' because they have lost their brother or sister as a family member due to substance abuse (Choate, 2015).

One participant shared that he used to have a good relationship with his sister: *"She is my sister and we have a close bond, we used to do everything together; but since she started using drugs we don't have that close bond anymore"* (Participant 11, male, 17 years old). The participants were concerned that the attachment is taken away by the substances as one of them said: *"We used to have a close bond but not anymore"* (Participant 14, female, 15 years old). Participant 1, male, 13 years old talked about how his brother's substance use affected him. It resulted in the participant hating his brother, this is what he had to say: *"It really hurt me... Sometimes I do not like him"*. (Participant 1, male, 13 years old). These views surfaced mainly in relation to how their siblings abusing substance tend to behave in the house. One of the participants cautioned that the siblings are rude: *"You can't talk to them, and then they swear at*

you" and "You can't use their stuff or take from their stuff" (Participant 2, male age, 13 years old).

Regrettably, when a family member abuses a substance not only does it affect parents but every single member of that family resulting in a breakdown of relationships (Schultz & Alpaslan, 2016). The findings of the current study are in line with Schultz and Alpaslan (2016) who reported that family members tend to experience feelings of helplessness, disappointment, frustration and doubts, all of which result in anger and hostility.

5.3.4 “My mother and father used to argue”

This category echoes the participants' experiences of how the behaviour of their sibling who abuses substance has influenced the relationship of their parents. The title of the category was noted from the narrative of one of the participants who said: *“My mother and father used to argue; they would be angry with each other. That affected my Mom's and Dad's relationship”* (Participant 4, male, 14 years old). This finding supports the previous studies that reported that substance abuse has negative effects on the family functioning and relationships (Casker, 2019; Schultz & Alpaslan, 2016).

The findings regarding the parents' arguments corroborate with Barnard (2005) who found that children's addiction had a negative influence on the marriages of their parents. Hence, in the current study the participants shared that their parents engage in unhealthy arguments, disagreements, fighting and blaming because of the unacceptable behaviour of the brother or sister who abuses substances. This could

mean that the parents should consider getting professional help so that they may be able to find ways of coping with the situation in their family.

5.3.5 Sibling conflict

This category deals with the sibling conflict between non-substance abuse sibling and the substance-abusing sibling. Previous studies have reported the issue of sibling conflict related to substance abuse (Casker, 2019; Clarfield, 2017; Schultz & Alpaslan, 2016). This was evident in the conversations with the participants in the present study that they used to fight with their siblings. For example, one participant said: *"He became aggressive and hit me at one stage; I would fight back by swearing at him and throwing him with stones"* (Participant 3, male, 14 years old). Another participant had the same experience when he said: *"I get angry and then we argue"* (Participant 12, male, 18 years old). As a result, the participants were often embroiled in sibling conflict which influenced their relationships.

In explaining a conflicted environment, Sil et al. (2013) indicate that conflicted environments delineate a family system which lacks organization and support. For that reason, the findings are consistent with Clarfield's (2017) who found that disagreements and challenges to cope with the sibling's substance abuse tend to be a source of conflict and frustration in families. In accordance to the findings of the present study, it is clear that the sibling conflict appeared to be a barrier to sibling relationships and adjustment because of autonomy-suppressive interactions (Campione-Barr, Lindell, Greer & Rose, 2015). This could mean that the siblings should be assisted to find ways of accommodating each other to promote relatedness support.

5.3.6 Unacceptable behaviour

This category came up for example in discussions of the unacceptable behaviour of sibling's substance abuse. Talking about this issue, one participant said: "*He then stole her [the mother] phone; he also broke into the school*" (Participant 1, male, 13 years old). Another participant alluded to the notion of unacceptable behaviour when he express that: "*They steal our clothes and phones or the memory cards and sell it for Tik; they also rob people and they don't want to work.*" (Participant 2, male, 13 years old).

There are similarities between the challenges related to the sibling's substance abuse unacceptable behaviour expressed by the participants in this study and those described in previous studies by Schultz and Alpaslan (2016) and Clarfield (2017). Dealing with theft of items such as cell phones, clothes and money was a concern in the present study which echoed the results of Mathibela and Skhosana (2019) who concur that stealing is a problem that influences families of substance users. It became clear in the findings that relatedness-support was inhibited by the substance-abusing sibling's behaviour.

These findings are in agreement with Clarfield's (2017) findings which highlighted the issues of trust and betrayal that happened to damage the relationship between siblings. Hence, in the present study, the participants shared feelings of unhappiness and uneasiness because of their siblings' unacceptable behaviour. Commenting on uneasiness, one participant said: "*I don't feel comfortable, they do not think about my feelings*" (Participant 10, male, 15 years old). Another participant said that: "*He also acted strange and went against all of us in the house. He would scream at us and would fight*" (Participant 5, female, 15 years old). These findings are in accord with

Garney (2002) who found that substance abusing siblings tend to be verbally abusive to siblings, parents and others.

The results about the unacceptable behaviour resonate with an incident that happened in Khayelitsha in 2017 whereby a sibling who was addicted to substances burnt a family house because they did not want to give him food (Maseko, 2017). However, in the current study, the participants also reported that sometimes they would go to sleep with empty stomachs because their siblings ate everything in the house. This was confirmed by one participant who described that: *“He used to come into the house and eat all the food, including my food; so I had to go to bed without food... Sometimes I got food from our neighbour”* (Participant 3, male, 14 years old).

5.4 Theme four: Adolescents' coping strategies

This theme emerged when the participants were asked about their coping strategies that they employed to deal with their sibling abusing substances within the family environment. Coping has been considered as all of the efforts that people used in order to deal with the challenges and demands they encountered because of the relationship between the person and environment (Lazarus & Folkman, 1984). Therefore, the fourth theme captures how the environment influenced the adolescents' coping strategies. The theme's categories include: "I feel nothing", "so we just have to deal with it", "I can't do anything", "it is very difficult" and "we would cope better" as presented in **Table 7** below.

Table 7: Adolescents' coping strategies

Theme Four	Categories
Adolescents' coping strategies	<ul style="list-style-type: none"><li data-bbox="887 1077 1123 1111">• "I feel nothing"<li data-bbox="887 1144 1193 1178">• "I can't do anything"<li data-bbox="887 1211 1145 1245">• It is very difficult<li data-bbox="887 1279 1342 1312">• "So we just have to deal with it"<li data-bbox="887 1346 1238 1379">• "We would cope better"

5.4.1 "I feel nothing"

This category describes the emotional-focused coping strategies used by the participants in order to deal with stresses and frustrations related with having a sibling abusing substance. According to Lazarus and Folkman (1985), emotional-focused coping refer to the attempts that people use to control distressing emotions by changing the meaning of the stressful situation cognitively without dealing with the

event. This is evident in the participants' narratives, as they focused on and vented about their emotions of living with a sibling abusing substances.

A number of participants reflected back on how their siblings' behaviour made them feel. One participant said: *"It is not nice, especially when he stole from the people. I didn't feel good; then I walk in shame in the road...It really hurt me"*. (Participant 1, male, 13 years old). This participant was supported by another participant who shared the same experience when he referred back to his brother: *"It makes me sad because it is my brother"* (Participant 4, male, 14 years old). Subsequently, Participant 5, female, 15 years old shared that she was disappointed with her brother. She said: *"I was also disappointed"*. (Participant 5, female, 15 years old). One of the participants indicated that he tends to escape the home situation and visit his friends as a strategy to distance himself: *"I was scared and would just walk out of the house and would walk to my friends "*. (Participant 6, male, 13 years old).

In explaining the challenges of non-substance abuse siblings, Choate (2015) highlights that the siblings tend to withdraw and establish connections with the external support of friendships. Consistent with the literature on coping strategies, this research found that participants reported using avoidance and distancing as emotional-focused coping strategies to seek social support for emotional reasons from the friends (Garney, 2002). It should be noted that the strategies that the participants engage in are temporary because they are for a short period as the home situation is still unchanged. This could mean that problem-focused coping should be adopted to redress the home situation. According to Carrol (2013a, p1541), problem-focused coping is that kind of coping strategy that people use to resolve a stressful situation or event or altering the source of the stress. Despite that problem-focused coping seemed to be the best strategy, Mathibela and Skhosana (2019) found that family of

substance abusing children tend to be a complex situation that exposed families to be victimised and discriminated against by the communities and their relatives. As evidence of the complexity of substance abuse in families, one of the participants vented:

“It doesn’t feel nice for me; we are not like a real normal family where there is no one using drugs or alcohol. Normal families care for each other, they help each other in the house and they respect each other...I feel nothing, but I do get cross when my brother is drunk” (Participant 9, male, 12 years old).

In accordance with the present results, previous studies have demonstrated that emotional-focused methods of coping such as ignoring, distancing oneself from stressor, excessive worry, and anger tend to assist adolescents to cope with substance abuse (Schultz & Alpaslan, 2016; Leonard, Gwadz, Ritchie, Linick, Cleland, Elliott & Grethel, 2015). This also indicates that the need of relatedness-support should be considered as part of interventions.

5.4.2 “I can’t do anything”

This category covers the feelings of being helpless and hopeless that the participants and their families had to deal with on a daily basis. Carrol (2013b, p.1442) refers to passive coping as feelings of helplessness to deal with the stressors and reliance on others to resolve the stressful event or situation. The title of this category was identified in one of the participants who expressed that: *“It is not nice and I can't do anything”* (Participant 2, male, 13 years old). This narrative clearly indicates that the participants found it extremely difficult to deal with their siblings abusing substances within their family environment. The feeling of helplessness seemed to occur after a

period whereby parents, siblings and others have tried to help their significant ones' who abuse substances.

The findings in the current study resonate with previous studies (Clarfield, 2017; Schultz & Alpaslan, 2016) which indicated that raising a child who abuses substance elicits feelings of helplessness because families try their level best but they fail along the way. One of the participants said: *"I want to help but I can't because I don't know how"* (Participant 4, male, 14 years old). Another participant said: *"It is really sad to see that I can't help him now because he is so into it [Substances]"* (Participant 14, female, 15 years old).

There are various emotions involved as family members feel it is their "job" to try and help. However, the findings revealed that the family members were not equipped to deal with the situation in their families. Despite the feelings of helplessness, Weinstein, DeHaan and Ryan (2010a) believed that interactions with family members who are facing difficulties might help them to get support.

5.4.3 It is very difficult

This category highlights the importance of connections with friends and others as coping strategies to avoid their substance-abusing siblings. The majority of the participants in the current study commented that they prefer to visit their friends in order to avoid their siblings hitting them. This was evident in the narratives of the participants: *"I can't cope; because when he comes in and does not have money to smoke, he takes his stress out on us. I stay away whole day from the house; when my Mommy comes from work, I only come home"* (Participant 6, male, 13 years old).

Another participant shared that: *"I do not cope; sometimes I just want to knock out the windows or run away"*. (Participant 3, male, 14 years old). Echoing the other participants, *"I get very cross but just walk away; I usually walk to my friends"* (participant 2, male, 13 years old).

The findings of the current study highlight that the participants had a need for relatedness which tend to be found in their friends a way of dealing with their siblings. This supports Choate (2015) who raised a concern that non-substance use siblings tend to experience difficulties which result in them trying to fend for themselves against their siblings. Hence, parental autonomy support is needed to assist the participants so that they may learn competencies to cope with the home situation. In supporting the applicability of self-determination theory, Nagpaul and Chen (2019) point out that the siblings of those who abuse substance need to be supported to enrich their sense of belonging in their families. As a result, this would enable the siblings to enhance their psychological well-being and be resilient. The findings of the current study suggest that parents should create environments that promote relatedness as a resource of coping with difficulties.

5.4.4 "So we just have to deal with it"

This category deals with disengaged and escape-avoidance coping as well as religiosity strategies that participants used to tolerate and reduce the demands of their family environment. These participants adopted these strategies so that they could enhance their psychological well-being from the issues of substance abuse in their families.

In relation to the disengaged and escape-avoidance coping strategies, the participants shared that there were times that they distanced themselves from their siblings who are under the influence of substances. The participants expressed that they disengaged from anything that would connect them with their siblings because they feel so neglected. One participant said: *"I also don't worry about him I would just go into my room and don't hear him... my brother does not worry about me"* (Participant 7, male, 16 years old).

It should be noted that although the participants avoid their siblings, nothing is changing about the situation in their families. The participants commented that even though they might ignore the situation the fact is that their siblings' substance abuse problem still involves them. One participant alluded that:

"I don't take note of him but it does affect me" (Participant 10, male, 15 years old).

"I mostly ignore her; I don't really speak to her... One can't really talk to her because she gets very aggressive... Emotionally it is affecting me, but she is my sister... It is hard; it's really hard to see her come and go, to see her going down that road... Only now and then do I speak to her" (Participant 11, male, 17 years old).

Previous studies have demonstrated that religiosity-focused coping strategies tend to be used to seek guidance from God for solutions about the problematic situation in families (Mathibela & Skhosana, 2019; Rilveria, 2018; Baqutayana, 2015). For instance, Baqutayana (2015, p.487) accentuates that religion "encourages people to depend on God for direction when they should be autonomous and self-directed". This was evident in one participant who shared that: *"He is so into it, it seems that there is*

no help for him... We can't really do something, we can only pray for him" (Participant 13, female, 13 years old). Another participant shared that: *"I would pray The Our Father and would say a few words for my brother and family* (Participant 4, male, 14 years old). This finding corroborate the previous studies which indicated that prayer as a religiosity-focused coping strategy enable families to continue to face daily challenges (Mathibela & Skhosana, 2019).

These results reflect those of Clarfield (2017) who also found that living with a sibling that abuses substances is a perilous journey through chaos. The findings of Clarfield (2017) indicated that the journey comprised trauma, grief and interpersonal challenges that families have to cope with on a daily basis. *"Now he feels that nobody cares for him. Everything is just a mess because of him... So we just have to deal with it because there is nothing we can do"* (Participant 13, female, years old).

Despite that parents of substance-abusing children tried to withdraw from their parenting roles and be far away from home, nothing seemed to work for them as the situation in the family environment was getting worse. As a result, the current work extends prior research into the challenges that families have to face in their lives. This meant that the parents, non-substance abusing siblings and substance abusing children need to collaborate and deal with it, as part of emotional-focused coping strategy of acceptance. Hence, Baqutayan (2015) accentuates that acceptance of the problem is crucial in family life because people need to accept their problems and consider it as a challenge.

5.4.5 “We would cope better”

Being able to cope with the challenges related to substance abuse in the family environment is a significant part of the participants' narratives in the present study. The majority of the participants shared that if their siblings would agree to attend rehabilitation the family environment would be conducive to promote psychological needs of autonomy, competence and relatedness. One participant said: *“If he went, things would be better in the house, our relationship would also be better”* (Participant 12, male, 18 years old). Another participant expressed that: *“I thought that if he went to Rehab, he would become a better person, and then I would have coped better”* (Participant 4, male, 14 years old). Another participant highlighted that his family will be able to have money to buy important stuff for the house: *“If my brother goes to rehab, things at home would be better; my mother would have money because he won't take it to buy his things”* (Participant 7, male, 16 years old).

The existing accounts from the narratives of the participants in the current study highlighted that families raising substance abusing children failed to meet all three psychological needs of the adolescents who did not abuse substances. Accordingly, the adolescents and their families experienced need frustration because they did not manage to resolve the challenges of living with a substance-abusing child. This could mean that families may need to be proactive social agents to organise their own lives in order to optimally function together in a collaborative-partnership to meet the psychological needs of autonomy, competence and relatedness (Ryan & Deci, 2000). The findings in the present study support self-determination theory and parental autonomy support in ameliorating social conditions such as substance abuse in families. Although Self-Determination Theory and parental autonomy support are

needed in understanding the phenomenon of substance abuse in families, one needs to be aware of the human needs. The human needs that one should be aware of include subsistence, protection, affection, understanding, participation, recreation (in the sense of leisure, time to reflect, or idleness), creation, identity and freedom (Max-Neef, 1991). It is believed that these needs would complement the psychological needs.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6 Introduction

In chapter five, the findings of the current study were presented and discussed using literature control to support the interpretation of the findings. Therefore, chapter six deals with the conclusion which reiterates the problem statement, research question, and aim, and provides a summary of how the objectives of the study were addressed. Furthermore, in this chapter the limitations of the study are presented. Lastly, the recommendations of the study are presented in relation to the themes, practice, policies and future research.

6.1 Problem statement

Substance use has become a major concern in the Western Cape and is influencing how individuals, families, and communities are functioning. Previous studies have found that substance use places a huge burden on public health and social services. In the field of Child and Family studies, one important family process, namely parental autonomy support has been largely overlooked. Parental autonomy support is whereby parents contribute to their children's development by meeting the psychological needs of autonomy, competence and relatedness (Deci & Ryan, 2000). Deci and Ryan (2000) postulate that parents play an important role in ensuring that their children's psychological needs are met to promote optimal functioning. However, it should be noted that in families with children who abusing substances, the optimal functioning of the family tends to be hindered (Deci & Ryan, 2000). This highlights the

difficulties that families have to deal with on a daily basis when raising their children in an environment with substance problems. Although the families attempt to handle the situation of children abusing substances, there remains a gap in the body of knowledge concerning the perceptions and experiences of adolescents living with substance abusing siblings regarding parental autonomy support. Therefore, the current study provides a deeper understanding of adolescents' experiences of living with a substance-abusing sibling and the influences of parental autonomy support. This led to the research question of the study.

Research Question

How do adolescents living with a substance-abusing sibling perceive parental autonomy support?

Aim of the study

The aim of the study is to explore the perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support

Objectives of the study

- To explore the understanding of adolescents living with substance-abusing sibling about parental autonomy support
- To explore the experiences of adolescents regarding living with a substance-abusing sibling.

- To explore the coping strategies of adolescents in order to live with a substance-abusing sibling.
- To explore the factors that influence parental autonomy support of adolescents living with substance-abusing sibling

In the following section, the summary of how the objectives were addressed in the current study is presented in relation to the themes which were identified in data analysis.

6.2 Summary of the findings based on the objectives of the study

The findings of the current study attempted to bridge the gaps that were identified concerning the influences of the sibling abusing substances on the parents and other siblings. Although previous studies by Kalam and Mthembu (2018) as well as Casker (2019) have explored the influence of substance abuse on caregiving and family well-being, there was scant research about the perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support. Therefore, the current study bridged the gap through the four objectives as presented in the next section.

6.2.1 To explore the understanding of adolescents living with substance-abusing sibling about parental autonomy support.

In theme 1, *Parenting in our families* highlighted the positive and negative roles parents played in their children's lives. With positive parenting, the theme shows how participants shared about how actively involved their parents were and how this

positively contributed to their well-being. By being involved, the parents showed interest in their children's school performance and always encouraged their children to do their homework. The participants also shared they were allowed to bring friends home and even make new friends which built on the open relationship between parent and child. In accordance to negative parenting, the first theme highlights that raising a child that abuses substances tends to influence the psychosocial adjustment of the families.

However, in theme 2, *Hardship in decision-making* indicates that parents tried their level best to meet the psychological needs of autonomy, relatedness and competence of the children in their families. It should be noted that the parents' experiences in raising a child that abuses substances could have inhibited the relevance of parental autonomy support in their families. This might have resulted in need frustration among the participants because their parents seemed to be over protective not allowing the other children to make decisions or meet new friends.

6.2.2 To explore the experiences of adolescents regarding living with a substance-abusing sibling.

In the findings of the current study, the participants spoke about their environment and experiences of living with a sibling that is abusing substances. In theme 3, *Environment where we live in*, participants shared how everything was a mess in their homes because of their sibling's substance use and how chaotic the environment was, which influenced them in making their own decisions. The participants reported that their sibling's substance use also impacted on how the rest of the family engaged with

each other. This in turn determined the mood of the rest of the household. This chaotic environment resulted in the atmosphere not being okay at home.

In addition, theme four *Adolescents' coping strategies*, the participants reported how their sibling's substance use impacted on family relations with each other. Participants shared how their sibling's substance use, caused family members to lose respect for each other to such a degree that some family members did not care how they speak and nobody would talk to each other. Participants also shared how their sibling's substance use made siblings physically, and verbally abusive toward family members. In an attempt to handle the situation, participants shared how parents would go to extreme measures just to deal with their substance-abusing son or daughter.

6.2.3 To explore the coping strategies of adolescents in order to live with a substance-abusing sibling.

This objective was achieved when participants shared how things would be better for them if their siblings who are abusing substances get help. This was evident in theme four *Adolescents' coping strategies* when the participants shared that they just had to deal with living with a sibling who is abusing substances. Furthermore, the participants reported that they believed that things would be better at home if their siblings got help for their substance use problem. The participants also believed if their siblings get help, the environment they live in would be better. The participants stated that living conditions would improve and be better for everyone as it would enhance relationships amongst family members.

6.2.4 To explore the factors that influence parental autonomy support of adolescents living with substance-abusing sibling.

The objective was achieved when participants shared about parenting in their families. Theme one *Parenting in our families* focused on the different parental roles and factors that influence parenting. The participants were positively and negatively influenced by their parents. The theme further highlighted parents' fear that the younger siblings might just end up like their siblings who are abusing substances. The participants reported that their parents just wanted the best for their children. The first theme also speaks about the different tactics parents tried to get help for their children who are abusing substances.

6.3 Recommendations emerging from the findings

In this section, the recommendations that emerged from the findings of the study are presented in relation to the themes, practice, policy and future research.

6.3.1 Recommendation from the themes

The following recommendations are suggested as a result of the study findings and literature review on substance abuse, how it affects individuals, families and parenting a child who is using substances in relation to parental autonomy support. In the section to follow, the recommendations are based on the four themes that originated from the study:

6.3.1.1 Theme 1: Parenting in our families

The implication of this theme is that parents should honour and try to support as far as possible their children's views which will promote autonomy in making decisions. Additionally, it will enable children in solving problems independently with the guidance of their parents. Furthermore, this theme highlights the importance of relatedness as part of the relational need reported by the participants. The findings from this theme suggest that parents should create a family environment that would enable adolescents to make choices. The evidence from this theme suggests that parental autonomy should be considered during parenting in families so that adolescents may enrich their sense of having some sense of controlling and developing competence.

6.3.1.2 Theme 2: Hardship in decision-making

The implication of this theme is that hardship in decision-making tends to promote self-determination and resilience among adolescent who are living in families with siblings abusing substances. However, it should be noted that there were participants that might have struggled to deal with hardship of living with a sibling abusing substances. The findings from this theme suggest that parents should create environments for their children to be more autonomous in making decisions and choices. Therefore, a reasonable approach to tackle the hardships in making decisions could be parental autonomy support. Consequently, the adolescents would be able to use the opportunities to develop competence in adaptive skills needed for dealing with a sibling abusing substances. The second theme further highlights that the parents who are intrusive should not deprive their children to make decisions. As a result, parents should create a family environment that will foster parental autonomy support where their children's psychological needs of autonomy, competence and relatedness.

6.3.1.3 Theme 3: Environment where we live in

The implication of this theme is that there is a definite need for creating an environment that would be conducive for families to connect with each other as part of relatedness. This theme holds a significant contribution for families to avail opportunities that would support adolescents to take initiative and engage in their schoolwork. Furthermore, this theme points out the need for family communication whereby all family members would learn to treat each other with respect. Family members should also create platforms to express their needs and expectations to each other. This could mean that within the environment where the adolescents live in, there must be family time to have family meetings and to address any problems.

6.3.1.4 Theme 4: Adolescents' coping strategies

An implication for this theme is the possibility that adolescents who had better understanding of and insight into parental autonomy support seemed to put more effort in searching for coping strategies to deal successfully with the sibling abusing substances. The theme further highlights the importance of coping strategies such as avoidance, prayer, schoolwork and crying in order to relieve the pain and stress of the dealing with the complexity of substance abuse in families.

6.3.2 Recommendations for social work practice

The following recommendations are proposed for social work practice providing services to families facing difficulties related to substance abuse that interfere with the family environment, parenting and relatedness.

- Social workers should ensure that they enable adolescents and their parents with skills that would assist them to cope with their family environment influenced by substance abuse.
- Communities should be strengthened to take actions in order to deal with the issue of substance abuse in their context.
- Social workers should mediate between the existing structures (i.e., self-help and social support groups) in the community and families of children abusing substances to facilitate the referral system and continuity of care.
- Social workers should collaborate with the families to create a supportive environment that would stimulate effective communication, and positive relationships in the form of support groups.

6.3.3 Recommendations for policy

In the section to follow, the recommendations are suggested for policy makers to make informed decisions that would support integration of families living with children abusing substances.

- From the reviewed literature, it has been identified that parental involvement seems to be neglected in the Substance Abuse Act 70 of 2008. This indicates that National government in a South Africa should conduct consultation and have dialogues with relevant stakeholders and communities about their needs regarding support needed.
- National and Provincial government should strengthen collaborative-partnerships to redress problems influencing families' (i.e., parents and children) cohesion. This would assist in creating a supportive family

environment by making more funds available to design and develop programmes for family members of substance users and reach out at the grassroots level.

- Non-governmental departments should to work together with government by joining forces in tackling the scourge of substance abuse in our communities. This would enrich and generate more community involvement in creating awareness about substance use, its effects and coping strategies.

6.3.4 Recommendations for future research

In the following section, recommendations are made for future research which could focus on the gaps that were identified in the current study and review literature.

- In reviewing literature and findings of the current study, it was clear that there were no studies that focused on the perceptions and experiences of fathers' involvement in their substance abusing children. Consequently, future research can answer the question raised by this study which is "what are the perceptions and experiences of fathers' involvement in their children abusing substances?"
- Drawing from the current study, parental autonomy support was employed with the non-substance abuse siblings. Therefore, it is recommended that future research should focus on the applicability of parental autonomy support and self-determination theory in parenting adolescents abusing substances.
- In accordance with the present findings, previous studies have demonstrated that most of the research on substance abuse has been conducted in urban areas rather than rural areas. What is now needed is an interpretive collective

case study involving perceptions of adolescents regarding the influence of substance abuse in families living in rural areas in South Africa.

6.4 Limitations

All research studies are prone to limitations in various areas. The following were identified as limitation in the study:

- With regard to the participants' recruitment, the researcher aimed to recruit 20 participants but only fourteen participants consented to be part of the study.
- In relation to the study setting, the lack of female participants in the sample adds further caution regarding the transferability of these findings.

6.5 Conclusion

The study was conducted to explore the perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support in Delft, Western Cape, South Africa. The strong conclusion from this interpretive exploratory-descriptive qualitative study was that adolescents tend to be influenced by the behaviour of the sibling abusing substances in the area of parental autonomy support. The study highlights that mothers' and fathers' roles come with many demands related to parenting; however, the mothers wanted the best for their children. Using the parental autonomy support, it was clear that parenting in the families tend to be an intrusive one that led the adolescents to think that they were not given the opportunity to be autonomous. Similarly, this study is a starting point in understanding the importance of parental autonomy support from the adolescents but it shed some deeper insight into decision-making. For instance, the study indicates that there were

adolescents who had opportunities to independently make decisions related to their choices. The present study adds to the growing body of research that focuses on the importance of parenting in families with children abusing substances. Moreover, this study has shown that over protective parents tends to influence their children's abilities to make decisions. The study further highlighted that the family environment where one of the children abuses substances tends to be chaotic which influence the family functioning. The findings of this study suggest that families should learn to cope with the challenges and demands of living with children abusing substances.

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Appendices

Appendix 1: Ethics clearance letter



OFFICE OF THE DIRECTOR: RESEARCH
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12 May 2016

Ms M Dudley
Social Work
CHS Faculty

Ethics Reference Number: HS/16/3/2

Project Title: Perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support.

Approval Period: 10 May 2016 – 10 May 2017

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval. Please remember to submit a progress report in good time for annual renewal.

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink that reads "Josias".

*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

Appendix 2: Information sheet (Parents)



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9340 Fax: 27 21-959 9359

E-mail: 3519668@myuwc.ac.za

INFORMATION SHEET (Parents)

Project Title: Perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support

What is this study about?

This is a research project being conducted by Marilyn Dudley at the University of the Western Cape. We are inviting your child to participate in this research project to provide us experiences and coping strategies of living with a substance-abusing sibling. The purpose of this research project is to explore adolescents' experiences and coping strategies of living with a substance-abusing sibling.

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

Your child will be asked to participate in semi-structured interviews concerning the experiences and coping strategies of living with a substance-abusing sibling. Participants in this study will be requested to participate in the semi-structured interviews which will be held in the Health facility for the duration of 45 to 60 minutes.

Would my participation in this study be kept confidential?

I will do my best to keep your personal information confidential. To help protect your child's confidentiality, the information you or your child provides will be totally private; no names will be used so there is no way that you or your child will be identified as a participant in this study and pseudo names will be used. The information will be treated with anonymity and confidentiality. All the data in the semi-structured interviews transcripts will be given to the supervisor and kept in the occupational therapy department which will ensure for confidentiality and privacy. If I write a report or article about this research project, your identity and that of your child will be protected.

What are the risks of this research?

Any research has risks but in this research I will try to minimize the risk of being harmed in any way. If there are painful memories of experiences or experiences which may evolve during the research process, I will refer your child for the necessary support. All human interactions and talking about self or others carry some amount of risks. I will nevertheless minimise such risks and act promptly to assist your child if he/she experiences any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

The results of the study could have implications for (1) students (2) educators (3) social workers. The results will have implications on adolescents' quality of life, health and wellbeing. It could also help in coping with stressful circumstances in life.

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

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

What if I have questions?

This research is being conducted by Marilyn Dudley in the Department of Social Work at the University of the Western Cape. If you have any questions about the research study itself, please contact Marilyn Dudley or Prof. Lisa Wegner (+27 21 959 3153, lwegner@uwc.ac.za) and Dr Thuli Mthembu (+27 21-959 9340, tmthembu@uwc.ac.za).

Should you have any questions regarding this 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:

Head of Social Work Department:
Prof Catherina Schenck
Department of Social Work
University of the Western Cape
Private Bag X17
Bellville 7535

cschenck@uwc.ac.za

OR

Dean of the Faculty of Community and Health Sciences:
Prof José Frantz
University of the Western Cape
Private Bag X17
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chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee.

Appendix 3: Consent Form (Parent)



UNIVERSITY OF THE WESTERN CAPE

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CONSENT FORM (Parent)

Title of Research Project: Perceptions and experiences of adolescents living with a substance abusing sibling regarding parental autonomy support

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my child's participation will involve and I agree for my child to participate of his/her own choice and free will. I understand that neither my, nor my child's, identity will be disclosed to anyone. I understand that my child may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name.....

Participant's signature.....

Date.....

Appendix 4: Information sheet (Adolescents)

Appendix



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Private Bag X 17, Bellville 7535, South Africa

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E-mail: 3519668@myuwc.ac.za

INFORMATION SHEET (Adolescents)

Project Title: Perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support

What is this study about?

This is a research project being conducted by Marilyn Dudley at the University of the Western Cape. We are inviting you to participate in this research project to provide us experiences and coping strategies of living with a substance-abusing sibling. The purpose of this research project is to explore adolescents' experiences and coping strategies of living with a substance-abusing sibling.

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

You will be asked to participate in semi-structured interviews concerning the experiences and coping strategies of living with a substance-abusing sibling. Participants in this study will be requested to participate in the semi-structured interviews which will be held in the Health facility for the duration of 45 to 60 minutes.

Would my participation in this study be kept confidential?

I will do my best to keep your personal information confidential. To help protect your confidentiality, the information you provide will be totally private; no names will be used so there is no way that you will be identified as a participant in this study and pseudo names will be used. The information will be treated with anonymity and confidentiality. All the data in the semi-structured interviews transcripts will be given to the supervisor and kept in the occupational therapy department which will ensure for confidentiality and privacy. If I write a report or article about this research project, your identity will be protected.

What are the risks of this research?

Any research has risks but in this research I will try to minimize the risk of being harmed in any way. If there are painful memories of experiences or experiences which may evolve during the research process, I will refer you for the necessary support. All human interactions and talking about self or others carry some amount of risks. I will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

What are the benefits of this research?

The results of the study could have implications for (1) students (2) educators (3) social workers. The results will have implications on adolescents' quality of life, health and wellbeing. It could also help in coping with stressful circumstances in life.

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 in this study. 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.

What if I have questions?

This research is being conducted by Marilyn Dudley in the Department of Social Work at the University of the Western Cape. If you have any questions about the research study itself, please contact Marilyn Dudley or Prof. Lisa Wegner (+27 21 959 3153, lwegner@uwc.ac.za) and Dr Thuli Mthembu (+27 21-959 9340, tmthembu@uwc.ac.za).

Should you have any questions regarding this 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:

Head of Social Work Department:
Prof C. Schenck
Department of Social Work
University of the Western Cape
Private Bag X17
Bellville 7535
cschenck@uwc.ac.za

OR

Dean of the Faculty of Community and Health Sciences:
Prof José Frantz
University of the Western Cape
Private Bag X17
Bellville 7535
chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee.

Appendix 5: Assent Form (Adolescents)



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9340 Fax: 27 21-959 9359

E-mail: 3519668@myuwc.ac.za

CONSENT FORM (Adolescent)

Title of Research Project:

Perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name.....

Participant's signature.....

Date.....

Appendix 6: Consent form (Adolescent 18 years and older)



UNIVERSITY OF THE WESTERN CAPE

Private Bag X 17, Bellville 7535, South Africa

Tel: +27 21-9340 Fax: 27 21-959 9359

E-mail: 3519668@myuwc.ac.za

CONSENT FORM (Adolescent)

Title of Research Project:

Perceptions and experiences of adolescents living with a substance-abusing sibling regarding parental autonomy support

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name.....

Participant's signature.....

Date.....