

**The resilience of adolescents at risk of
relapse to substance abuse**

Augustus C. Mkwena

2018

The resilience of adolescents at risk of relapse to substance abuse

by

Augustus C. Mokwena

A Dissertation

Submitted in partial fulfillment of the requirements for the degree

MAGISTER EDUCATIONIS

in the Faculty of Education

of the

UNIVERSITY OF PRETORIA

Supervisor: Dr. M. Moen

Co-Supervisor: Prof. C. Hartell

2018

Declaration of Authenticity

I, Augustus Christof Mokwena (29665371), hereby declare that the dissertation, which I hereby submit for the degree Magister Educationis at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

Augustus Christof Mokwena

Date

Ethics Clearance Certificate



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

CLEARANCE NUMBER: **EC 16/03/01**

DEGREE AND PROJECT

MEd

The resilience of adolescents at risk of relapse to substance abuse

INVESTIGATOR

Mr Augustus Mokwena

DEPARTMENT

Early Childhood Education

APPROVAL TO COMMENCE STUDY

26 May 2016

DATE OF CLEARANCE CERTIFICATE

24 October 2017

CHAIRPERSON OF ETHICS COMMITTEE: Prof Liesel Ebersöhn

A handwritten signature in black ink, appearing to read 'Liesel Ebersöhn', positioned above a horizontal line.

CC

Ms Bronwynne Swarts

Dr Melanie Moen

Prof Cycil Hartell

This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:

- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

Ethics statement

The author, whose name appears on the title page of this dissertation, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that he/she has observed the ethical standards required in terms of the University of Pretoria's *Code of ethics for researchers and the Policy guidelines for responsible research*.

Dedication

This thesis is dedicated in loving memory of my mother,
Mieta Katrina Mokwena.

Although she has passed on, she continues to be the wind beneath my
wings.

Acknowledgements

To God our Father and our Lord Jesus from whom and through whom and for whom are all things.

My supervisors:

- i) Dr Melanie Moen without whom this project would not be possible
- ii) Professor Cecil Hartell for his fountain of wisdom and knowledge

Phielie Mokwena, for your tangible contributions to making this project a success

Lorenzo José Beukes and Christa du Plessis for your technical support during this project

And last but not least, to my partner Belinda Edwards for believing in me

Abstract

Substance abuse has become a global scourge wreaking havoc amongst young people across cities and towns, not excluding Eersterust, a small township to the east of Pretoria. The primary purpose of this study is to discover what causes some young people to triumph over their addiction in what seems an almost impossible feat. Answers to the questions of what young people relate as contributors and detractors to resilience are therefore explored.

The empirical part of this study was conducted in the township of Eersterust which has extensive drug abuse amongst community members. The participants, four in total, were purposively sampled from the local high school and rehabilitation centres in the area. The participants were required not to be younger than 18 years with a history of drug abuse and a minimum rehabilitated period of six months.

A qualitative process of life history research was employed to source the narratives of the participants. Bronfenbrenner's socio-ecological model also served as theoretical framework in this study. Life maps and semi-structured questionnaires were also used to enrich and validate the data. Interviews were recorded and transcribed and the re-storying of the narratives of the participants was done from these transcriptions. The data was subjected to both inductive and deductive processes with a view to firstly generate new theory, and to then test existing theory.

The major themes related to detractors of resilience were: problematic parental styles; rejection by family and peers; low self-esteem due to view of self and perceived rejection; and permissive normative climate/uninvolved and resource constrained communities. Themes related to resilience were: religion/faith; development of internal locus of control; hope; optimism; role models and mentors; and self-awareness and introspection.

In conclusion, this study has once more highlighted the pivotal role of parents and family as ameliorating factors in adolescent drug abuse. On the other hand, problematic parental styles as contributing factors to adolescent drug abuse have also significantly come through in this study. A final observation of this study was that resilience is indeed a dynamic process. Therefore, the identified themes in

favour of resilience in this study cannot be regarded as a blueprint for every single case of addiction recovery.

Michelle van Jaarsveld

Afrikaans/English Translation, Editing and Copy writing

michellevanjaarsveld@gmail.com
063 655 6735

6 Villa Shiraz, 789 Cottonwood street
Doornpoort
0186

11 December 2017

DECLARATION OF COPY EDITING

I hereby declare that the thesis

The resilience of adolescents at risk of relapse to substance abuse

by

Augustus C. Mokwena

has been edited for linguistic accuracy.



Michelle van Jaarsveld

Professional translator, copy editor and copywriter

List of Abbreviations

CPAG	Concerned Parents Action Group
DoBE	Department of Basic Education
EU	European Union
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
NDMP	National Drug Master Plan
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute on Drug Abuse
NSDUH	National Survey on Drug Use and Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SANCA	The South African National Council on Alcoholism and Drug Dependence
STI	Sexually Transmitted Illness
UN	United Nations
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation
YRBS	Youth Risk Behaviour Survey

Table of Contents

Declaration of Authenticity	i
Ethics Clearance Certificate	ii
Dedication	iv
Acknowledgements	v
Abstract	vi
List of Abbreviations	ix
Table of Contents	x
List of Figures	xiv
List of Tables	xv
List of Photographs	xvi
Chapter 1: Overview of the study	1
1.1 Introduction	2
1.2 Rationale for undertaking this study	3
1.3 Problem Statement	4
1.4 Research Questions	4
1.5 Concept Clarification	5
1.5.1 Resilience	5
1.5.2 Behaviour	6
1.5.3 At-risk	6
1.5.4 Adolescent	7
1.5.5 Substance abuse	8
1.6 Theoretical Framework	9
1.7 Research Methodology	9
1.7.1 Research paradigm	9
1.7.2 Methodological dimensions	11
1.7.3 Data collection strategies	13
1.8 Research Site	17
1.9 The Role of the Researcher	17
1.10 Chapter Outline of this project	18
1.11 Conclusion	19
CHAPTER 2 Literature Review and Theoretical Framework	20
2.1 Introduction	21
2.2 Substance Abuse in South Africa	22

2.3	Determinants of substance abuse	23
2.3.1	The Supply and Demand Framework on Substance Abuse	24
2.4	Risk and Protective Factors in Substance Abuse.....	25
2.4.1	Risk factors associated with substance abuse	25
2.4.2	Protective factors associated with substance abuse.....	27
2.5	Consequences of Substance Abuse	29
2.5.1	Consequences of substance abuse on an individual level in South Africa	29
2.5.2	Consequences of substance abuse to family and community.....	30
2.6	The history of the construct resilience.....	33
2.7	The importance of resilience.....	34
2.8	Is a person born with resilience or is it a dynamic process?.....	36
2.9	Resilience as a Developmental Process	38
2.10	Anti-social behaviours and other contextual factors that detract from resilience.....	40
2.11	Theoretical Framework - Bronfenbrenner's Bioecological Framework	41
2.11.1	Bronfenbrenner's socioecological framework and its implications for this study	42
2.11.2	Individual factors that contribute to substance abuse	44
2.11.3	Contextual factors that contribute to substance abuse	45
2.11	Conclusion.....	46
Chapter 3: Research Methodology.....		47
3.1	Introduction.....	48
3.2.	Paradigmatic Perspective	48
3.2.1	Constructivism paradigm.....	49
3.2.2	Interpretive paradigm	51
3.2.3	Synthesis of paradigms.....	52
3.3	RESEARCH METHODOLOGY.....	54
3.3.1	Case study	54
3.3.2	Research design.....	56
3.4	Sampling of Participants	57
3.5	Research Site.....	58
3.6	Data Collection Strategies	59
3.6.1	Narrative inquiry	59
3.6.2	Interviews.....	60
3.6.3	Research journals/Personal diary.....	61
3.6.4	Life map design.....	62
3.6.5	Observation.....	63
3.6.5.1	The value of observation	64

3.7 Data Analysis and Interpretation	64
3.7.1 Data coding process	65
3.8 Quality Control Criteria	66
3.8.1 Validity	69
3.8.2 Triangulation	69
3.8.3 Guarding against subjectivity	70
3.9 Adherence to ethical considerations	71
3.10 Conclusion.....	72
Chapter 4: Introduction.....	73
4.1. Introduction.....	74
4.2. Method of Data Analysis	74
4.3 Background Information of participants.....	75
4.3.1. Participant one: Bronnie.....	75
4.3.2. Participant two: Diegro.....	88
4.3.3. Participant three: Fanus.....	99
4.3.4. Participant four: Anul.....	111
4.4 Conclusion.....	125
Chapter 5: Literature Control and Findings.....	126
5.1 Introduction.....	127
5.2 Synopsis of Chapters.....	127
5.3 Comparing Research Results with the Conceptual Framework	128
5.4 Themes Pertaining to Detractors of Resilience	129
5.4.1 Theme 1: Problematic parental styles	129
5.4.2 Theme 2: Rejection by family and peers	130
5.4.3 Theme 3: Low self-esteem	132
5.4.4 Theme 4: Uninvolved and resource constrained community	133
5.4 Themes Pertaining to Contributors of Resilience	135
5.4.1 Theme 1: Self-awareness and introspection.....	135
5.4.2 Theme 2: Development of internal locus of control.....	136
5.4.2 Theme 3: Positive role-models/mentors and recovery from drug abuse	138
5.4.4 Theme 4: Optimism and hope	139
5.4.5 Theme 5: Faith as a resiliency factor.....	140
5.6 Answering the Research Questions.....	141
5.6.1 Secondary research question one.....	141
5.6.3 Sub-question 2.....	144
5.6.4 Sub-question 3.....	145

5.6.1 Primary research question	146
5.7 New Findings and Recommendations of this Study	148
5.7.1 Further research suggestions.....	149
5.8 Limitations of this Study.....	149
5.9 Conclusion.....	150
5.10 Final Thoughts.....	151
References	152
Addenda	173
Addendum A: Recruitment letters to Rehabilitation Centres	173
Addendum B: Life Map	174
Addendum C: Semi-structure Interview Schedule.....	175
Addendum D: Participants information leaflet and Informed Consent form	176

List of Figures

Figure 1: A Synoptic view of the motivation of this study, as well as its trajectory.	1
Figure 2: Participants started off by completing a mind map which included their peak and low experiences.....	14
Figure 3: Visual representation of the literature review and of the current knowledge, substantive findings, and the theoretical and methodological contributions to the construct of resilience.	20
Figure 4: Demand and supply framework adapted from The South African Drug Prevention Master Plan	24
Figure 5 : A visual presentation of Bronfenbrenner's Bio-ecological framework. The framework alludes to the notion that substance abusers are influenced by different enviromental systems.....	43
Figure 6: Visual representation of the research design which includes the research methodology and quality control.	47
Figure 7: Illustration of a life map.....	62
Figure 8: A synoptic view of the data collection and background information of the participants.	73
Figure 9: A synopsis of the literature control and findings of this study.....	126

List of Tables

Table 1: Possible challenges and solutions of the life history design	13
Table 2: Data collection strategies that were followed in this study	15
Table 3 Chapter Outline of project.....	18
Table 4: Percentage of high school learners who use drugs by gender, race, age and province	22
Table 5: Risk factors for substance abuse by adolescents	26
Table 6: Protective factors for substance abuse by adolescents	28
Table 7: Scheme of comparative perspectives, research strategies and methods of data collection employed in the study.....	53
Table 8: Techniques that were used to enhance validity during data collection and analysis.....	53
Table 9: Guidelines that informed the process of this study.....	55
Table 10: Aims of observation.....	63
Table 11: Creswell's data analysis approach.....	64
Table 12: Specific techniques to enhance validity during data collection and data analysis ..	66
Table 13: Application of the four aspects of trustworthiness in study	67
Table 14: Strategies to facilitate internal validity	70
Table 15: Participants biographical details and vital statistics	74
Table 16: Summary of identified themes representing detractors and contributors of resilience.	77
Table 17: Intrinsic and extrinsic factors of resilience identified.....	78
Table 18: Summary of themes from various sources.....	78
Table 19: Summary of identified themes representing detractors and contributors of resilience.....	89
Table 20: Intrinsic and extrinsic factors of resilience identified.....	90
Table 21: Summary of themes from various sources.....	91
Table 22: Summary of identified themes representing detractors from and contributors to resilience.....	101
Table 23: Intrinsic and extrinsic factors of resilience identified.....	102
Table 24: Summary of themes from various sources.....	102
Table 25: Summary of identified themes representing detractors and contributors of resilience.....	112
Table 26: Intrinsic and extrinsic factors of resilience identified.....	113
Table 27: Summary of themes from various sources.....	113
Table 28: Common themes of detractors to resilience.....	122
Table 29: Common themes of contributors to resilience.....	123
Table 30: Detractors of resilience	124
Table 31: Promoters of resilience	124

List of Photographs

Photograph 1: A newspaper headline highlighting the rampant rate of suicides due to substance abuse.	32
Photograph 2: The growing problem of substance abuse led to a visit from the state president.....	33

Chapter 1: Overview of the study



Figure 1: A Synoptic view of the motivation of this study, as well as its trajectory.

1.1 Introduction

“History is replete with stories of children and young people who grew up in difficult family settings, but later overcame adversity against all odds. One can argue that they exhibited resilient behaviour” (Bernard, 1995, p. 2). This study therefore sought to explore critical junctures in the lives of individuals who have been resilient and have overcome substance abuse. Bernard (1995) alluded to humankind's inherent capacity for growth and development that manifests naturally when exposed to certain environmental conditions; “human beings are endowed with an inborn capacity for resilience which enables them to adapt and acquire ‘resilience tools’. Combined, these attributes drive the individual to achieve a positive turnaround from stressful and adverse innate and environmental factors” (Bernard, 1995, p. 2). Since previous research confirms these resilience qualities in individuals, the researcher wanted to determine the resilient behaviour of adolescents at risk to relapse to substance abuse. A qualitative approach was selected as the aim of the study was to understand and describe the dynamics that informed the resilient behaviour of such adolescents rather than to explain and predict their behaviour. Therefore, the researcher sought to gather data and construct theory rather than to examine it.

There are many characteristics used to identify at-risk individuals, such as persistent patterns of social maladjustment, under-achievement in school, and low socioeconomic status, to name but a few (Brook, Morojele, Pahl & Brook, 2006). Research (Reddy, Resnicow, Omardien & Kambaran, 2007; Morojele, Parry & Brook, 2009; Flisher, Townsend, Chikobvu, Lombard & King, 2010) shows that a high percentage of these at-risk individuals demonstrate a vulnerability or disposition (inclination) towards substance abuse. This study regarded adolescents with a history of drug abuse as individuals who are at risk of relapse into substance abuse - as, despite their recovery, some if not all of the negative contextual factors are still prevalent and may serve as future triggers.

The study focused on specific situations and people in order to understand the significance of what they say about their experiences as drug addicts and how they continue to overcome their habit. The study also attempted to extract meaning from their narratives. The researcher applied the premise of multiple realities to

understand the complex and dynamic nature of human beings and their context (Sarbin & Kitsuse, 1994). Although these qualities are deemed to be innate, research has also established that resilience is a dynamic, multidimensional phenomenon that works in tandem with external factors to manifest effectively in the life of an individual (Maasten, 2001; Maholmes, 2014; Ebersöhn & Ellof, 2006; Southwick & Charney, 2012).

1.2 Rationale for undertaking this study

In response to alcohol and substance abuse, the Director-General of the Department of Basic Education of South Africa said, “Alcohol and drug use has a detrimental effect on the health and well-being of South Africa and is well recognised as a significant barrier to both teaching and learning” (National strategy for the prevention and management of alcohol and drug use amongst learners in schools, 2013, p. 1). This echoes what several researchers hold, namely that there is a link between substance abuse and academic difficulties, absenteeism and dropping out of school (Reddy *et al.*, 2007; Morojele *et al.*, 2009; Flisher *et al.*, 2010). Experts believe that it is also linked with other high-risk behaviours, such as unprotected sex, crime and violence, traffic accidents, and mental and physical health problems (Kalichman, Simbayi, Kagee, Toefy, Jooste, Cain & Cherry, 2006; Soobrayan, 2013, p. 1). According to recent statistics, there has been an increase in patients younger than 20 years in treatment centres, and this age group comprises between 17% and 28% of all patients in treatment (Plüddemann, Parry, Dada, Bhana, Bachoo, & Fourie, 2010). Extensive research has been done in the field of substance abuse among adolescents, but research on resilient behaviour among rehabilitated adolescents who are at risk of relapse into substance abuse remains uncharted (Plüdderman, Parry, Flisher and Jordaan (2008); Reddy, James, Sewpaul, Koopman, Funani, Sifunda and Omardien (2010).

The researcher is a gatekeeper – someone who has insider status at the research site (Creswell, 2008, p. 219). As a minister of religion, a teacher and a rehabilitated cocaine addict, the researcher is regularly consulted by members of the community on issues of teenage and adolescent substance abuse. The facilitation of

rehabilitating adolescence and young people has therefore become a vocation for the researcher.

Lastly, the problem of substance abuse is indiscriminate - it permeates all levels of society. The researcher has personal experience of the problem through a family member who struggles with the abuse of an illegal substance. It is against this background that the researcher felt compelled to investigate the resilient behaviour of adolescents who are at risk of relapse into substance abuse.

The value of the findings includes informing policymakers, educators, social services and parents in assisting these adolescents on their way to adulthood. In addition, the study also offers a uniquely South African perspective of this situation.

1.3 Problem Statement

We do not live in an ideal world. Easy access to alcohol and other substances and their abuse, amongst at-risk adolescents, is a cause for grave concern. The United Nations Office on Drugs and Crime (2004) suggests a link between the adoption of risk behaviours such as drug misuse and the period of adolescence. Alcohol and drug misuse has also been linked to homicide, intimate partner violence, rape and abuse of children (Seedat, van Niekerk, Jewkes, Suffia & Ratele, 2009). Reddy et al. (2010) intimates that while some adolescents may continue using substances and become addicted, the majority of youth do not abuse substances. This study sought to conceptualise the resilient behaviour of adolescents who are at risk of relapse into substance abuse, with a view to mitigating the consequences of the abuse of alcohol and other substances and highlighting resilient factors and behaviour.

1.4 Research Questions

The research project is guided by the following question:

- What do adolescents who are at risk of relapse to substance abuse narrate as resilient behaviour?

Sub-questions:

- What factors are perceived as detractors to resilient behaviour by adolescents who are at risk of relapse into substance abuse?
- What internal factors do adolescents who are at risk of relapse to substance abuse describe as significant contributors to resilient behaviour?
- What external factors do adolescents who are at risk of relapse to substance abuse describe as significant contributors to resilient behaviour?

1.5 Concept Clarification

1.5.1 Resilience

To date, there is very little agreement among scholars on a single definition of resilience. Luthar et al. (2007, p. 7) states that, “theoretical and research literature on resilience shows little consensus regarding definition, substantial variations in operationalisation and measurements of key constructs”. Malholmes (2014, p. 25) defines resilience as, “the ability to bounce back from difficult situations”. Similarly, Ebersöhn and Eloff (2006, p. 53) describe resilience as, “the adaptation needed to cope skilfully with demanding circumstances”, while Masten (2001, p. 228) defines resilience as, “a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development”. In this study, resilience will be defined as the observable demonstration of competence and successful adaptation to normality in the face of exposure to significant stressors or risk. For the purpose of this study, resilience refers to the behaviour of those adolescents who have used drugs but have successfully adapted or "bounced back" to a normal functional life. They are also able to cope skilfully and responsibly with the demanding circumstances of stressors and risk to sustain a drug-free life.

1.5.2 Behaviour

Theories and models of human behaviour are broad and arise from all disciplines of the social sciences. Disciplinary boundaries essentially serve to demarcate the types and context of human behaviour scholars are interested in (Morris, Marzano, Dandy & O'Brian, 2012). Most behavioural theories acknowledge, to a lesser or greater degree, the significance of external factors such as society; however, each theory regards behaviour as an outcome of contending influences balanced and initiated by the individual – thereby placing considerable emphasis on individual agency (Morris *et al.*, 2012).

In simple terms, behaviour is something a person does that can be observed, measured, and repeated, an example being antisocial behaviour such as substance abuse and crime, violence and risky sexual behaviour emanating from substance abuse (Bicard & Bicard, 2012). This study therefore sought to conceptualise the resilient behaviour of at-risk adolescents disposed to substance abuse. In other words, the study endeavoured to interrogate the steps, decisions and initiatives, based on individual agency, that the adolescents take in their lives to initiate and sustain abstinence and promote resiliency towards risk behaviours such as drug misuse.

1.5.3 At-risk

“It is widely held that risk refers to the probability that an unwanted outcome will occur” (Ebersöhn & Eloff, 2006, p. 53). Such an outcome can be loss, liability, injury or harm, or the threat of damage to self and/or others. Scholars identify the factors that represent risk as all the negative occurrences or adverse phenomena externally or emanating from within an individual (Garmezy & Rutter, 1983). With regard to risk factors, this study prefers the definition by Burton *et al.* (2009, p. 4) that states, “Risk factors are generally understood to be the characteristics that predispose or are associated with young people’s involvement in crime and antisocial behaviour”. In this study, adolescents with a history of drug abuse are identified as individuals who are at risk to relapse into substance abuse. They are individuals who are vulnerable to re-use substances. In the context of resilience in this study, it refers to

adolescents who, in their vulnerability, abstained from substance abuse for more than 6 months.

1.5.4 Adolescent

The terms “puberty” and “adolescence” are associated with the transitional period between childhood and adulthood. The broad connotation of these terms raises much controversy. Puberty occurs at approximately eleven years of age and is seen as the phase of sexual maturity accompanied by hormonal change (Engelbrecht, Kok & Van Biljon, 1986, p. 72). This developmental phase is described by Erikson (1995, p. 210) as, “a psychosocial stage when conflict emerges between the morality acquired during childhood and the ethics required by adulthood”. This phase is characterised by attaching great value to peer perception of self, self-centredness, greater psychological attachment to friends, a quest for developing autonomy and a strong interest in the future of humanity (Thom, 1989, p. 445).

The World Health Organisation (WHO) defines adolescence as the period in human growth and development that occurs after childhood and before adulthood from 10 to 19 years (Department of Basic Education, 2013). However, in the proposed study, an adolescent is defined as an individual between the ages of 11 and 21 years, as other determinants exist to the boundaries of adolescence besides the legal age of maturity (the threshold of adulthood as recognised or declared in law), as explained by Atwater (1992). Some of these would be:

- Biological: In this perspective, adolescence begins at puberty and ends with attainment of physical and sexual maturity.
- Emotional: In this perspective, adolescence begins at the beginning of autonomy or independence from parents and ends with attainment of self-revised personal identity and emotional autonomy.
- Cognitive: In this perspective, adolescence begins with the emergence of logical reasoning, problem-solving and decision-making skills and ends after attaining adult logical reasoning and autonomous decision making.
- Interpersonal: In this perspective, adolescence begins with the shift from parents to peer orientation and ends with increased capacity for intimacy with peers and adults.

- Social: According to this perspective, adolescence begins with entry into personal, family and work roles and ends with the attainment of adult privileges and responsibilities.
- Educational: According to this perspective, adolescence begins with entry into secondary school and ends with the completion of college education.
- Religious: According to this perspective, adolescence begins with preparation for confirmation and/or adult baptism and ends with the attainment of adult status in a religious community.
- Chronological: According to this perspective, adolescence begins with the attainment of a given age associated with adolescence, e.g. teen years, and ends with the attainment of a given age associated with adulthood, e.g. twenties.
- Legal: According to this perspective, adolescence begins with the attainment of juvenile status and ends with the attainment of legal status.
- Cultural: According to this perspective, adolescence begins with the training and preparation for ceremonial rites of passage and ends with the conclusion of these rites (Atwater, 1992).

Therefore, I used the age of 21 to refer to adolescents in this study.

1.5.5 Substance abuse

In this study, the words “substance” and “drugs” are used interchangeably. This includes legal and illegal drugs, as well as other substances, such as glue or cleaning fluids. Legal drugs include alcohol, tobacco, over-the-counter medications and household goods such as glue and methylated spirits. Illegal drugs include cannabis, methamphetamine, heroin and cocaine (Department of Basic Education, 2013).

In the context of this study, substance abuse is described as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following:

- Recurrent use leading to failure to fulfil major role obligations (work, school, etc.)

- Recurrent use in situations where it is physically hazardous. For example: driving under the influence of substances.
- Repeated substance related legal problems, e.g. arrest for stealing or possession of illegal substances.
- Persistent use despite recurrent social or interpersonal problems caused or exacerbated by the effects of a substance, e.g. arguments with spouses, relatives, or the general public, and or physical fights (Irish government, 2016).

1.6 Theoretical Framework

This study proceeded from the premise that the manifold stories of triumph and self-preservation do not play out in isolation. This view concurs with Malholmes (2014, p. 7) that, “these stories are influenced by the psychological and physical environments in which adolescents and their families find themselves”. Therefore, Bronfenbrenner’s bioecological model of development (1994) served as theoretical framework for understanding the psychological and physical intricacies and how they manifest in adolescents and their families.

1.7 Research Methodology

1.7.1 Research paradigm

This was a qualitative study that concurred with Merriam's (2009, p.1) view that, “research focused on discovery, insight and understanding from the perspective of those being studied offers the greatest promise of making a difference in people’s lives”(Merriam, 2009, p. 1). This conviction gave impetus to this qualitative study, which employed a life history research approach to discover and gain insight and understanding of the perspectives of its research participants. It was important that the researcher chose a qualitative study design that complemented the underlying research question and thoughtful consideration was given to, “ensuring

commensurability with the underlying epistemological (knowledge) and ontological (reality) persuasions, including personality and skill” (Merriam, 2009, p. 1).

For the purpose of this study, it was futile to attempt to describe or evaluate the labyrinth of the human social condition. Such attempts would have been, in the words of Michael Samuel, “...prone to distortions, omissions, reductions and elaborations”. The purpose of understanding the human condition would be grossly compromised to a parsimonious gander through the lens of research (Dhunpath & Samuel, 2009, p. 1). Instead, this qualitative study sought to employ a narrative approach through life history research in its attempt to illuminate the dark and labyrinthine path of human complexity. It was believed that through the stories of its informants, it would be possible to bring a semblance of order to their chaotic and, at times, polarised experiences. In other words, this study endeavoured to harness the diverse stories to arrive at an understanding of the phenomena being studied.

The epistemological and ontological study coincides with the explanation of Maree (2007, p. 55) that “qualitative researchers believe that the world is made up of people with their own assumptions, intentions, attitudes, beliefs and values, and that the way of knowing reality is by exploring a specific phenomenon”. Thus, after the study recognised the expertise of others, it solicited the construction of reality by the participants in this study to come to an understanding of how they achieved and maintained resiliency to counteract addiction. This further ensured a much broader and comprehensive way of ascertaining each individual’s actions in their natural setting.

Since “how things can be known” (epistemology) and “that which is or can be known” (ontology) are flip sides of the same coin, this study rejected the positivist notion of a simple objective reality that is “observable by an inquirer who has little, if any impact on the object being observed – the object (or phenomenon) has ontological status in itself and therefore can be studied objectively from the outside” (Maree, 2007, p. 53). This study advocated and appreciated the qualitative research paradigm that upholds the “insider’s view (emic) above the positivist outsider’s (etic) notion. It focussed on the social constructions of the subjects rather than the perspective of the observer – concurring with the assertion that reality is socially constructed

through the stories of the insiders and research findings are created rather than discovered” (Maree, 2007, p. 54).

In conclusion, this study sought to employ a life history method of research with the expressed use of life stories and other human documents as research tools. The concepts of multiple truths, collaboration, empowerment and social construction drove the researcher to contribute to the existing body of knowledge and to help communities and people who are affected by the scourge of adolescent drug abuse. On the other hand, this line of study is also fraught with challenges, such as discrepancy of knowledge on method, validity, bias, and representative sampling. The researcher endeavoured to amass rich data, employed reflexivity of self by peers and participants, exercised patience and good interpersonal skills and ensured attention to personal stories and transcended de-personalised criticisms to counteract these challenges (Goodley, 1996).

1.7.2 Methodological dimensions

This study employed a life history research methodology for its efficacy, firstly to provide understanding and meaning of individual or mutually related lives, and more specifically to analyse a “particular life or lives for some specific reason” (Rahamah, Bakar & Abdullah, 2008, p. 4). In this study, the latter refers to allowing the participant to tell their stories of drug abuse and presenting the factors they perceived to have assisted in overcoming their addiction. The stories were aimed at including measures implemented to maintain a drug-free life. This approach, which is qualitative and based on the narrative research method, acknowledged the emic significance of the perspectives of the research participants. To this end, an instrumental case study was used comprising four purposefully selected participants. An instrumental case study was chosen as it provides insight into the subject, namely resilient behaviour of adolescents who are at risk of relapse to substance abuse, and theory was built to this effect. An instrumental case study also relates to the objective of this study - to gain understanding - as the purpose of an instrumental case study is to facilitate understanding.

This life history research method is also appropriate for this study as it favours the use of small research samples (Rahamah *et al.*, 2008). In order to understand what

an adolescent at risk to relapse to substance abuse narrates as resilient behaviour, the researcher required a narrative that encompassed the entire life experience of that individual and his/her life history. Another consideration that made life histories suitable for this study, is that it provided answers to the questions of critical junctures and significant events in the life of an individual.

From a philosophical point of view, the life history approach lent itself to this study because it includes and takes into consideration the constructionist approach, which assumes that understanding, meaning and significance are not entities that develop separately within an individual, but in tandem with other people. It further asserts that language (oral, written and sign language) is an important medium through which people construct reality. The employment of the life history approach, “rendered the use of large samples unnecessary and perhaps even inappropriate, since its adequacy rests not upon quantity, but rather upon the richness of the data and perceived realities of the participants” (Rahamah et al., 2008, p. 4). Most scholars agree that life history research, “gives a voice to and empowers marginalised and fringe groups, which coincides with one of the main objectives of this study” (Maree, 2008, p. 71; Creswell, 2008, p. 515; Rahamah, 2008, p. 4).

Because of the marginalised status of its participants, the study needed to take heed of Creswell’s caution to ensure that findings and interpretations are accurate throughout the process of data collection and analysis (Creswell, 2008, p. 266).

The process of validating findings was done through:

- strategies of triangulation (corroborating of evidence from different individuals and types of data such as documents, interviews);
- consulting participants to check and verify accuracy of the account; and
- the supervisor’s review of the process.

In conclusion, possible limitations and challenges of life history design may be presented as follows:

Table 1: Possible challenges and solutions of the life history design

(adapted from Creswell (2008))

Challenges	Response/ Solutions
i) Participants could fake data	Collection of multiple field text, member checking and triangulation
ii) Participants may have been unable to tell their stories because of how traumatic it was, fear of sanction or stories taking place too far back in the past (distorted memories)	In narrative research any story has an element of truth
iii) Ownership of the story – the risk of reporting a story without having permission to do so	Permission was obtained at the start of the project and participants were informed about its intentions
iv) The voice of the participant may get lost during restorying	Extensive use was made of participant quotes and the precise language of the participants was used, which helped to “ameliorate” the problem (Creswell, 2008, p. 523)
v) The questions of whether the researcher gains knowledge at the expense of the participant.	Attention was paid to reciprocity

1.7.3 Data collection strategies

“In narrative research, data collection strategies entail researchers describing, collecting and telling and writing stories about individuals and people’s lives” (Creswell, 2008, p. 512). This study holds that there exists an inescapable link between a person’s life story and their identity. The study therefore proceeded to explore this assumption by listening to four purposively selected individuals who provided an understanding to the question posed by this research, namely, “How do

adolescents at risk of relapse into substance abuse narrate resilient behaviour?”. The requirement for participation was that individuals had successfully overcome their addiction and were living a normal productive life free of drug abuse. The minimum period of rehabilitation was six months, as confirmed by the referring rehabilitation centre.

To enhance the reliability and richness of the detail of these field texts, for example all of the information data collected from different sources, was elicited by way of life maps, life story conversation, interviews and observation.

The process was conducted in the following phases:

Phase 1: Life map and life story conversation

This process was used to map out the trajectories of the adolescents' life stories (Marsay, 2000). This involved the recording of positive events or experiences in the top half of the map and negative events or experiences in the bottom half.

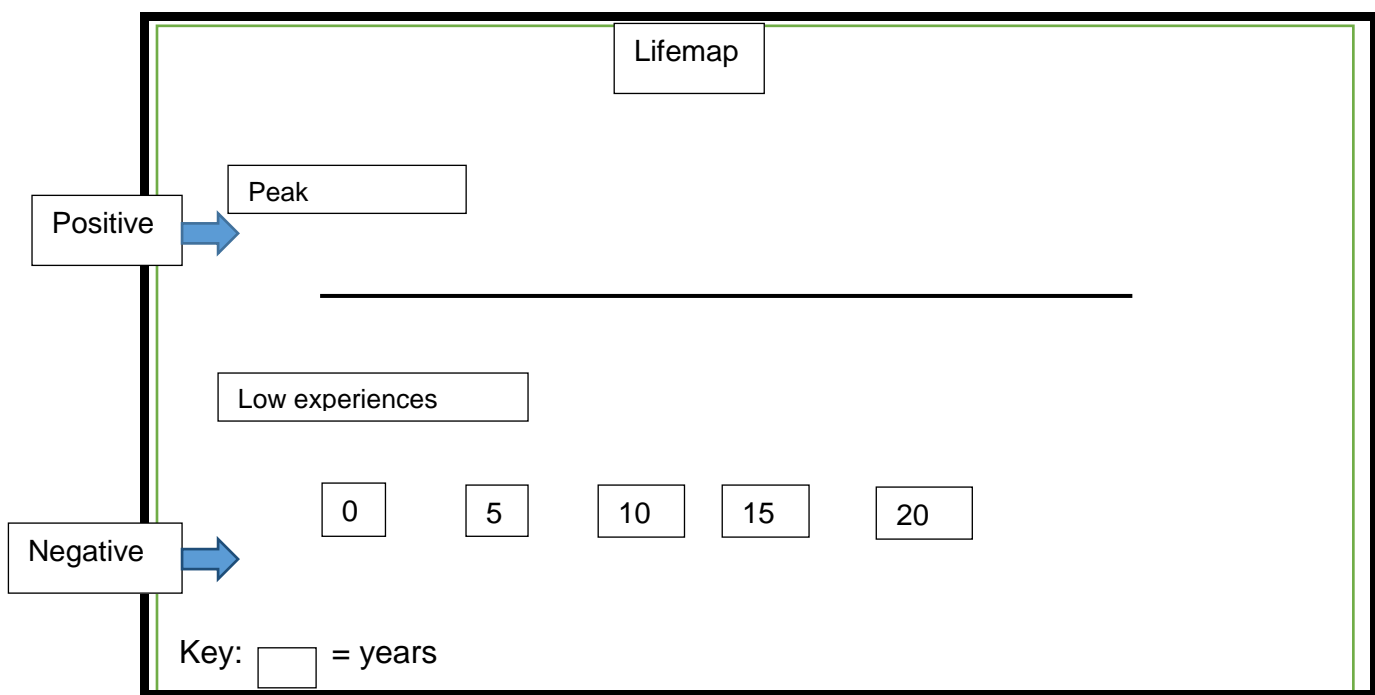


Figure 2: Participants started off by completing a mind map which included their peak and low experiences

(adapted from Marsay (2000))

Stories are made up of data that effectively explains when, how and why events took place, and these conversations are beneficial in revealing unobservable behaviour, emotions and how people make sense of the world around them (Marsay, 2000).

Phase 2: Semi-structured interviews

Semi-structured interviews were conducted with four purposefully selected participants with a history of drug abuse. Semi-structured interviews are usually employed to corroborate data emerging from different sources (Maree, 2007). In this study, it was used after the completion of a mind map which charted positive and negative experiences. Not only did this serve to amplify the descriptions, it also clarified and corroborated the data obtained in the life map. Refer to addendum... to see an example of questions posed in the semi-structured interviews.

Phase 3: Observation, transcriptions and personal diary

Data was also collected from other documents such as the researcher's personal research diary. Observation made during interviews and general contact with participants were noted in my personal diary.

Table 2: Data collection strategies that were followed in this study

(compiled by the author of this chapter)

Data collection strategies and techniques	Means of documentation (textual data)	Aim
Participant observation	Field notes in personal diary Transcriptions Observation schedule	To obtain participants' perceptions of events and processes To capture the actions of practitioners and learners in real context and real time
Field observations	Field notes in personal diary and transcriptions	To collect detailed, descriptive field notes
Semi-structured interviews	Audio tape recordings and transcriptions	To access participants' perceptions

The study made use of observations during the interviews and during completion of the life maps. Observation refers to the process of gathering first-hand information/data by observing participants and places at the research site. This study will employ “an active participant role” - this refers to a process where the researcher plays a vital role as interviewer and data collecting instrument (Creswell, 2008, p. 221-223).

Phase 4: Data analysis strategies

Qualitative data analysis includes the processes and procedures whereby collected data is explained, understood and interpreted. According to Maree (2008, p. 99), this is best achieved through a process of inductive analysis of qualitative data, to allow research findings to emerge from the frequent, dominant or significant themes inherent in raw data.

In this study deductive procedure was also applied, “for assuring conviction, in the qualitative research findings” (Hyde, 2000). Since deductive analysis seeks to test theory it helped to illuminate the findings in this study.

Data in narrative research, and more particularly life history, is analysed throughout the story of the entire life experience of each participant. Narrative analysis is based on the idea that people employ stories to make sense of their reality. The researcher analyses them for key elements (e.g. time, place, plot and scene) and thereafter rewrites them to establish chronological sequence.

Qualitative researchers use various terms to describe the accuracy or credibility of research findings; for example, Guba (1985) used the words “authenticity” and “trustworthiness”.

The following questions relating to “trustworthiness” were worth asking in this study:

- Were the findings grounded in the data?
- Were inferences logical?
- Could inquiry decisions and methodological shifts be justified?
- What was the degree of researcher bias?

- What strategies were employed for enhancing credibility? (Creswell,2008, p. 267)

Since data analysis represents a very important phase in the research process, great care should be taken in the execution thereof. Creswell and McMillan's (2008; 2010) data analysis approaches, among others, were employed in the interest of promoting trustworthiness (Creswell, 2008, p. 244-260; McMillan *et al.*, 2010, p. 366-380).

1.8 Research Site

In qualitative research, "the emphasis is on selecting people or sites that can best assist in understanding the central phenomenon. Such understanding comes from an in-depth knowledge of the people or site"(Creswell, 2008, p. 213). For the purpose of this study, the following rehabilitation centres in Eersterust were approached to serve as research sites: Teen Challenge, Victory Outreach and SANCA. Four participants with a history of drug abuse were purposively drawn from these institutions as the researcher had access to these institutions as a minister of religion and facilitator for drug rehabilitation. The activity of collecting data (the life story conversations and completion of life maps), was done in a neutral setting at the offices of The Full Gospel Church of God to ensure anonymity and confidentiality of the participants.

1.9 The Role of the Researcher

The role of the researcher in this study was to:

- Obtain informed consent from the Ethical Committee of the University of Pretoria;
- Obtain informed consent from participants and parents;
- Conduct interviews with four purposefully selected participants;
- Create a warm, safe and generally conducive atmosphere during meetings;
- Uphold the code of ethics of the University of Pretoria;
- Inform the participants about what is expected from them at the time of the research;

- Be transparent and inform the participants of the progress of the research;
- Provide an authentic and correct version of data; and
- Do no harm to the participants by violating their rights as spelled out in the record of understanding (re. Letter of Ascent).

1.10 Chapter Outline of this project

In the next table the outline of the study will be given.

Table 3 Chapter Outline of project

Chapter 1	Chapter 1 presents a synoptic view for the motivation and background to this study. In this chapter, the reason for the study is explained. This includes the rationale, research questions, clarification of key concepts and a brief explanation of the methodology employed in the study.
Chapter 2	In Chapter 2, existing literature (literature review) on the topic that forms a pivotal part of the study is sourced. The chapter starts with a discussion of the relevant theories including the theoretical framework (Bronfenbrenner) employed in the study as well as reviews on the extent of substance abuse and its risk and protective factors. It also includes a discussion on resilience theory.
Chapter 3	Chapter 3 discusses the research methodology that was used. A qualitative, approach in an interpretive paradigm and a contextual case study

	design were employed. Four participants, three from Eersterust and one from Nellmapius, participated in this study. One of the participants was female.
Chapter 4	In this chapter, the findings are discussed on what the participants narrate as detractors and contributors to resilience. The findings are presented narratively, and broad categories are described from the findings. Each case is discussed in depth, with reference to the primary and secondary research questions.
Chapter 5	Chapter 5 concludes the research study and provides answers to the research questions. In this chapter, findings are also compared with the literature and presented in narrative writing style. Findings, suggestions, recommendations and final thoughts are presented to conclude this study.

1.11 Conclusion

The intriguing question regarding how some adolescents find a way to escape from a life of addiction to illegal substances, and others do not, set the tone for Chapter 1. In this chapter, the background motivation and purpose of this study were discussed. The chapter also provided an orientation to the reader of the overall trajectory of the study. In Chapter 2, a review of literature will be launched.

CHAPTER 2 Literature Review and Theoretical Framework



Figure 3: Visual representation of the literature review and of the current knowledge, substantive findings, and the theoretical and methodological contributions to the construct of resilience.

2.1 Introduction

In Chapter 1, the intriguing question of how some adolescents find a way to escape from a life of addiction to illegal substances while others do not, set the tone. The chapter also gave a background motivation for the purpose of the study, as well as an orientation to the reader of the trajectory of the study. In Chapter 2, the researcher establishes a framework to enhance understanding of the construct of resilience. The review is organised around central issues, namely: 1) substance abuse in South Africa; 2) determinants of drug use; 3) risk and protection factors; 4) consequences of drug use; 5) definition of resilience; 6) the question of whether a person is born with resilience or whether it is a dynamic process; 7) the history of the construct of resilience.

The escalating proportion of South African patients reporting to treatment centres, who are younger than 20 years, has become, to many a despairing parent, the larger than life elephant in the room. Parry, Plüddermann and Bhana (2009 b) suggest that this alarming trend may be ascribed to the proliferation in drug use among the youth, as well as increased accessibility to treatment services. An upward spiral in the demand for treatment has been observed among young African and Coloured persons (Parry, et al., 2009 b). A significant statistic that gave rise to this particular study is that, in the South African province of Gauteng, over the second period of 2009, 78% of heroin patients younger than 20 years were African (Plüddermann, Parry, Bhana, Dada & Fourie, 2010 c). The following table is an illustration of high school learners who have used substances other than alcohol and tobacco in their life time:

Table 4: Percentage of high school learners who use drugs by gender, race, age and province

(adapted from YRBS, 2013)

		Ever taken drug like heroin, mandrax, sugars, tik			Ever used inhalants ³			Ever used Mandrax ⁴			Ever used cocaine ⁵			Ever used heroin ⁶			Ever used "club drugs" ⁷			Ever used tik			Ever used 'whoonga' ⁸			
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	
AGE																										
17	n	908	1,004	1,912	917	999	1,916	920	1,001	1,921	924	1,007	1,931	918	993	1,911	924	1,006	1,930	932	1,006	1,938	924	1,007	1,931	
	%	10.5	8.9	9.6	14.2	8.3	11.3	6.3	3.6	4.9	4.8	3.4	4.1	8.2	2.9	5.5	5.0	1.8	3.4	6.8	3.8	5.3	6.4	3.1	4.8	
	LCL	7.9	6.3	7.5	11.1	6.6	9.4	4.6	1.9	3.4	3.3	1.7	2.9	6.2	1.8	4.2	3.6	0.9	2.3	5.1	2.1	3.7	4.4	2.0	3.4	
	UCL	13.7	12.3	12.4	18.1	10.5	13.4	8.6	6.8	7.1	6.8	6.6	5.7	10.7	4.8	7.3	6.9	3.6	4.9	9.1	6.8	7.5	9.4	4.9	6.7	
18	n	599	550	1,149	609	553	1,162	609	556	1,165	623	561	1,184	611	560	1,171	612	562	1,174	621	563	1,184	617	561	1,178	
	%	16.1	8.2	12.4	17.5	11.2	14.6	9.4	5.1	7.4	7.7	2.4	5.2	9.3	4.1	6.8	7.2	1.6	4.5	8.8	2.6	5.9	8.0	1.5	4.9	
	LCL	12.3	5.0	9.5	12.3	7.4	11.0	6.2	2.9	5.8	5.4	1.4	3.9	6.3	2.1	5.1	5.0	0.7	3.3	6.3	1.5	4.3	5.5	0.7	3.5	
	UCL	20.8	13.1	16.1	24.4	16.6	19.1	14.1	8.8	9.5	10.9	4.1	6.9	13.5	7.9	9.0	10.3	3.3	6.2	12.1	4.4	7.9	11.5	3.3	7.0	
19 or over	n	855	670	1,525	862	676	1,538	866	679	1,545	881	686	1,567	865	669	1,534	878	683	1,561	883	685	1,568	884	680	1,564	
	%	13.8	9.2	11.8	16.3	9.8	13.5	9.6	4.7	7.6	8.2	3.0	6.0	10.3	3.5	7.4	4.9	2.6	3.9	9.3	6.0	7.9	7.6	3.8	6.0	
	LCL	10.6	6.4	9.8	13.2	7.2	11.3	7.2	2.8	5.5	6.0	1.6	4.2	7.8	2.1	5.6	3.4	1.5	2.7	6.8	3.7	6.0	5.8	2.1	4.6	
	UCL	17.8	13.2	14.3	19.9	13.2	16.1	12.7	7.9	10.3	11.1	5.3	8.3	13.4	5.9	9.8	7.0	4.5	5.6	12.5	9.7	10.4	9.7	6.9	7.7	
PROVINCE																										
Gauteng	n	454	604	1,058	468	608	1,076	465	612	1,077	473	615	1,088	471	611	1,082	476	617	1,093	473	613	1,086	473	614	1,087	
	%	10.2	5.7	7.9	20.5	10.6	15.5	8.5	4.4	6.4	7.2	3.5	5.3	9.3	4.1	6.6	4.6	1.5	3.0	8.3	4.1	6.2	6.5	1.4	3.9	
	LCL	7.3	4.4	6.4	15.3	7.5	12.5	5.8	2.4	4.7	4.7	1.8	3.6	6.1	1.9	4.7	2.6	0.8	2.1	6.3	2.2	4.6	4.4	0.6	2.7	
	UCL	14.1	7.4	9.7	27.0	14.8	19.0	12.2	8.0	8.7	10.9	6.7	7.9	13.8	8.5	9.2	8.1	3.0	4.3	11.0	7.5	8.3	9.5	3.2	5.8	

Further indications are that tobacco and alcohol, as two legal substances, are the first substances that young people experiment with - likely because of their social acceptability and accessibility. Some studies have shown that tobacco use and alcohol use are precursors to the use of other substances (the “gateway effect”) and that if the use of alcohol and tobacco can be prevented, the uptake of harder drugs such as cocaine and Nyaope is less likely (DoBE, 2013). This observation is accentuated by the findings of the second South African National Youth Risk Behaviour report (2008), as well as the third Youth Risk Behaviour Survey (2013) conducted amongst grade 8-11 learners. These reports indicated that approximately a third of learners (27,6%) had smoked in their lifetime, with 17,6% being current smokers (Reddy, James, Sewpaul, Sifunda, Ellaheboks, Kambaran & Omardien, 2011). The review is organized firstly around issues of substance abuse in South Africa and secondly the concept of resilience.

2.2 Substance Abuse in South Africa

The abuse of alcohol and other substances is a global phenomenon that has far-reaching and detrimental effects on the socio-economic landscape of nations. In South Africa, the campaign against the abuse of alcohol and other substances is

being led by the Inter-Ministerial Committee and Technical Task Team in which the Department of Basic Education plays an active role. The vision of a drug-free South Africa is supported by the National Drug Master Plan, which provides the blueprint for the country's approach to alcohol and drug use. These seminal initiatives and documents serve as the guiding principles of the Department of Basic Education (Department of Education, 2013).

The negative statistics on drug abuse are a cause for concern in Africa, and in South Africa in particular. Africa has roughly 17% to 21% of global illicit drug users, and the greatest problem is cannabis abuse (63%) (UNODC, 2010). In South Africa, the most abused legal substance is alcohol, while among illicit substances, cannabis is the front runner. It is estimated that 28% of the population of South Africa consumes alcohol, while cannabis use among adolescents ranges from 2% to 9% (Peltzer, Ramlagan, Johnson & Phaswana-Mafuya, 2010). A growing concern of note is that the percentage of poly-substance abuse (the use of more than one drug at a time) remains high in South Africa, with between 32% and 45% of patients in treatment reporting abuse of more than one substance (Plüddermann, Parry, Dada, Bhana, Backoo & Fourie, 2010a). Statistics also show that more females than males abuse over-the-counter and prescription medicines (Plüddermann, et al., 2010a)

There has been an increase in patients younger than 20 years, reporting to treatment centres. This age group constitutes between 17% and 28% of patients in treatment (Plüdderman et al., 2010a). These statistics hint at the dire realities of at-risk adolescents disposed to substance abuse. It also becomes clear that, without intervention, adolescents facing significant adversities have a greater likelihood of encountering problems as they traverse their developmental paths (Luthar et al., 2000).

2.3 Determinants of substance abuse

The usage of drugs and other substances is influenced by a myriad of risk factors. There are however a host of protective factors that can potentially mitigate the effects of substance abuse. To conceptualise the complexities of the many influences of drug and alcohol abuse behaviour, including the different levels at which they operate, proponents against drug abuse in South Africa and researchers, such as Soul City

Institute for Social Justice (2009), distinguish two frameworks: the supply and demand framework, and Bronfenbrenner’s bioecological systems (Bronfenbrenner, 1994).

The South African Drug Prevention Master Plan uses the supply and demand framework. This framework is based on three prongs - the strategy of each prong is noted in a respective silo. Figure 4 is a visual representation of the demand reduction prong, supply reduction prong and the harm reduction prong.

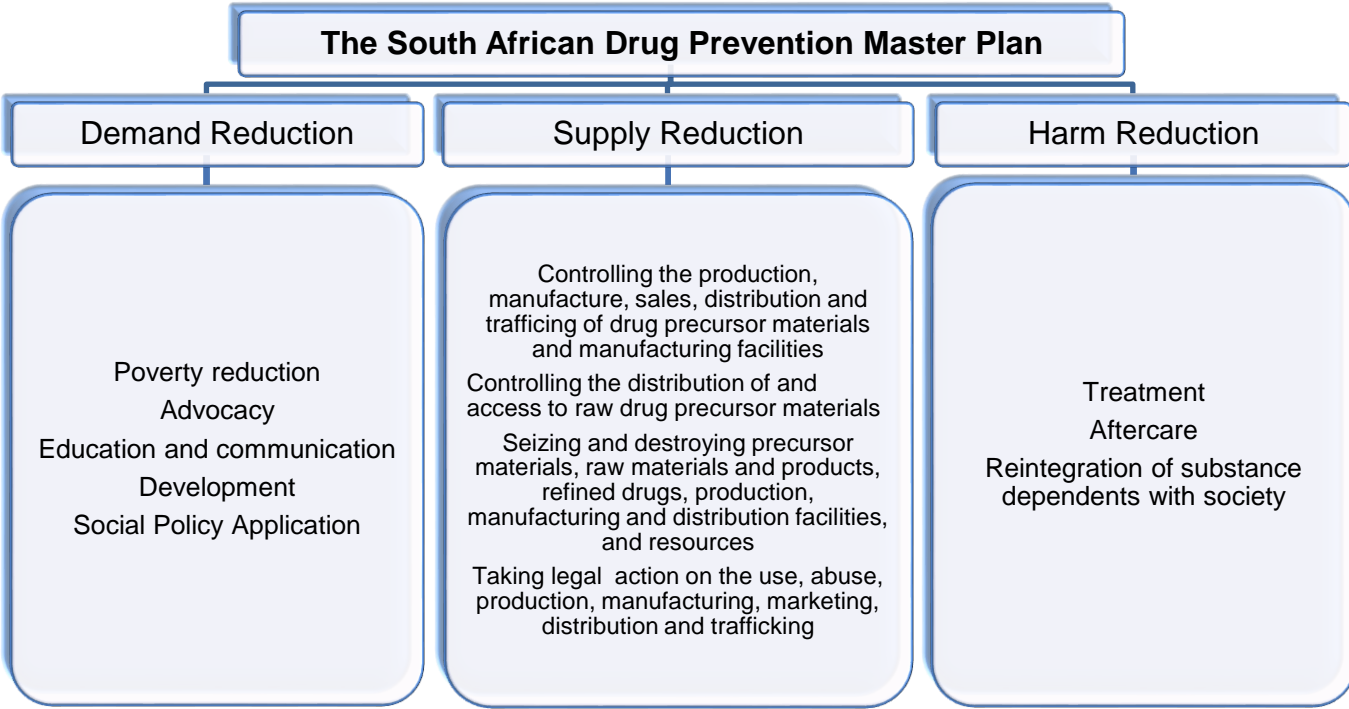


Figure 4: Demand and supply framework adapted from The South African Drug Prevention Master Plan

2.3.1 The Supply and Demand Framework on Substance Abuse

The supply and demand framework emerged from the generally accepted view that no single approach, such as criminalising or decriminalising substances or abusers, would solve the problem of substance abuse (National Drug Master Plan of South Africa, 2013-2017); hence, the employment of a three-pronged status which includes demand reduction, supply reduction and harm-reduction.

This study, like other proponents against the abuse of drugs and substances, such as Soul City Institute for Social Justice (2009), is critical of this framework and argues for a multidimensional approach. The shortcoming of this framework can be described as follows: “The main drawback of the supply and demand framework is that it places intervention programmes in silos with limited vertical and horizontal interactions” (Soul City Institute for Social Justice, 2009).






2.4 Risk and Protective Factors in Substance Abuse

2.4.1 Risk factors associated with substance abuse

Mampane (2004) concurs with other scholars that risk factors impact negatively on the competence and resilience of individuals. She asserts that exposure to chronic stress and adversity and a lack of resources to mitigate the risk could lead to maladjustment. Maholmes (2014, p. 27) refers to risk factors as negative occurrences or adverse phenomena in the environment or within the child that put the child at risk of having a poor outcome. The bioecological systems theories of Bronfenbrenner (1994) and Garmezy (1991) corroborate this assertion, arguing that these factors are present in the individual, family and community. Risks to individuals that may result in negative outcomes include chronic illness, temperament and mental disorders. At the family level, the risks include harsh parenting styles, job loss, depression, food insecurity, poverty and economic disadvantage. Community risk may manifest in poor neighbourhood quality and cohesion and/or lack of resources (Maholmes, 2014, p. 24; Southwick & Charney, 2012, p. 20). In Eersterust and Nellmapius where the sites for this study is situated there are ample examples of these factors at play. It is imperative to note that risk is cumulative in nature - the presence of one risk increases the likelihood that more risks will emerge (Newman, 2004; Southwick & Charney, 2012; Maholmes, 2014). The following table 5 is a representation of risk factors associated with substance abuse by adolescents. It refers to the various contextual factors, such as individual factors, family factors, school factors, community factors and societal factors that influence the outcome of an adolescent’s life with regard to substance abuse.

Table 5: Risk factors for substance abuse by adolescents

(adapted from DOE, 2013)

	Individual	Family	School	Community	Societal
					
RISK FACTORS	<ul style="list-style-type: none"> • Delinquency • Peer pressure • Rebelliousness • Rejecting parental authority • Sensation seeking • Impulsiveness • Aggression • Poor sense of well-being 	<ul style="list-style-type: none"> • Parental drug use • Family conflict • Poverty/ Affluence • Family context/ structure and cohesion • Low expectation • Level of education 	<ul style="list-style-type: none"> • Deviant peer affiliation • Skipping school • Availability of alcohol and other drugs in or around school premises • Low academic aspirations • Poor school performance • Poorly qualified and/or skilled teachers 	<ul style="list-style-type: none"> • Exposure to public drunkenness • Neighbourhood affirmation of substance use • Few job opportunities • Abundance of free, unstructured time • Ease of access to alcohol and other drugs • Over crowdedness • Service delivery 	<ul style="list-style-type: none"> • Advertising that promotes drug use • Moral and social degeneration

In South Africa, there seems to be limited data on the determinants of drug use. International models on the causes of substance use are however generally applicable to the South African context (Panday, Reddy, Ruiter, Bergstrom & de Vries, 2005). The researcher proposes though, that there may still be a different

point of view to be discovered, as studies of this nature are increasingly undertaken by students in the developing countries, in their own milieu. In this study, the following factors are envisaged as potential risk factors:

2.4.2 Protective factors associated with substance abuse

The entry of positive psychology has caused a shift in how practitioners go about implementing protective strategies in dealing with adversity (Prince-Embury & Saklofske, 2014; Ebersöhn & Eloff, 2006; Malholmes, 2014; Southwick & Charney, 2012). Martin Seligman (2002), the main proponent of “positive psychology”, has argued strongly for a shift from the prevailing focus on pathology to constructing a methodical science of psychology. This methodically builds competency and does not focus on weakness. It is argued that this has led to major strides in prevention (Prince-Embury & Saklofske, 2014). Ebersöhn and Eloff (2006, p. 15) “enthused at how positive psychology has “informed and enriched” the development of asset-based approaches”. Kretzman and Mcknight (1993:1) referred to an, “asset-based community development. According to an asset-based philosophy, communities are built with what is present in the community, utilising problem-solving capacities found within the community itself, and relying on relationship among community members”. Eloff and Ebersöhn (2006) describe the asset-based approach as the focus on capacities, skills and assets within a social system. In this study, this can represent anything that can mitigate the problem of drug abuse. This may include advocacy groups, parental support groups, a school, a hall, local treatment centres, SANCA, Victory Outreach, Teen Challenge, and church groups. Prince-Embury & Saklofske (2014, p.17) refer to positive psychology as resilience enhancement, while Malholmes, citing support for Howard (1996), argues for:






- the mitigation of stressors through personal resources such as temperament, social engagement, and cognitive skills;
- united families that are warm and nurturing with caregiving styles that are warm and nurturing and build self-esteem;
- external support such as teachers, neighbours, or institutional structures that provide support and counsel (Malholmes, 2014, p.29).

“Protective factors, in short, refer to accessible traits or qualities in a group of individuals or their situation that predict a positive outcome in the context of risk or

adversity”(Ebersöhn & Eloff, 2006, p. 53). Malholmes (2014, p. 18) describes protective factors as, “personal or environmental resources that work as mitigating instruments in tandem with risk to either reduce or modify the ostensible relationship between risk factors and outcomes. These personal or environmental factors have the potential to ameliorate the otherwise devastating effects of risks to produce more favourable outcomes”. In Table 6, protective factors associated with substance abuse by adolescents are represented. The table indicates the various contextual factors, such as individual factors, family factors, school factors, community factors, and societal factors, that influence a positive outcome on an adolescent’s life with regard to substance abuse.

Table 6: Protective factors for substance abuse by adolescents

(adapted from DOE, 2013)

	Individual	Family	School	Community	Societal
					
PROTECTIVE FACTORS	<ul style="list-style-type: none"> • Self-confidence • High self-esteem • Good relationships 	<ul style="list-style-type: none"> • Good relationship between caregiver and child • Good communication between caregiver and child • Parental monitoring (e.g. setting rules) • Level of education 	<ul style="list-style-type: none"> • School policy on substance use • Code of conduct • Quality of educational experience • Well trained/qualified teachers • Ethical conscientiousness of educator 	<ul style="list-style-type: none"> • Community disapproval of substance use • Access to positive leisure activities 	<ul style="list-style-type: none"> • Taxation • Controlling availability and access to substances • Increasing minimum legal age of alcohol consumption • Effective policy implementation

2.5 Consequences of Substance Abuse

Empirical studies inform us that apart from physical health problems, substance abuse is also linked to a myriad of other socioeconomic and mental deficiencies that impact upon the individual, his/her family, school, and society at large. According to the Department of Basic Education (2013), these include academic difficulties, mental illness such as depression, injuries, road accidents, crime, violence, and sexual risk behaviour, which may result in HIV infection, unintended pregnancy, or sexually transmitted infections (STIs).

This study recognised from the onset the interrelatedness of the individual, community, and societal effects of substance abuse and reviews literature on these individual consequences, and consequences on family, community, and society below.

2.5.1 Consequences of substance abuse on an individual level in South Africa

Substance abuse has been linked to a myriad of physical and mental health problems, as well as increased levels of morbidity and mortality rates. It is also established that smoking enhances the risk of death from types of lung cancer, heart disease, stroke, chronic respiratory disease, and various other conditions. Alcohol and other substance abuse is linked to more than 60 types of diseases and injury (Department of Basic Education, 2013 in WHO, 2009). Alcohol is also globally responsible for approximately 20% of deaths due to motor vehicle accidents, 30% of deaths due to oesophageal cancer, liver cancer, epilepsy, and homicide, and 50% of deaths due to liver cirrhosis (Department of Basic Education, 2013 in WHO, 2009).

Literature also shows a strong correlation between substance abuse and numerous accidental injuries, such as traffic accidents, drowning, poisoning, burns, and falls, and premeditated injuries, such as interpersonal violence, suicides, child abuse, and sexual violence (Soul City, 2009). The incidence of homicide, intimate partner violence, rape, and child abuse has also been linked with the misuse of alcohol and drug misuse (Seedat, van Niekerk, Jewkes, Suffla & Ratele, 2009). Many scholars also propose that risky behaviour linked to drug use is a chief contributor to the spread of HIV/Aids (Bisika, Konyani, Chamangwana & Khanyizira, 2008; Olisah, Adekeye,

Sheikh & Yusuf, 2009). These scholars further suggest that drug misuse is able to alter that part of the brain that is responsible for weighing risk and benefit when making decisions and any form of drug taking (orally, injection, or another form) can put a person at risk of contracting HIV. According to Olisah et al. (2009), drug users are more likely than the general population to contract HIV; curbing youth drug use would therefore reduce the spread of HIV and related diseases.

Finally, studies also indicate that adolescents who engage in alcohol and drug use are more likely to be sexually active than those who do not (Santelli, Kaiser, Hirsh, Radosh, Simkin & Middlestadt, 2004), and are therefore more inclined to engaged in unprotected sex (Taylor, Dlamini, Kagora, Jinabhai & de Vries, 2003). Researchers also opine that the psychopharmacological effects of some drugs tend to enhance sexual arousal, reduce inhibition, and disempower females to withstand sex (Morejele, Kachieng, Mokoko, Nkoko, Parry, Nkowane, Moshia & Saxena, 2006). Again, all of this increases the risk of contracting HIV and/or related diseases.

Other negative outcomes associated with adolescent drug use include social exclusion, marginalisation, unemployment, poverty, crime, welfare dependence, and violent behaviour (Soul City Institute for Social Justice, 2009).

2.5.2 Consequences of substance abuse to family and community

Studies acknowledge that substance abuse wreaks havoc within households and families, and violence ranks significantly amongst a host of problems. Scholars such as Parry, Marojele, Saban and Flisher (2004); Zulu, Urbani, Van der Merwe & Van der Walt (2004), and WHO (2010) imply a strong correlation between substance abuse and interpersonal violence. This includes gender-based violence and sexual assault, as well as school violence, which in many instances promotes a non-conducive teaching and learning environment. Alcohol and drug misuse by a family member has been connected to homicide, intimate partner violence, rape, and abuse of children (Seedat, Stein, Jackson, Heeringa, Williams, & Myer, 2009). A study by Morojele and Brook (2006), found that alcohol and drug use by adolescents, as well as by those in the adolescent's social environment, and the availability of drugs in their environment, are related to an increased risk of experiencing violence. Research has also highlighted an association between alcohol, other drug use and

academic difficulties, absenteeism, and school drop-out (Sutherland & Shepherd, 2001). A study done in the Western Cape found that the drug methamphetamine, colloquially called “tik”, has negative consequences on mental, physical, and economic well-being and adversely affect employment prospects because of resulting school drop-out and imprisonment of drug users. The same study also suggests a link between “tik” use and household conflict, with dire outcomes such as neglect and poor birth consequences. Respondents, at a community level, suggested that “tik” use is responsible for spiralling crime and violence, impeding community cohesion (Watt, Mead, Kimani, McFarlane, Choi, Skinner, Pieterse, Kalichman & Sikkema, 2014).

It is estimated that 17.2% (or approximately one third of the population) of the families of alcohol and other drug users are affected adversely financially and emotionally because of the user's actions among them (The National Drug Master Plan, 2016). The same report estimates that the problem of illicit drugs costs the South African economy 6.4% of Gross Domestic Product (GDP), or R136 billion, each year. Budlender (2009) is of the opinion that this is a fraction of the actual cost. Other costs emanating from drug related violence, injuries, deaths, disease, law enforcement, and loss of productivity remain largely unquantified. The National Drug Master Plan (2012-2016) also lists hospitalisation and treatment costs for addicts, increased use of medical benefits, increased workers' compensation claims, high job turnover, and damage to property as costs that are not even included in the economic cost of tobacco and illegal drug use as risk.

This study concurs with Ransoomar (2015), that literature in South Africa is yet to shed light on the detrimental effects of substance abuse on others, such as friends and colleagues. Budlender (2009) points out that further studies should be undertaken to establish the effects of substance abuse on the quality of family life, pressures on family finances, family stress levels, family or friend disruptions, emotional and psychological impacts on families, divorce, and theft from family and friends.

In Eersterust, within the immediate milieu of this study, anecdotal evidence suggested a considerable increase in drug-related incidents since the beginning of 2015. Conversations with leading protagonists in the fight against drug abuse

(SANCA, Concerned Parents Action Group, Victory Outreach and Teen Challenge) paint horrific pictures of crime, murder, and suicides related to trafficking and abuse of drugs. Headlines like the one below, occupy prime space in the local newspapers, highlighting the rampant rate of death among adolescents in Eersterust:



Photograph 1: A newspaper headline highlighting the rampant rate of suicides due to substance abuse.

(Pretoria News, 22 August 2015).

According to community representatives, illicit drug abuse is affecting 15 000 young people – mostly school learners - "...who end up dropping out of school". The plight of this community has necessitated intervention from the highest level of government.

Government comes to Eersterust with promises of action

SOUTH AFRICA Saturday 22 August 2015 - 8:19pm



PRETORIA, 22 August 2015 - Residents from Eersterust wrote to the president asking him to assist with stamping out drug abuse. Zuma and members of the cabinet hosted an Imbizo there, to see what needs to be done to fight the scourge. His visit to this com Video: eNCA

Photograph 2: The growing problem of substance abuse led to a visit from the state president

(Courtesy eNCA, 22 August 2015)

2.6 The history of the construct resilience

Resilience research started with professional researchers attempting to determine what makes one individual more resilient to adversity than another. In this study, adversity refers to the state or instance of serious or continued difficulty or misfortune, such as poverty, few or no job opportunities, victimisation, discrimination, parental drug use, or parental drinking and marijuana use. Researchers suggest that these factors contribute to adolescent drug use (Brook, Morojele, Pahl, & Brook., 2006; Arteaga et al., 2010; Parry et al., 2004).

On the other hand, there is a host of factors that potentially serve as tools to buffer the effects of substance abuse. There is a plethora of interrelationships and intra-relationships that drive resiliency in substance abuse. The earliest writings on resilience were theoretical in content and included pondering on the healthy personality and development as compared to pathological research (Maginnes,

2007, p. 3). Maslow's "hierarchy of needs" is one example (Maslow, 1943), according to Maslow individuals are motivated by unsatisfied needs.

The next phase was research on epidemiology and risk. In this phase, the focus was on the development of psychopathology, with reference to the development of children whose parents were suffering from mental illness (Luthar et al., 2000; Luthar, 2006). It was found that many of the children of schizophrenic mothers flourished despite their high-risk status. This prompted researchers to probe the different individuals' responses to adverse circumstances (Masten, 2001; Luthar et al., 2000) - which spanned a whole range of factors, such as violence, poverty, illness, and other catastrophic life events that impacted on the lives of these children (Garmezy, 1993; Luthar et al., 2000).

From these studies emerged the notion that children who adapted better to life's adversities were "hardy", "invincible" and "invulnerable" (Waxman et al., 2003; Luthar, 2006; Masten, 2001). This notion has since been discarded in favour of the view that resilience is a dynamic and multidimensional construct (Malholmes, 2014; Ebersöhn & Eloff, 2006; Prince-Embury et al., 2014). It implies that there exists a myriad of factors that influence the use of alcohol and drugs, which include advocacy groups, parental support groups, a school, a hall, and local treatment centres such as SANCA, Victory Teen Challenge, and church groups.

2.7 The importance of resilience

Resilience is a broad construct that spans a diverse range of disciplines. In engineering, the resilience of a system refers to a set of behaviours and strategies allowing for the creation of proactive defences against disturbances and interruptions that threaten the system's integrity (Palazzi, Curro, Reverberi & Fabiano, 2014). In business, on the other hand, the resilience of an organisation is its capacity to anticipate and react to change, not only to survive, but also to evolve (Newnham & Crask, 2015). In sport, Solomon and Becker (2004) created a four-step process called "ARSE" which athletes can use to deal with performance errors. The steps are: Acknowledge the error and the frustration it causes; Review play and determine how and why the error occurred; Strategise – plan to make the necessary corrections; and Execute – prepare for the next play. In almost all fields, and in most

typologies, resilience is essentially described as the ability to "bounce back" from adverse circumstances such as stress, disruption and change (Solomon and Becker, 2004).

However, over almost five decades of research on the topic of resilience, a myriad of perspectives and champions of resilience have emerged and an extensive body of research has been constructed (Southwick & Charney, 2012; Haggerty, 1994; Neil & Dias, 2001; Masten & Coatsworth, 1998). There has however still not been on a single definition of resilience amongst scholars - they define the construct of resilience in many different ways. The following statement of Luthar et al. (2000, p. 7) corroborates this assertion: "The theoretical and research literature on resilience reflects little consensus about definitions, with substantial variations in operationalisation and measurement of key constructs". Malholmes (2014, p. 25) refers to resilience as a term commonly used to describe people who have the ability to "bounce back" from difficult situations. Similarly, Ebersöhn & Eloff (2006, p. 53) describe resilience as the adaptation needed to cope skilfully with demanding circumstances and coping in the face of difficulties so that one remains functional and enjoys life, while Masten (2001, p. 228) defines resilience as a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development. This study concurs with the definition of Malholmes (2014, p. 26) and, more particularly, with that of Ebersöhn & Eloff (2006), whose reasoned approach suggests a departure from a needs-based approach. This study therefore acknowledges the prevailing adverse circumstances (negative socioeconomic conditions such as poverty, unemployment, and antisocial behaviours) in Eersterust and Nellmapius. It views resilient behaviour as the interaction of all community assets, such as problem-solving capacity, "Ubuntu" (relationship amongst community members), advocacy, skills, and other assets that successfully counteract substance abuse.

Resilience as a construct is generally approached and explained from two angles: the context of adversity, and the context of positive adjustment outcomes (Werner & Smith, 2001; Masten, 2001). The dominant focus of the above-mentioned approaches were initially on identifying factors that were present in the lives of those who flourished in the face of adversity, as opposed to those who did not (Rhodes &

Schechter, 2012, p. 3-5; Coleman, 2014). However, despite the broad examination of the construct of resilience across many and various studies and scholarly interest, there still remains a great chasm on how adversity and positive outcomes are defined.

Resilience defined as a positive adaptation also has many proponents, who espouse excellent demonstration of social skills, academic skills, or successful execution of tasks. Ebersöhn & Eloff (2006, p. 57), in their “Five C’s of positive child development”, explain that one of the C’s, competence, represents intellectual ability and social and behavioural skills. Malholmes, meanwhile, suggests that competence is a hallmark of resilience. She postulates that, “outcomes observed in adolescents and adults may have their roots in the development of important competencies and skills during childhood” (Malholmes, 2014, p. 29).

In view of these differences in terminology, Masten (1994) argues that resilience must be understood as a process. She asserts that resilience must be viewed as an interplay between certain traits of an individual and the environment at large - the equilibrium between stress and the ability to cope, including a dynamic and developmental process at play at these important transitions of life. This notion is pursued in this study, which holds that there is a link between internal and environmental factors.

2.8 Is a person born with resilience or is it a dynamic process?

Questions that have been frequently debated of late, in resilience literature, include whether resilience is a trait, a process or an outcome variable, and whether it is enduring or situation-specific (Prince-Embury & Saklofske, 2014, p. 13-14). In the early stages of the waves of resilience research, individuals who triumphed over adversity were regarded as “tough”, “unconquerable”, or “invulnerable” (Waxman, Lin & Michko, 2003, p. 9). These labels suggested that these individuals possessed rare and peculiar qualities which enabled them to adapt and cope with whatever adversity they were facing (Mulloy, 2009). Researchers now seem to have reached consensus that resilience is complex, multidimensional and dynamic in essence (Bonanno,

2014; Luthar, Cicchetti & Becker, 2000; Malholmes, 2014; Ebersöhn & Eloff, 2006; Southwick & Charney, 2012). Scholars increasingly reject the notion that resilience is a remarkable and innate quality, and instead accept that resilience is a developmental process that incorporates normative, adaptive propensities of an individual (Masten, 2001). It is, however, also recognised in resilience research that individuals do possess an innate capacity for resilience. Bonnie Bernard, in an extract from her book 'Fostering Resilience in Children' asserts: "We are all born with an innate capacity for resilience by which we are able to develop social competence in problem-solving skills, a critical consciousness, autonomy and sense of purpose" (as cited by Eric Digest in Bernard, 1995, p. 2). This study, which is grounded in post-modernist social constructivism, questions any view that holds that resilience is exclusively innate. The researcher agrees with the socioecological systems theory of Bronfenbrenner (1979) and Garmezy's Triad of protective factors (1985), amongst others, that the perceptions of an individual are inseparably linked to and influenced by the environment.

There is now a greater sense of convergence in the opinions of scholars that resilience is not a single fixed attribute but a dynamic set of processes that can be cultivated (Masten, 2001; Maholmes, 2014; Ebersöhn & Eloff, 2006; Southwick & Charney, 2012). The socioecological systems theories espoused by Bronfenbrenner (1989) and Garmezy (1991) support the notion of a link between individuals and their environments. Bronfenbrenner explains that the individual is affected by different types of environmental systems, which are referred to as ecological systems, namely a micro-, meso-, exo-, macro- and chronosystem. Garmezy (1991) conveys this through his triadic model of resilience, which explains the dynamic interplay between risk and protective factors on three levels, namely individuals, family and environment.

The view that resilience can be understood as patterns of positive adaptations in the context of risk or adversity, corroborates Werner's (1993) findings that resilience is subject to change over time, and that a person can be resilient at one point in life and not in another, or in one domain and not another (Malholmes, 2014, p. 26; Theron & Theron, 2010).

Research highlights that high-risk behaviours “tend to cluster together”. In other words, adolescents who use alcohol and drugs are more likely to participate in sexual and other promiscuous behaviours (Reddy *et al.*,2010). As a result of the complexity and scope of risk factors linked to substance abuse, the diverse range of approaches to strengthening and maintenance of resilience is advocated (UN, 2000). Examples of strategies to strengthen and maintain resilience are as follows:

- Individual level – Enhancing self-confidence, self-esteem and good relationships;
- Familial level – Positive relationships and communications between caregiver and child, and parental monitoring (setting of rules);
- School level – School policy on substance use, code of conduct and the quality of the educational experience;
- Communication level – Community disapproval of substance use and access to positive leisure activities;
- Societal level - Taxation, controlling availability and access to substances and increasing the legal age of alcohol consumption. (DoBE, 2013).

2.9 Resilience as a Developmental Process

Since scholars concur that resilience is complex, multidimensional and dynamic in essence, it can also be argued that resilience is a developmental process incorporating normative and adaptive propensities of an individual (Bonanno and Levenson, 2014; Luthar, Cicchetti and Becker, 2000; Malholmes, 2014; Ebersöhn and Eloff, 2006; Southwick and Charney, 2012; Masten, 2000). The following are some of these propensities identified:

- i. Research indicates a link between traumatic experiences and delinquency or anti-social behaviour (Artega *et al.*, 2010; Nida, 2014; Brook *et al.*, 2006; Rohner, 2016). Similarly, research proves that individuals who have had traumatic experiences demonstrate a propensity to overcome their debilitating experiences (Masten, 2011; Malholmes, 2014; Ebersöhn and Eloff, 2006; Luthar, 2006). This adaptive propensity points to resilience, which Rutter (2012) describes as the ability to successfully overcome traumatic experience.

The process of evaluation, assessment or counting the cost includes a series of psychological processes including introspection, which constitutes self-awareness. (Locke, 2009; Schwitzgebel, 2016)

- ii. The adapted propensity to overcome adversity is also influenced by the way individuals regard rewards and reinforcement. How individuals perceive rewards, depends on their own behaviour. Alternatively, how forces beyond their control impact on their behaviour, determines their perception of control in any given situation (Rutter, 1996). Consequently, the significance of individual characteristics is accentuated by their perceptions of control (Roddenberry, 2007). When individuals regard events as not resulting from their own actions, they label such events as belief in external control. They perceive such events as the result of luck, chance, fate or as under the control of others. Contrastingly, when individuals perceive events as dependent on their own behaviour, they see themselves as having belief in internal control (Roddenberry, 2007:10). This therefore suggests that resilience not only emerges from environmental stimuli, but individuals are capable of internal cognitive processes, such as thinking and judging. This propensity constitutes locus of control (Giovazolias & Themeli, 2014).
- iii. Role modeling researchers suggest that the transition from adolescence to adulthood is a critical process (Artega et al., 2010; Brook et al., 2006; Rutter, 2010; Malholmes, 2014). Adolescent behaviour and lifestyle choices can have immediate and lasting consequences on life outcomes. These choices include adolescent smoking, excessive drinking, and drug use, which are linked to various health outcomes later in life. Yancy, Grant, Kurosky, Kravitz-virt & Milstry, 2011). Research suggests that adolescent behaviour is significantly influenced by peers and other social relationships, role modelling, and mentoring, and that these constructs may therefore be of considerable value to influence risk and protective behaviours among adolescents (Yancy et al., 2011; Morgenroth, Ryan and Peters, 2015).
- iv. (Bandura, 1986, 2004) defines a role model as a person who is seen as an example or worthy to be identified with or imitated. The selection of role models may reflect elements of psycho-social and self-perception attributes in adolescents. Adolescents emotionally attach themselves consciously or subconsciously to this individual, and there may or may not be direct personal

contact involved, e.g. personalities in the media or in print (Yancy *et al.*, 2011). Role models therefore include a diverse range of people, such as parents, social mothers or fathers, teachers, pastors and peers (Malholmes, 2014).

2.10 Anti-social behaviours and other contextual factors that detract from resilience.

Bronfenbrenner (1994) underlines the significant role that family, parents, and peers, combined with other contextual factors play in the life of an adolescent concerning substance abuse.

Ramsoomar (2015) identifies factors such as gender, genetic predisposition, age, substance knowledge, low self-esteem, impulsivity, and sensation seeking as detractors to adolescent resilience to substance abuse. Studies also suggest that behaviours such as low religious involvement, instant gratification, depressive symptoms, a poor sense of wellbeing, and low self-esteem cause young people to capitulate to substance abuse (Steinman & Zimmerman, 2004).

Evidence indicates that adolescents have a propensity to drug use due to their vulnerability and because they are overwhelmed by the challenges in their own lives or family, and society at large (Mohasoa, 2010).

Bronfenbrenner's (1994) bioecological systems framework also refers to the microsystem which encapsulates the individual's domain and represents the adolescent's immediate environment. This domain refers to the family influences, neighbourhood, school, and peer influences. Studies place family at the centre as a determinant of substance abuse by adolescents at the microsystem domain (Arteaga *et al.*, 2010; Brook *et al.*, 2006; Peltzer & Ramlagan, 2009). In South Africa, a strong link has been established between parental drinking and marijuana use and adolescents' use of illegal drugs (Brook *et al.*, 2006). Arteaga *et al.* (2010) corroborate this finding by stating that parental drug use places the adolescent at increased risk for alcohol and drug use. It was found that habitual family conflict and involvement with police and child protection services by age 9 increases the likelihood of future substance dependency (Arteaga *et al.*, 2010).

On the other hand, positive parenting practises act as a buffer against alcohol and other drug use (Fletcher, Steinberg & Williams-Wheeler, 2004).

Other detractors to resilience include the community and neighbourhood attitude towards the use of alcohol and drugs, which influences adolescents' rate of use. A case in point is that community affirmation of smoking is linked with greater rates of smoking amongst adolescents (King, Flisher, Mallet, Graham, Lombard, Rawson, Morajele & Muller, 2003). By the same token, exposure to public drunkenness on a regular basis is also associated with the risk of becoming drunk (Parry et al., 2004b). Furthermore, environmental issues such as unemployment, over crowdedness, discrimination and low socio-economic status are also predictors of adolescent drug use (Brook et al., 2006).

2.11 Theoretical Framework - Bronfenbrenner's Bioecological Framework

Bronfenbrenner's theory will be of benefit to this study as it does not only focus on the individual, but on all the role players – i.e. family, community, and the societal factors that work in tandem to influence developmental outcomes. Bronfenbrenner's theory holds that children are positioned within interacting systems, namely:

- A microsystem (an immediate influential environment)

This includes family, its dynamics, structure and resources. It also includes other influential systems such as peers and other social relationships, as well as the community and its resources particularly support services. Religious and cultural institutions, including the school are also included.

At this level, the individual is not just a passive observer, but actively engages in constructing his own reality.

In this study, the microsystem encompasses individual characteristics, such as personality, attitudes and mental health factors, as well as family, peers, religion and cultural dynamics.

- A mesosystem

This refers to the adolescent's experiences at home in relation to experiences at school, church, community, and so forth. In short, a mesosystem is a network of microsystems.

This study supports the notion that a disconnect between this domain and other domains can pose a risk of anti-social behaviour to the individual.

- An exosystem

The exosystem consists of any environments in which the adolescent is not directly involved, but which may have a bearing on the adolescent's relationships, e.g. the retrenchment of one or both parents.

Ample examples of influences beyond the control of the individual were found during the empirical study.

- A macrosystem

This system is informed by the attitudes, beliefs, values, ideologies, governmental policies, and culture of a society, which may have an influence on the individual and on the other above-mentioned systems that surrounds him/her.

- A chronosystem

This refers to the sum total of cumulative experiences of a person. It highlights major transitions such as deaths, births and marriage. In this study, focus will also be placed on critical junctures, e.g. the death of a loved one, and the potential contribution to resilience or antisocial behaviour. Bronfenbrenner's (1994) ecological systems theory acted as the prism through which this study looked at the resilient behaviour of at-risk adolescents disposed to substance abuse. The study reviewed the context, processes and factors that promote resilience at the above-mentioned levels (Maholmes, 2014, p. 8).

2.11.1 Bronfenbrenner's socioecological framework and its implications for this study

This framework suggests that substance abusers are impacted by various environmental systems. It further implies that the substance abuser is "nested" in a series of interacting environmental systems commencing from the individual domain and shifting outwards through the microsystem, the mesosystem, and ultimately, the exosystem. This framework was also applied by the Department of Basic Education (2013) in their National Strategy for the prevention and management of alcohol and drug use amongst learners in schools..

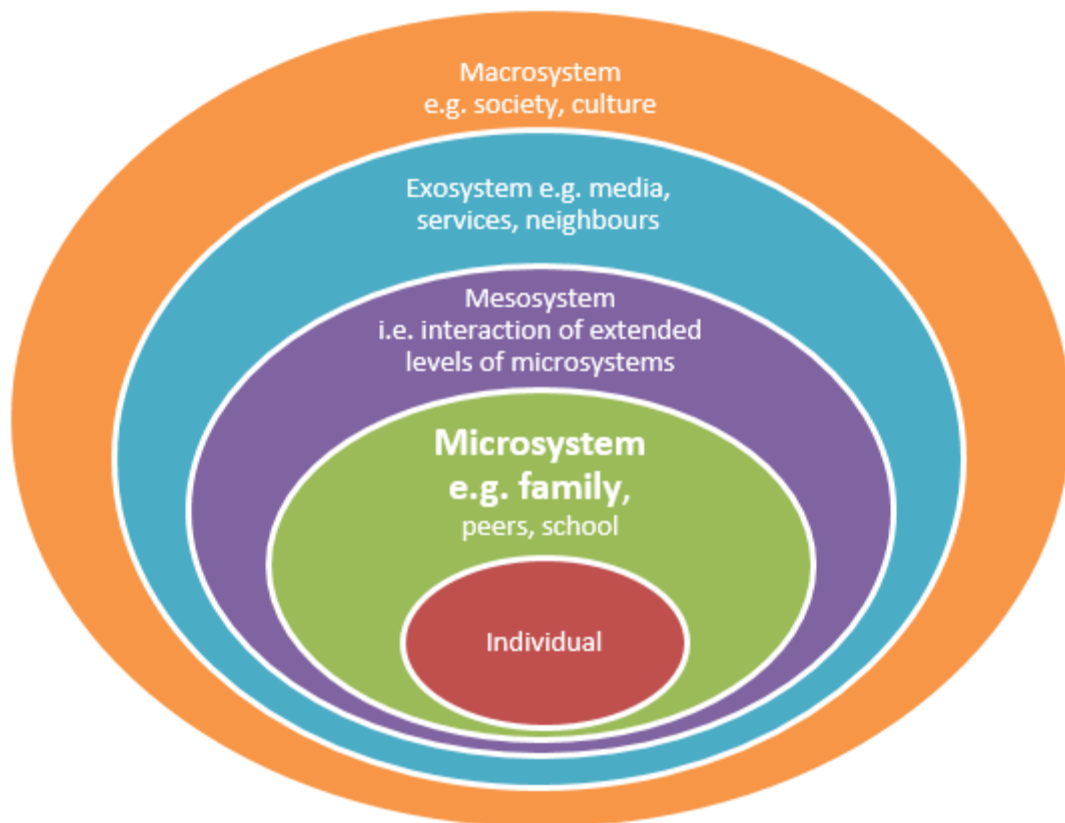


Figure 5 : A visual presentation of Bronfenbrenner's Bio-ecological framework. The framework alludes to the notion that substance abusers are influenced by different enviromental systems.

The socioecological model entails a comprehensive approach to the problem of drug and substance abuse and shows that the factors related to drug abuse are interrelated. Therefore, efforts that seek to mitigate drug and substance abuse should be integrative in nature.

This study postulates that substance abuse can be understood by taking into consideration the different levels of Bronfenbrenner's theory. The strengthening of these systems, for example, location of taverns and shebeens away from schools, drinking in public, and age restriction policies, must be enforced. This step, together with other initiatives such as advocacy, mobilisation and community cohesion can help to promote resilience with regard to substance abuse.

This study, from the onset, deductively sought to understand factors that promote and detract from resilience to substance abuse. Hence it adopted Bronfenbrenner's

bioecological systems theory because of its comprehensive and integrative nature of approach to mitigating drug and substance abuse.

2.11.2 Individual factors that contribute to substance abuse

The Department of Basic Education (in Morojele, Parry & Brook, 2009) refers to individual factors as underlying individual characteristics, such as personality, attitudes, and physical and mental health. Researchers such as Brook, Morojele, Brook and Rosen (2005) list personality determinants such as psychosocial unconventionality, impulsiveness, low harm avoidance, sensation and novelty seeking, and other disinhibition traits, as risk factors contributing to adolescent drug use. Research also indicates that social anxiety, stress-related disorders, and depression may lead to drug and substance abuse as a means to alleviate feelings of distress (NIDA, 2014; Department of Basic Education, 2013).

Other studies that were carried out among South African adolescents suggest that drug and substance abusers may use drugs because they believe that it can help them to forget or solve problems, to be accepted and affirmed by peers, out of curiosity, and/or for pleasure and excitement. It is also agreed that identity formation is a vital aspect of the adolescent's development stage. Some adolescents may therefore start to use drugs because of the perception that it sets them apart or serves as an avenue for rebellion (UNODC, 2004).

King & Chassin (2007) postulate that adolescents who start substance use at a younger age, are more susceptible to becoming regular users and experience difficulty in relinquishing the habit. They also suffer adverse health and socially related outcomes later in life. The Substance Abuse and Mental Health Services Administration (SAMHSA), in their findings from the 2009 National Survey on Drug Use and Health (2010), further strengthens this claim by indicating that studies in the United States of America show that individuals who had first used alcohol at age 14 or younger, were more than six times more susceptible to being classified with alcohol dependence or abuse than those who had their first drink at age twenty-one or older.

2.11.3 Contextual factors that contribute to substance abuse

The family is a significant determinant of substance abuse by adolescents at this level (Department of Basic Education, 2013 in Arteaga, Chen & Reynolds, 2010; Brook et al, 2006). The role of parents during the adolescent years continue to be significant as younger adolescents take heed to parents' opinion regarding alcohol, while older adolescents take their example from parents' own drinking habits (Leteka, 2003; Payne & Meyer-Weitz, 2007). Research reports that the frequent use of alcohol by parents heightens the likelihood of adolescents' exposure to alcohol and related risk behaviour (Department of Social Development, 2013; in Hayes, Smart, Toumbourou & Sanson, 2004c). Arteaga et al. (2010) further opines that recurrent family conflict and involvement in or of child protective services by age 9, also increase prospects of future substance dependency (Arteaga et al., 2010). Role models therefore have a telling influence on the issue of substance abuse. Adolescents have a propensity for imitating the behaviours of their parents, guardians or other people of influence. On the other hand, literature suggests that those with positive role models are less likely to fall prey to substance abuse (Marojele et al., 2006; Fletcher, Steinberg & Williams-Wheeler, 2004). It is also suggested that factors such as the availability of substances around and within the school precinct, and neglectful attitudes of schools towards the use of alcohol and other drug by learners, is likely to contribute to greater use of substances (Marojele et al., 2009). The school also presents itself as a contributing factor of substance abuse when learners are demoralised, have low academic aspirations, or do not meet performance benchmarks (Soul City in Zulu, Urbani, van der Merwe & van der Walt, 2004).

Community factors, such as community affirmation of smoking, are associated with greater rates of smoking among adolescents (King, Flisher, Noubary, Reese, Marians & Lombard, 2004). Parry et al. (2004b) suggest that frequent exposure to drunkenness can be associated with the risk of becoming drunk. Other reviews single out environmental stressors such as poverty, victimisation, and discrimination as predictive of adolescent drug use (Brook et al., 2006).

Economically, taxation coupled with restrictions on physical availability are useful fiscal tools in preventing substance abuse amongst young people. Evidence shows

that a price increase of alcohol and tobacco goes hand in hand with a decrease of consumption, particularly amongst young people, because of their limited disposable income (Department of Basic Education, 2013 in NIAAA, 2005).

The Soul City Institute for Justice (2009) further suggests that culture can be permissive or protective of drug abuse. It also indicates that migration contributes to exposing young people to substance abuse, since young people constitute the largest migrating population in Africa. The Soul City Institute for Justice (2009) is of the opinion that young people migrate to urban areas to look for employment and to escape the monotony associated with rural existence. However, because of the poor prevailing economic situation, they fail to find employment, and this leaves them vulnerable and at risk to substance abuse.

In conclusion, studies also suggest that globalisation and increased open market policies contribute to drug abuse by young people (EU Drug Markets Report, 2016). It is implied that globalisation means greater access to drug markets because of the high volumes of people participating in and supporting the drug trade and consumption.

2.11 Conclusion

The purpose of the literature review was to set the scene for understanding the phenomenon under scrutiny. The framework of the study was established by organising the review around central issues, namely: substance abuse in South Africa, determinants of drug use, risk and protective factors, consequences of drug use, definition of resilience, the question of whether resilience is innate or a dynamic process, and the history of the construct. Bronfenbrenner's ecological framework was used as the theoretical lens for understanding resilient behaviour of adolescents at risk of relapse into substance abuse. In the following chapter, the research methodology will be discussed.

Chapter 3: Research Methodology



Figure 6: Visual representation of the research design which includes the research methodology and quality control.

3.1 Introduction

In Chapter 2, a framework was established through the review of literature, to set up a platform for the investigation of the target group. This was done by organising the review around the central issues relating to substance abuse. This chapter presents the research design employed in this study. This involved the collection and interpretation of data in an effort to understand and describe the phenomenon being studied.

McMillan and Schumacher (2010, p. 8) concisely define research as, “the systematic process of collecting and logically analysing data for a specific purpose”. Creswell (2014, p. 3) amplifies this description by suggesting that, “research is a series of steps used to gather and analyse information to extend our understanding of a topic or issue”. Research steps include the following:

- i) Posing a question
- ii) Collecting data to answer the question
- iii) Presenting an answer to the question

Research is a complex process demanding rigorous and systematic inquiry. It involves the collection of analysis and interpretation of data in an effort to “understand, describe, predict, or control an educational or psychological phenomenon or to empower individuals in such context” (Mertens, 2005, p. 2). This study made use of qualitative research methods, which afforded the research participants the opportunity to give their perspectives on the phenomenon under scrutiny. The narrative approach in this study, through life history research, is a collaborative and descriptive process. Data collection was done from an inductive point of view.

3.2. Paradigmatic Perspective

Creswell (2009, p. 5) postulates that philosophical worldviews influence the practice of research. He calls on individuals preparing a research proposal or plan to make explicit the larger philosophical views that they espouse, as it helps to explain their choice of methods, i.e. quantitative, qualitative or mixed methods. “The nature of an

inquiry is thus located in a set of assumptions or beliefs that give rise to a particular worldview”(Maree, 2008, p. 47). This guides interrelated practice and thinking along the following dimensions:

- **Ontology:** this refers to the form and nature of the reality under scrutiny and what can be known about it;
- **Epistemology:** this refers to the nature of the relationship between the researcher and what can be known;
- **Methodology:** this refers to the strategy and methods employed in studying what is believed to be known.

The relationship between the researcher’s ontological stance and the epistemological perspective which informs their methodology, gives rise to the diverse paradigms that represent the researcher's view and relation to the world (Jackson, 2013, p. 54). The researcher's paradigmatic stance is located in the realm of constructivism.

3.2.1 Constructivism paradigm

Constructivism asserts that reality is constructed rather than set in stone (Broom & Willis, 2007). It seeks to ponder the patented meanings and interpretations and the social and culturally entrenched nature of individual experience, as well as the nature between the researcher and the researched (Rubin and Rubin, 2005). “There exists no single reality; hence, there is no alternative but to take a position of relativism” (Guba, 1990, p. 26)

A high premium is therefore placed on ensuring the following questions:

- i) “Do inquirers actually hear the meanings that they think they hear?”
- ii) “Do researchers actually observe what they think they see”(McMillan & Schumacher, 2010, p. 330)? Great value is resultingly placed on the trustworthiness and authenticity of information.

The constructivist ontological point of view attaches great value to discourse. Combs and Freedman (1996, p. 43) suggest that, “stories include the characters, setting, and so forth, that represent the content of a narrative, whereas discourse determines

a person's choices on what and how life events can be sorted". Marsay (2008, p. 63) suggests that, "life stories are set within different discourses, implying that the narrative of a person's life is made up of many stories located in many discourses". Maree (2008) amplifies this motion by intimating that "social life and reality are constructed entities and are thus 'purely' human products - entrenching the notion that the social world does not exist apart from in the human mind, and truth therefore is not an objective phenomenon independent from those who construct it, including the researcher". (Maree, 2008, p. 59).

In an attempt to amass shared meanings and gain critical insight into human experiences, the researcher epistemologically appreciates the notion of Crotty (1999, p. 9), who suggests that a subject and object emerge as partners in the generation of meaning. This research therefore places a high value on the input of the participant.

To achieve this end, this study employs narrative analysis as a viable technique for analysing data. Finally, "this paradigm focuses overwhelmingly on the relationship between the researcher and the participant in its endeavour to generate individual constructs"(Maree, 2008, p. 55).

Guba & Lincoln (1998, p. 243) view the following as characteristics of constructs:

- Constructs seek to make sense of experiences;
- Constructs are essentially renewable, as well as sustainable;
- The value of the constructs is dependent on the available information and the extent to which the researcher related to it;
- Constructs can be traced to various fields, and all constructs are meaningful and significant, except for instances where constructs are incomplete or fall short of criteria for validity;
- The criteria and standards of constructs are pertinent to the specific paradigm; and
- Constructs are subject to query if found to be in conflict with established constructs.

3.2.2 Interpretive paradigm

The interpretivist opines that, “understanding of reality (given or socially constructed) can only be gained through social constructs such as language conciseness and shared meanings”(Maree, 2008, p. 59). This study attempted to gain understanding of the resilient behaviour of those disposed to substance abuse through the meanings that they assign to their own behaviour. Gadamer (2014) describes this, “attempt to understand human beings in a social context as a circular relationship”. The researcher therefore not only looked at the meaning that people ascribe to their lives, but also at the way that people make meaning, and how they make meaning of their lives. Holloway and Wheeler (2010, p. 5) give credence to this approach by suggesting that,

“...if researchers appreciate the context and culture in which the study takes place, they can locate the actions and perceptions of the individuals and grasp the meanings that they communicate. Ontologically interpretive research is overwhelmingly slanted towards subjectivity as opposed to objectivity.”

Willis (2007, p. 110) postulates that, “the goal of interpretivism is to value subjectivity, and interpretivists eschew the idea that objective research on human behaviour is possible”.

Epistemologically, the interpretivist is required to enter the world of the participant with care and sensitivity and relate empathically to the participants – Terreblanche and Kelly (1999, p. 125) describe this method as, “*verstehen*” or “emphatic reliving” in coming to an understanding. The researcher will thus strive to bridge the “...conventional distance” (Morrow & Smith, 2000, p. 201) between himself and the participant in an attempt to encourage the participants to disclose the meanings that they attach to their experiences (Morrow & Smith, 2000). The methodology, “is based on collaborative, interpretative and qualitative modes for example detailed observations and interviews” (Morrow & Smith, 2000, 200).

Karnieli-Miller, Strier and Pessach (2008, p. 279) stress what they refer to as “...a common epistemological ground, the researcher’s determination to minimise the distance and separateness of the researcher-participant relationship”. With this, they

imply what constitutes knowledge in a researcher – researched encounter is not necessarily the sole prerogative of the researcher because participants bring their own ‘agendas’ to the research situation (Karnieli – Miller et al., 2009). This highlights the role of the researcher as, “co-creator of meaning and, perhaps, of the social nature of meaning, including how discourses are conserved. Reality is perceived from a relativist ontological viewpoint and a subjectivist, epistemological stand-point, in line with postmodern thought as interpretivist research is guided by the researcher’s beliefs and feelings about the world”(Denzin & Lincoln, 2005, p. 22). This renders quantitative methods, which seek to describe the world by means of numbers and measurements, undesirable.

The researcher acknowledges the following fundamental assumptions of this paradigm suggested by Holloway and Wheeler (2010, p. 7-8):

- Individuals are entitled to and capable of opinions, perceptions and agency;
- Experiences of people are context bound;
- Complete objectivity and neutrality are impossible to achieve;
- Researcher and participant are cohorts in the creation of “truth”;
- Methodology is not fool proof because human beings do not always act logically or predictably;
- The researcher assumes an empathetic stance.

3.2.3 Synthesis of paradigms

Upon studying various paradigms, the researcher is persuaded that truth is a relative concept. All truth, according to Denzin and Lincoln (2000, p. 162), “is partial and incomplete”. The choice of a constructivist and interpretivist paradigm as point of departure for this study is intended as a means to uncover a part of the truth. These paradigms are illustrated as follows:

Table 7: Scheme of comparative perspectives, research strategies and methods of data collection employed in the study

(adapted from Schurink in De Vos 1998: 246 – 247)

Paradigm	Ontology	Epistemology	Data Collection
Constructivism	Reality is unique and attributable to the person who reasonably experiences phenomena	Knowledge of insight obtained through cognitions Effort on the part of the person who has experience of the phenomena	<ul style="list-style-type: none"> • Life experiences • Narrative
Interpretivism	Reality is understandable/expectable and interpretable	Knowledge and insight is obtained by observation and interpretation	<ul style="list-style-type: none"> • Interview • Participatory observation

Table 8: Techniques that were used to enhance validity during data collection and analysis

(adapted from Creswell, 2003, p. 196 – 197; McMillan & Schumacher, 1997, p. 407-409)

Technique	Brief Description
Triangulation	The use of various sources of information to collect data and draw inferences
Participant involvement	Participants were granted the opportunity to verify whether findings and inferences were accurate
Use of rich, deep and meaningful descriptions to report findings	An attempt was made to provide rich descriptions in an effort to provide the reader with an element of shared experience
Indicating the researcher's prejudices	Self-reflection promotes an open and honest narrative with the reader.
Presentation of negative/competing information	A reality of life is that not all perspectives stand in agreement. Through the mentioning of contradicting information, the credibility of the study is enhanced.
Peer-feedback	In enhancing the accuracy of the data, the researcher's supervisors overview the research process and reviewed the questions presented in the research, as well as asking in the event of any unclarity.
External reviewer	An external reviewer reviewed and assessed the entire project.

Mechanical records of data	Accurate and relatively complete records were achieved by means of audio recordings and verbatim transcriptions.
Language of the participant feedback	Verbatim-feedback reflecting the language usage of the participant was regarded as valuable data
Selective use of data should be avoided	Data was not employed (did not serve) to falsely verify findings.
Assumptions should be supported by sufficient evidence	All effort was made to avoid generalisations that could not be traced back to supportive evidence.

3.3 RESEARCH METHODOLOGY

3.3.1 Case study

Case studies have become, “common place in qualitative enquiry”(Stake, 2003, p. 134). Yin (2003, p. 13-14) describes case study research as, “an empirical enquiry that investigates a contemporary phenomenon within its real-life context”. Stake (2003, p. 134) expounds further by stating that, “the case study is defined by interest in individual cases, not by methods of inquiry used. Although case studies are widely used, criticism levelled against it includes that it is under-represented. This prompts Gerig and Zimbardo (2004) to describe it as a paradox in which a case study, “...exists in a strange, curious methodological limbo,” (Gerig et al, 2004, p. 341). At the centre of this “paradox” is the assertion that generalisation on the basis of an individual case is not possible, and that case studies therefore cannot contribute to scientific development. Mesec (1998) dispels this notion by pointing out that inference is made in case studies on the basis of analytical induction and not statistical induction (enumeration), thus “implying that generalisation may be possible even on the basis of a single case study” (Mesec 1998, p. 50).

In case studies, “cases are studied in terms of general and specific characteristics, as well as through data obtained from the participants’ background, physical environment, other important context, related cases, and informants who are able to shed light on the matter under scrutiny”(Denzin & Lincoln, 2000, p. 438). Hence, the researcher does not only study the specific case in isolation, but studies data systematically.

The conceptual structure of a case study is organised around a selected collection of research questions. The research questions focus on themes and are not only of an informative nature. The emphasis should be on the provision of answers - what can be learned from the case study? A case study, “requires continuous reflection from the researcher “(Denzin & Lincoln, 2000, p. 440 & 449).

McMillan and Shumacher (1998, p. 394-396) views the case study as, “an invaluable research design. Case study as a research design is flexible and adaptable. The value of the case study can be found in its capacity to develop and refine theories and its ability to highlight areas that require further study”. In addition, “the purpose of a case study report is to merely make pronouncements on a single case, and not the entire world” (Denzin & Lincoln, 2000, p. 449). The following guidelines from McLeod (2004, p. 114) informed the process of this case study:

Table 9: Guidelines that informed the process of this study

(adapted from McLeod, 2004, p. 114)

Criterion	Application
Significance	This study possibly holds fundamental significance as it informs on issues of national, if not global, interest and holds the potential to revelatory input.
Completeness	This case report provides the reader with ample insight and understanding of the entire case by redrawing generalisations and building theory.
Providing sufficient contextual information	Contact with the participants took place over a period of four months, which should contribute sufficient contextual information.
Consideration of alternative perspectives	The researcher considered and recorded the merits and values of alternative perspectives and explanations.
Supplying sufficient evidence	The researcher established space for the reader to make their own judgements of the case. Data was collected from a variety of sources.
Crystallisation	The results of this case study were crystallised through the collection of data from multiple descriptions and interpretations, which enhanced triangulation.

In other words, a specific case was studied with the aim of gaining greater insight, or redefining a generalisation. The case served merely as a vehicle to better understanding of something else.

An instrumental case study was used in this study as in this type of research; the case facilitates understanding of the issue under study.

3.3.2 Research design

The overwhelming focus of qualitative research is on, “how individuals and groups view and understand the world and construct meaning out of their experiences” (Hancock, Ockleford & Windridge, 2007, p. 6; Maree, 2008, p. 50). McMillan and Schumacher (2010, p. 320) “highlight the flexible nature of qualitative designs as compared to quantitative designs, which are fairly uniform in structure. They suggest that qualitative designs can vary significantly depending on factors such as theoretical framework, philosophical assumptions about the nature of knowledge, and the field of study” (for example sociology or education). Maree (2008, p. 51), further alludes to the role of the participant as co-researcher, as “seeing through the eyes of the participants” in order to derive an epic perspective of the phenomena under scrutiny. Qualitative research is thus based on the notion that the participant is best placed to describe and provide understanding of their situations and feelings in their own words. This assertion compliments this study, which seeks to describe and understand resilient behaviour by means of life history research.

A basic definition of qualitative research, put forward by Bricki and Green (2007, p. 2), describes it as “understanding some aspects of social life and its methods, which, in general, generates words rather than numbers as data for analysis”. A more encompassing definition may be to consider it as a process of methodical inquiry aimed at uncovering the underlying meanings that people ascribe to their experiences and actions in order to make sense of it.

In an attempt to come to a greater understanding of human behaviour and experience, the researcher pursued the underlying goal of qualitative investigation, which tends to focus on how people or groups of people can have (somewhat)

different ways of looking at reality - usually social or psychological reality. Spradley (1979, p. 34) perhaps, sums it up most strikingly when he writes:

“I want to understand the world from your point of view. I want to know what you know in the way you know it. I want to understand the meaning of your experience, to walk in your shoes, to feel things as you feel them, to explain things as you explain them, will you become my teacher and help me understand?”

Since the qualitative researcher is, “focused on the naturalistic perspective and interpretative understanding of human experience (McMillan & Schumacher, 2010:, p. 321), the inquiry’s foremost concern was not for theory or knowledge, but centred on people and, more specifically, how they make sense of their life experiences. This principle informed this study, which sought to investigate “resilient behaviour” in its natural setting whilst taking cognisance of situational factors and collecting rich narrative descriptions directly from the source to make sense of behaviour. Participants, through a voluntary process, related their life histories to explain how their lives as addicts had begun and how they came to conquer their addictions.

In descriptive research, as previously mentioned, with reference to qualitative studies, the researcher is saying to the participant, “I want to understand the world from your point of view” (Spradley, 1979, p. 34). These descriptions are obtained in the form of words. McMillan and Schumacher (2010, p. 222) reminds us that the purpose is to “draw “rich” descriptions, which cannot be achieved by reducing pages of narration into numbers”. (Marsay in Cortazzi, 2014) confirms this notion by stating that “narratives describe what happened, define outcomes and present the stages of a social process.”

3.4 Sampling of Participants

Sampling methods are categorised into two major classes, namely probability and non-probability methods. Probability methods are associated with quantitative research, and non-probability methods with qualitative research (Maree, 2008, p. 172). The process that was used to select participants for this study is referred to as “purposive sampling”, which falls in the ambit of non-probability methods, because the researcher wishes to discover, understand and gain insight into the experiences

of the participants (Marsay, 2000, p. 69). This method also included convenience sampling, because of the accessibility and proximity, i.e. in Eersterust and Nellmapius where the researcher works and resides. The participants in the research were volunteers who agreed to help the researcher by sharing personal information (Merriam, 1988, p. 48). They were selected mainly through the following organisations: Victory Outreach and Teen Challenge, in Eersterust.

Participants meeting the following criteria were initially selected:

- A minimum of 18 years of age at the time of the study;
- Substance abusers during the adolescent stage; and
- Recovered from addiction for a minimum of six months at the time of the study.

The participants took part in life story conversation with the researcher. Questions based on a narrative approach were asked. The questions are discussed in the next chapter of this study. These questions helped to develop the life story of the adolescent. The conversations were used as basis for illuminating the phenomenon of resilience among those who were previously addicted to drugs. Participants were individually asked to reflect on the conversations and narrate their experience of the process. All 4 participants then participated in a group reflective conversation, to discuss the effects of the process. Lastly a one-on-one reflective conversation was held with each participant. The participants will be introduced in the next chapter of this study.

3.5 Research Site

In qualitative research, the emphasis is on selecting people or sites that can best assist in understanding the central phenomenon. Such understanding emerges from an in-depth understanding of the people or site. The researcher was born in Eersterust 54 years ago. Eersterust, at its inception, was an area designated under the erstwhile Group Areas Act of South Africa, as an area for Coloured people (people of mix race). The area is characterised by a high crime rate, unemployment, over-crowdedness, and massive lack of basic public amenities. Drug abuse stands high on the list of social ills in Eersterust. For the purpose of this study, Victory Outreach and Teen Challenge were approached to serve as research sites

(Creswell, 2008, p. 213). The participants were purposefully drawn from these rehabilitation centres as the researcher has access to these institutions as a minister of religion and facilitator for drug rehabilitation. The rehabilitation centres supplied the researcher with names of possible candidates. The researcher then approached these candidates and explained the project to them (see invitation/consent letters in addendum), whereupon they consented to participate in the project. The site was chosen because it offers accessibility and convenient proximity.

3.6 Data Collection Strategies

Narrative research designs entail researchers describing, collecting, and telling and writing stories about individuals and people's lives (Creswell, 2008, p. 512). This study holds that there exists an inescapable link between a person's life story and their identity. The study will therefore proceed to explore this assumption by listening to four purposefully selected individuals who can provide an understanding to the question posed by this research, namely "What do at-risk adolescents who are disposed to substance abuse narrate as resilient behaviour?". To enhance the reliability and richness of the detail of this field text, i.e. all of the information collected from different sources, data will be elicited by way of life map, life story conversation, interviews, and observation.

3.6.1 Narrative inquiry

Life history entails personal narratives and encapsulates the unfolding history of one person's history (Rahamah, et al, 2008, p. 4). Access to the stories of the participants becomes complex because as researchers we become part of the process (Marsay, 2000, p. 61). The process is collaborative and is described by Dhunpath and Samuel (2009, p. 26) as follows: "If I was intending an intersubjective understanding, then I had to let myself in". If the researcher expected participants to engage with his interpretation of their stories, it was important to shift away from being an objective outsider/spectator towards a perspective where the researcher could stand "with" participants to foster an empathetic relationship. This study adopted a narrative approach through life history research. Other researchers suggest that narrative research offers no starting or finishing points (Andrew, Squire & Tamboukou, 2013). Tamboukou (2008) suggests that, since the definition of

narrative is in dispute, narrative research does not contain self-evident categories to focus on as there are with content-based thematic approaches or with analysis of specific elements of language (Andrew et al, 2013). This study concurs with other studies (Andrew et al, 2013) that, “ narratives encapsulate traces of human lives that this study wants to grasp, and this area of research can help to describe, understand and even explain important aspects of the world”.

The word narrative has its origins in the Latin word “narrare”, which translates as “knowing” (Universal Dictionary, 1987, p. 1027; White,1981, p. 1). Marsay (2000, p. 59) asserts that narratives are being used all along the epistemological spectrum, from realism to postmodernism.

3.6.2 Interviews

Edward & Hollard (2013) hail interviews as “ubiquitous” in everyday life and recognises its contribution to making sense of our lives. They refer to modern society as the “interview-” or even the “confessional” society, suggesting that, “ the latter calls up a particular type of interview where intimate matters may be revealed”.

Interviews consist of many forms and multiple uses, such as structured-, semi-structured-, and unstructured interviews. The structured interview finds itself in the quantitative domain, while semi structured- and unstructured interviews are in the domain of qualitative researchers and the interviews exhibit greater levels of flexibility and lack of structure (Edwards & Hollard, 2013, p. 2-3).

Despite the significant range of qualitative approaches using semi- structured- and unstructured interviews, Jennifer Mason (2002, p. 62) suggests a list of common features for the qualitative and semi structured interviewing:

- the interactional exchange of dialogue (between two or more participants face-to-face or in another context);
- a thematic, topic-centred, biographical or narrative approach where the researcher has topics, themes or issues they wish to cover, but with a fluid and flexible structure;
- a perspective regarding knowledge as situated and contextual, requiring the researchers to ensure that relevance and context are brought into

focus so that the situated knowledge can be produced. Meaning and understanding are created in an interaction which is effectively a co-production, involving the construction or reconstruction of knowledge.

This study, which is based on life histories, makes use of semi-structured interviews because of its flexible nature in terms of how and when the questions are put to the participants, as well as in the interviewee's response. The interviews as applied in this study also seek to elicit the interviewee's own story, "with particular inflections from the originating stance of the research" (Edwards & Holland, 2013, p. 29, 32). The duration of the interviews will be approximately one hour long. The anticipated benefits of this technique in this study are articulated by Mason (2002, p. 62) as follows:

- It allows for interactional exchange;
- It is fluid and flexible and allows the themes and topics to emerge from the stories;
- It facilitates the perspective of situational and contextual knowledge. Meaning and understanding are created in an interaction and the construction and reconstruction of knowledge is co-produced.

3.6.3 Research journals/Personal diary

Reflexivity has now become standard practice in qualitative research. It is impressed upon researchers to talk about themselves, "their presuppositions, choices, experiences and actions during the research process," (Mruck & Breuer, 2003, p. 3). A research journal is an invaluable tool in achieving this end. In this study, the researcher employed a personal diary for the above purpose.

Janesick (1998), in explaining why journal writing is essential, enumerates the following reasons:

- Journal writing allows one to reflect and dig deeper into the heart of the words, beliefs, and behaviours, that we describe in our journals;
- It allows one to reflect on the tapes and interview transcripts from our research;

- If participants also keep journals it allows for triangulation of data and interpretations are pursued in a dialogical manner;
- It serves as a type of member checking (Janesick, 1998, p. 11).

In this study, the researcher made use of a personal diary, which contributed immensely to the process of self-reflection and reflection on transcripts.

3.6.4 Life map design

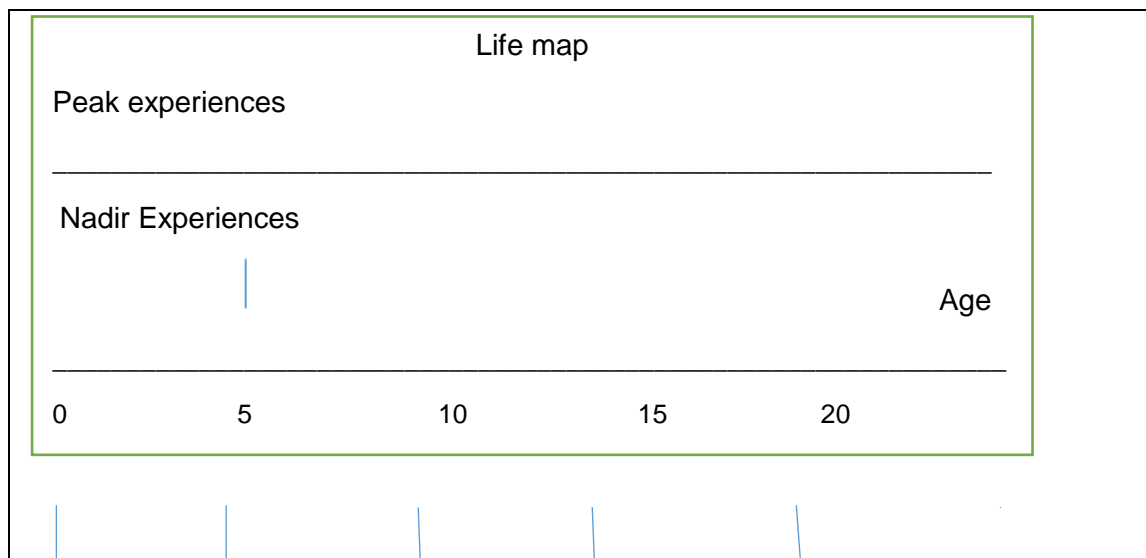


Figure 7: Illustration of a life map

(adapted from Marsay (2000))

The participant was asked to write down the positive events, or peak experiences, of his/her life, such as achievements, successes, the enjoyable things, things he/she remembers with pride, birthday parties, and picnics. In the bottom half, the participant was asked to furnish the negative events, or nadir experiences, of his/her life, such as the challenging times, the unpleasant times, and the things he/she is not proud of. The participant was also asked to identify the critical junctures and significant memories in the life story.

The life path of the adolescent was charted in the exercise. This document is called a "life map". The life map thereafter served as the basis of the life story

conversation. The participants shared their experiences from their life stories. Upon completion of the life map, the participants were asked to tell their life story in a conversation.

3.6.5 Observation

Observation is a method of data collection in which researchers observe within a specific research field. It is sometimes regarded as an unobtrusive method. This study makes use of a “participant observation” method. This implies that the researcher (observer) , “is a member of the setting in which data is collected” (Bryant, 2015). This implies that the observation takes place in a location that somehow has a relevance to the research questions. In other words, the researcher approaches the participant in his own environment.

Table 10: Aims of observation

(adapted from Bryman (1988, p. 61-2); Silverman (2006))

1. Seeing through the eyes of...	Viewing events, actions, norms, values, etc. from the perspective of the people being studied
2. Description	Attending to mundane detail to help us understand what is going on and to provide clues to other layers of reality
3. Contextualisation	Whatever the sphere in which the data is being collected, we can only understand events when they are situated in the wider social and historical context
4. Process	Viewing social life as a series of interlocking events
5. Flexible research	A preference for a semi- or unstructured research design, rather than imposing prior frames of references onto the study
6. Avoiding early use of theories and concepts	Rejects premature attempts to impose theories and concepts which may exhibit a poor fit with participants' perspectives.

3.6.5.1 The value of observation

Observation enables the researcher to better understand and capture the context within which people interact. Firsthand experience with the setting promotes openness and inductive reasoning, rather than guessing what the context is. Observation also enables the researcher to see things that would escape the awareness of the participants. It provides an opportunity to learn things that the participant may be unwilling to discuss in an interview (Bryant, 2015)

3.7 Data Analysis and Interpretation

The researcher applied the data-analysis strategies proposed by Creswell (Creswell, 2003, p. 190-192) in this study. In an attempt to enhance the validity of the study, the following approach was applied:

Creswell (2003, p. 191-195) proposed the steps in Table 11 as a possible outline for the data analysis process.

Table 11: Creswell's data analysis approach

(adapted from Creswell, 2003:191-195 and Tesch in Cresswell 2003: 192)

Steps	Application in the research process
Step 1:	The organising and preparation of the data for analysis. The researcher followed through on this point by typing transcriptions of the data and field notes, in addition to sorting and arranging data according to type.
Step 2:	The researcher read through all of the data to facilitate a general feeling for the information, and then reflected over the possible meaning of it. The researcher made notes in the side margin that served to be helpful.
Step 3:	The researcher made an in-depth analysis of the coding process. The information was then organised into chunks to which meaning could be attached. The data was subsequently organised into categories. The category terms were related to language terms used by the participant.
Step 4:	Next, the researcher used the coding process to provide a description of the participant and his background, as well as generating themes and categories for analysis. Seven categories were adopted for this research study. The themes constituted the main findings that were gained from the study and will be discussed under separate main headings in Chapter 5.

	The themes will describe the perspectives of the individuals and be supported by relevant quotations and evidence.
Step 5:	The researcher also indicated how the descriptions and themes were displayed in the qualitative narrative. The researcher provided a description of the chronological events and a detailed description of each theme (with sub-themes, quotes and various perspectives of the individual).
Step 6:	The final step in the data analysis involved the interpretation and meanings attached to the data. This step aimed to answer the following question: What lessons were learned? Lessons learned are based on the researcher's personal interpretation of the research findings or the assumptions that were drawn from the comparison of the various findings and the information gained from the literature studies or theories.
Step 7:	Data was arranged as per category and preliminary analysis was done.
Step 8:	Data was recorded.

3.7.1 Data coding process

To explain social situations or processes, systematically reducing complex information generated in qualitative data collection becomes essential. "Paradoxically it is central to qualitative research to amass "thick" and complex data. It is nevertheless of necessity to reduce it to facilitate generalised explanations" (Glaser & Landel, 2013, p. 3). This process of reduction and segmentation is described by Miles and Huberman (1994, p. 56):

"Codes are tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study. Codes usually are attached to "chunks" of varying size - words, phrases, sentences or whole paragraphs, connected or unconnected to a specific setting. They can take the form of a straight forward category label."

The function of codes is therefore to point to what is being talked about. Codes thus involve the process of organising and classification of retrieved text segments, and the subsequent grouping of such according to thematic expressions of the data they

contain. This leads Glazer and Laudel (2013), to describe it as, "...akin to an index of a book," (Glazer & Laudel, 2013, p. 4).

Table 12: Specific techniques to enhance validity during data collection and data analysis

(compiled by the author of this chapter)

Techniques	Brief Descriptions
Triangulation by employing multiple data sources	The participant was the source of the information (including his journal).
Participant involvement	The process was collaborative - hence the participant's input was encouraged with regard to identification of themes.
Use of rich, deep and meaningful descriptions to record findings	Verbatim responses and the context of the participants were appreciated and utilised.
Indicating researcher's prejudices	The study represents and contains open and honest self-reflection on the researcher's part
Presenting negative competing information	Circumspection was applied in reporting information as accurately as possible. Even information which could contradict the named category was included.
Extensive time period in the field of research	Contact with participants happened over a period of four months (NB. This was not anticipated).
Objective review and peer-feedback	Appreciation of the collective wisdom of the researcher's supervisors goes without saying. Many a colleague also provided invaluable input.
Mechanical records of data	Audio recordings, the client's journal, and feedback sheets of mind map were employed in the study.
Language of the participant	Verbatim responses and other responses of the participants were recorded.
Selective use of data should be avoided	Care was exercised in avoiding the use of data to falsify findings.

3.8 Quality Control Criteria

It is difficult to replicate qualitative studies, and more particularly, narrative research. Marsay (2008, p. 81) posits that, "readers should rely more on the personal wisdom, skill, and integrity of the research, as narrative material, like reality, can be read, understood, and interpreted in many different ways. It is further suggested that this is

not a reflection on “inadequate” scholarship, but an epitome of the wealth and extent of narrative material” (Marsay in Liebich, Tuval-Mashiach & Zilber, 1998, p. 10, 171). Golafshani (2003, p. 3) echoes these sentiments by asserting that, “since reliability and validity are common in quantitative research and simply not applicable to qualitative narrative studies, he calls for concepts of reliability and validity to be reconceptualised”, according to the description of Seale (1999, p. 266), trustworthiness not “truth” is a key semantic difference. Guba & Lincoln (1985, p. 301-327) describe the four aspects of “trustworthiness” that are discussed in Table 13.

Table 13: Application of the four aspects of trustworthiness in study

(adapted from Lincoln & Guba, 1985: 301-327)

Aspect	Description	Application in my studies
Credibility	This factor appreciates the existence of several possible accounts regarding social reality. It seeks to establish the compatibility between findings and reality. This emphasises the importance of best practice under scrutiny. A critical determinant of credibility is when descriptions and interpretations of a participant’s social world and experiences are accurately depicted.	The researcher allowed for member spot checks to establish the accuracy of the data. Findings were also submitted to participants and the researcher’s supervisors to verify whether experiences and participants were accurately depicted.
Transferability	This refers to the extent to which the findings of one study can be applied to another situations or context. Qualitative findings are specific to a small number of particular situations and individuals. It is therefore difficult to demonstrate that findings and conclusions are applicable to other situations and populations. Researchers are therefore urged	In an attempt to present the narrative data as sufficiently as possible, the researcher maintained complete records of the different phases of the research, which can be utilized by many peers. In addition, the

	<p>to ensure complete records of the phases of the research for use by others. This guarantees the observance of proper procedures and enhances theoretical influences drawn from the data.</p>	<p>researcher worked closely with the study supervisors and drew extensively their wisdom to guarantee proper and correct practice. The researcher also observed member checks to verify inferences drawn from the data.</p>
Dependability	<p>Traditionally, qualitative research focuses on the study of small groups or individuals in contrast to quantitative approaches, which emphasise breadth rather than depth. The qualitative approach seeks to highlight contextual uniqueness or significance of the aspect under study in the social world.</p> <p>Researchers are encouraged to collect “rich” descriptions (McMillan & Schumacher 2010, p. 322).</p>	<p>The researcher obtained information from various sources, including verbatim transcriptions of the participants, the participants’ reflections, interviews, and journal entries.</p>
Conformability	<p>Qualitative research cannot be entirely objective. However, to enhance conformability, the researcher can/should actively search for and describe negative instances that contradict prior observations and data amounts can examine procedures and make judgements about the potential for bias or distortion.</p>	<p>To this and I worked closely with my supervisors to ensure research best practices are achieved</p>

3.8.1 Validity

A high value is placed on ensuring validity and reliability of findings throughout all the steps of the research process. Validity in qualitative research, according to Creswell (2009, p. 190), means, “the researcher determines and establishes the accuracy of the findings of the research from the perspective of the researcher, participant, and the reader of the study, While reliability refers to the sustainability and consistency of the researcher’s approach”. Golafshani (2003, p. 2), highlights the fact that reliability and validity are rooted in the positivist perspective, and therefore calls for a redefining of these processes for use in naturalistic approaches. Denzin & Lincoln (1998, p. 287) concur with this suggestion by proposing the terms, “authenticity and trustworthiness”.

Since the use of reliability and validity has strong roots in quantitative research, it is now reconsidered in the qualitative research paradigm. Golafshani (2003) suggests that triangulation, as used in quantitative research to test reliability and validity, can also illuminate some ways to test or maximise the validity and reliability of qualitative study. Therefore, reliability, validity and triangulation, if they have any bearing on the research concept, particularly in qualitative research, have to be redefined to indicate multiple ways of truth (Golashani, 2003, p. 3). Henning, van Rensburg and Smit (2004, p. 103) describes triangulation as a means of finding a true position, since one moves from different angle points towards a “measured” position.

3.8.2 Triangulation

Triangulation refers to the use multiple studies, theories, perspectives, or data sources to corroborate data (McMillan & Schumacher, 2010, p. 331). In contrast though, crystallisation appreciates the changing nature of realities. “This includes the multiple realities that people have and how it reflects the unique reality and identity of participants” (Maree, 2008, p. 81). Cohen and Manion (1995, p. 233, 294) define crystallisation as “scrutiny of both verbal and non-verbal gesture to elicit the participant’s meaning”.

3.8.3 Guarding against subjectivity

The researcher's close proximity and involvement have an influence on the social context and the intended phenomenon of study (McMillan & Schumacher, p. 332-333). Aspects such as the personal experience of the researcher and awareness of this empathetic understanding during the study, made the subjective generic trait of the researcher apparent. The provision of sufficient details of the research design and the following reflexivity strategies were strongly considered:

- personal self-awareness;
- capturing the essence of the informant or "letting them speak for themselves";
- the researcher's emphasis on "getting it right" or being accurate;
- the researcher, transcending his own subjectivity and cultural context, works to be released from the weight of (mis)representation (McMillan & Schumacher, 2010, p. 333).

Table 14: Strategies to facilitate internal validity

(adapted from De Vos, 2000; Neuman, 2000 and Merriam, 1998)

Strategies	Applications
Crystallisation and Triangulation	Various sources and methods were employed to compare findings. The researcher also involved various persons, such as supervisors, peers, and participants in the research process. The results of this study were crystallised using multiple interpretation, thus facilitating triangulation. Triangulation was further enhanced by including various sources of data, such as field role transcriptions, observations, interviews and so forth.
Data control	Data and findings were corroborated by the participants. Participants were actively involved in the research process and were afforded opportunity to advance their interpretation of the data.
Long term observation	Data was collected over a period of six months.
Collaborative research	The case studies depended on the intensive involvement of the participants.
Confirming research	The researcher clearly declared his predispositions, position,

predispositions	theoretical orientation, sampling procedures, and the social context of the study beforehand.
Research audit	The researcher's audit included his work method, how data was to be collected, categories that were identified and how decisions were made.

3.9 Adherence to ethical considerations

A major ethical dilemma facing researchers as “professional scientists” is, “the need to strike a balance between the demands placed on them in pursuit of truth, and the rights and values of the participants, which may be threatened by the research” (Cohen et al., 2007, p. 51). Thus, the following ethical considerations were adhered to:

- It was important that the researcher reveal his identity and background.
- The purpose of the research and the procedure had to be fully explained.
- The research, including its ethical consequences, had to be understood from the institutions' and subjects' point of view.
- Objectivity of the research was aimed for as far as possible – hence careful thought to the design, conduct and reporting of the research had to be a priority.
- The possibility of controversial findings had to be anticipated and dealt with sensitively.
- Informed consent had to be sought from all of the participants and agreements that had been reached, needed to be honoured.
- The researcher ensured that informed consent was in writing.
- Participants had to be made aware that they had the option to refuse to participate and had the right to terminate their involvement at any time, if they so wished.
- Provision had to be made during the initial contacts to give feedback to participants, if requested (in writing).
- The participants' dignity, privacy and interest had to be respected and placed at a high premium at all times.

3.10 Conclusion

This chapter discussed the planned research design, which is qualitative, descriptive and explorative. The various research-, data collecting- and analysis methods that were applied were discussed in detail. The narrative way of working was also discussed, as well as how the stories would be gathered. Furthermore, criteria used to establish accountability that will be used for the study, was discussed. How the stories were dealt with in order to make meaning of them will be discussed in the next chapters and the stories of resiliency amongst those disposed to substance abuse will be retold.

Chapter 4: Introduction

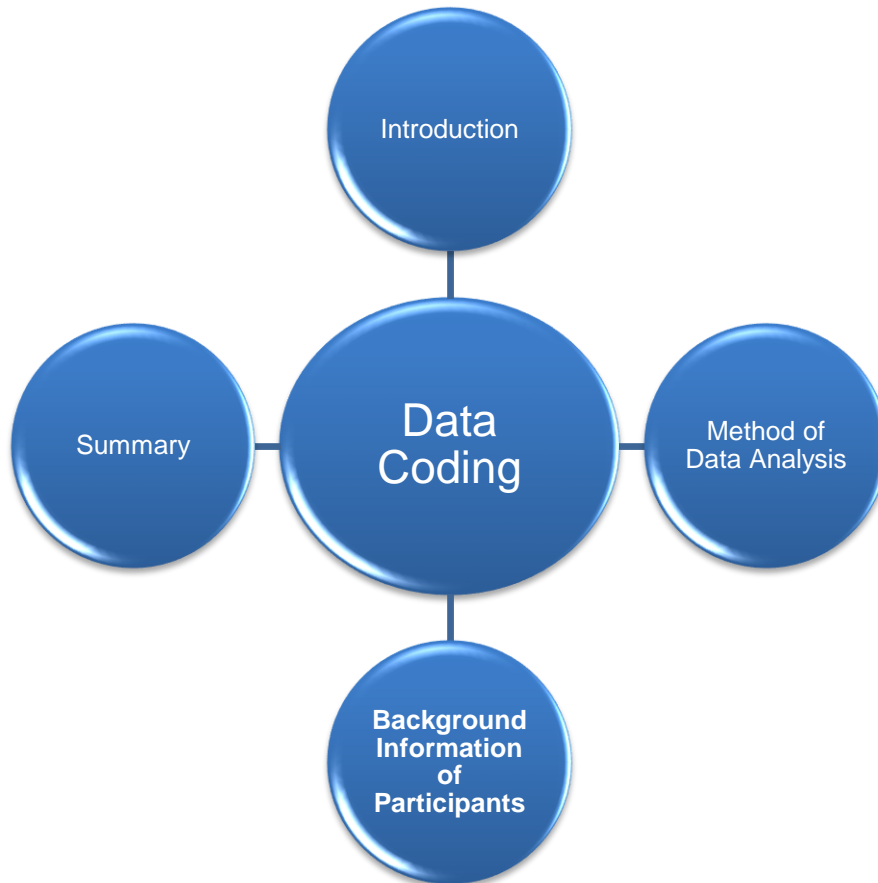


Figure 8: A synoptic view of the data collection and background information of the participants.

4.1. Introduction

In Chapter 4, the retelling and analysing of the participants' life stories is arranged in the order that our initial contact sessions took place. In other words, the participant whom I met first is recorded as participant one.. The following table indicates the order in which the participants and the analysis of their stories is organised. It is important to note that pseudonyms are ascribed to the participants.

Table 15: Participants biographical details and vital statistics

Participant	Occupation	Gender	Present age	Starting age of drug abuse	Drug free period
1. Bronnie	Cashier/part-time matric learner	Female	23	13	±16 months
2. Diegro	Construction	Male	22	12	±18 months
3. Fanus	Matriculant (Grade 12)	Male	19	14	±4 years
4. Anul	South African kick-boxing champion	Male	20	14	±15 months

4.2. Method of Data Analysis

During the data collection and analysis processes, the researcher carefully followed Creswell's (2003, p. 196-197) approach (please consult Chapter 3 for a more comprehensive description). Below follows a short description of how the Creswell approach was implemented in this study:

1. The researcher organised and prepared the data for analysis.
2. The researcher read through the data to acquire a general feeling of the information and wrote notes in the margins.
3. The researcher performed a detailed analysis by means of a coding process.
4. The researcher organised the data into themes.
5. The researcher developed appropriate descriptions for identified themes and converted such into categories.

6. The researcher interpreted the data and attached meaning to it. He aspired to answer Creswell's (2003, p. 192) question: "What did I learn?"

In the following section, the biographical data of the participants is given (NB. Pseudonyms are assigned to the participants) whereafter the developing resilient behaviour is described.

4.3 Background Information of participants

4.3.1. Participant one: Bronnie

At the time of the study, Bronnie was a 23-year-old woman born in the township of Eersterust in Pretoria. Eersterust owes its existence to the erstwhile policy of racial segregation in South Africa. It was therefore originally designated as a so-called coloured area ("coloured" is an official reference in South Africa to people of mixed heritage). As is common with these townships in South Africa, the coloured and black townships traditionally share common borders. It is thus no coincidence that Eersterust has the black township of Mamelodi as its neighbour. It should be noted that this traditionally coloured area, for one reason or another, is notorious for gangsterism and illegal drug abuse in South Africa.

Bronnie is the youngest of three siblings (she has two brothers) raised by their mother, a single parent. They were all fathered by different men (this was revealed in one of our contact sessions) and their mother has been unemployed for more than 13 years. Bronnie, her brothers and her brothers' partners share a tiny three-roomed council house with their mother. Ten people share this house. Both of her brothers and one of their partners, as well as Bronnie's partner, who does not live with them, are addicted to illegal substances. At the time of our contact, Bronnie's elder brother had also been arrested and sentenced to jail for chronic shoplifting. A point of interest is that, right throughout her life story, Bronnie did not mention her father once. She later explained that he was never part of her life.

Bronnie recounts a time when there was order and structure in her life. She proudly relates how her grandmother used to take her to school and to church. These, according to her, were great times. However, this golden period was very brief, her grandmother died when Bronnie was 8 years old. She describes this "void" as a

major turning point in her life. Bronnie hints that the untimely death of her grandmother was a significant contributor to her life of drug abuse and subsequent addiction.

In her own words, she describes the passing of her grandmother, saying: "When she died, my life spiralled out of control. That is when I burned with a kettle of boiling water; Mom was not there for me. I developed hatred towards my mother." She also says that the passing of her grandmother signified the start of her drinking of alcohol and smoking of cigarettes.

She narrated that there were frequent drinking and smoking parties at their home. It was during these parties that she, as a little girl, would sip alcohol from the glasses of her mom's guests when they did not notice, and retrieved their throw-away half-smoked cigarettes. This started at the age of 13 and lasted up to the age of 22. During this time, she also dropped out of school, at age 15, and had a baby at age 16. Welfare services soon found her unfit to take care of her child, and she lost the custody of this child to her mother. Upon asking Bronnie what persuaded her to take to drugs, she explained that it gave her popularity and acceptance with her friends. She also explained that using drugs gave her the confidence to navigate her way through life. Shortly hereafter, Bronnie met her current partner, Keenan - a drug addict himself. Another child was born out of this relationship. During this time, Bronnie moved in with Keenan and his family. Despite his addictive behaviour, Keenan, who seems to have some religious persuasions, invited Bronnie to church. At first, she was sceptical, but through his encouragement and explanations of how religion works she gradually began to take to the idea. She also began to refrain from taking drugs and attended church meetings regularly. These steady wheels of Bronnie's life abruptly came off when Keenan went away to a drug rehabilitation centre. Bronnie explained that she felt abandoned and abruptly returned to her life of drug abuse and reckless living. However, the message of redemption she had heard in the church, and her baby, whom she had dedicated to the church kept nagging at her conscience.

Bronnie explained that her second daughter, whom she had dedicated to the church, and the new-found message that she had heard became the clarion call for change. She sought help from the social services and they assisted her to get into a state

funded rehab. She however completed only one week of the six months' course at the centre. Shortly after her self-discharge from the rehabilitation centre, she found a job at a Pick & Pay franchise where she has now been employed for over a year.

Since our last meeting, Bronnie has moved out of her mother's house and is living on her own. She has since become a devout member of the church and has been drug-free for over a year.

The following tables tabulate factors in the narratives of the participants, which highlights detractors of and contributors to resilience.

Table 16: Summary of identified themes representing detractors and contributors of resilience.

Participant One: Bronnie	
Detractors of Resilience	Contributors to Resilience
<ul style="list-style-type: none"> ○ Poverty ○ Loss of grandmother/trauma ○ Lack of stability (moving around frequently) ○ Unfulfilled parental promises and indulgent parenting ○ Lack of parental care and neglect ○ Parental binge drinking, permissive behaviour, promiscuity, ○ Lack of parental intervention, monitoring and engagement ○ Older sibling was an addict ○ Older friends (peer influence) ○ School dropout (Grade 8) ○ Teenage pregnancy ○ Low self-esteem, sense of rejection by peers and parents ○ Anger towards parents ○ Shame for dire domestic situation ○ Depression ○ Escaping and denial of circumstances ○ Delinquency at early age ○ Approval seeking along with a need for care and affection 	<ul style="list-style-type: none"> ✚ Role models: <ul style="list-style-type: none"> ● Grandmother ● Boyfriend (Keenan) ● Fellow-patient at rehab (Natasha) ● Teachers ● Congregation ✚ Institutions: <ul style="list-style-type: none"> ● Church (religion) ● Social workers ● Rehabilitation centres ✚ Personal <ul style="list-style-type: none"> ● Her children, family and friends inspired her to change ● Introspection and self-realisation by evaluating and asking herself questions about the situation she found herself in ● Hope, positive outlook and optimism, determination to overcome addiction ● Family values and positive peer influences

Table 17 tabulates intrinsic and extrinsic factors of resilience identified in participant one.

Table 17: Intrinsic and extrinsic factors of resilience identified

Participant One: Bronnie	
Intrinsic Factors of Resilience	Extrinsic Factors of Resilience
<ul style="list-style-type: none"> • Future perspective (positive outlook) • Introspection • Religion/faith in a higher being to help overcome addiction • Self-awareness in discovering true worth • Shared family values, e.g. determination to overcome challenges • Sense of responsibility 	<ul style="list-style-type: none"> ✚ Familial: <ul style="list-style-type: none"> • Grandmother, her children, her uncle • Friends • Boyfriend • Friends at rehab (Natasha) ✚ Teachers ✚ Congregation ✚ Social workers ✚ Rehabilitation centre

Table 18 represents a summary of the themes identified from various data sources, such as transcriptions, reflections and life maps. The themes were identified using deductive and inductive analysis. Deductive analysis is aimed at testing theory, and inductive analysis is concerned with the generation of new theory emerging from the data.

Table 18: Summary of themes from various sources

Participant One: Bronnie			
Entry no.	Source	Transcripts	Sub-themes Identified
1.	Transcription page 1 & Life maps	<p>...Uhm, ek het voor die tyd gerook al en gedrink. So toe ek nou drugs beginne gebruik het, [age 17-18] was dit om mense wat ook gedrink het en gerook het. [started smoking and drinking at approximately 12 years of age]</p> <p><i>(...Uhm, I started smoking and drinking long before the time. So when I started with drugs, it was around people that were also smoking and drinking.)</i></p>	<p>Self-justification by failing to see smoking and alcohol as drugs</p> <p>Delinquency by indulging in smoking and drinking at the age of 12</p>
2.	Transcription page 1	<p>...en hulle (friends) het my nog gevra, ek moet dit "try" en... Hulle het my nog gewys hoe hulle dit gebruik. <i>(...and they (friends) told me, that I</i></p>	<p>Negative peer influence and peer pressure to abuse substance</p>

		<i>have to try it and showed me they use it)</i>	
3.	Transcription page 1	...en toe is dit 'n "feeling" wat ek "gelike" het – want... ek sal gesê het ek is baie skaam <i>(...and then it was a feeling that I liked, because... I would have said that I was very shy)</i>	Euphoria by displaying false sense of confidence Escaping from shy and bottled up feelings
4.	Transcription page 2	...'n vriend van my se huis... by haar "boyfriend" op die tyd gebly, omdat ek nou jonk was en hulle almal ouer as wat ek is... het almal my nou "gelike" en ek nou die "attention gelike". Die "attention" sal ek sê [reason for using] En die "amount" van vriende wat jy het, wanneer jy begin gebruik. <i>(...a friend of mine's house... at a time I stayed with her boyfriend, because I was still young, and they were all older than myself... they liked me already and I loved the attention. The attention was the reason I would say and the number of friends I had, when I started using drugs.)</i>	Inappropriate friends Negative peer influence Seeking affirmation, attention, acceptance and recognition from others
5.	Transcription page 3	...Ja, ek het gevoel dat ek is belangrik vir hulle. Ek het gevoel ek behoort want ek het nog nooit so iets "ge-experience" ... by die huis nie... omdat daar 'n "void" gewees het by die huis. <i>(...Yes, I felt like I am important to them. I felt I belonged, because I have never experienced that at my house, because there was a void at my house.)</i>	Feeling a need for acceptance/ recognition Dysfunctional family system by parental neglect Trying to escape from the situation
6.	Transcription page 3 & Life maps	...Hulle (family) het dit maar verwag, omdat ek maar gedrink en gerook het... en op 'n jong ouderdom (teenage pregnancy) <i>(...they (family) were expecting it, because as I was already drinking and smoking... and at a young age (teenage pregnancy).)</i>	Delinquency not discouraged by permissive parenting Promiscuous behaviour due to a lack of control Feeling rejected in the family/community
7.	Transcription page 4	...Hulle (friends) het dit ook gebruik <i>(...They (friends) were also using it (drugs).)</i>	Inappropriate friends that influence
8.	Transcription page 13 &	...Daar's 'n tyd toe ek gebrand het met die kookwater en toe moes ek	Lack of support and guidance from her

	Life Maps	<p>gekruip het skool toe want my broer wil my nie vat nie.</p> <p>...En my ma sê "ja-nee". Dit was baie swaar..... vir my as 'n kind.</p> <p><i>(...There was a time that I was burnt with boiling water and had to crawl to school as my brother refused to take me.</i></p> <p><i>...And my mother just said, "oh well". It was very hard..... for me as a child.)</i></p>	<p>family</p> <p>Trauma caused by parental delinquency, neglect and a lack of care</p>
9.	Transcription page 17-18	<p>Ek onthou ons het "gerent" in iemand se "yard" en my ma sê daar was 'n tyd in haar lewe, toe het sy ook haar hart vir die Here gegee en ek is nie seker was dit daardie tyd gewees nie, maar ek sal altyd gekry het my ma huil of so, dan gaan ek sê ek vir haar "mammie, moenie huil nie, is okay" en dan ... daai is die tyd toe my oudste broer beginne "drugs" gebruik het, toe is ek nog baie jonk. Toe is hy ook, sê maar 14 ... En dan sal my ma altyd gehuil het, dan sê ek vir haar "ma, moenie huil nie, dis okay, moenie worry nie."</p> <p><i>(...I remembered that we rented a place in someone's yard and my mother said that there was a time in her life that she gave her heart to the Lord and I wasn't sure if it was at that time I used to find my mother always crying and I used to tell her "Mommy, don't cry, it will be okay." And then... that was the time my eldest brother started using drugs, and I was very young, but so was he, about 14 years old....</i></p> <p><i>And then my mother would cry all the time and then I would tell her. "Mom, don't cry, it's okay, don't worry.)</i></p>	<p>Lack of stability</p> <p>Delinquent sibling</p> <p>Familial and environmental stressors</p>
10.	Transcription page 14	<p>...toe is ek net 'n niks nie en toe is ander mense meer belangrik en toe is daar niemand om my reg te help nie.</p> <p>...behalwe die juffrouens by die skool</p>	<p>Feeling of rejection</p> <p>Lack of parental guidance and support</p> <p>Positive role models at school</p>

		<p><i>(...then I was a nobody and other people were more important than I was and there was no one to help me. ...except the teachers at school.)</i></p>	
11.	Transcription page 14	<p>Ek dink “because” ... het ek haat beginne opbou en – teenoor my ma en ek het beginne voel al so lyk ek, ek is by die verkeerde familie. Ek het myself al gevra het die mense my nie net gevat van my regte ma af nie. Want ek het nog nooit gesien – ek weet nie – ek het nog nooit gesien ‘n – ‘n mens kan so “<u>getreat</u>” word nie en hier is ek ‘n kind wat myself moet grootmaak en die “responsibility” is vir my te veel en ... <i>(...I thought, because.... I started building up hate towards my mother and I started feeling like I, I was at the wrong family. I have asked myself, did the people not take me from my real mother. ...Because I have never seen – I don’t know – I have never seen a – a person can be treated that way and here I am a child that has to raise myself and the responsibility is to much for me and...)</i></p>	Feeling a sense of loss and anger because of shame, rejection and despair
12.	Transcription page 14	<p>Ons was in die “kitchen” en ek maak vir ek en my ma tee en soos sy vir my die ketel wil gee, vang ek dit en sy los dit en ek het dit nog nie gevang nie en toe waai die ketel so oor my been en toe brand ek en toe ek moet terug skool toe gaan, nog met die wonde en toe het my ma ook net die – sy was nie daar vir my nie. Sy was nie daar om my skool toe te vat, soos my ouma dit sal gedoen het nie en ek voel net weer eens, ek was alleen gelos om myself groot te maak. <i>(...we were in the kitchen and I was busy making tea for myself and my mother and as she was</i></p>	Lack of support, love, care from her mother. She felt rejection from her parent Trauma due to abuse and a lack of care

		<p><i>about to give me the kettle, I tried to catch it, and she just left the kettle and I never catch it properly and it slipped through and there the kettle went, all over my legs and I burned and when I had to go back to school, with wounds still on my legs and then my mother still - she was not there for me. She was not there for me to take me to school as my granny would have done it, for me.)</i></p>	
13.	Transcription page 15	<p>Dis wanneer my ma sal “gedisappoint” het, dan sal ek dink aan sulke goete. My ma het “gelike promises” maak en sy – sy gaan vir my dié doen en dan het sy nooit dit gedoen nie en as ek moet kyk hoe’t my broers grootgeraak het en hoe het ek grootgeraak het, sal ek gevoel – het ek geweet dat sy nie rêrig vir my gesien het as ‘n “joy” in haar lewe nie en toe ek groter raak ook, hoe sy my geskel het en gevloek het en verstoot het en dit het my ook meer in die “drugs” ingestoot.</p> <p><i>(...it’s when my mother would have disappointed me, then I would have thoughts like these. My mother use to like making promises and she – she’s gonna do this and that for me, but she never did and if I have to think how my brothers were raised and how I was raised, then I would feel like – then I know that I was not a joy in her life at all and as I grew older, how she scolded me and swore at me and deserted me and that pushed me further into drugs.)</i></p>	<p>Unfulfilled promises made by the parent Rejection by parent Lack of love Ridicule and abuse from parent</p>
14.	Transcription page 15-16	<p>Ek was 13, 14 jaar oud. En dan as hulle so gedrink het by ons se huis en die mense was dronk, dan sal ek iemand se glas gevat het en ook gedrink het of as daar ‘n “cigarette” gewees het, wat gebrand het, dan sal ek dit gaan</p>	<p>Self-deception by allowing substance use and peers to influence her Substance abuse caused by permissive parenting and a lack</p>

		<p>trek het en ek het ook iemand geontmoet wat gerook het en die meisie het vir my 'n ... nou 'n skyf gegee en ek het vir haar gesê ek rook nie en sy het vir my gesê probeer dit net en toe ek dit “try”, toe begin ek eerste te hoës en toe sy sê ‘nee, jy gaan regkom. Jy moet net meer rook, dan gaan jy regkom’ en toe rook ek meer en – en meer en meer en my ma-hulle het ook, in daardie tyd het hulle uitgevind dat ek rook en niemand het niks gedoen ...en ek het gevoel dit is ook “fine”.</p> <p><i>(...I was 13, 14 years old and when they used to drink at our house I used to take someone’s glass and drink or if there was a cigarette that was still lit then I would take a couple of puffs and I meet someone that was smoking a girl and then she would quickly give me a cigarette and I use to tell her that I don’t smoke and she told me that I should just try it and when I tried it then I first started to cough and she said, “no man, you will come right, you just need to smoke more, and then it will be ok and then I smoked more and more and more and in the same time my mother found out that I smoked but they didn’t care and I felt like it was also “fine”.)</i></p>	<p>of parental monitoring Parental delinquency Negative peer influence</p>
15.	Transcription page 16-17 & life map	<p>Ja. “When I started to use drugs”, dit was tussen 17 en 18. Toe ek die skool gelos het, was ek 15. ...Want ek het my eerste kind gekry, toe is ek – toe ek 16 gemaak het.</p> <p><i>(...Yes, When I started to use drugs I was between 17 and 18 years old. When I dropped out of school I was 15. ...Because I got my first child, then I was – I had just turned 16 years old.)</i></p>	<p>Causality by not being able to complete school Teenage pregnancy Delinquency by not attending school</p>
16.	Transcription page 7	<p>...toe ontmoet ek vir [Ken]... toe het hy my 'n ander wêreld gewys... en hy</p>	<p>Mentoring and influence by peer</p>

		<p>het my beginne sê van die kerk en van die Here ... sê hy ek moet saam met hom kerk toe gaan. ...ek voel so gemaklik om die mense in die kerk. Amper asof, soos ek – soos my eerste keer toe ek gebruik het. <i>(...then I met [Ken]... then he showed me another world... and he started telling me about the church and the Lord...he invited me to church with him... I feel so at ease around the people in the church, almost as if, like I – like my first time when I started using drugs.)</i></p>	A need for acceptance faith/religion
17.	Transcription page 8-9	<p>...Terwyl ek daar gewees het, het ek 'n meisie geontmoet... Natasha... en sy het ook vertel van die Here en sy het saam met my gebid en sy het altyd gesing en toe kom ek huis toe van die rehab af. Dit was net 'n week en toe red die Here my siel. En toe bekeer ek. <i>(...While I was there I meet a girl... Natasha... and she also told me about the Lord and she prayed with me and she was always singing and when I got home from rehab. It was within a week then the Lord saved my soul and I then I got saved.)</i></p>	Positive mentoring by positive peer influence An acceptance of religion/faith/God
18.	Transcription page 12	<p>...Want my ouma (granny) sal my ook kerk toe gevat het <i>(...Because my granny would have also taken me to church)</i></p>	Mentoring by role model
19.	Transcription page 14	<p>...om my te leer behalwe die juffrouens by die skool. <i>(...to teach me, except the teachers at school.)</i></p>	Mentoring by others
20.	Transcription page 9-10	<p>...toe ek vir Boeboe (second child) gaan “dedicate” het, toe is ek nog steeds “substance” ...[Ek] het gevoel dis my “responsibility”. As ek terug gekom het van die huis van die Here af, het [ek] die krag gevoel. ...maar toe kom [ek] op 'n vers neer wat die Here sê “...resist the devil and he will flee.” En met daai wat [ek] elke keer kerk toe gegaan het, het die Here</p>	Feeling a sense of parental responsibility Internal locus of control Faith/ religion

		<p>nader aan my gekom. <i>(...when I went to dedicate Phoebe (second child), I was still using the substance, I felt that it was my responsibility.</i> <i>When I came back from the house of the Lord, I could feel the power.</i> <i>...Then I came across a verse that the Lord said "...resist the devil and he will flee."</i> <i>And with the fact that I kept on going to church, the Lord and I got closer.)</i></p>	
21.	Transcription page 10-11	<p>Dis nou meer as 'n jaar... Ek sal vir hulle sê dit is nie die moeite werd nie... "Because" die prys wat jy moet betaal... vir 'n "lifestyle" van drugs lewe, is die dood. ...elke mens is baie kosbaar en... het 'n "gift". <i>(...It's more than a year now; I would like to tell all of them that it's not worth it, because the price you have to pay for a lifestyle of drugs is death.</i> <i>...Every person is very precious and has a gift.)</i></p>	Introspection and internal locus of control
22.	Transcription page 12	<p>...sy (grandmother) was die een wat my reggehelp het maar toe sy afgesterwe. [Emotional]... dit was toe my lewe nie... [Emotional]...want ek wou nie vrede gemaak het met dit nie. <i>(...she (grandmother) was the one that corrected me but then she passed away [Emotional], then my life was never...</i> <i>[Emotional]...because I didn't want to make peace with it.)</i></p>	Positive role model Trauma caused by a sense of loss and grief
23.	Transcription page 18	<p>Toe het ek een keer gedroom daar was 'n "swing" in daai "yard" in gewees, ek het gedroom ek sit daar en die man kom sit by my en hy het so 'n lang rok aan en sê nou is... en hy het mooi lang krulhare en hy sê vir my "kom loop saam met my" en ek loop saam met hom. So op tot by die... tot by die berge en soos ons loop, sê hy vir my "kom saam met my, ek gaan nie swaarder kry nie" ...</p>	Faith/Religion as a way out/solution to addiction

		<p>[emosioneel]... ...Tot wanneer ek bekeer het, toe besef ek dit was die Here wat my daardie tyd al wou kom haal het vir 'n beter lewe <i>(...then I dreamt once, that there was a swing in the yard, I dreamt I sat on it and a man came to sit next to me, clothed in a long dress and said, "now is" and he had beautiful long curly hair and he told me "come walk with me" and I walked with him. We walked up the, up the mountain and as we walk, he tells me "come with me, you won't suffer anymore... [Emotional]. Once I converted I realised that it was God who wanted to fetch me at that time for a better life.)</i></p>	
24.	Transcription page 19	<p>Ek het "because" toe ek die Here ontmoet het, toe het alles verander. Alles het verander. My "feelings towards" my ma het verander, hoe ek haar gesien het al die jare, het dit verander, want ek weet 'n mens kan nie so is nie. 'n Mens kan nie so is nie en ek het altyd – ek hoop altyd vir haar want ek is baie lief vir my ma. <i>(...I did, because when I met the Lord, everything changed. Everything changed. My feelings towards my mother changed, how I saw her all these years, it changed, because I know a person can't be like that. A person can't be like that and I always –I always hope for her as I love my mother very much.)</i></p>	<p>A need for religion A need for love, forgiveness and support Personal insight</p>
25.	Transcription page 19	<p>En ek het 'n kans vir my kinders. Daai is altyd wat my gehou het... [emosioneel]. [onhoorbaar] want soos als – ek het altyd gesê "my kinders ...". [emosioneel]... ek kan nie. Ek gaan ... [emosioneel]... en dis hoekom ek nooit myself wou doodgemaak het of dit "getry" het nie. <i>(...and I have a chance for my</i></p>	<p>Sense of responsibility Love for own family Positive future outlook</p>

		<p><i>children. That was always what kept me going [emotional] [inaudible] like with everything – I always said, “my children” [emotional]...I can’t. I will... [Emotional] and that is why I never committed suicide or attempted to do so. (Because of her children).)</i></p>	
26.	Transcription page 19	<p>As daar iemand is wat ‘n lig is in hulle lewe, hulle moet rîrig aandag gee aan daardie persoon en baie eerlik wees met – met die persoon wat ‘n lig is, met hulleself. Hulle moenie net dink vir nou nie. Hulle moet dink “<i>ahead</i>”, “<i>in future</i>”, hoe wil hulle wees. Ek sal sê hulle moet kerk toe gaan. Hulle moet... hulle moet kerk toe gaan. Hulle moet <i>try</i> om die help te kry, by enige “<i>social worker</i>”, as hulle iemand ken. As daar familie is wat... wat kan help, waar hulle na toe kan wegkom vanaf, hulle moet praat en eerlik wees met die mense by die huis, met die mense na aan hulle, sodat hulle kan gehelp word.</p> <p><i>(...if there is someone that is a light in their life, they really need to give attention to this person and be very honest with - with this person that is the light, with themselves. They mustn’t think only for today. They need to think ahead, in future, of what they want to be.</i></p> <p><i>I would tell them to go to church. They must – they must go to church. They need to try to get help, by any social worker, if they know anyone.</i></p> <p><i>If there is family that - that can help; where they can escape to, they need to talk and be honest with the people of the house, with the people that was close to them, so that they can get the correct help.)</i></p>	<p>Confidante Reach out/Disclosure</p> <p>Self-agency Honesty to oneself of a need for change Reaching out to person in need Internal locus of control by taking responsibility for change Future perspective of better things coming Seeking external and family support</p>

4.3.2. Participant two: Diegro

Diegro is a 22-year-old man. He is the eldest sibling, with one brother and two sisters. They are taken care of by a single mother and live in a three-roomed city council flat in Eersterust. This block of flats, the only of its kind in Eersterust, is characterised by overcrowding and is notoriously known for drugs and other criminal activities. Diegro started to experiment with drugs at the age of twelve while he was in grade 7 in primary school. He explained that he and some friends, on a Valentine's Day which fell on a normal school day, decided that they would be smoking marijuana. Despite their young age, they were able to persuade a drug dealer to sell them a bundle (20 sticks of marijuana also called, Durban poison). The eldest boy, who was 14 years old, prepared that first cigarette. Diegro describes this day as the start of a stubborn habit that was going to last for almost 9 years.

Diegro described the first 5 years of his life as characterised by abuse. His mother married his stepfather. He witnessed how his stepfather abused his mother after they had been drinking. He told how he and his siblings were living on the edge for many a night as they were anticipating abuse from his stepfather to his mother. These outbreaks of violent abuse became the reason that Diegro stayed out late in the streets. In his own words he said, "It drifted me away from my house... 'cause... I know when my stepfather returns, there's gonna be another thing."

He also describes his life between ages 5 to 10 as difficult. His mother was now single and found it hard to make ends meet. This forced young Diegro to fend for himself. He was selling candy at school so that his mother could buy bread for their supper. Although he described it as an exciting experience, the family was moving often, in Eersterust, in search of affordable accommodation. Diegro began to use illegal substances during this period.

As his addiction became more serious, Diegro began to engage in petty crime to sustain his habit. Diegro explained how he and his friends began to go to nearby

suburbs (traditionally white only suburbs) to steal bicycles and rob people at knife- or gunpoint. He also began to steal from his own house to get his next "fix".

As the demands of his addictive habit increased, Diegro’s criminal activities intensified. He was no longer stealing bicycles and robbing individuals. He explained how he approached a notorious crime kingpin to look for a job. This signalled a life of house robberies and fraud. Diegro related how they would go into people’s homes, tying them up in their bedrooms and robbing them of their jewellery and other items of value. Diegro’s life of crime was temporarily halted when he was caught in the act of defrauding a company.

Diegro’s time in custody while awaiting trial was a blessing in disguise. Whilst in custody, he reflected on the life of his uncle, who was serving a long jail sentence and decided that this was not what he envisaged for himself. Upon Diegro’s release on bail, he found himself without money and laid down on the lawn of a local park in Eersterust. Here, in the park, he realised how his life of drugs and crime had alienated him from those who loved him. He went on to explain that while he sat there in the park, he realised that it was his twenty-first birthday. A deep sadness began to overwhelm him when he realised that there was nobody coming to visit and celebrate his birthday with him. It was at that moment, on the 11th of June, that he called out, in his own words, "...to my Jesus, my Lord and Saviour and that’s the day that I actually opened up my heart."

Diegro has been successfully living a productive and drug free life for the past 15 months. He ascribed his victory over his addiction to the inspiration of his mother and siblings and he stated unequivocally, "I didn’t do it by myself, I do it by ... I did it by the...the power God invested in me".

Table 19 outlines factors in the narratives of the participants, which highlights detractors of and contributors to resilience.

Table 19: Summary of identified themes representing detractors and contributors of resilience

Participant two: Diegro	
Detractors of Resilience	Contributors to Resilience
○ Denial of abuse taking place	✚ Role models: (Transformative)

<ul style="list-style-type: none"> ○ Escaping from home environment ○ Poverty ○ Negative role models ○ Negative peer influence ○ Permissive parental behaviour and parental delinquency ○ Lack of stability (moving around) ○ Low self-esteem because of dire personal and domestic situation ○ Anger at life, parents and peers for not caring ○ Despair of life, because of addiction ○ Lack of parental monitoring ○ Parental conflict and delinquency ○ Rejection by peers and family ○ Unfulfilled basic need ○ Ignorance of substances and consequences ○ Approval seeking from peers ○ Shame for being arrested 	<ul style="list-style-type: none"> ● Siblings who modelled positive behaviour ● Uncle ● Church congregation who were compassionate ✚ Institutions: <ul style="list-style-type: none"> ● The Church ● Victory Rehab Centre ✚ Personal-agency/self-awareness to turn life around ✚ Hope of overcoming addiction ✚ Positive outlook on the future ✚ Optimism that the life of addiction will change for the better ✚ Shared family values ✚ Introspection ✚ Self-worth after introspection ✚ Assertiveness and self-awareness ✚ Determination to overcome addiction ✚ Self-realisation of being able to change ✚ Contrition for living destructively for so long
--	---

Table 20 tabulates intrinsic and extrinsic factors of resilience identified in participant two.

Table 20: Intrinsic and extrinsic factors of resilience identified

Participant two: Diego	
Intrinsic Factors of Resilience	Extrinsic Factors of Resilience

<ul style="list-style-type: none"> • Hope of overcoming addiction • Optimism that things will change for the better • Positive outlook after changing • Introspection after being arrested • Assertiveness to change • Faith (Religion) as a vehicle for change • Determination to overcome addiction • Sense of causality • Sense of responsibility towards self, others and life in general 	<ul style="list-style-type: none"> ✚ Familial: <ul style="list-style-type: none"> • Mother who loved him • Siblings who cared and loved him and he also loved them • Uncle who served as an example • Caring church congregation • Mentors such as his uncle and the congregant who encouraged him ✚ Institutions: <ul style="list-style-type: none"> • Church that focussed on drug rehabilitation • Rehabilitation centre
--	--

Table 21 represents a summary of the themes identified from various data sources such as transcriptions, reflections and life maps.

Table 21: Summary of themes from various sources

Participant Two: Diegro			
Entry no.	Source	Transcripts	Sub-themes Identified
1.	Transcription page 1 & life maps	At the age of 12... I started experimenting on dagga. At the time it was only sticks, as we know it. It all began at the time at the flats; <i>uh...</i> we were a couple of friends. The first day we decided that we're gonna dodge school and go to the "swembad", the local swimming pools.	Negative Peer Influence Permissive community
2.	Transcription page 1-2 & life maps	We decided on buying quarter-liners that day. On our way to... on our way to go buy quarter-liners, we then decided	Ignorance of negative peer influence

		<p>that there's someone selling dagga here, it was... <i>uh</i>... his name was called Moosa here, he had the one leg...</p> <p>He was actually at - at the food store and we talked to him, we convinced him, and he actually gave us about say a "<i>rol</i>", he gave us about a 30 stick.</p> <p>To you – to us, yes, as 12-year olds and we gave him the money. We gave him actually more on that day, we gave him a R20 and - and at ...</p>	
3.	Transcription page 2	<p>My one friend eventually he... he smoked before, I think – his name was Krisjan, Krisjan, yes, he was <i>uh</i>... older than us, he was about 14 at that age...</p> <p>...he prepared everything for us and then... and we then had our smokes and everything,</p>	Negative peer influence and older friends
4.	Transcription page 3	<p>I think the reason that I used drugs is that... what knew the plans they had for me in life and the time that I was using drugs and the time now as I'm standing here and talking, I could actually say that it's... my way to reach out... to the hurting people of the world, that people... came from the circumstances that I came through...</p>	Denial of home situation Ignorance of situation
5.	Transcription page 5 & Life maps	<p>For a moment there at the age, ...of 15... I know there's a time that my mother actually didn't give me food money for that year. Things just went bad at the house and I actually – I saw it the wrong way, I didn't understand</p>	Lack of insight to home situation Unfulfilled basic needs and parental

		<p>exactly what was going on (<i>sic</i>) my house and I started stealing to support my habit</p> <p>I was actually furious that my mom didn't wanna give me money, not knowing that there wasn't even money for bread at the time.</p>	<p>neglect</p> <p>Poverty</p> <p>Anger towards mother</p>
6.	Transcription page 5 & Life maps	<p>So, I actually took matters into my own hands, not – how can I say? I was, I was actually jealous...</p> <p>at... at a certain point in life, so... when you come to that certain point in life, it... you just do what you wanna do and especially when you have the bad influence by friends, you're gonna steal stuff to support your habit.</p>	<p>Lack of judgement</p> <p>Insight into own behaviour</p> <p>Negative peer pressure</p>
7.	Transcription page 21 & life map	<p>At the time he was living with us, we had a back-room... And I just say, 'Thank you, God' that my... my mom actually also saw the light before me, I praise God for that and at the time they were drinking there, they were always having fights. So, I was surrounded by that... by the... that abusive relationship that they were in.</p>	<p>Abuse by stepfather and parental delinquency</p> <p>Alcohol abuse by parent</p>
8.	Transcription page 21	<p>...when he comes at the house at that certain time, there's gonna be another thing going on. So, I actually distanced myself...</p> <p>...from my parents and that was actually... how I found myself in the street for the first time, at night, playing with the last kids playing in the street.</p>	<p>Escaping from his home situation</p> <p>Rejection of parental behaviour</p>

9.	Transcription page 5-6 & life maps	<p>...to... just to trigger you. It can be anything. It's just... what triggered me it was financial in... within my house. I... I didn't believe that my mother didn't have [?][noise]... got money for me, so I... I started making a plan. I was... we went off to Eastlynn ... several times to go rob white people in Eastlynn... ... then run through the bush back to the Flats and then sell the things or sell the bikes, just to support our habits and it went so deep [?] that eventually we couldn't go there anymore in Eastlynn because we were hot...</p>	<p>Lack of Judgement Insight into own behaviour Delinquency to support habit Negative peer influence</p>
10.	Transcription page 6-7	<p>Most... of say my friends when they... heard I was using drugs, they... were excited. Yes, they were excited for, say for a few months they were saying 'Ja, this and that, he's smoking dagga and its cool' and what-what, 'cause they dunno... they do not know the... situation that I was in. So, they embraced it for a few... months...</p>	<p>Misplaced peer adulation Seeking peer affirmation</p>
11.	Transcription page 7	<p>...when they saw in what direction I was going, they... started talking bad because they heard I was stealing, they heard all the negative things that I was doing to support my habit. Then it became like gossiping... ...if you hear people talk about you or just heard what they said about you, it actually makes you more furious and it</p>	<p>Rejection by peers Defiance against public opinion</p>

		<p>actually, it's another trigger...</p> <p>...actually, for me it was another trigger in life because I wasn't embracing my friends. <i>uh...</i> Things that they were telling me, I was actually trying to get back at them.</p> <p>They did speak to me, yes. We still had a relationship.</p> <p>An example is like in "<i>Ja, julle sal... jul...</i> you all will smoke drugs, I will chill and smoke a hubbly and buy my... and buy my girlfriend a chocolate. You... wouldn't even buy your girlfriend a chocolate because you're... so stressed out about your next hit".</p>	
12.	Transcription page 10	So, I just thought that I'm rejected by everyone, so I'm just gonna see myself out of the door	<p>Rejection by family and friends</p> <p>Escaping from problems</p>
13.	Transcription page 13 & life maps	They only knew at the time that I was smoking dagga... until the age of 17, they found out I was using CAT as well.	Lack of parental/ monitoring and oversight
14.	Transcription page 12 - 15 & life maps	<p>When I was caught at school at (<i>sic</i>) dagga, I was about 17.</p> <p>I was in grade 10, yes.</p> <p>In the beginning?</p> <p>Yes, there was benefits... <i>uh...</i></p> <p>The benefits that I saw when I was using drugs is that you meet people.</p> <p>And you always meet the type of people that you can – how can I say?... depend</p>	<p>Seeking approval from group</p> <p>Acceptance within group</p> <p>Delinquency</p> <p>Criminality</p> <p>Shame of negative</p>

		So, I just thought to myself and... this isn't who I am.	love and affection
16.	Transcription page 8 & life maps	They were actually... at one point they were actually kind of furious at me. No, not – let me not say furious, they were actually kind of scared of me because they didn't know at that point what to do and then... then... and then they sent me to a rehabilitation home, I did six months there. I came out. Everything was nice again at my house and I relapsed again.	Parental intervention into drug abuse
17.	Transcription page 15	...on you. Things that you didn't want for yourself, becomes a burden for you and that's where I actually called out to my Jesus, my Lord and Saviour and that's the day actually I open up my heart. I was ... it was June, on June 11 - on my birthday...	Faith/religion as a way out/solution to addiction
18.	Transcription page 15	I was walking past the same [indistinct] and this guy of Jabulane approached me and he... and the first thing he told me that was "God loves you and doesn't matter where you are, He can hear you". So I was thinking to myself that day that "why would this brother tell me this because wherever I am, He hears me, so I can start changing my life now" and that's the day when I started changing my life.	Mentoring by person from church Introspection about people who care Optimism that things will be better Hope to turn things around Faith/religion
19.	Transcription page 15	It took me a time to get there at a certain point because it depends	Determination to overcome

		when... when you are using drugs how far back you went. I didn't go so far back that I couldn't bounce back. So, I had at least ground cover, so I could... I could bounce back in life.	Hope to turn things around Optimism that life will be better
20.	Transcription page 3-4	...and it's still there, I think somehow... there's a reason why it happened with me because I think I can collaborate with the people that's actually out there that as the same scars that I have. So... it's a way of communication.	Positive future outlook
21.	Transcription page 16	To stop drugs? I was five... years from my house and <i>uhm</i> the time when... the conviction actually hit me, the time that I wanted to give my life to Jesus... I was just thinking about my mom; thinking about my sisters; thinking about my brother – the time that I shared with them in the past, couldn't it be reflect again in the future?	Family assets and values Hope and optimism for the future
22.	Transcription page 16	And I was so focussed on trying to get that right and eventually I got it right. I didn't do it by myself... the power God invested within in, because I was willing at the time to change. You have to be willing at the time to change... You don't change for someone else, you just change for yourself because you know if you're a better person, someone's gonna treat you as a better person.	Faith/religion as a way out or solution to addiction Internal locus of control Open to change oneself Increased self-worth, because of change

23.	Transcription page 18	I want a better me and I'm first gonna change myself and people will see that resemblance. I'm not gonna speak to people, people must just see the-the... the change that I made within my life.	Internal locus of control by taking responsibility for change Hope for the future A need for acceptance
-----	--------------------------	--	---

4.3.3. Participant three: Fanus

Fanus is a 19-year-old matriculant at Prosperitus High School. He is the eldest son in a family of four. His father is unemployed due to a disability, which leaves his mother as the sole breadwinner in the family.

His family came to Eersterust, Pretoria as economic migrants from the Northern Cape, and, after an extended stay in Eersterust, were able to acquire a house of their own. It is significant, though, to know that in Eersterust, people who hail from the Northern Cape are often regarded as outsiders. The community does not readily accept outsiders. Fanus struggled with acceptance in Eersterust.

Fanus narrated that he had his first experience with narcotics at age 16 in the form of marijuana. He recounts that, while on their way to school, one morning, his friends offered him a joint (marijuana cigarette), which resulted in addiction. Fanus explained that he and friends would smoke before the start of the school day and again after school.

He narrated that there was a noticeable decline in his schoolwork. He could not concentrate in class and, when reprimanded, would laugh at the teacher together with his friends. He said, "...it did affect my performance in the class, because sometimes you would sit in class and won't listen to the teacher, what she has to say, you just think your own things... because you're there sitting in class, just like a zombie, or laughing at the things that isn't even funny".

When asked why he took to drugs, he explained that he was excessively overweight from a young age. This earned him the scorn of all his friends and people who came in contact with him. Fanus also said that his friends pressured him to take up drugs with the promise that it would help him to lose weight. He also] implied that curiosity also contributed to substance abuse. He further explained that not long after he started to take drugs, he began to lose weight and girls began to take an interest in him. He also explained that he was not alone anymore. He said, "Most of the time I was alone". He went on to explain that because he did not want to be on his own, he conceded to his friends' request and took the drugs. Fanus also said that he noticed that those who were taking drugs were the ones who were "cool".

Fanus listed the following events as low points in his life:

- At the age of 2 to 3 years, he was constantly being beaten with a stick at the day care centre by the bigger children of the proprietor.
- Between the ages of 5 to 10, he was beaten by his father, in front of his friends, for accidentally breaking a window while playing with a ball.
- The death of his grandmother when he was 11 years old was a devastating experience to him.
- Failing grade 8 was also a devastating experience to him.

Fanus recalled the exact date (15 June 2015) that he began to experience a turn-around from his addiction. He described how they were smoking, as usual, in the morning before the exams and after they had written. Later that day, his friends came to fetch him again for another session of smoking. During this session, things began to go wrong for him, he began to feel funny. He said, "I started seeing things... I got... gone crazy or something".

Fanus subsequently became depressed and confessed to his parents that he had been using drugs for the past three years. As his depressive state persisted, his family decided to send him to some relatives on a farm in the hope that he would get better. Upon his return, his condition persisted until one day when he was on his way to school and he was about to cross a street, when a car drove by. In that moment, he prayed, "to God that he should release me from this pain". Fanus said that, in that moment, he sensed a relief from his burden of addiction. He described that moment

as the moment that a higher being responded to his prayer and released him from his addiction.

He described his mother as the key inspiration for him to overcome his addiction. Fanus said he could not bear to see the pain and disappointment in her eyes. He also credits his friend, who was not doing drugs, for talking to him and encouraging him to stop his habit. Another thing he could not bear, was when he realised that he was addicted, and he had lost control over his life. His poor performance in school also served to inspire him to stop using drugs.

At the time of the study, Fanus was completing his matric and has been clean for over a year. He declares that nowadays, people’s opinion of him does not influence his life as before.

Table 22 tabulates factors in the narratives of the participants, which highlights detractors of and contributors to resilience.

Table 22: Summary of identified themes representing detractors from and contributors to resilience

Participant Three: Fanus	
Detractors of Resilience	Contributors to Resilience
<ul style="list-style-type: none"> ○ Loss of grandmother who cared about him ○ Parental permissive behaviour and lack of monitoring and intervention ○ Parental delinquency ○ Peer acceptance and affirmation by using substances ○ Negative peer influence ○ Bullying, abuse and humiliation by peers and his father ○ Obesity ○ Escaping undesirable home environment ○ Low self-esteem ○ Ignorance of the effects of substance abuse ○ Lack of assertiveness to stand up for himself ○ Depression and shame, because of drug use. ○ Despair, because no solution 	<ul style="list-style-type: none"> ✚ Role models: <ul style="list-style-type: none"> ● Friends who do not abuse substance ● Maternal parent (Mother) who inspired him ● Aunt and uncle who cared about him and took him in ● Teachers who modelled constructive behaviour ● Positive peer influence ✚ Optimism about the future without drugs ✚ Self-actualisation by realising that a good life is possible ✚ Introspection by taking stock of his fruitless life ✚ Faith/religion as a possible solution to his life of addiction ✚ Family assets such as honesty, integrity, steadfastness and determination to overcome ✚ Institutions:

seems to be in sight	<ul style="list-style-type: none"> • School that cultivates positive values • Church that inspired change
----------------------	---

Table 23 tabulates intrinsic and extrinsic factors of resilience identified in participant three.

Table 23: Intrinsic and extrinsic factors of resilience identified

Participant Three: Fanus	
Intrinsic Factors of Resilience	Extrinsic Factors of Resilience
<ul style="list-style-type: none"> • Optimism and positive outlook on the future • Introspection by taking stock of undesirable behaviour • Sense awareness and sense of responsibility in favour of change • Self-actualisation by seeing himself as he can be • Sense of causality by understanding the consequences of his addiction • Hope and religion as a solution to overcoming his drug addiction. 	<ul style="list-style-type: none"> ✚ Familial: <ul style="list-style-type: none"> • Mother who kept on believing in him • Aunt and uncle who took him in despite him being an addict • Grandmother who always inspired and believed in him ✚ Mentors <ul style="list-style-type: none"> • Mentoring friends who encouraged change • Teachers who modelled constructive behaviour • Church congregation who accepted him as he was and encouraged him to change ✚ Institutions <ul style="list-style-type: none"> • School that encouraged good values and thinking • Church organisation that natures strong values

Table 24 Represents a summary of the themes identified from various data sources such as transcriptions, reflections and life maps.

Table 24: Summary of themes from various sources

Participant Three: Fanus			
Entry no.	Source	Transcripts	Sub-themes Identified
1.	Transcription page 1	Because my friends that I was working with, they used drugs and	Negative peer influence

		because of my weight, I was fat and they teased me to say "ja, you are fat, you must use drugs" and what-what "to get yourself slim, dagga to make you slim"	Low self-esteem due to obesity
2.	Transcription page 1-3	<p>It first began when <i>uh</i> I came to school one morning and we're working together, and my friend told me that they're gonna smoke and I should join them...</p> <p>So, then I joined them and from there I begin to smoke every morning with them and every afternoon.</p> <p>Yes, it did affect my performance in the class because sometimes you would sit in class and you won't listen to the teacher what she has to say, you just think your own things...</p> <p>...because you're there sitting in class, just like a zombie; or laughing at things that isn't even funny; and sometimes you're at a teacher that will ask you "What's wrong?" and you will laugh at them as well.</p>	<p>Negative peer influence</p> <p>Diminished focus due to substance abuse</p>
3.	Transcription page 4	<p>It was because of my weight and because of... who I was working with – my peers.</p> <p>So ja, they convinced me to smoke. But so, I wanted also to try.</p>	<p>Negative peer influence</p> <p>Low self-esteem due to obesity</p> <p>Curiosity about experiment with</p>

			substances
4.	Transcription page 4-5	I saw when they smoke they became to get thin now. And they also told me that if you smoke dagga you'll get thin... ...and also, I wanted also to get thin at that time because I... people were making a lot of fun and because of my weight and so on.	Low self-esteem due to obesity and rejection by peers and parents Lack of judgement/ignorance of the consequences of substance abuse
5.	Transcription page 6	At first, they were happy for me, they told me that "Now you are in, you see"...	Acceptance by negative peer group and false adulation from peers
6.	Transcription page 8	So ja, because... then they said I... I must stop and then I didn't listen to – then I went to walk with a friend that was still using drugs... ...I didn't break up with those who weren't using, we were still talking but we weren't that close anymore.	Defiance against positive peers and society at large by separating himself from them
7.	Transcription page 9	They didn't know I was using drugs. They never knew, until the day that... that something happened...	Lack of parental oversight/monitoring due to a perceived untrusting relationship
8.	Transcription page 9	...my friends told me that we're gonna smoke before we write. So, I smoked with them and then after I went, and I wrote. Because that, at that day I was planning to leave, I said 'no, this is my last... [indistinct – noises] now because I	Negative peer influence Unassertiveness because of seeking peer approval

		<p>saw that it was... it didn't, it affect me...</p> <p>...in a bad way. So, we smoked in the morning and then after the...</p>	
9.	Transcription page 10	<p>...So then at school by that Benja we smoked again with my friends and I said, "Now I'm done, I'm not gonna smoke no more", then I went home.</p> <p>...to my house after that and they called me and I - I woke up and I said to them "Now what's wrong?". They said "No, let's go and... to the park" and I told them I am... I... I am not going with them. And then my friend pulled me, he said "Ha, come, man, we're just gonna chill".</p> <p>And as we were walking, they bought sweets...</p> <p>...so, then I knew we're gonna smoke again and...</p>	Unassertiveness due to a need for acceptance
10.	Transcription page 10-11	<p>...so, then my friend said to me, "Ha, come on man". He pulled me, and he said, "Let's go, man". Then I said "eishh". My gut told me not to go, but then I spire [?], I went with them.</p> <p>So, we got to the stadium, the cricket stadium down-town [?] and my friend he rolled a joint for me and then I started smoking and I felt that something was wrong</p>	<p>Negative peer influence</p> <p>Unassertiveness due to a need for acceptance</p>

		and...	
11.	Transcription page 14	<p>...and that was that. And then, when we got – the next day when we got to school they asked me what happened and what I told him the time that I, inside I'm not feeling well, because I was still – what do they call it?... meaning self-depress, I was depressed...</p> <p>Hm, so I told him how I'm feeling, and he couldn't understand, but he didn't listen also, he still smoked. So, then I didn't worry with him anymore, I divided myself from them and I was alone, sitting in class and that day we... I was late [?] for three papers.</p> <p>I couldn't study for them, from [?] that papers because I... I felt depressed and I couldn't eat. So then thereafter, at night I also couldn't sleep. So, then my mom and dad they... they figured that something was wrong and...</p>	Depression, shame and confusion because of addiction to substances, therefore reaching out for parental intervention
12.	Transcription page 12-13	<p>Yes, then thereafter... I said to my friend "I'm going home and I'm gonna tell my mom"...</p> <p>..."that I... I used" and that was the first time that they found out...</p> <p>...that I was using drugs because I told them what happened, and I told them that I was ... I've been using drugs for ... for three years.</p>	<p>Disclosure to parent</p> <p>Contrition and regret for indulging in substances</p> <p>Positive step to break the cycle of addiction</p>

		<p>And then thereafter I still didn't felt satisfied. So, then I want to – one of my friends' house the same night...</p> <p>So, I went and I told his father that me and... and him and the other friend of ours were smoking and I just want him to stop what he's doing because this isn't right, it can...</p>	
13.	Transcription page 7-8	<p>No, they were shocked, and they couldn't believe that I used drugs and my friends that was with me... that wasn't using drugs (you know)...</p> <p>Ja, they warned me against using drugs.</p> <p>They would come to me and talk to me. Aido, a friend of mine, gave me a pamphlet...</p> <p>...he say I must read, because I don't know if his mother or what, I don't know where she, but he came with it and he showed me and so I looked at it.</p> <p>Ja, they did care.</p>	Positive peer reaction and influence upon discovering that he abused drugs
14.	Transcription page 14-15	<p>So, then they sent me away to live with my... my aunt in Welkom, because the schools were closed now.</p> <p>And then when, there when I was there I also felt that I wasn't feeling any much better...</p>	Parental intervention by sending him away to family on a farm Depression as a result of drug abuse

		<p>...and then I began to-to stress now... because now I'm with my family and I still couldn't feel [?] closure...</p> <p>...because I knew always when I go there, visit there...</p> <p>...I always felt, feel happy there now (you know) with them, but then I started to panic, I started to think will I ever feel better? Because now I'm with my family and I still can't...</p> <p>...I don't feel happy or something has changed.</p>	
15.	Transcription page 15-16	<p>And then one morning when I was walking on my way to school, then I was... there was a car passing and I could've... miss... supposed to go over the... the road...</p> <p>...and I waited until the car came past me and I just stood there, and I prayed to God that He should release me from this pain and...</p>	Faith/religion and introspection as a source of inspiration to break out of drug addiction
16.	Transcription page 16	<p>So, then I went to school. I got up with my old friends that... that warns me, those that warn me, I went to them and then they just, ja, brought me back to where I am. And then from that day I... I never smoked again.</p>	Positive peer influence by friends who don't use substances
17.	Transcription page 6	<p>I could have gone to my parents and told them that I wanted to... reduce the weight...</p> <p>...and they could have helped me</p>	Retrospective insight upon realising that he could speak to his parents about his

		and make sure that maybe I went to the gym or 2...	problems
18.	Transcription page 17	<p>Ja, because <i>uh</i>... I started losing weight as well, so that for me was... was... [indistinct – <i>intervenes</i>]</p> <p>...was a benefit. The friends that I also got... they like, they were like also a benefit to me because I also started getting girls, like girls started ... [indistinct – <i>intervenes</i>]</p> <p>So, they also thought that I cool so... I was cool and that also was a... was a benefit.</p> <p>...you were a cool guy.</p> <p>Ja, they started liking me and we started hanging out.</p>	A need for acceptance and recognition friends and girls
19.	Transcription page 18-20	<p>Ah they st... I, they still like me but I just – I just don't wanna interact with them anymore.</p> <p>It's just that (I mean) they... saw that also I wasn't... I stopped smoking...</p> <p>It's going better because... I talk to them now, I – ja. Even though I'm not using it anymore, they still think that I'm cool and...</p> <p><i>Sjoe</i>. So, what you are saying to me is that girls can really take to a guy if he uses weed?</p> <p>Ja. If he uses weed and if he smoke... if they also smoke...</p> <p>Ja, after 3 years.</p>	<p>Enhanced self-esteem during the change process</p> <p>Developing assertiveness to stand up against peers</p> <p>Introspection to see the error of abusing substances</p>

20.	Transcription page 20-21	<p>Is because of my school work... it fell back... it fell backwards, so then I also... ...and because of what happened to me as well, I... because I felt that it was beginning to play with my mind, I wasn't focussed the way I used to.</p> <p>So ja, I can – then I started ja, to say I was... [indistinct – <i>interven</i>es] Ja. And I also, I couldn't say "no" to it, you see.</p> <p>I felt like before you go to sleep, I must smoke. So, then I felt that I... I can't do it without... without drugs.</p> <p>And because of when I started hallucinating.</p>	<p>Self-realisation and introspection served as a wake-up call when school work deteriorated Fear and dread of addiction</p>
21.	Transcription page 21	<p>My mom inspired me because I... I saw it in her eyes and in her heart that she was very hurt when she found out and, so I also decided that I have to stop because of her because what I'm doing to her is no good.</p>	<p>Positive parental influence and a need to please his mother</p>
22.	Transcription page 23	<p><i>Uhhh</i>. Also, because my passing rate, you see, I failed.</p> <p>I think I would begin to... I will fail the whole year and I will only pass term 4. So that also, aye, it wasn't good for me and then I... ...I also said that aye, this... because I wanted to pass from the</p>	<p>Future perspective because of feeling hopeful about the future Self-actualisation and introspection by seeing the negative impact of substance</p>

		beginning...	abuse on his academic performance
23.	Transcription page 3	At... first there are, there was a reason. I saw that my performance in school is not up to standard, I was...	Introspection about school performance

4.3.4. Participant four: Anul

Anul is a 20-year-old male and the eldest of three children of two civil servant parents. The age difference between Anul and his two brothers (twins) is approximately seventeen years. His father is a senior official in the Department of Foreign Affairs and his mother has been a school teacher for many years. Anul is from a middle-class background. Anul has also attended some model-C schools outside of Eersterust.

Anul recounted some bad experiences in his initial school years. He informed the researcher about incidents of bullying, from both learners and teachers against him, at the schools he attended. Anul narrated that he was severely obese as a young child at school, and this earned him the scorn of peers and teachers alike. As a result of this, he relocated schools on more than one occasion. Anul described his ordeal as being, “teased... victimised... bullied and... it caused me to lash out and start misbehaving”.

Anul described how he had his first encounter with illicit substances at age fourteen. He portrayed himself as “gullible” and “so desperate for friends”. He also said that he was in a bad headspace at the time. In addition to his embarrassing obesity, he blames a period when the family were experiencing financial difficulty as a reason for his anti-social behaviour.

Anul said that his family only became aware of his addiction when he got arrested for drug possession at school. He explained that this discovery placed his relationship with his parents under severe strain. To address his problem, his mother suggested that he go and live with his uncle. Unbeknownst to her, her brother was also addicted

to drugs and he provided drugs to Anul and allowed him to continue his abuse of drugs in his house. This state of affairs continued for the best part of two years and only came to a head when Anul was arrested again for drug possession in Eersterust on his way back from acquiring drugs.

Anul’s last arrest resulted in prison time. This served as a blessing in disguise as Anul described this incident as a significant contributor to him overcoming his addiction. He also described his father’s wise words to him while in prison and the anguish on his mother’s face, as significant contributors to his recovery. Anul also mentioned his concern for his little brothers as a factor that swayed him to stop using drugs. Other factors which tilted Anul towards recovery seems to be his insatiable ambition to succeed and his huge affinity with “girls”.

At the time of the interview, Anul had reached a rank of number two in South Africa in his weight division in kick-boxing. At the time of the interview, Anul had also been drug-free for 15 months.

Table 25 tabulates factors in the narratives of the participants, which highlight detractors of and contributors to resilience.

Table 25: Summary of identified themes representing detractors and contributors of resilience

Participant Four: Anul	
Detractors of Resilience	Contributors to Resilience
<ul style="list-style-type: none"> ○ Negative peer influence ○ Low self-esteem, shame and humiliation due to obesity ○ Ignorance of the consequences of substance abuse ○ Peer acceptance, affirmation and validation ○ Bullying by peers at school ○ Escapism from feelings of inferiority due to obesity ○ Negative family influence such as his uncle encouraging and providing illegal substances to Anul ○ Parental permissive behaviour and monitoring ○ Lack of parental intervention and assertiveness 	<ul style="list-style-type: none"> ✚ Role models: <ul style="list-style-type: none"> ● Parents who modelled positive behaviour ● Mentoring by father and kick-boxing Sensei ● Sensei (kick-boxing) who also modelled positive behaviour through discipline, exercise and sport ✚ Positive outlook, optimism and hope of overcoming addictive behaviour ✚ Self-actualisation after being arrested ✚ Developing a healthy self-image through introspection and self-awareness ✚ Shared family values that

	<p>became important upon introspection</p> <ul style="list-style-type: none"> ✚ Discovering self-worth through introspection and self-awareness ✚ Developing confidence to change his life ✚ Ambition and determination to Overcome drug addiction and achieve success in other spheres of life
--	--

Table 26 tabulates intrinsic and extrinsic factors of resilience identified in participant four.

Table 26: Intrinsic and extrinsic factors of resilience identified

Participant Four: Anul	
Intrinsic Factors of Resilience	Extrinsic Factors of Resilience
<ul style="list-style-type: none"> • Ambition to become the best in his sport • Future perspective and positive outlook to succeed and build a good life • Determination to overcome addiction • Development of positive self-image because of hope and optimism 	<ul style="list-style-type: none"> ✚ Role models: <ul style="list-style-type: none"> • Parents who encouraged and cared to him • Sensei (kick-boxing) who inspired discipline and ambition ✚ Acceptance by peers, particularly girls, because of his talent and new-found success ✚ Enrolment at university to improve qualification

Table 27 represents a summary of the themes identified from various data sources such as transcriptions, reflections and life maps.

Table 27: Summary of themes from various sources

Participant Four: Anul			
Entry	Source	Transcripts	Sub-themes

no.			Identified
1.	Transcription page 1-2 & life maps	<p>Yes. I remember it actually like it was yesterday.</p> <p>I will never forget those periods in my life because (you know) in my opinion I can't forget the people that I was surrounded with... ...in the most terrible time in my life. I can never ever forget. No-one is to be blamed in this situation... ...but myself. I met up with some friends – my friend, my best friend... ...who started high school one year earlier than me, introduced me to his new friends... So, me and his new friends now got up [?], I met them. We started talking a bit. It's normal. Then this one day my friend admitted to me that he had also sniffed CAT...</p>	<p>Negative peer influence</p> <p>Internal locus of control by taking personal responsibility for his situation</p>
2.	Transcription page 3 & life maps	<p>...at the talent show at school. So, I wondered now what's going on and whatever, then I asked this new friend of ourswhat's it's all about. So, and then he told me 'No, don't worry about it, we're gonna try it one day...' ...'next week is my birthday, we're gonna do it there so you're gonna... you're invited definitely, but don't worry, you're not gonna get addicted'</p>	<p>Negative peer influence through bad advice and reassurance that was given</p> <p>Curiosity about the effects of substances on the body</p> <p>Ignorance of the consequences of substance abuse</p>

3.	Transcription page 3-4	<p>'only when you have money maybe you'll get a <i>lus</i>'.</p> <p>A <i>lus</i> – just explain?</p> <p>A <i>lus</i>, you will get... a desire...</p> <p>So, at this point in my life I was so gullible, I was...</p> <p>...so desperate for friends, so desperate to impress people...</p> <p>...because I was still at... in a bad space in my life.</p> <p>So basically, I agreed to this. The Saturday came, they had bought from some guy that sells in Eersterust...</p>	<p>Lack of insight and judgement to make correct decisions due to a need for acceptance and recognition</p> <p>Unassertiveness in standing up for himself and saying no</p> <p>Escaping from perceived ridicule because of his obesity</p>
4.	Transcription page 4-5 & life maps	<p>He was the top merchant at that time – a merchant is a guy that sells drugs.</p> <p>He was the top guy at that time. So, they bought from him, he was quite big – I still remember him [?].</p> <p>As soon as they threw it out of the packet, I don't know what possessed me or what told me to do this, but I did it with them.</p> <p>I sniffed...</p>	<p>Negative peer influence by enticing him to experiment</p> <p>Unscrupulous peddlers who sell drugs to adolescents</p>
5.	Transcription page 6	<p>I had swapped primary school because in my first primary school...</p> <p>I was victimised and bullied a lot... by teachers, by the principal, my fellow peers.</p> <p>I was overweight at that time. So, I would be teased a lot. I left the</p>	<p>Bullying at school by peers who targeted him</p> <p>Unassertive due to low self-esteem because of obesity</p> <p>Escaping difficult circumstances</p>

		school eventually...	brought about by bullying at school
6.	Transcription page 7	...misbehaviour caused tension in my house. So my parents weren't really ever proud of me in my... from 10 to about 19...	A need for affirmation from parents because of perceived parental rejection which results in low self-esteem
7.	Transcription page 7-9 & life map	So, these things, these emotions impressing people, being... [indistinct – <i>intervenes</i>] ...being the part that people what you to play, was... a huge shield for me, ...[indistinct] shields and guards up and that was the worst shield and guard I could ever put up... ...because it ended... it ended up for me not choosing what I want, not choosing what I need to do... ...not choosing the right thing. I chose what other... what I see... ...and what others see as cool, what others see as right... ...I went with what others wanna do. I'll say it was peer pressure and the desire to fit in. And peer pressure led me to... to do an incorrect thing to fit in.	Escaping negative view of self by pretending to be someone he is not Susceptibility to peer influence and advice Peer pressure and lack of assertiveness to withstand temptation
8.	Transcription page 9 & life map	Because at that point drugs was still cool here in the community... It wasn't this... it wasn't seen as the thing that's destroying people here	Permissive community, because of high levels of tolerance

		[?]. . . [indistinct – <i>intervenes</i>] . . . it was the in thing.	towards drunkenness and drugs in general
9.	Transcription page 9-10	No, it wasn't that. I . . . wasn't able to achieve a lot at that point in my life . . . That's all they wanted from me	Unable to live up to parents' expectations
10.	Transcription page 11-12	My parents . . . they did not treat me the same for . . . a few months . . . like they always used to treat me [indistinct]. And . . . [intervenes] . . . Mom was just broken, she couldn't believe it. And even after that I still went back . . . and did it again.	Parental disappointment and anger at anti-social behaviour of adolescent Negative reinforcement by parents who refused to speak to child as a form of punishment
11.	Transcription page 23-25	Okay. And how did you notice that money wasn't so good in the family? How did you become aware? At that point I wasn't - look, I was never a stupid child . . . So when I started to see money isn't right in the house, when I couldn't get as much as I used to get . . .	Family stressor such as financial constraints
12.	Transcription page 12-13	Well, I went to – I was now in a new situation, in a new environment with new friends . . . and it was actually at my uncle's house where my mother had sent me . . . unknowingly that . . .	Parental rejection by sending him away to live with his uncle Incorrect family

		<p>that would be the worst decision we [?] ever made... because he used to give us money to buy the things and he used to support that we did the things... and I was with another drug addict and my mother didn't – my uncle didn't inform my mother that he's also a drug addict.</p> <p>And he allowed me to be with this boy for... a few years...</p>	<p>intervention by sending him away</p> <p>Negative family influence by uncle who encouraged the use of substances</p>
13.	Transcription page 14	<p><i>Uhm</i> my uncle, a man that I had actually known as my brother, who used to live with us...</p> <p>...he and my cousin saw me and my two friends buying drugs at Mellas [?] one Saturday.</p> <p>They discovered it, they saw me, and they told my father on the Monday "We saw your son buying drugs on Saturday"...</p> <p>And I at that point had... just had to admit because they were gonna drug-test me.</p>	<p>Permissive parental style through lack of parental oversight/monitoring</p>
14.	Transcription page 14-15	<p>I felt cool because the drugs was still playing with my head, remember drugs really pay with... play with people's heads...</p> <p>I felt cool and the feeling made me feel good and it made feel that I'm in power and I'm invincible...</p> <p>...and it gave me a false sense of what's going on around me. So, I wanted to live in that false world...</p>	<p>Seeking a sense of euphoria and assuming false confidence to escape feeling of perceived low self-esteem</p>

		I want to be in that false world permanently. That's what kept me do it and that's drew me to it.	
15.	Transcription page 18-19	<p>I was actually, arrested just last year...</p> <p>That was just a month before I started doing kick-boxing.</p> <p>That just broke my mother apart, it broke her to pieces.</p> <p>My parents left me there for a week, they didn't wanna pay my bail, they didn't wanna do... have anything to do with me.</p> <p>Now you can either live here for the rest of your life...</p> <p>...come back here day to day or you can do something with your life.</p> <p>And the desire to do something in life, how we all are...</p>	<p>Critical juncture which signalled final severance from negative behaviour because of a personal crisis</p> <p>Parental intervention by refusing to pay his bail bond that he may face</p> <p>Ambition to improve his future and overcome addiction</p>
16.	Transcription page 15-16	<p>I started to realise in grade 11 when... well, I started noticing my brain isn't functioning like it should be.</p> <p>I can't read properly, I can't remember the things... when [?] I'm studying, things are just going out of proportion, my speech was bad.</p> <p>The way I used to say words, I used to stutter... I told myself no, this is what [?] I'm doing, this is the drugs, it's nothing else... [indistinct – <i>intervenes, speak simultaneously</i>]</p>	<p>Introspection by recognising diminishing cognitive functioning because of substance use</p>
17.	Transcription	And I chose to be the one who	Introspection by

	page 17-18	<p>woke up because there wasn't good [?] anymore. I could see my parents was starting to resent me...</p> <p>They're gonna start... they gave me less than they used to, and they were just disappointed all the time. So, I had to make a decision, do I want this forever or do I wanna change? Do I wanna live in that big house? Do I wanna drive that AMG?</p> <p>It's not too late yet, I'm still young... So, I need to stop...</p> <p>...and that's where it drew to me and what makes me just so proud is I didn't have to go to a rehab or to a vaccination facility...</p> <p>I just had to wake up to [? do?] a real decision and something just really bad had to happen in this moments of doing drugs and whatever, for me to realise that it's no longer use...it's no longer useful in my life.</p>	<p>taking stock of his life and to become more assertive</p> <p>Future perspective and positive outlook to achieve success</p>
18.	Transcription page 13	<p>...until I was about in grade 11 when I left there because I decided – that was the point where I decided there's... a change needs to be made. I started getting the feeling that a change needs to be made and I had [?] started waking up... [indistinct – <i>intervenens</i>]</p>	<p>Introspection by taking stock of his life and deciding to do things differently</p>
19.	Transcription	<p>Just to go out there and make a</p>	<p>Future perspective</p>

	page 19-20	<p>difference probably or show that you belong in this big corporate world and whatever... [indistinct – <i>intervenes</i>]... and luckily for me I realised that the drugs, whatever I'm doing is killing me, it's killing all my talent that I have.</p> <p>It's just destroying me.</p> <p>My parents.</p> <p>People who look down on me.</p> <p>My little brothers.</p>	<p>because of self-realisation</p> <p>Incentives that life was offering</p> <p>Hope and a positive outlook for a better outcome</p>
20.	Transcription Page 21	<p>It's never too late to breaking out. You may think it's too late, and you may think that nothing... there's nothing good gonna come out of leaving it, but what good can come from continuing?</p> <p>Because you're still in the problem, you still have this addiction – now you have an extra problem... the addiction and need that you need to feed... so why not leave it? Why not see the better side? Why not try? Because it's all about trying... if we don't try, that's when we fail. You can either fail a thousand times... and try a million times, but the point is you try.</p>	<p>Future perspective and a positive outlook for a better future</p> <p>Determination and assertiveness to stand against temptation for substance abuse</p>
21.	Transcription page 27-28	<p>Ja! And being ranked number 2 in South Africa for kick-boxing? By the way, what division is that?</p> <p><i>Uh...</i> welterweight.</p> <p>So, it's tough to hurt me.</p>	<p>Enhanced self-esteem and confidence due to achievement in sport</p>

		Well, what it does for me is... it doesn't [?] work for my life actually. It made me see that nothing is impossible... anybody can go when they put they mind to it. I'm now gonna start studying law... .. [indistinct] certificate at UNISA.	
--	--	--	--

Upon conducting the analysis, common themes were identified amongst all participants. Tables 28 and 29 illustrate factors that detract from resilience and factors that contribute to resilience respectively.

Table 28: Common themes of detractors to resilience

Detractors		Participants			
		Bronnie	Diegro	Fanus	Anul
	Theme				
Lack of or delayed parental involvement	1	X	X	X	X
Lack of parental supervision	1	X	X	X	X
Physical abuse by parents	1	X	X	X	X
Parental delinquency due to excessive alcohol abuse	1	X	X		
Despair due to perceived rejection and bullying by parents, peers or society in general	2	X	X	X	X
Rejection due to perception that parents, peers, and society in general are failing to affirm him/her	2	X	X	X	X
Low self-esteem due to obesity, parental neglect, and peers	3	X	X	X	X
Escape from harsh environmental circumstances, including poverty and uninvolved community abusing substances	4	X	X	X	X
Anger towards parents and uninvolved and resource constrained society in general	4	X	X		X

Table 29: Common themes of contributors to resilience

Contributors		Participants			
		Bronnie	Diegro	Fanus	Anul
	Theme				
Introspection and reassessing self over negative tendencies	1	X	X	X	X
Development of internal locus of control through discovery of self-worth	2	X	X	X	X
Developing assertiveness by participating in opportunities for change	2	X	X	X	
Role models and positive peer influence	3	X	X	X	X
Optimism, future perspective and hope	4	X	X	X	X
Faith/religion	5	X	X	X	X

Bogdan and Biklen (2007, p. 172-3) with reference to the tedious nature of data analysis, writes:

“You have just finished typing the field notes from your final observation of the study and you proceed to file them. There facing you, is all the material you have diligently collected. An empty feeling comes over you as you ask: “Now what do I do?”

At the beginning of this chapter, the researcher was asking himself the very question: “Now what do I do?” He proceeded to arrange the data in a systematic

order, to make it part of a system or classification - to categorise the data (Saldana, 2009, p. 10). Grbich (2007, p. 21) describes coding as a process that allows data to be “segregated, grouped, regrouped and relinked, to consolidate meaning and explanation”. This seemingly tedious and cyclical process enabled the researcher to identify and categorise the data, as well as to identify relationships among codes that facilitated the answering of the research questions.

In the process of coding and recoding of the data, topics pertinent to the research questions began to emerge, as well as patterns in the data that highlighted both similarities and differences. In the end, themes that answer to factors that detract from resilience and themes that promote resilience were identified. The themes for detractors and contributors of resilience are shown respectively in table 30 and table 31

Table 30: Detractors of resilience

Themes	
Theme 1	Problematic parental styles
Theme 2	Rejection by family and peers
Theme 3	Low self-esteem due to view of self and perceived rejection
Theme 4	Permissive normative climate/Uninvolved and resource constrained community

Table 31: Promoters of resilience

Themes	
Theme 1	Development of Self-awareness and introspection
Theme 2	Development of internal locus of control
Theme 3	Positive Role models and mentors
Theme 4	Hope and optimism
Theme 5	Religion/faith as promoters of resilience

4.4 Conclusion

In Chapter four, the themes as represented by the data were identified and presented. This unfolded with a discussion of the research process and focused on the anecdotal narratives of the research participants. The researcher then proceeded to identify the themes relevant to the research questions. The chapter was concluded with a brief description of the coding processes that were employed. The interpretation of the themes will be presented in the next chapter.

Chapter 5: Literature Control and Findings

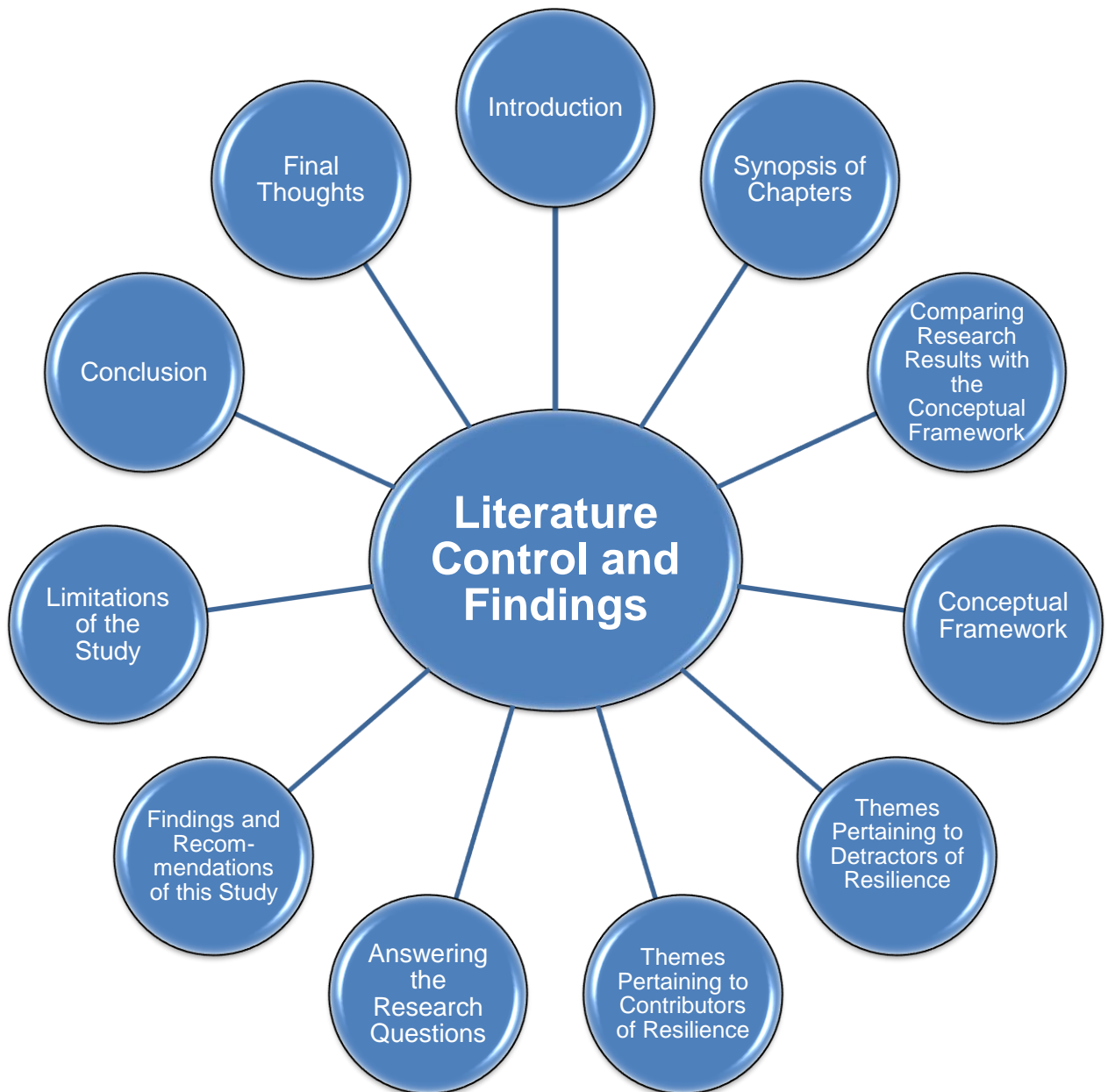


Figure 9: A synopsis of the literature control and findings of this study

Findings and Literature Control

5.1 Introduction

The focus of Chapter 5 will be on the interpretation of the themes generated from empirical data. The intention hereof is to attach meaning and make sense of the data collected through various sources, such as, interviews, life maps, field observations, reflections, and interactions with four participants who have successfully overcome their drug addiction.

In this chapter, the discussion of the findings will be linked with the relevant research and literature. The detractors of resilience will be outlined first, followed by the five themes arising from the coding process in support of resilience, as well as the four themes representing detractors of resilience. This approach incorporated the research questions (see Chapter 1), literature findings and theoretical framework (see Chapter 2). This chapter includes the family dynamics; the community influences; the activities of the participants; perceptions, behaviours, and attitudes of the participants; their vulnerability; and, more specifically, their resilience to overcome their drug addiction. The chapter concludes with a summary of the data accumulated.

5.2 Synopsis of Chapters

Chapter 1

Chapter 1 presented an orientation and background to this study. In this chapter, the reason for the study was explained. This included the rationale, research questions, clarification of key concepts, and a brief explanation of the methodology employed in the study.

Chapter 2

In Chapter 2, existing literature on the topic was sourced that formed a pivotal part of the study (literature review). The chapter started with a discussion of the reviews on the extent of substance abuse and its risk and protective factors. This also included a discussion on resilience theory. It concluded with the relevant theories, including the theoretical framework employed in the study (Bronfenbrenner).

Chapter 3

Chapter 3 discussed the research methodology that was used. A qualitative, approach in an interpretive paradigm and a contextual case study design were employed. Four participants took part- three from Eersterust and one from Nellmapius. One of the participants was female.

Chapter 4

In this chapter, the findings on what the participants narrate as detractors and contributors to resilience were discussed. The findings were presented narratively, and broad categories were drawn from the findings. Each case was discussed in depth, with reference to the primary and secondary research questions.

Chapter 5

Chapter 5 concluded the research study and provides answers to the research questions. In this chapter, findings are also compared with the literature and presented in narrative writing style. Findings, suggestions, recommendations and final thoughts are presented to conclude this study.

5.3 Comparing Research Results with the Conceptual Framework

The literature and Bronfenbrenner's bioecological systems framework are discussed at length in Chapter 2. The ecological systems theory that was introduced, served as framework for understanding the psychological and physical intricacies and how they manifest in adolescents and their families. A conceptual framework was then developed for gaining insight to what at-risk adolescents narrate as resilient behaviour, and significant contributors of resilient behaviour were identified. The focus was to gain understanding of the participant's perceived detractors to resilient behaviour and their conceptualisation of their life experiences with regard to resilient behaviour.

5.4 Themes Pertaining to Detractors of Resilience

5.4.1 Theme 1: Problematic parental styles

Bronfenbrenner (1994) highlights the pivotal influence of family and parents in the microsystem on the life outcomes of adolescents. Studies draw attention to the significant role of parents during the adolescent years as younger adolescents take heed of parents' opinions regarding alcohol, while older adolescents take example from their parents' own drinking habits (Leteka, 2003; Payne & Meyer-Weitz, 2007). Frequent use of alcohol by parents further increases the likelihood of adolescents' exposure to alcohol and related risk behaviour, such as drug abuse (Department of Social Development, 2013, in Hayes, Smart, Toumbouron & Sanson, 2004c). It is also reported that recurrent family conflict and involvement in/of child conflict and involvement in/of child protective services by age 9, also increase prospects of future substance dependency (Artega et al., 2010). Role models therefore have a compelling influence on the issue of substance abuse as adolescents demonstrate a propensity for imitating the behaviour of their parents, guardians or other people of influence. On the other hand, there is evidence that those with positive role models are less likely to fall prey to substance abuse.

The afore-mentioned insights are strengthened by the parental practices that came to the fore during the empirical studies with the participants. All of the participants, in the individual sessions and their subsequent reflections, revealed fascinating insight into their parents' roles, implicitly or explicitly, in their experience with substance abuse. These revelations about parental practices are corroborated by Baumrind's (1991) taxonomy of parenting, which includes four different types. Authoritative parenting is distinguished by a high level of responsiveness and a high level of demanding-ness by parents on children, and none of the participants fall in this category. The following are examples of the descriptions by the participants:

- ❖ Participant 1 - Bronny: Her mother displayed a permissive parenting style in that Bronny, according to her own account, was left to her own devices. A case can also be made for neglecting parenting, as her narrative also reveals instances of disinterest on the part of the mother in her child's life.

- ❖ Participant 2 - Diegro: According to his account, his mother and step-father were habitual alcohol abusers, which resulted in constant parental conflict, parental permissiveness and physical abuse. As a result, Diegro escaped into the streets until late at night without his parents looking for him or knowing where he was. This scenario describes a neglecting parenting style.
- ❖ Participant 3 and 4 - Fanus and Anul: In both their narratives, the parents only discovered that their children were abusing illegal substances after a long period of time. This state of affairs also answers to a neglecting parenting style.

Studies examining the link between parenting styles and antisocial behaviour, including illegal substance abuse in adolescents, consistently find correlation between the authoritative parenting style and very low levels of problematic behaviour among adolescents (Baumrind, 1991; Milevsky, Schlechter, Netter & Kneehu, 2007; Paulussen-Hoogeboom, Stams, Hermanns, Peetsma & van den Wittenboer, 2008). However, in this study, one or more of the other three, namely authoritarian-, permissive- or neglecting parenting styles, could be linked to the participants and illegal substance abuse.

5.4.2 Theme 2: Rejection by family and peers

Again, Bronfenbrenner (1994 in chapter 2) describes the mesosystem as a domain that represents a collection of microsystems and how they interact. This includes, among other things the relationship between an individual and family, family and school, peer groups and family, and family and church. A malfunction within these interacting microsystems may place undue pressure on an adolescent, which, in turn, may cause them to capitulate to the lure of substance abuse (Soul City Institute for Social Justice, 2009).

In this study, all of the participants allude to various experiences of rejection, by parents, peers or, in some instances, teachers. Rohner (2016, p. 4) defines rejection as an individual's belief that the other person (an attachment figure) does not really care about them or love them, even in the absence of clear behavioural evidence that the other person is neglecting, unaffectionate, or confrontational or aggressive towards them. This implies that the individual may perceive parents, peers, teachers,

or any other figure of significance to them, to be unconcerned and uncaring towards them, or to have inadequate interest in their well-being (Rohner, 2016, p. 5).

During the empirical encounters, the participants described their real or perceived experiences of rejection in the following word pictures:

- i. Participant 1 - Bronnie: “Yes, I felt like I am important to them. I felt I belong, because I have never experience that at my house, ‘cause there was a void at my house... then I was a nobody and other people were more important than I was and there was no one to help me.”
- ii. Participant 2 - Diegro: “So I just thought that I’m rejected by everyone, so I’m just gonna see myself out of the door... So I actually distanced myself... from my parents.”
- iii. Participant 3 - Fanus: “Because my friends that I was walking with, they used drugs and because of my weight, I was fat and they teased me to say ‘ja, you are fat, you must use drugs’... people were making a lot of fun and because of my weight and so on.”
- iv. Participant 4 - Anul: “I had swapped primary school because... I was victimised and bullied a lot... by my teachers, by my principal, my fellow peers. I was overweight at that time. So, I would be teased a lot. It caused me to lash out and start misbehaving.”

The above-mentioned experiences, perceived or substantive, resonate with Kagan’s (1978, p. 61) take on parental-child relations – “parental rejection is not a specific set of actions by parents, but a belief held by the child”. However, this study is of the opinion that specific actions by the parent, such as failure to attend sporting events or school meetings, for example, can also be construed as rejection by the child. It stands to reason then, that this view could also be applicable to child-peer relationships. Studies on this topic confirm that interpersonal and familial factors play a significant role, not only in the initiation of substance abuse, but also in the forms and patterns of substance abuse (Walter, Mason & Cheung, 2006). Parental bonding and involvement can significantly influence risk factors for substance abuse in adolescence. These factors are corroborated by findings that suggest that substance abuse is almost double as high among 15- to 16-year-olds who perceive the bond with their parent(s) as lacking closeness, than with adolescents who experience a

close attachment (Durand, Hennessey, Wells, Crothers, Kolbert, Lipinsky & Hughes, 2013).

In addition to parental bonding and involvement, other risk factors, such as the quality of peer relationships in the school or broader community, contribute to substance abuse as well. Peer rejection, as a risk factor, manifests as a precursor to substance abuse as individuals turn to substance use to cope with the rejection (Durand, Hennessey, Wells, Crothers, Kolbert et al., 2013). In Other words, rejection is a contributor to substance abuse, as individuals turn to substances to mitigate the painful effects of such alienation.

Finally, it is thus clear that peers and, in particular, parents are paramount to adolescents because their well-being and other positive emotional and psychological outcomes hinge on the quality of the relationship with their parents and other significant figures. This study has seen and heard the heart rendering details associated with rejection, perceived or otherwise, and concurs with the view of Rohner (2016) that "...rejection tends to induce children and adults to develop a negative worldview". The phenomenon of rejection by peers and family can once more be tied to Bronfenbrenner's (1994) ecological systems theory.

5.4.3 Theme 3: Low self-esteem

Baumeister is a social psychologist who is known for his work on the self. He is especially known for his work on the subject of self-esteem and self-defeating behaviours. Baumeister (1999, p. 247-248) explains that, "every person has a self-concept which encompasses the individual's belief about himself or herself, including the person's attributes and who and what the self is. This also includes many things that might not be part of one's identity, e.g. personality attributes such as being friendly". Baumeister singles out self-esteem as a significant part of self-concept. Studies define self-esteem as how we value ourselves - representing a value judgement: is it good or bad? (Baumeister, 1999; Crocker, Brook & Niiya, 2008; Olson, Fazio & Hermann, 2007). The common definition of high self-esteem, in most studies, is thinking well of oneself, while low self-esteem is the antitheses of high self-esteem. Baumeister (1993) describes low self-esteem as "the absence of positive beliefs, more than the presence of negative beliefs".

In this study, all of the participants made reference to how unfavourable they perceived themselves in terms of their physical appearance, and/or their relationships with others. Two participants mentioned that the fact that they were obese negatively influenced their acceptance by peers, which they believed led to their abuse of drugs. The other two participants, who come from divorced parents, blamed parental delinquency and neglect as reasons for their own anti-social behaviour. Research corroborates that parental or family delinquency increases the prospects of adolescent delinquency, because adolescents have the propensity to imitate the behaviour of parents and guardians (Arteaga et al., 2010).

These revelations by the participants are substantiated by research (Baumeister, 1999; Bronfenbrenner, 1999, Brook et al., 2006) which states that individuals with low self-esteem are more likely to fall prey to social-ills, including substance abuse.

These findings do not escape the socio-ecological lens of Bronfenbrenner's (1994) theory. It postulates that, on an individual level, personality determinants such as psychosocial unconventionality, and social anxiety, stress-related disorders, and depression may lead to drug and substance abuse as a means to alleviate feelings of distress (Morojele et al., 2005; Yoshimsu, 2013; Nida, 2014; Department of Basic Education, 2013; Brook et al., 2005; Brook et al., 2006). On a micro level, which includes the individual domain and immediate environment, recurrent family conflict and parental delinquency increases the prospect of future substance dependency (Arteaga et al., 2010). In this study, there were revelations of domestic violence reported.

5.4.4 Theme 4: Uninvolved and resource constrained community

Bronfenbrenner's (1994) ecological systems theory of human development and socialisation framework deals with the individual in his various settings or environments. This framework puts forward the pivotal role and impact of an individual's environment and immediate settings in the shaping of that individual's life path. As a consequence, it corroborates the notion that people do not live in isolation, but within a series of multifarious structures that includes their immediate and social environments and communities that are nestled in even wider structures

(Rhodes, Lilly, Fernandes, Gorgino, Kemmesis, Ossebaard, Lalam, Faasen & Spannow, 2003; Rohner, 2016).

When coming into Eersterust, it immediately becomes apparent that it plays host to a community of glaring contrast. The researcher, as a resident of Eersterust for the past 50 years, had noticed that Eersterust has a community of opulence and privilege living side by side with a majority of poor, unemployed, low-income residents. Here, dependence on government grants and a critical housing shortage is the order of the day. In addition to this, Eersterust is, historically, a traditionally coloured (mixed race) area, made up of people of Malay, White and Black descent, as well as economic migrants from other parts of Africa and Pakistan.

As in the case of many predominantly coloured areas, Eersterust has gained its fair share of notoriety for the prevalence of gangsterism, carjacking, theft, housebreaking, and criminality in general (Captain Shibambo, Eersterust Police Station).

From the above, credence is given to Bronfenbrenner's (1994) reference to the exosystem. In this domain, there is focus on the access and availability of illegal substances that adolescents may fall prey to. This includes community factors, such as community affirmation of smoking, which, according to King et al. (2004) is associated with greater rates of smoking among adolescents. By the same token, Parry et al. (2004b) suggest that frequent exposure to drunkenness can be associated with the risk of becoming drunk. Other studies also highlight issues such as poverty, victimisation, and discrimination as predictive of adolescent drug use (Brook et al., 2006).

Finally, the participants in this study are part of Eersterust, a community that epitomises the factors under this theme. All of the participants were young children who were using illegal substances daily. This confirms how easy it was for the adolescents to access illegal drugs. All but one of the participants' parents are working-class people, and in the case of Bronny, the single mother was unemployed at the time of the interviews. Studies concur with the above-mentioned. Risk factors impact negatively on the competence and resilience of individuals. The studies assert that exposure to chronic stress and adversity and lack of resources to mitigate risk could lead to maladjustment (Mampane, 2004; Mampane and Bouwer, 2012).

Malholmes (2014) describes these factors as negative occurrences or adverse phenomena, in the environment or within the child, that put the child at risk of having a poor outcome (Malholmes, 2014, p. 27).

5.4 Themes Pertaining to Contributors of Resilience

5.4.1 Theme 1: Self-awareness and introspection

Studies highlight a distinct correlation between exposure to traumatic experiences and subsequent delinquency or anti-social behaviour (Artega et al., 2010; Nida, 2014; Brook et al., 2006; Rohner, 2016). Research has also shown that individuals who have undergone traumatic experiences have demonstrated the ability to triumph and overcome their debilitating experiences and return to normal life, functioning optimally (Masten, 2011; Malholmes, 2014; Ebersöhn & Eloff, 2006; Luthar, 2006). According to Rutter (2012), resilience is the ability to successfully overcome traumatic experiences and lead a normal and standard life.

The main driving force of this study was to explore and understand how adolescents with experience with substance abuse and addiction were able to overcome and extricate themselves from the constraints of drug addiction. The golden thread that runs through the narratives of all the participants can be ascertained in the following statements:

- i. Participant 1 - Bronnie: "I would like to tell all of them that it's not worth it, because the price you have to pay for a lifestyle of drugs is death... Every person is precious and has a gift.
- ii. Participant 2 - Diegro: "So I was thinking to myself that day... so I can start changing my life now.
- iii. Participants 3 - Fanus: "...there was a reason. I saw that my performance in school is not up to standard."
- iv. Participant 4 - Anul: "...in grade 11... that was the point where I decided there's... a change needs to be made."

It becomes apparent from the above statements that every participant paused at some critical point to evaluate, assess or count the cost of their dire situation. As a consequence, the process of evaluation, assessment or counting the cost

necessitated a review of their perception of their reality, and this may occur as a result of a series of psychological processes which includes introspection (Locke, 2009; Schwitzgebel, 2016). Introspection is a process that generates, or is aimed at generating, knowledge, judgement, or belief about one's own mental events, states, or processes concerning current ongoing life only, or ones immediate past (Schwitzgebel, 2016). Researchers (Zemel, Ronel & Einat, 2015) opine that, as these processes exert pressure on these individuals to direct greater attention towards themselves, they are able to reach high levels of self-awareness and self-knowledge. This, in turn, enhances an individual's ability of identifying stressors and interpreting them as mental, emotional, or behavioural challenges, thus enhancing their prospects for change (Wolin and Wolin, 1993; Werner, 1995; Masten, 2001).

From the above, it is clear that introspection and self-awareness are significant mechanisms for enhancing resilience. Eckroth-Bucher (2010, p. 297) describes self-awareness as involving the 'cerebral' exercise of introspection, which highlights the cognitive exploration of own thoughts, feelings, beliefs, values, behaviours, and feedback from others. Palmiere (2012) underscores the relevance of the above by stating, "Self-awareness is a core personality strength that can help us manage businesses, our careers, and our lives. When we lack self-awareness skills, we tend to make the same mistakes and encounter the same obstacles over and over again."

During the empirical studies, recorded data demonstrated that all of the participants engaged in the practice of self-awareness and introspection in making sense of and overcoming their battles with addiction to illegal substances.

5.4.2 Theme 2: Development of internal locus of control

The construct of locus of control has its roots in Rohner's social learning theory (Rohner, 1966). It was spearheaded as a way of studying individuals' self-perception of control. In this seminal work, Rohner (1996) refers to individuals' differences and how they regard rewards and reinforcement. Rohner (1996) is of opinion that the way in which individuals perceive rewards is dependent on their own behaviour. Alternatively, the way in which their behaviour is controlled by forces beyond their control, determines their own perception of control in any given situation. Consequently, the significance of individual characteristics is determined by their

perceptions of control (Roddenberry, 2007). When an individual regards events as not resulting from his/her own actions, individuals label themselves as having belief in external control and perceive such events as the result of luck, chance, fate, or as under the control of powerful forces. Contrastingly, “when individuals perceive events as dependent on their own behaviour, they regard themselves as having beliefs in internal control” (Roddenberry, 2007, p. 10).

This study corroborates with research that asserts that the individuals, their environment, and their behaviour act in concert or interact simultaneously, affecting all aspects of their reality (Bandura, 1990; Rutter, 1996; Mischel, Shoda & Rodrigues, 1989; Mischel et al., 2011). The study therefore concludes, that behaviour is not just a by-product of environmental stimuli, but individuals are viewed as capable of cognitive processes, such as thinking and judging (Giovazolias & Themeli, 2014). The participants, in their narratives, frequently revealed moments of intense soul searching on their roads to recovery, and much of what they revealed was interspersed with phrases such as: "I thought to myself", "I realised"; "I can if I"; "It's not worth it", etc. The following are examples of the above-mentioned cognitive processes:

- i. Participant 1 - Bronny: “...and I have a choice for my children. That is why I never committed suicide or attempted to do so.”
- ii. Participant 2 - Diegro: “I was so focussed on trying to... to get that right and eventually I got it right... You have to be willing at the time to change.”
- iii. Participant 3 - Fanus: “I make my own decisions now, I don't listen to what people have to say or...”
- iv. Participant 4 - Annul: “I decided there's... a change needs to be made. I started getting the feeling that a change needs to be made and I had... started waking up...”

It became clear from the narratives of the participants, that overcoming their addictions was a future reward that was well within their ability or control to achieve. This perceived new-found power to overcome, coupled with renewed self-regulatory resolution, constitutes development of internal locus of control. This new-found ‘power’ of insight could potentially be a result of developing maturity, regret, or possible crisis moments.

Internal locus of control, therefore, not only referred to the individual, his environment, and behaviour acting in concert - it includes thinking and judging as cognitive activities as well. These interactions can be observed through the theoretical lens of Bronfenbrenner's (1994) bio-ecological framework, which refers to an individual in relation to his environment. In this study, it refers to the ability of an individual to sustain a healthy psychological and physical existence not withstanding exposure to adversity (Bonanno, 2004).

5.4.2 Theme 3: Positive role-models/mentors and recovery from drug abuse

Social learning theories hypothesise that people tend to look to other humans for clues about how to live meaningfully and imply that people can learn from others without first-hand experience (Bandura, 1986; 2004). In other words, it is possible to learn from the modelled behaviour of others, e.g. role models and mentors. Literature reviews define role models as individuals who are perceived as imitable or worthy of identification, and the selection of these individuals can mirror elements of psychosocial functioning and self-perception in adolescents (Yancy et al., 2011). In addition, mentors are considered a distinctive subset of role models, albeit considered synonymous with role models such as family members, teachers or friends. Mentors are distinguishable by their intentional involvement in the lives of mentees (Flaxman, Ascher & Harrington, 1988; Yancy, Siegel & McDaniel, 2002). Literature suggests that mentors, in their role as advocates and role models, may contribute to the positive development of identity in adolescents (Rhodes, Spencer, Keller, Liang & Noam, 2006). Young people envisage what they can be through the examples of their mentors and establish an identity that eclipses stereotypes or preconceived notions of what their future holds (Malholmes, 2014).

In this study, participant one made mention of a grandmother who modelled an exemplary life. She told of how the grandmother took an interest in her by taking her to church and caring for her. She also mentioned her teachers at school as being caring. Participant two identified his uncle and a stranger at the church that he is now attending as examples of positive role models. Participant three referred to his deceased grandmother and his uncle and aunt on the farm as positive role models/mentors in his life. He explained that his aunt and uncle took him in on their farm and that they were worthy of emulation. Participant four holds his father as a

positive mentor and role model. He explained that his father's wise words helped him to overcome his addiction.

5.4.4 Theme 4: Optimism and hope

Malholmes (2014, p. 1) describes the essence of humanity as a life-long journey towards self-actualisation and, in the process of achieving this end, individuals follow different pathways and may attain considerably different end destinations, despite having the same underlying motivation. In research field, attempts have been made to pinpoint the energy, mantra, or 'ingredient' that assists and strengthens people to stay the course and attain the goal of self-actualisation. Some examples of these enablers are: optimism (Seligman, 2011); self-efficacy (Bandura, 1982); self-esteem (Hewitt, 1998); and hope (Snyder, 2002).

The empirical study unearthed unexpected revelations of hope in the face of difficult circumstances of substance addiction. An everyday definition of hope could be explained as the optimistic anticipation of a positive outcome despite overwhelming evidence to the contrary. Snyder's hope model is described as a cognitive based motivational model of goal attainment (Snyder, 2002; Snyder, 2004). Most noteworthy, this model identifies an additive and reciprocal relationship between agentic- (I can) and pathway (many ways) thinking towards the attainment of a desired goal. Hope shares similarities with self-efficacy and optimism (Hellman, Worley & Munoz, 2016).

In this study, the participants have all demonstrated optimistic hope in their resolve to overcome their lives of addiction to substances. Upon analysis of the data, one becomes aware of the different pathways - be it faith, crisis in the form of arrest, or modelling behaviour of others - that the participants have taken to arrive at a life without substance abuse. The agentic nature of their actions featured strongly and demonstrated continuously that the participants were responsible for their own recovery first and foremost. Examples of optimism and hope from the participants are as follows:

- ❖ Participant 1 - Bronny expressed a futuristic perspective, which in itself is loaded with the elements of hope and optimism: "They mustn't think only for today. They need to think ahead, in future, ..."

- ❖ Participant 2 - Diegro: “I want a better me and I’m first gonna change myself and people will see that resemblance.”
- ❖ Participant 3 - Fanus: “...I just stood there, and I prayed to God that He should release me from this pain and... for me just to live a normal life again and to forget what I went through...”
- ❖ Participant 4 - Anul: “Success, a desire for success, a hunger. Probably [?] pretty girls, all right? But basically, desire to succeed...”

Hope, as a concept, has an individual or corporate quality. In other words, its capacity of optimistic anticipation of a positive outcome can be applied to an individual or a group. In this study, co-operation between the individual and the group (family or community) seemed to enhance positive outcomes. This interaction corroborated Bronfenbrenner’s (1994) bio-ecological perspective.

It is the researcher's contention, and corroborated by Malholmes (2014), that optimistic hope is the essential mind-set that enables individuals to have resilience in the face of adverse circumstances.

5.4.5 Theme 5: Faith as a resiliency factor

Research has confirmed that there are many pathways that lead to recovery and overcoming adverse circumstances (Luthar, 2006; Cicchetti, 2010; Masten, 2001). Faith or religion is one of those pathways (Malholmes, 2014, p. 143). Fleming and Ledogar (2008) define religiosity as “one’s relationship with a particular faith tradition or doctrine about a divine other or supernatural power”. Flemming and Ledogar (2008, p. 49) further point out that spirituality is the intrinsic human capacity for self-transcendence, in which the self is embedded in something greater than the self; including the sacred: “this inspires the search for connectedness, meaning, purpose, and contribution”. This intrinsic human capacity for self-transcendence emerged as a theme, as studies suggest that a theme captures something important about the data in relation to the research question (Braun & Clark, 2006). It contains a level of patterned response within the data set.

Additional studies confirm the correlation between higher levels of spirituality and religiosity and enhanced physical and mental health (George, Larson, Koenig & McCullough, 2000). It also contributes significantly in the recovery and treatment

outcome of addicts (Piedmont, 2004), and there seems to be increased levels of spirituality between commencement of treatment and eventual recovery (Pardini, Plante, Scherman & Stump, 2000). Research further indicates higher levels of spirituality in those who successfully recover compared to those who relapse (Jarusiewicz, 2000), and the extent of sobriety can also be favourably associated with spirituality (Poage, Ketzenberger & Olson, 2004). There is also evidence that a stronger allegiance to a higher being correlates with a decrease in reports of relapse into substance abuse (Morgenstern, Frey, McCrady, Labovie & Neighbors, 1996). There are testimonies from addicts of the benefit of spirituality in aiding their recovery and changes implemented during treatment (Flynn, Joe, Broome, 2003a, 2003b). Studies further suggest a link between religion and religious practices to happiness and well-being (Krause, 1992; Graham et al, 2011). This association is explained as being related to finding purpose in life and religious people's understanding that life has greater meaning and purpose despite contrary circumstances (Nodding, 2003; Graham et al, 2011).

During the empirical study, all of the participants alluded to the intervention of a higher power in aiding their triumph over their addiction. All but one of them has become vociferous advocates of spreading the spiritual message. When asked, "What keeps you going on this path of sobriety?", all four participants unanimously ascribe it to their faith in God, which again demonstrates Bronfenbrenner's (1994) assertion of the interrelatedness of the individual, community and societal effects of substance abuse or recovery. In this instance, it refers to the relationship between the individual and the church.

5.6 Answering the Research Questions

5.6.1 Secondary research question one

What factors are perceived as detractors to resilient behaviour by adolescents at risk of relapse into substance abuse?

This study, in its attempt to gain insight to the factors that make adolescents resilient to drug abuse, established what detracts from resilience. Hence, the above secondary question number one. During the coding process, a range of categories and sub-categories were established and compiled under the following themes:

❖ **Problematic parental styles**

In the research literature, four basic parental styles were established. With exception to the first style, namely the authoritative parenting style, the latter three could be associated with negative child behaviour. In this study, the participants, in one way or another, could be linked to having experienced one or more of the styles in these latter groups.

The narratives of the participants reveal issues such as uninvolved or neglectful parenting. Strong evidence of yearning for love and affection came to the fore, and research suggests that children of uninvolved or neglectful parents tend to exhibit more behavioural problems (Baumrind, 1978). The stories reveal that some of the parents only became aware of their children's drug problems many months and even a year after the fact. This serves as a serious indictment on parental supervision as parents seem to be focused more on their own needs at the expense of their children. This seems to feed a poor sense of self-worth as some of the participants perceived themselves as unimportant and unworthy of receiving the parent's attention.

The narratives also make claims of parental drunkenness and promiscuous behaviour. Studies suggest a link between this kind of behaviour and adolescent delinquent behaviour, and substance abuse in particular.

❖ **Rejection**

Research literature suggests an interrelated relationship (Bronfenbrenner, 1994) between an individual and family, family and school, peer groups and family, or family and church. Any malfunction within this system may place an adolescent under pressure, which may cause them to succumb to the temptation of substance abuse.

In this study, all of the participants expressed experiences of rejection. Rutter (2016, p. 4) defines rejection as an individual's beliefs that another person (such as an attachment figure) does not care about them or love them, even in the absence of clear behavioural evidence that the other person is neglecting, unaffectionate, or confrontational towards them. The participants in this study narrated a perception that their parents, peers, teachers, or a person of significance to them, were

unconcerned and uncaring towards them, or had inadequate interest in their well-being, which can be experienced as rejection by a child (Rohner, 2016).

The participants implied, therefore, that a lack of parental involvement and monitoring caused them to be influenced much more readily to the advice and suggestions of others and subsequently succumb to the use of illegal substances.

❖ **Low self-esteem**

Baumeister (1999) explains that every person has a self-concept. This encompasses the person's belief about himself or herself, including the person's attributes and who and what the self is. He singles out self-esteem as a significant part of self-concept (Baumeister, 1999). A common definition of self-esteem is how we value ourselves, in other words, it represents a value judgement. Is it good or bad? (Baumeister, 1999; Crocker, Brook & Niiya, 2006; Olson, Fazio & Herimann, 2007).

The participants in the study narrated how unfavourable they perceived themselves regarding their physical appearance and/or their relationship with significant others. This perception about themselves constitutes low self-esteem and researchers suggest that individuals with low self-esteem are more likely to be drawn by social-ills, including substance abuse (Baumeister, 1999; Bronfenbrenner, 1999; Brook et al., 2006).

❖ **Permissive normative climate/uninvolved and resource constrained community**

Eersterust is a community of contrast between affluence and poverty. In addition to that, historically, Eersterust is a traditional coloured (mixed race) area made up of people of Malay, White and Black descent, as well as migrants from Africa and Pakistan. Eersterust has also gained notoriety for the prevalence of gangsterism, carjacking theft, housebreaking and criminality in general.

The participants in this study are inhabitants of Eersterust. Bronfenbrenner's (1994) exosystem focuses on the access and availability of illegal substances. In the study, the participants relate how they were able to obtain illegal substances from local suppliers. Striking examples are the following:

Mampane (2004) and Mampane and Bower (2012) highlight that exposure to chronic stress and adversity, and lack of resources to mitigate risk, could lead to maladjustment. All of the participants were exposed to high levels of stress brought on by adverse phenomena in the environment (Malholmes, 2014) and uninformed and resource constrained community factors.

5.6.3 Sub-question 2

What internal factors do adolescents at risk of relapse into substance abuse describe as significant contributors towards promoting resilient behaviour?

Rutter (1996) opines that how individuals perceive rewards is dependent on their own behaviour. Alternatively, how their behaviour is controlled by forces beyond their control determines their own perception of control in any given situation. In responding to the above question, a workable definition of internal control would be: when individuals perceive events as dependent on their own behaviour, they regard themselves as having belief in internal control (Roddenberry, 2007, p. 10).

All of the participants narrated instances where they were taking stock of their personal situation. They revealed moments where they came to points of self-realisation and they told of junctures where they had to make decisions about themselves concerning their destructive habits. They described how they were sustained in their darkest moments by optimistic and hopeful thoughts. They related how they were able to survive another day through entertaining positive thoughts and outlooks to permeate their difficult moments. It is clear from these revelations that, in order to be able to live through these processes, the participants had to dig deep within themselves to bring forth the abovementioned behaviour.

The following are examples of word pictures of the internal lived experiences of the participants:

- ❖ Participant 1 – Bronnie: “I would like to tell all of them it’s not worth it because the price you have to pay for a lifestyle of drugs is death... Every person is very precious and has a gift.”

- ❖ Participant 2 – Diegro: “I was focussed on trying to... to get that right and eventually I got it right... because I was willing at the time to change. You have to be willing at the time to change.”
- ❖ Participant 3 – Fanus: “I will fail the whole year and will only pass term 4. So that also, aye, it wasn’t good for me... because I wanted to pass from the beginning.”
- ❖ Participant 4 – Anul: “...until I was about in grade 11 when I left there because I decided – that was the point where I decided there’s... A change needs to be made. I start getting the feeling that a change needs to be made and I had started waking up...”

Finally, the above mentioned word pictures reveal glimpses of internal emotional and cognitive processes, such as, self-realisation, self-agency, self-regulation, and self-efficacy. The participants cite these as contributors to their victory over their addictions.

5.6.4 Sub-question 3

What external factors do adolescents at risk of relapse into substance abuse describe as significant contributors towards promoting resilient behaviour?

Roddenberry (2007) describes external control as those instances when an individual regards events as not resulting from his/her own actions. When this happens, individuals regard themselves as having belief in external control and perceive such events as the result of luck, chance, fate, or as under control of powerful forces.

All of the participants narrate instances where they encountered something or someone who said somethings or did something that triggered a critical moment of positive change.

For Bronnie (participant 1), it was a rehabilitation centre where she met a fellow inmate who spoke a life-changing word. She also had an epiphany experience when she met a god-like man dressed in white, which she also regards as a defining moment. Diegro (participant 2) recounts a day when he was walking past a church and one of the congregants stopped him and told him that Jesus loves him. He also describes this encounter as life changing. Fanus (participant 3) tells of a fateful

morning on his way to school when he suddenly stopped and prayed to God, "...that He should release me from this pain". He narrates that, in that moment, he felt something departing from inside of him. Anul (participant 4) makes reference to the resentment he noticed on his parents' faces and the time he was arrested and locked up in jail as defining moments.

The above mentioned events allude to factors emanating from the outside of the participants; a mentor, a stranger, a fellow-inmate, parents, jail, a rehabilitation centre, or God. All of the participants attested that one or more external factor played a pivotal role in their resilient overcoming of their addiction. The participants told stories of how someone came into their lives as a mentor and influenced them to see their behaviour differently. One of the participants ended up in jail, because of his behaviour and he related that this experience significantly changed the way he looked at life. Yet, another participant related how a fellow patient in the rehabilitation centre inspired him for the better. This points to a beneficial slant of external locus of control with regard to substance abuse.

5.6.1 Primary research question

This study indentified several factors which detract from resilient behaviour with regard to substance abuse. Amongst these factors were: problematic parenting; rejection; low self-esteem; and permissive normative climate/uninvolved resource constraint communities. Despite the debilitating nature of these factors the participants revealed several instances of resilient behaviour, which now brings us to our primary research question.

What do adolescents at risk of relapse to substance abuse narrate as resilient behaviour?

During the process of coding and recording of the data (see Chapter 4), topics pertinent to the above question began to come to the fore. Patterns in the data emerged that accentuated the similarities in the narratives regarding participants' perception of resilient behaviour. All of the participants narrated the experience of being confronted by an epochal moment when they became aware of the fatality of their life of addiction. They described how this moment signalled a period of asking

themselves hard questions and taking stock of their life; in other words, they pointed to a psycho-cognitive process.

Their narratives strongly suggest that this process has contributed to making sense of their addiction and what they could and should do to overcome their condition. In addition, this psycho-cognitive process reconnected them with their real selves and made them realise that their real-selves were situated on a higher plain than where they currently existed (enhanced self-esteem). On the back of this process, they also describe how they began to gradually take charge of their situation and their narratives clearly exhibit a sense of self-regulation. Cook and Cook (2010) describe this process of, and the ability to, monitor and regulate own behaviour, emotions, or thoughts and altering them in accordance to the demands of their situation, as self-regulation (Cook and Cook, 2010).

This process of self-regulation and self-efficacy (belief in one's ability), highlighted another significant aspect of this study, namely, locus of control (the belief that you can control an outcome). The narratives of the participants cite ample examples of how they themselves took charge and control of the outcomes of their recovery from addiction. Similarly, their narratives exhibit examples of external factors, such as role models, positive peers, rehabilitation centres and churches, playing a role in their recovery from addiction.

Their narratives also show a strong correlation between their optimistic and hopeful outlook and the eventual triumph over their addiction, while revelations of religion and the role of the church, including the intervention of a divine being featured strongly in the stories. The participants also describe their current longstanding sobriety to the benevolence of a higher being and the work of His agents.

This study, from the onset, aimed at obtaining the opinions of the participants as to the factors that contributed to their resilient behaviour. During the interviews, the participants candidly pointed to the above factors as pivotal in their journey towards a drug-free life.

5.7 New Findings and Recommendations of this Study

The findings are significant in two ways. Firstly, it unsurprisingly reveals a negative (wrong) way of parenting that can be responsible for untold damage to our children, for example correctly or incorrectly perceived feelings of rejection and subsequent development of low self-esteem. This was compounded by the devastating effects that uninvolved and resource constrained communities can have on people, and on adolescents, in particular. This study, corroborated by other studies, highlighted that these factors detract from resilient behaviour in regard to substance abuse, in adolescents.

On the other hand, the study also revealed that factors such as self-awareness and introspection, internal locus of control, positive peer influence, optimism, hope, and faith serve as invaluable contributors of resilient behaviour in adolescents, with regard to substance abuse.

❖ Recommendation 1 - Stakeholders and service providers of rehabilitation solutions

Policy frameworks and curricula form part of the overall strategy in the fight against adolescent substance abuse. Stakeholders and service providers of rehabilitation outcomes should make every effort to ensure that aspects such as self-awareness and introspection, internal locus of control, positive peer influence, optimism, hope, and faith are taken seriously and adopted in such frameworks or curricula.

❖ Recommendation 2 – Parents and the community in general

In light of the devastating effect that improper or incorrect parenting can have on adolescents with regard to anti-social behaviour, concerted attention should be directed towards parenting styles. Workshops and other programs on parenting styles should become part of the broader strategy against adolescent substance abuse. Parents of adolescents who are addicted to substance abuse are also directly affected by the anti-social behaviour of their children – the establishment of parental support groups should be earnestly pursued.

Parents also form part of the community and the negative impact of uninvolved and resource constrained communities was discussed at length. It is proposed that

advocacy groups be established to drive and direct programs of social activism against illegal substance abuse and the illegal dealing of drugs.

5.7.1 Further research suggestions

❖ Suggestion 1

A study on the resilient behaviour of parents of children addicted to illegal substances should be undertaken.

❖ Suggestion 2

An in-depth study on permissive normative climate and adolescent substance abuse should be undertaken.

❖ Suggestion 3

A study on the relationship between learning disabilities or barriers to learning and substance abuse should be undertaken.

❖ Suggestion 4

There should be a relook at religious and spiritual practise in schools and such practises should be intensified.

5.8 Limitations of this Study

- ❖ The study comprised of four participants, thus generalisations could not be made to the wider population.
- ❖ Although a case for small samples can be made in life history research, a bigger sample could have facilitated more saturated data on the topic.
- ❖ The participants hail from Eersterust and were all members of the coloured community. Racial and cultural dynamics could therefore not be explored.
- ❖ It was difficult to recruit participants who met the sampling requirements set out in the study. However, after extensive search the mentioned institutions were able to identify participants from their records.
- ❖ Finally, the role/ proximity of the researcher to the research sites can raise questions with regard to bias

5.9 Conclusion

The life of an adolescent can be filled with exciting promise and anticipation, and yet fraught with the peril of social ills, such as succumbing to substance abuse. It is the researcher's assumption that ordinary people (unlike post graduate research students) do not pay much attention to issues such as parenting styles and the devastating effects certain styles can have on the youth. As a teacher, the researcher has heard many a parent saying, "...but we do everything for this child", in response to their child's bad behaviour at school. After all, in the researcher's own role as a parent, he was not really aware that there should be equitable balance in his responsiveness and demands (authoritative parenting) upon his child. By the same token, has the researcher not seriously frowned on the parent who seemed to be very strict, but perhaps lacking on adequate responsiveness (authoritarian parenting)? Again, the researcher must admit that he has, more than once, looked admiringly upon those parents who somehow seem to hold the reins on their children more loosely in the name of liberalism (permissive parenting). As teachers, we always hold it against those parents who perennially skip school meetings or fail to respond to our calls (uninvolved/neglecting parenting).

The sad reality though is that the impact of these parenting styles can result in various other negative conditions, such as low self-esteem, feelings of rejection, and development of an impaired worldview. This study, corroborated by other literature in Chapter 2, has found the above fertile ground for substance abuse by adolescents.

The other side of the findings in this study, which served as the main drive of the study, are the narratives of hope and triumph. During the empirical studies, it was established that some of the adolescents, despite their experience of bad parenting, low self-esteem, rejection, and uninvolved and resource constrained communities, triumphed over their addiction. The study concluded that factors such as, self-awareness and introspection, development of internal locus of control, positive peer influences, hope and optimism, and faith and religion, served to act as buffers in favour of resiliency.

5.10 Final Thoughts

This study has been an incredible journey of learning reflection and self-discovery. Not only have I learned to become more compassionate, I have also become a more reflective being. This study has forced me to look at myself in the mirror, as a parent, a teacher and a member of society. The conclusion that I arrived at is that I can no longer stand by idly and be unconcerned, uninvolved, and uncommitted in the fight against substance abuse.

The narratives of struggle and victory have buoyed me to look for more heroes and, if I can find none, help to develop them. A special mention should also be given to the choice of research methodology employed in this study, namely life history research. It emboldened the participants to emerge out of the fringes to tell their stories and share their perspectives with the world. I can attest to their own testimonies that the process was not only empowering but also cathartic in nature. Finally, as a parent, teacher, and pastor of a congregation, I found the challenge of completing this project most demanding. However, if asked whether I will do it again, I would give a resounding yes.

References

- Arteaga, I., Chen, C-C., & Reynolds, A.J. (2010). Childhood Predictors of Adult Substance use. *Children and Youth Service Review*, 32, 1108-1120.
- Atwater, E. (1992). *Adolescence* (3rd ed.). Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (1982). Psychology of Chance Encounters and Life Paths. *American Psychologist*, 37, 747-755.
- Bandura, A. (1986). Fearful Expectations and Avoidant Actions as Coeffects of Perceived Self-inefficacy. *American Psychologist*, 41, 1389-1391.
- Bandura, A. (1990). Reflections on Nonability determinants of Competence. In R.J. Sternberg & J. Kollingian, Jr. (Eds.). *Competence Considered*.(pp. 315-362). CT: Yale University Press.
- Bandura, A. (2004). The Growing Primacy of Perceived Efficacy In Human Self-Development, Adaptation and Change. In M. Salanova, R. Grau, I.M. Martinez, E. Cifre, S. Llorens and M. Garcia-Renado (Eds.). *Nuevos Horizontes en la Investigación Sobre Autoeficacia*. (pp. 33-51). Castellón:Colección Psyique.
- Baumeister, R.F. (1999). The Nature and Structure of the Self an Overview. In R. Baumeister (Ed.). *The Self in Social Psychology*. (pp.1-20). Philadelphia:PA Psychology Press.
- Baumeister, R.T. (1993) *Self-esteem: The Puzzle of Low Self-Regard*. New York:Springer
- Baumrind, D. (1978). Reciprocal Rights and Responsibilities in Parent-Child Relations. *Journal Of Social Issues*, 34(2), 179-196. doi:10.1111/j.1540-4560.1978.tb01038.x
- Baumrind, D. (1991). The Influence of Parenting Style on Adolescent Competence and Substance Use. *The Journal Of Early Adolescence*, 11(1), 56-95. doi:10.1177/0272431691111004
- Bernard, B. (1995). *Fostering Resilience in Children*. Retrieved from ERIC Digest website:

Bicard, S.C., & Bicard, D.F. (2012). *Defining Behaviours*. Retrieved from the IRIS Center website: <http://iris.peabody.vanderbilt.edu/case-studies/ICS-015.pdf>

Bisika, T., Konyani, S., Chamangwana, I., & Khanyizira, G. (2009). An epidemiologic study of drug abuse and HIV and AIDS in Malawi. *African Journal Of Drug And Alcohol Studies*, 7(2).

Bogdan, R., & Biklen, S. K. (2007). *Qualitative research for education: An introduction to theory and methods*. Boston: Pearson.

Bonanno, C., & Levenson, R. (2014). School Shooters: History, Current Theoretical and Empirical Findings and Strategies for Prevention. *SAGE Journals*, 4(1), doi: 10.1177/2158244014525425

Braun, V., & Clarke, V., (2006). Using thematic Analysis in Psychology. *Qualitative Research in Psychology*, 3, 77-101.

Bricki, N., Green, J., (2007) *A guide to using qualitative research methodology developed by OCA and an external academic*. Retrieved from Medecins Sans Frontieres website: <http://hdl.handle.net/10144/84230>

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. MA: Harvard University Press.

Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.). *Annals of Child Development: Six theories of child development-revised formulations and current issues*. (pp. 187-249). London: JAI Press.

Bronfenbrenner, U. (1990). Discovering what families do. In D. Blackenhorn, S. Bayme, & J.B. Elstain. *Rebuilding the Nest: A New Commitment to the American Family*. WI: Family Service America.

Bronfenbrenner, U. (1994). *Ecological models of human development*. Oxford: Elsevier.

Bronfenbrenner, U., & Ceci, S.J. (1994). Nature-nurture Reconceptualised in Developmental Perspective: A Bioecological Model. *Psychological Review*, 101(4), 568-586.

- Bronfenbrenner, U., & Morris, P.A. (2006). The Bioecological Model of Human Development. In R.M. Lerner, & W.Damon (Ed.). *Handbook of Child Psychology: Theoretical Models of human development*. (pp. 793-828). NJ:John Wiley.
- Bronfenbrenner, U., (1994). Ecological Models of Human Development. *Readings on the Development of Children*, 2(1), 37-43.
- Brook, J.S., Morojele, N.K., Brook, D.W., & Rosen, Z. (2005). Predictors of cigarette use among South African Adolescents. *International Journal of Behavioural Medicine*, 12 (4), 207-217.
- Brook, J.S., Morojele, N.K., Pahl, K., & Brook, D.W. (2006). Predictors of drug use among South African Adolescents. *Journal of Adolescent Health*, 38, 26-34.
- Broom, A., & Willis, E. (2007). Completing the Paradigms and Health Research. In M.Saks and J.Allsop (Ed.). *Researching health: Qualitative, Quantitative and mixed methods*. (pp. 16-31). London: Sage.
- Bryant, R., & Dundes, L. (2005). Portion Distortion: A Study of College Students. *Journal of Consumer Affairs*, 39(2): 399–408. doi:10.1111/j.1745-6606.2005.00021.x
- Bryant, S. L., Stewart, D., Goswami, L., & Grant, M. J. (2015). Knowledge for Healthcare: the future of health librarianship. *Health Information Librarian Journal*, 32,163–167. doi:10.1111/hir.12119
- Bryman, A. 2008. Why do researchers integrate/ combine/ mesh/ blend/ mix/ merge/ fuse quantitative and qualitative research?. In M.M, Bergman (Ed.). *Advance in mixed methods research: theories and applications*. (pp.87-100). CA: Sage.
- Budlender, D. (2009). *National and Provincial Government Spending and Revenue Related to Alcohol Abuse*. Retrieved from Soul City website:
<http://www.soulcity.org.za/projects/advocacy/phuza-wize/resources/research>
- Burton, M. (2009). Failing to Protect: Victims' Rights and Police Liability. *The Modern Law Review*, 72, 283–295. doi:10.1111/j.1468-2230.2009.00744.x
- Cicchetti, D. (2010). Resilience under conditions of extreme stress: a multilevel perspective. *World Psychiatry*, 9(3), 145-154. doi:10.1002/j.2051-5545.2010.tb00297.x

- Cohen, L., Manion, L., & Morrison, K. (2003). *Research methods in education*. London: Routledge Falmer.
- Cohen, S., Kessler, R.C., & Gordon, L.U. (1995). Strategies for measuring stress in studies of psychiatric and physical disorders. In S.Cohen, R.C. Kessler, & L.U.Gorden (Eds). *Measuring Stress. A Guide for Health and Social Scientists*. Oxford: Oxford University Press.
- Coleman, N. (2014). Promoting resilience through adversity: increasing positive outcomes for expelled students. *Educational Studies*, 41(1-2), 171-187.
doi:10.1080/03055698.2014.955741
- Cook, J., & Cook, G. (2010). *Child development*. Boston: Pearson.
- Cortazzi, M. (2014). *Narrative analysis*. London: Routledge Falmer.
- Creswell, J. (2009). *Research design*. Los Angeles: Sage.
- Creswell, J. W. (2014). *Research Design: Qualitative, Quantitative and Mixed Methods Approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Creswell, J.W., (2008). *Educational research: Planning, Conducting and Evaluating Quantitative and Qualitative Research* (3rd ed.). NJ: Pearson Education, Inc.
- Crocker, J., Brook, A.T., Niiya, Y., & Villacorta, M. (2006). The Pursuit of Self-esteem: Contingencies of Self-worth and Self-regulation. *Journal of Personality*, 74, 1749-1771.
- Crotty, M. (1998). *The foundations of social research*. London: Sage Publications.
- De Vos, A. S.,Schurink,E.M., & Strydom,H. (1998). The Nature of Research in the Caring Professions. In A. S. de Vos (Ed.).*Research at Grass Roots. A Primer for The Caring Professions*. Pretoria:Van Schaik
- Denzin, N.K. (1975). *The Research Act- A Theoretical Introduction to Sociological Methods*. Chicago: Aldine Publishing.
- Department of Basic Education. (2013). *National Strategy: For the Prevention and Management of Alcohol and Drug use Amongst Learners in Schools*, Government Publication, Pretoria, (pp. 1-45).

Department of Social Development (2013-2017), *National Drug Master Plan*, CDA, South Africa, 17-168.

Dhunpath, R., & Samuel, M. (2009). *Life History Research*. Rotterdam:Sense Publishers.

Durand, V., Hennessey, J., Wells, D.S., Crothers, L.M., Kolbert J.B, Lipinski, J., Hughes, T.L. (2013). Bullying and Substance use in Children and Adolescents. *Journal of Addiction Research & Therapy*, 4(158) .

Ebersöhn, L., & Eloff, I. (2006). *Life skills & assets*. Pretoria: Van Schaik.

Eckroth-Bucher, M. (2010). Self-Awareness: a review and analysis of a basic nursing concept. *Advances In Nursing Science*, 33(4), 297-309.

doi:10.1097/ans.0b013e3181fb2e4c

Edwards, R., & Holland, J. (2013). *What is qualitative interviewing?*. London: Bloomsbury Publishing.

Engelbrecht, C., Kok, J., & Van Biljon, S. (1986). *Becoming an adult*. Butterworth: Durban.

Erikson, E. (1995). *Childhood and society*. London: Vintage.

European Monitoring Centre for Drugs and Drug Addiction .(2016).*EU Drug markets Report: In-depth Analysis*. London: Sage

Flaxman, E., Ascher, C., Harrington, C.E. (1988). *Youth mentoring: programs and practices*. New York: Teachers College Press.

Fleming, J., & Ledogar, R. (2008). Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research. *Pimatisiwin*, 6(2), 7-23.

Fletcher, A.C., Steinberg, L. & Williams-Wheeler, M. (2004). Parental influences on Adolescent Problem Behaviour: Revising Stattin and Kerr. *Child Development*, 75, 781-796.

Flisher, A., Townsend, L., Chikobvu, P., Lombard, C., & King, G. (2010). Substance use and psychosocial predictors of high school dropout in Cape Town. *Journal of Research on Adolescence*, 20(1), 237-255.

- Flynn, P. M., Joe, G. W., Broome, K. M., Simpson, D. D., & Brown, B. S. (2003). Recovery from opioid addiction in DATOS. *Journal of Substance Abuse Treatment*, 25, 177-186. doi:10.1016/S0740-5472(03)00125-9
- Freedman, J., & Combs, G. *Narrative therapy*. New York, London: Norton.
- Garnezy, N. (1985). Stress-Resistant Children: The Search for Protective Factors. In J. E. Stevenson (Ed.). *Recent Research in Developmental Psychopathology: Journal of Child Psychology and Psychiatry Book Supplement*, 4 ,213-233. Oxford: Pergamon.
- Garnezy, N. (1991). Resilience and Vulnerability to Adverse Developmental Outcomes Associated with Poverty. *American Behavioral Scientist*, 34(4), 416-430. doi:10.1177/0002764291034004003
- Garnezy, N. (1993). Children in poverty: Resilience despite risk. *Psychiatry*, 56, 127-136.
- Garnezy, N., & Rutter, M. (1983). *Stress, coping, and development in children*. New York: McGraw-Hill.
- George, L.K., Larson, D.B., Koenig, H.G., & McCullough, M.E. (2000). Spirituality and Health: What we Know, What we Need to Know. *Journal of Social and Clinical Psychology*, 19(1), 102-116. doi: 10.1521/jscp.2000.19.1.102
- Gerrig, R & Zimbardo, P. (2004) . *Psychology and Life*. Boston: Allyn & Bacon.
- Giovazolias, T., & Themeli, O. (2014). Social Learning Conceptualization for Substance Abuse: Implications for Therapeutic Interventions. *The European Journal Of Counselling Psychology*, 3(1), 69-88. doi:10.5964/ejcop.v3i1.23
- Gläser, J., & Laudel, G. (2013). Life With and Without Coding: Two Methods for Early-Stage Data Analysis in Qualitative Research Aiming at Causal Explanations. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, 14(2). doi:10.17169/fqs-14.2.1886
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report*, 8(4), 597-607.

- Goodley, D. (1996). Tales of Hidden Lives: A critical examination of life history research with people who have learning difficulties. *Disability & Society*, 11(3), 333-348. doi:10.1080/09687599627642
- Graham, J., Nosek, B., Haidt, J., Lyer, R., Koleva, S., & Ditto, P. (2011). Mapping the moral domain. *Journal Of Personality And Social Psychology*, 101(2), 366-385. doi:10.1037/a0021847
- Grbich, C. (2007). *Qualitative Data Analysis: An Introduction*. London: SAGE Publications.
- Guba, E. (1990). *The paradigm dialog*. Newbury Park: Sage.
- Guba, E. G., & Lincoln, Y. S. (1998). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.). *The landscape of qualitative research: Theories and issues*. (pp.195-220). CA: Sage.
- Haggerty, R. (1994). *Stress, risk, and resilience in children and adolescents*. Cambridge: Cambridge University Press.
- Hancock, B., Windridge, K., Ockleford, E. (2007). *Introduction to Qualitative Research*. London: Sage
- Hawkins, J. (1981). *Oxford universal dictionary*. Oxford: Oxford University Press.
- Hayes, L., Smart, D., Toumbourou, J.W. & Sanson, A. (2004c). *Parenting Influences on Adolescent Alcohol use*. Retrieved from the Australian Institute of Family Studies website: <http://www.aifs.gov.au/institute/pubs/resreport10/aifsreport10.pdf>
- Hellman, C.M., Worley, J.A., & Munoz, R.T. (2016). Hope as a Coping resource for caregiver well-being. In W.A. Bailey and A.W. Harrist (Eds.). *Family Caregiving: Fostering Resilience Across the Life Course*. Boston: Springer.
- Henning, E., Smit, B., & Van Rensburg, W. (2004). *Finding your way in qualitative research*. Pretoria: Van Schaik.
- Hewitt, J.P. (1998). *Contemporary Social Issues. The Myth of Self-esteem: Finding Happiness and Solving Problems in America*. New York: St. Martin's Press.

Holloway, I., & Wheeler, S. (2010). *Qualitative research in nursing and healthcare*. West Sussex: Wiley-Blackwell.

Howard, D. (1996). Searching for resilience among African-American youth exposed to community violence: Theoretical issues. *Journal of Adolescent Health, 18*(4), 254-262. doi:10.1016/1054-139x

Hyde, K.F. (2000). Recognising deductive processes in qualitative research. *Qualitative Market Research: An International Journal, 3*(2), 82-90, doi:10.1108/1352750010322089

Jackson, E. (2013). Choosing a Methodology: Philosophical Underpinning, Practitioner Research in Higher. *Education Journal, 7*(1).

Janesick, V. J. (1998). *Stretching exercises for qualitative researchers*. CA: Sage.

Jarusiewicz, B. (2000). Spirituality and Addiction: Relationship to Recovery and Relapse. *Alcoholism Treatment Quarterly, 8*(4), 99-109.

Kagan, J., Kearsley, R.E., & Zelazo, P.R. (1978). *Infancy: Its place in Human Development*. Cambridge: Harvard University Press.

Kalichman, S.C., Simbayi, L.C., Kagee, A., Toefy, Y., Jooste, S., Cain, D. & Cherry, C., (2006). Associations of poverty, substance use, and HIV transmission risk behaviors in three South African communities, *Social Science and Medicine, 62*, 1641-1649.

Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power Relations in Qualitative Research. *Qualitative Health Research, 19*(2), 279-289. doi:10.1177/1049732308329306

Keane, M. (2005). Understanding substances and substance use: A handbook for teachers. *Drugnet Ireland, 14*, 6-7.

King, G., Flisher, A.J., Mallet, R., Graham, J. Lombard, C., Rawson, T., Morojele, N.K., & Muller, M. (2003). Smoking in Cape Town: Community Influences on Adolescent Tobacco use. *Preventative Medicine, 36*(1), 114-123.

- King, G., Flisher, A.J., Noubary, F., Reece, R., Marais, A., & Lombard, C. (2004). Substance Abuse and Behavioural Correlates of Sexual Assault Among South African Adolescents. *Child Abuse & Neglect*, 28, 683-696.
- King, K.M., & Chassin, L. (2007). A prospective study of the effects of age of initiation of alcohol and Drug Use on Young Adult Substance dependence. *Journal of Studies on Alcohol & Drugs*, 68 (2), 256-265.
- Krause, J.S.(1992). Longitudinal changes in adjustment after spinal cord injury: A 20 year study. *American Congress of Rehabilitation Medicine and the American Academy of Physical Medicine and Rehabilitation*,73,564-8.
- Kretzmann, J., & McKnight, J. (1993). *Building communities from the inside out: a path towards finding and mobilizing a community's assets*. IL:ACTA Publication.
- Leteka, J.M.M. (2003). *Alcohol use/ Abuse Amongst Teenagers in Selected High Schools in Maseru City: The Development of a Health Education Programme (Lesotho)*.
- Lieblich, A., Tuval-Mashiach, R. and Zilber, T. (1988). *Narrative Research: Reading, Analysis and Interpretation*. CA: Sage.
- Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic Inquiry*. CA: Sage Publications.
- Locke, S. (2009). Conspiracy Culture, Blame Culture, and Rationalisation. *The Sociological Review*, 57(4), 567-585. doi:10.1111/j.1467-954x.2009.01862.x
- Luthar, S. S. ,& Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12, 857-885.
- Luthar, S. S., & Brown, P. J. (2007). Maximizing resilience through diverse levels of inquiry: Prevailing paradigms, possibilities, and priorities for the future. *Development and Psychopathology*,19(3), 931-955.
- Luthar, S. S., Small, P. J., & Ciciolla,L. (2017). Adolescents from upper middle class communities: Substance misuse and addiction across early adulthood. *Development and Psychopathology*,1-21. doi: 10.1017/s0954579417000645

Luthar, S., Cicchetti, D., & Becker, B. (2000). The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development*, 71(3), 543-562.

doi:10.1111/1467-8624.00164

Luthar, S.S. (2006). Resilience in development: a synthesis of research across five decades. In D. Cicchetti & D.J. Cohen, (Eds). *Development Psychopathology: Risk, Disorder, and Adaptation*. Wiley:New York.

Maginnes. A. (2007). *The Development of Resilience- A Model* (Unpublished PhD thesis). University of Canterbury.

Maholmes, V. (2014). *Fostering Resilience and Well-being in Children and Families in Poverty: Why Hope Still Matters*. New York: Oxford University Press.

Mampane, M. (2004). *The identification of resilient and non-resilient middle-adolescent learners in a South African Township school*.(Unpublished PhD thesis) Pretoria: University of Pretoria

Mampane, R., Bouwer, C. (2011). The Influence of Township Schools on the Resilience of Their Learners. *South African Journal of Educators*,31(1), 114-126.

Maree, K. (2007). *First steps in research*. Pretoria: Van Schaik.

Maree, K., Ebersöhn, L., & Vermaak, B.(2008) . Confronting the effects of unemployment on achievement motivation: The case for postmodern career facilitation.*Perspectives in Education*, 26(3),55-68.

Marojele, N., Parry, C., & Brook, J. (2009). *Substance abuse and the young: Taking Action*. Research Brief, June 2009. Cape Town: Medical Research Council.

Marsay, G.M.D., (2000). *Narrative Ways to assist adolescents towards the world of work: Never Ending Stories...Bound To Change*. (Unpublished PhD thesis). Johannesburg: Rand Afrikaans University.

Maslow, A. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396.

Mason, J. (2002). *Researching your own practice: The discipline of noticing*. London: Routledge Falmer.

- Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, 56(3), 227-238. doi:10.1037/0003-066x.56.3.227
- Masten, A. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, 23(02), 493-506. doi:10.1017/s0954579411000198
- Masten, A. S. (1994). Resilience in Individual Development: Successful Adaptation Despite Risk and Adversity. In M. C. Wang, & G. W. Gordon (Eds.), *Educational Resilience in Inner-City America*. (pp. 3-25). NJ: Lawrence Erlbaum Associates, Inc.
- Masten, A. S., & Coatsworth, J. D. (1998). The Development of Competence in Favorable and Unfavorable Environments: Lessons from Research on Successful Children. *American Psychologist*, 53, 205-220. doi:10.1037/0003-066X.53.2.205
- McLeod, C. (2004). Integrity and Self-Protection. *Journal of Social Philosophy*, 35, 216–232. doi:10.1111/j.1467-9833.2004.00227.x
- McMillan, J., & Schumacher, S. (2010). *Research in education*. Boston:Pearson.
- Merriam, S.B (2009). *Qualitative research*. San Francisco: Jossey-Bass.
- Merriam, S.B., (1998). *Qualitative research and case study application in education*. San Francisco: Jossey-Bass.
- Mertens, D. (2005). *Research and evaluation in education and psychology*. CA: Sage Publications.
- Mesec, B. (1998) *Uvod v kvalitativno raziskovanje v socialnem delu. (Introduction to the Qualitative Research in Social Work)*. Ljubljana: Visolca sola za socialno delo.
- Miles, M. and Huberman, A. (1994). *Qualitative Data Analysis: An Expanded Sourcebook (2nd ed)*. London:Sage.
- Milevsky, A., Schlechter, M., Netter, S., & Keehn, D. (2007). Maternal and Paternal Parenting Styles in Adolescents: Associations with Self-Esteem, Depression and Life-Satisfaction. *Journal of Child and Family Studies*, 16 (1), 39-47.
- Mischel, W., Ayduk, O., Berman, M., Casey, B., Gotlib, I., Jonides, J., Kross, E., Teslovich, T., Wilson, N., Zayas, V. and Shoda, Y. (2011). 'Willpower' over the life

span: decomposing self-regulation. Social Cognitive and Affective Neuroscience, 6(2), pp.252-256 .

Mohasoa, I.P. (2010). *Substance abuse among male adolescents*. Unpublished MA dissertation. Pretoria: University of South Africa.

Morgenroth, T., Ryan, M.K. & Peters, K. (2015). The Motivational Theory of Role Modelling: How Role Models Influence Role Aspirants' Goals. *Review of General Psychology*. Retrieved from Advance Online Publication website:
<http://dx.doi.org/doi:10.1037/gpr0000059>

Morgenstern, J., Frey, R., McCrady, B., Labouvie, E., & Neighbors, C. (1996). Examining mediators of change in traditional chemical dependency treatment. *Journal Of Studies On Alcohol*, 57(1), 53-64.
<http://dx.doi.org/10.15288/jsa.1996.57.53>

Morojele N.K, Parry, C.D.H., Brook, J.S., (2009). *Substance abuse and the young: Taking action* . Retrieved from website:
<http://www.sahealthinfo.org/admodule/substance2009.pdf>

Morojele, N., Myers, B., Townsend, L., Lombard, C., Plüddemann, A., Carney, T., Petersen Williams, P., Padayachee, T., Nel, E. & Nkosi, S. (2013). *Survey on Substance Use, Risk Behaviour and Mental Health among Grade 8-10 Learners in Western Cape Provincial Schools, 2011*. Cape Town: South African Medical Research Council.

Morojele, N.K. & Brook, J.S. (2006). Substance use and Multiple Victimization among adolescents in South Africa. *Addictive Behaviours*, 31 (7), 1163-1176.

Morris, J., Marzano, M., Dandy, N., & O'Brien, L. (2012). *Theories and models of behaviour and behaviour change*. Retrieved from Forestry website:
<http://forestry.gov.uk>

Morrow, S. L., & Smith, M. L. (2000). Qualitative research for counseling psychology. In S. D. Brown & R. W. Lent (Eds.), *Handbook of Counseling Psychology (3rd ed.)*, (pp. 199-230). New York:American Psychological Association.

- Mruck, K. & Breuer, F. (2003). Subjektivität und Selbstreflexivität im qualitativen Forschungsprozess-Die FQR Schwerpunktausgaben. *Forum Qualitative Sozialforschung/ Forum: Qualitative Social Research*, 4(2), 17, Retrieved from website: <http://nbn-resolving.de/urn:nbn:de:0114-fqs0302233>
- Mulloy, M. (2009). *Still I Rise: How an Urban Public Charter High School Fosters Resilience (PhD)*. Texas:University of Texas.
- National Department of Basic Education, (2013). *National Strategy for The Prevention and Management of Alcohol and Drugs*. Pretoria: Department of Basic Education.
- National Institute on Alcohol Abuse and Alcoholism [NIAAA]. (2005). Environmental and Contextual considerations. *Alcohol Research & Health*, 28, 155-162.
- Neill, J., & Dias, K. (2001). Adventure education and resilience: The double-edged sword. *Journal of Adventure Education & Outdoor Learning*, 1(2), 35-42.
doi:10.1080/14729670185200061
- Neuman, W.L. (2000). *Social research methods qualitative and quantitative approaches*. Boston: Allyn and Bacon.
- Newman, T. (2004). *What works in building resilience?*. Ilford: Barnardo's.
- Newnham, C., & Crask, J. (2015). *Resilience: Question everything. Be ready for anything*. PwC. Retrieved from website: from <http://www.pwc.com/resilience>
- NIDA .(2014).*Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide*. Retrieved from website:
https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/podata_1_17_14.pdf
- NIDA Annual Report (2014). *NIDA International Program Summary of Fiscal Year 2014* . Retrieved from website: <https://www.drugabuse.gov/international>
- Nodding, N. (2003). Is Teaching a Practice ?. *Journal of Philosophy of Education*, 37,241-151.doi:10.1111/1467-9752.00323
- Olisah, V.O., Adekeye, O., Sheikh, T.L.,& Yusuf.,A.J. (2009). 'Alcohol-related Problems and High Risk Sexual Behaviour in Patients with HIV/ AIDS Attending

Medical Clinic in a Nigerian University Teaching Hospital'. *African Journal of Drug & Alcohol Studies*. 8(1):17-22.

Olson, M., Fazio, R., & Hermann, A. (2007). Reporting Tendencies Underlie Discrepancies Between Implicit and Explicit Measures of Self-Esteem. *Psychological Science*, 18(4), 287-291. doi:10.1111/j.1467-9280.2007.01890.x

Palazzi, E., Curro, F., Reverberi, A., & Fabiano, B. (2014). Resilience Engineering Strategy Applied to an Existing Process Plant. *Chemical Engineering Transactions*, 36, 49-504.

Palmiere, C. (2012). *Self-awareness: an important factor in personality development*. Retrieve from website: <http://hrbycatherine.com/2012/09/self-awareness-an-important-factor-in-personality-development/>

Panday, S., Reddy, S.P., Ruiter, R.A.C., Bergstrom, E., & de Vries, H. (2005). The determinants of smoking cessation among adolescents in South Africa. *Health Education Research*, 20, 586-599.

Pardini, D., Plante, T., Sherman, A., & Stump, J. (2000). Religious faith and spirituality in substance abuse recovery. *Journal Of Substance Abuse Treatment*, 19(4), 347-354. doi:10.1016/s0740-5472(00)00125-2

Parry, C., Plüddemann, A., & Bhana, A. (2009b). Monitoring alcohol and drug abuse trends in South Africa (1996-2006): Reflections on treatment demand trends. *Contemporary Drug Problems*, 36, 685-703).

Parry, C., Marojele, N., Saban, A., & Flisher, A. (2004). Brief Report: Social and neighbourhood correlates of adolescent drunkenness: A pilot study in Cape Town, South Africa. *Journal Of Adolescence*, 27, 369-374.

Parry, C.D.H., Myers, B., Morojele, N.K., Flisher, A.J., Bhana, A., Donson, H., & Plüddemann, A. (2004b). Trends in Adolescent Alcohol and Other Drug Use: Findings from Three Sentinel Sites in South Africa (1997-2001). *Journal of Adolescence*, 27, 429-440.

Paulussen-Hoogeboom, M. C., Stams, G. J. J. M., Hermanns, J. M. A., Peetsma, T. T. D. & van den Wittenboer, G. L. H. (2008). Parenting style as a mediator between

children's negative emotionality and problematic behaviour in early childhood. *The Journal of Genetic Psychology*, 169(3), 209-226.

Payne, K. & Meyer-Weitz, A. (2007). *Paternal Parenting Practices as Protective Factors of Alcohol Use Among Adolescent Boys*. Paper Presented at the South African Association of Child and Adolescent Psychiatry and Allied Professionals Congress; 2007 Sep 11-14; Cape Town, South Africa.

Peltzer, K., Ramlagan, S., Johnson, B.D., & Phaswana-Mafuya, N. (2010). Illicit Drug Use and Treatment in South Africa: a review. *National Institute of Health*, 45(13),2221-2243.

Piedmont, R. (2004). Spiritual Transcendence as a Predictor of Psychosocial Outcome From an Outpatient Substance Abuse Program. *Psychology Of Addictive Behaviors*, 18(3), 213-222. doi:10.1037/0893-164x.18.3.213

Plüdemann, A., Parry, C., Bhana, A., Dada, S., & Fourie, D. (2010). *Alcohol and drug abuse trends: July - December 2010 (phase 27)*. SACENDU Update (June 2010).

Plüdemann, A., Parry, C.D., Flisher, A.J., Jordaan, E. (2008). Heroin users in Cape Town, South Africa: Injecting practices, HIV-related risk behaviors, and other health consequences. *Journal of Psychoactive Drugs*,40(3),273–279.

Poage, E.D., Ketzenberger, K.E. & Olsen, J. (2004). Spirituality, Contentment, and Stress in Recovering Alcoholics. *Addictive Behaviours*, 29(9), 1857-1862. doi:10.1016/j.addbeh.2004.03.038.

Prince-Embury, S., & Saklofske, D. (2014) . *Resilience interventions for youth in diverse populations*. London:Springer.

Rahamah, N., Bakar, A., & Abdullah, Y. (2008). The Life History Approach: Fieldwork Experience. *Journal E-Bangi*, 3(1), 09.

Ramsoomar, L. (2015). *Risk and Protection: Alcohol Use Among Urban Youth Within the Birth to Twenty (Bt20)*. PhD dissertation. Johannesburg:University of the Witwatersrand.

Reddy, P., Resnicow, K., Omardien, R., & Kambaran, N.(2007). Prevalence and correlates of substance use among high school students in South Africa and the United States. *American Journal of Public Health*, 97(10), 1859-1864.

Reddy, S., James, S., Sewpaul, R., Koopman, F., Funani, N., Sifunda, S., & Omardien, R. (2010). *Umthente uhlaba usamila- The South African Youth Risk Behaviour Survey 2008*. Cape Town: Medical Research Council.

Reddy, S.P., James, S., Sewpaul, R., Sifunda, S., Ellahebokus, A., Kambaran, N.S., Omardien, R.G. (2010). *Umthente Uhlaba Usamila – The 3rd South African National Youth Risk Behaviour Survey 2011*. Cape Town: South African Medical Research Council, 2013.

Rhodes, A., & Schechter, R. (2012). Fostering Resilience Among Youth in Inner City Community Arts Centers: The Case of the Artists Collective. *Education and Urban Society*, 46(7), 826-848. doi:10.1177/0013124512469816

Rhodes, J., Spencer, R., Keller, T., Liang, B., & Noam, G. (2006). A model for the influence of mentoring relationships on youth development. *Journal of Community Psychology*, 34, 691-707. doi:10.1002/jcop.20124

Rhodes, T., Lilly, R., Fernández, C., Giorgino, E., Kemmesis, U.E., Ossebaard, H.C., Lalam, N., Faasesn, I. & Spannow, K.E. (2003). Risk Factors Associated with Drug Use: the Importance of 'Risk Environment'. *Drugs: Education, Prevention and Policy*, 10(4), 303-329.

Roddenberry, A. (2007). *Locus of Control and Self-efficacy: Potential mediators of Stress, Illness, and utilization of Health Services in College Students*. PhD dissertation. University of Central Florida.

Rohner, R.P. (2016). Introduction to Interpersonal Acceptance-Rejection Theory (IPAR Theory) and Evidence. *Psychology and Culture*, 6 (1). Retrieved from website: <http://doi.org/10.9707/>

Rubin, I. S & Rubin, H.J. (2005). *Qualitative Interviewing – The Art of Hearing Data*. London: Sage Publications.

- Rutter, M. (1996). Transitions and Turning Points in Developmental Psychopathology: As applied to the Age Span between Childhood and Mid-adulthood. *International Journal Of Behavioral Development*, 19(3), 603-626. doi:10.1177/016502549601900309
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. CA: Sage Publications.
- SAMHSA. (2010). *National Survey on Drug Use and Health (NSDUH-2009)*. North Carolina.: Research Triangle Institute.
- Santelli, J.S., Kaiser, J., Hirsch, L., Radosh, A., Simkin, L., & Middlestadt, S.(2004). Initiation of sexual intercourse among middle school adolescents: the influence of psychosocial factors. *Journal Adolescent Health*,34(3),200-208.
- Sarbin, T. and Kitsuse, J. (1994). *Constructing the Social*. London: Sage.
- Schwitzgebel, E. (2016). Phenomenal Consciousness, Defined and Defended as Innocently as I can Manage. *Journal of Consciousness Studies*, 23(11-12), 224-235.
- Seale, C. (1999) . *The Quality of Qualitative Research*. London: Sage.
- Seedat, M., Van Niekerk, A., Jewkes, R., Suffla, S., & Ratele, K. (2009). Violence and injuries in South Africa: Prioritising an agenda for prevention. *The Lancet*, 374, 1011-1022. doi:10.1016/s0140-6736(09)60948-x
- Seedat, S., Stein, D., Jackson, P., Heeringa, S., Williams, D.,& Myer, L. (2009). *Life stress and mental disorders in the South African Stress and Health Study*. pp.1-8.
- Seligman, M. (2002). *Authentic happiness*. New York: Free Press.
- Seligman, M. (2011). *Learned optimism: How to change your mind an your life*.New York: Vintage Books.
- Silverman, D. (2006). *Interpreting Qualitative Data- Methods for Analysing Talk, Text and Interaction (3rd ed)*. London: Sage.
- Snyder, C., & Lopez, S. (2002). *Handbook of positive psychology*. Oxford : Oxford University Press.

Snyder, C.R. (2002). Hope Theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249-275. doi:10.1207/S15327965PLI1304_01

Solomon, G., & Becker, A. (2004). *Focused for fastpitch*. IL: Human Kinetics.

Soobrayan, P. (2013). *National Strategy: For the Prevention and Management of Alcohol and Drug Use amongst Learners in Schools*. Department of Basic Education.

Soul City Institute for Justice, (2009) Johannesburg, South Africa. Retrieved from website: <http://www.soulcity.org.za/projects/advocacy/phuzawize/resources/research>

Soul City Institute for Social Justice. (2009). *A review of literature on Drug and Substance abuse amongst youth and young women in South Africa*. Retrieved from Soul City website: <http://soulcity.org.za/research/literature-reviews/soul-city-institute-drug-abuse-youth-south-africa.pdf/view>

Southwick, S., & Charney, D. (2012). *Resilience*. New York: Cambridge University Press.

Spradley, J. P. (1979). *The Ethnographic Interview*. NY: Harcourt Brace Jovanich College Publisher.

Squire, C., Andrews, M., & Tamboukou, M. (2008). *Doing Narrative Research*. London: Sage Publications.

Stake, R.E. (2003), Case Studies (134-164). In N.K. Denzin, & Y. Lincoln (Eds.). *Strategies of Qualitative Inquiry (2nd ed)*. London: Sage.

Steinman, K.J. & Zimmerman, M.A. (2004). Religious activity and risk behaviour among African American Adolescents: Concurrent and developmental effects. *American Journal of Community Psychology*, 33 (3/4), 151-161.

Substance Abuse and Mental Health Services Administration [SAMHSA]. (2010) *Results from the 2009 National Survey on Drug Use and Health: Volume 1*. MD: Substance Abuse and Mental Health Services Administration.

Sutherland, I. & Shepherd, J.P. (2001). Social Dimensions of Adolescent Substance Use. *Addiction*, 96, 445-458.

- Taylor, M., Dlamini, S., Kagora, H., Jinabhai, C., & De Vries, H., (2003). Understanding high school student's risk behavior to help reduce the HIV/Aids epidemic in KwaZulu Natal, South Africa. *Journal of School Health*, 73,97-100.
- Terre Blanche, M., & Kelly, K. (1999). Interpretive methods. In M. Terre Blanche & K. Durrheim (Eds.), *Research in practice: Applied methods for the social sciences*, (pp. 123-146). SA: University of Cape Town Press.
- Theron, L., & Theron, A. (2010). A critical review of studies of South African youth resilience, 1990-2008. *South African Journal of Science*, 106(7/8). doi:10.4102/sajs.v106i7/8.252
- Theron, L., Theron, A., & Malindi, M. (2012). Toward an African Definition of Resilience. *Journal Of Black Psychology*, 39(1), 63-87. doi:10.1177/0095798412454675
- Thom, D. (1989). *South African textbook of abnormal behaviour*. Johannesburg: Southern Book Publishers.
- United Nations Office on Drugs and ,Crime. (2004). *Conducting effective substance abuse prevention work among the youth in South Africa*. Pretoria: UNODC.
- United Nations Office on Drugs and Crime (2000). *Social development, including questions relating to world social situation and to youth, ageing, disabled persons and the family*. Vienna: UNODC
- United Nations Office on Drugs and Crime (2010). *World drug report 2010*. Vienna: UNODC.
- Walker, L.R., Mason, M & Cheung I. (2006). Adolescent substance use and abuse prevention and treatment: Primary Care Strategies incoleing Social Networks and the Geography risk and protection. *Journal of Clinical Psychology in Medical Settings*, 13(2) 131-139.
- Watt, M., Meade, C., Kimani, S., MacFarlane, J., Choi, K., & Skinner, D. (2014). The impact of methamphetamine ("tik") on a peri-urban community in Cape Town, South Africa. *International Journal Of Drug Policy*, 25(2), 219-225. doi:10.1016/j.drugpo.2013.10.007

- Watts, V. (2014). NIDA Dedicated to Unlocking All Aspects of Drug Abuse. *Psychiatric News*, 49(4), 1. doi:10.1176/appi.pn.2014.2b5
- Waxman, H., Lin, M., & Michko, G. (2003). *A meta-analysis of the effectiveness of teaching and learning with technology on student outcomes*. IL: Learning Point.
- Waxman, S. R., & Booth, A. E. (2003). The origins and evolution of links between word learning and conceptual organization: New evidence from 11-month-olds. *Developmental Science*, 6(2), p 130 – 137.
- Werner, E (1993). Risk, resilience, and recovery: Perspectives from the Kauai Longitudinal Study. *Development and Psychopathology*, 5, 503 – 503.
- Werner, E., & Smith, R. (2001). *Journeys from childhood to midlife*. N.Y.: Cornell University Press.
- Werner, E.E., (1995). Resilience in Development. *Sage Journals*, 4 (3), 81-84. doi:10.1111.1467-8721.ep10772327
- White, H. (1981). The Value of Narrativity in the Representation of Reality. In W.J. Thomas Mitchell. *On Narrative*.(pp.7-23).Chicago: University of Chicago Press.
- Willis, J.W. (2007). *Foundations of Qualitative Research: Interpretive and Critical Approaches* .CA:Sage Publications
- Wolin, J. & Wolin, S. (1993). *The Resilient Self: How Survivors of Troubled Families Rise Above Adversity*. New York: Villard Books.
- World Health Organization. (1999). *A Critical Link. Interventions for Physical Growth and psychological development. a review*. Geneva: WHO.
- World Health Organization. (2009). *Violence Prevention: The Evidence Preventing violence*. Geneva: WHO.
- Yancey, A., Siegel, J., & McDaniel, K. (2002). Role Models, Ethnic Identity, and Health-Risk Behaviors in Urban Adolescents. *Archives Of Pediatrics & Adolescent Medicine*, 156(1), 55.

Yancy, A., Grant, D., Kurosky, S., Kravitz-Wirtz, N., & Mistry, R. (2011). Role Modelling, Risk and Resilience in California Adolescents. *The Journal of Adolescent Health*. Official Publication of the Society for Adolescent Medicine.

Yin, R.K. (2003). *Case Study Research- Design and Methods* (3rd ed). London: Sage Publications.

Yoshimsu, K. (2013). Psychosocial Factors Associated with Sunstance-related Disorders: Three Stratified Dimentsion. *Journal of Addiction Research*.
doi:10.4172/2155-6105.S6-006

Zemel, O., Ronel, N. and Einat, T. (2015). The impact of introspection and resilience on abstention and desistance from delinquent behavior among adolescents at risk. *European Journal of Criminology*, 13(1), pp.111-128.

Zulu, B.M., Urbani, G. Van der Merwe, A. & Van der Walt, J.L. (2004). Violence as an Impediment to a Culture of Teaching and Learning in some South African Schools. *South African Journal of Education*, 24 (2), 170-175.

Addenda

Addendum A: Recruitment letters to Rehabilitation Centres

Addendum B: Life Map

Addendum C: Semi-structure Interview Schedule

Addendum D: Participants information leaflet and Informed Consent form