

**Addressing the experience of parents of substance
Abusing youth: A model for pastoral care**

By

Modise Johannes Mapogoshe

**Submitted in partial fulfilment of the requirement for
the Degree Philosophiae Doctor**

04377435

In the faculty of Theology and Religion

University of Pretoria

Supervisor: Professor M.J. Masango

2020

Declaration

I, Modise Johannes Mapogoshe hereby declare that this Thesis, which I submit for the degree of PhD (Practical Theology) at the University of Pretoria, is a product of my own original work, and has not been submitted by me for a degree at this or any other university. All sources I used have been indicated and duly acknowledged by means of complete references.

Rev Modise Johannes Mapogoshe

Date

Supervisor: Prof Maake J Masango

Date

Acknowledgements

All thanks, honour and Glory be to God Almighty who has sustained me during this research.

A big thanks to Prof Maake Masango for being a supervisor and a mentor to me. Your guidance, constructive criticism, relentless encouragement and interest have been invaluable to me.

Prof Tshepo Cherry, thank you for sharing your father, Prof Maake Masango, with us. Thank you for inspiring us. Your contributions during contact classes motivated me all the time and especially when I thought I was not going to make it.

A special thanks to Dr George Palmer as well. Your selflessness in offering me your guidance was a tremendous help in to creating this final specimen of work.

Thank you to Dikeledi, my wife and companion for her unflinching love, support, and interest. God has been with us for the past 43 years of our marriage and will continue to carry us through. Your encouragement, tolerance and understanding are what made this research successful.

Thank you to my children Molefi, Sello and Mmasetlhake; as well as my daughter in law, Sekgele. Not forgetting my grandchildren Modise and Dikeledi.

DEO GLORIA

Dedication

I dedicate this work to the fond memory of my departed father and mentor,

Nthoesane Azael Mapogoshe

And my mother,

Mmamohloki Anna Mapogoshe

May the souls of the faithful departed

Through the mercies and merits of God

Rest in peace and rise in glory.

Amen

Abstract

This study concerns itself with the task of creating a pastoral care model, which can be used by the church to provide effective spiritual care to the parents of *Nyaope*-addicted youth. *Nyaope* is an emerging yet highly addictive drug, which has gained a strong foothold amongst the youth in South African Townships. Addicts often become delinquents in society by turning to criminal activities to support their habit. Parents suffer great financial loss at their hands as well as additional trauma brought on by aggression and intimidation from the addicts who try to solicit money from them. Parents also go through immense emotional distress caused by worrying about their addicted child as well as societal stigma.

While addicts are able to receive help in rehabilitation centres, parents and families are left to pick up the pieces of the disrupted households by themselves. This study sees the church as a key-stone in the community and emphasises the importance of the church's role in bringing healing and restoration to the parents and households who have been devastated by the effects of *Nyaope* on their children. The study provides tools, which the church can use to support these parents and provide them with emotional and spiritual healing, which will be, enable them to restore their dignity, their families and their households.

Table of Contents

CHAPTER ONE: INTRODUCTION	1
1.1 Introduction	1
1.2 Background of the Study	8
1.3 Problem Statement	13
1.4 Aims / Objectives of Study	13
1.5 Significance / Purpose of Study	14
1.6 Research Gap	14
1.7 Assumption of study	15
1.8 Research Methodology	16
1.9 Chapters Overview.....	19
1.10 Preliminary Conclusion	20
CHAPTER TWO: LITERATURE REVIEW	22
2.1 Introduction	22
2.2 Overview of studies on <i>nyaope</i>	22
2.3 Experience of parents of substance abusing youth on a global level	25
2.4 Experience of parents of substance abusing youth in Africa	27
2.5 Experience of parents of substance abusing youth	28
2.6 <i>Nyaope</i> : A new drug.....	29
2.7 Abuse of <i>nyaope</i> in Gauteng.....	30
2.8 Dependency process	31
2.9 Individual effects of abusing <i>nyaope</i>	32
2.10 Parents faced with a drug abusing youth	33
2.11 African classification of <i>Nyaope</i>	34
2.12 Theory of Addiction	35
2.13 Understanding <i>nyaope</i> drug abuse.....	37
2.13.1 Anomie theory	37
2.13.2 Psychoanalytic theory	38
2.13.3 Labelling theory	38
2.13.4 Social learning theory	38
2.13.5 Poverty.....	39
2.14 Prevalence of <i>nyaope</i> use among youth.....	39

2.15 Prevention approaches	41
2.15.1 The shock-horror approach-fear arousal and scare tactics	41
2.15.2 Information- based programmes.....	41
2.15.3 The life skills approach.....	42
2.16 Preliminary Conclusion	42
CHAPTER THREE: RESEARCH METHODOLOGY	43
3.1. Introduction	43
3.1.1 Qualitative research approach.....	45
3.2 Research design	47
3.2.1 Explorative research	48
3.2.2 Descriptive research design	48
3.2.3 Contextual research design.....	48
3.3 Research settings	49
3.4 Population and sample size	49
3.4.1 Selection Criteria.....	50
3.5 Recruitment of the participants.....	52
3.5.1 Pilot Study	53
3.5.2 Data verification.....	54
3.6 Data collection	55
3.6.1 Data collection method.....	56
3.6.1.1 Interviews.....	57
3.7 Data analysis	58
3.8 Ethical consideration.....	62
3.8.1 Informed consent.....	63
3.8.2 Privacy/ anonymity/ confidentiality	64
3.8.3 Release or publication of the findings	65
3.8.4 Debriefing of participants	66
3.9 Theories of Caring	66
3.9.1 Gerkin’s shepherding model	66
Caring	68
Protection	68
Restoration.....	68
Feeding.....	68
Guidance	68

3.9.2 Pollard’s positive deconstruction model	70
Identifying the underlying worldview	72
Analysing the worldview	72
Affirming the truth	73
Discovering the error	73
3.9.3 Wimberly’s moving from shame to self-worth model.....	75
3.9.4 Osmer’s practical theological interpretation model.....	75
3.10 Preliminary conclusion	79
CHAPTER FOUR: INTERVIEWS AND CASE STUDIES	80
4.1 Introduction	80
Appendix A- Questionnaire for Addict’s Parents	81
Appendix B - Questionnaire for Addict’s Siblings	81
Appendix C- Questionnaire for Addict’s Significant Others (relatives).....	82
4.2 CASE STUDIES.....	84
4.2.1 Case study one	85
4.2.1.1 Reflection on the case study	86
4.2.2 Case Study two.....	87
4.2.2.1 Reflection on the case study	89
4.2.3 Case Study three	90
4.2.3.1 Reflection on case study	93
4.2.3.1 Reflection on case study	94
4.2.4 Case Study four	95
4.2.4.1 Reflection on case study	96
4.2.5 Case Study five	97
4.2.5.1 Reflection on the case study	99
4.2.6 Case study six.....	99
4.2.6.1 Reflection on the case study	101
4.3 Media reports	102
4.3.1 Daily Sun Newspaper	102
4.3.2 The Citizen Newspaper	102
4.4 Preliminary Conclusions.....	104
CHAPTER FIVE: ANALYSIS AND INTERPRETATIONS.....	105
5.1 Introduction	105
Parents experience stigma from neighbours and members of community	109

Parents experience emotional distress caused by substance abusing youth.....	109
Effects of substance abusing youth on parents and family	109
Parents highlighted support required.....	109
Parents experience leak of coping strategies	109
Parents effort to assist their child to get rid of <i>nyaope</i>	109
5.2 Presentation of themes and sub-themes	110
5.2.1 Theme 1: Parents experience financial problems due to stealing by their children	110
5.2.1.1 Sub-theme: Stealing from household	110
5.2.1.2 Sub-theme: Stealing from neighbours	111
5.2.1.3 Sub-theme: Stealing from community.....	112
5.2.2 Theme 2: Parents highlighted impact of <i>nyaope</i> on their children	112
5.2.2.1 Sub-theme: Parents mentioned their children’s body weight loss due to loss of appetite.....	113
5.2.2.2 Sub-theme: Parents indicated poor personal hygiene of their children	113
5.2.3 Theme 3: Parents experience stigma from neighbours and members of the community, due to substance abusing youth	114
5.2.3.1 Sub-theme: Parents felt shame and self-blame for failing as parents	114
5.2.4 Sub-theme: Parents effects on withdrawal of their children from the family	114
5.2.4.1 Sub-theme: Parent’s expressed feelings of defeat	115
5.2.4.2 Sub-theme: Parents feel incapable and helpless to assist their children	116
5.2.4.3 Parents experience struggle due to dysfunctional family	116
5.2.4.4 Sub-theme: Parents indicated disharmony and disequilibrium in family due to their children’s addiction to <i>nyaope</i>	117
5.2.4.5 Sub-theme: Parents experience conflict and fights caused by their addicted children	118
5.2.6 Theme 6: Parents highlighted support required.....	118
5.2.6.1 Sub-theme: Support groups required by parents.....	118
5.2.6.2 Sub-theme: Parents needs for community support	120
5.2.6.3 Sub-theme: Parents needs for police support.....	120
5.2.7 Theme 7: Parents experience leak of coping strategies	121
5.2.7.1 Sub-Theme 7: Parents’ leak of coping strategies.....	121
5.2.7.2 Sub-theme: Parents difficulty in coping with the addiction behaviour of their children ...	122
5.2.7.3 Sub-theme: Parents intimidation by their addicted children	122
5.2.8 Theme 8: Parents observation of change in friends of their children	124
5.2.8.1 Sub-theme: Parents indicated poor academic performance of their children.....	124
5.2.9 Theme 9: Parents effort to assist their children to rid them of <i>nyaope</i>	127

5.2.9.1 Sub-theme: Parents needs for spiritual support	128
5.2.9.2 Sub-theme: Parents seeking religious help for their children	129
5.2.9.3 Sub-theme: Parents tried to get professional help for their children	130
5. 3 Preliminary Conclusions	132
CHAPTER SIX: POSSIBILITIES FOR HEALING.....	133
6.1 Introduction	133
6.1.1 Gerkin’s shepherding model.....	134
6.1.2 Pollard’s positive deconstruction model	141
Identifying the world view	142
Analysing the world view	142
Affirming the truth.....	143
Discovering the error	143
6.1.3 Wimberly’s moving from shame to self-worth model.....	145
6.1.4 Osmer’s practical theological interpretation model.....	147
6.2 The family as a determinant of rehabilitation	150
6.2.1 Counselling an African family today	150
6.2.2 Strain between the old and the young	151
6.3 Practical Theology	154
6.3.1 Pastoral care	155
6.3.2 Pastoral care through counselling as intervention	158
6.4 Intervention	158
6.4.1 Positive Psychology	160
6.4.2 Five Approach Methods to Family Counselling	162
6.4.3 Focus on Improving Family Bonds: Confession, Forgiveness, and Love	167
6.5 The church as a community of care	167
6.5.1 The structure, nature and programme of the healing service in the African Independent Churches (AICs)	168
6.5.2 Definition of healing.....	168
6.5.3 Methods of healing	169
6.5.4 Healing as a process.....	169
6.6 New hope for opioid addicts.....	176
6.7 Preliminary conclusion.....	179
CHAPTER SEVEN: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.....	180
7.1 Introduction	180

7.2 Main findings	181
7.2.1. To explore and describe financial problems experiences by parents due to substance abusing youth.....	181
7.2.2. To explore parents experiences of stigma from neighbours and members of the community	182
7.2.3. To explore the parents emotional distress caused by substance abusing youth	183
7.2.4. To identify coping strategies of the parent of substance abusing youth	183
7.2.5. To explore the awareness of available resource to deal with problem of substance abusing youth	184
7.4 Recommendations	185
7.4.1 Recommendation in relation to the stigma attached to the family of substance abusing youth	185
7.4.2 Recommendations in regards to dealing with emotional distress caused by having a substance abusing youth	186
7.4.3 Recommendations in regards to awareness of available resources	186
7.5 Recommendation for future research	187
7.6 Recommendations for available resources.....	187
7.7 Drug eradication by the government of SA	189
7.8 Concluding comment	193
7.9 Conclusions	194
APPENDIXES	196
Appendix A: Questionnaire for Addicts Parents	196
Appendix B: Questionnaire for Addicts Siblings	199
Appendix C: Questionnaire for Addicts Significant Others (relatives)	203
Appendix D: Informed Consent Letter	207
Bibliography	211

CHAPTER ONE: INTRODUCTION

1.1 Introduction

The study will address the experience of parents of substance-abusing youth in the City of Tlokwe in South Africa. An unintended consequence of democracy in South Africa, where 1994 ended its pariah status-signalling admission to the global community-is that the country had exposure to an influx of illicit drugs. The most popular and enduring opioid that took hold of African youth in townships and informal settlements in the early 2000 is *whooga*, more recently named *nyaope*. Khumalo (2019: 1) describes this drug as a white powder, comprising a low-grade heroin, and a multitude of other substances.

The anonymity of the subjects of the case studies in this research is paramount. It was imperative that the researcher use pseudonyms in recounting their stories.

The researcher's personal encounters, as a pastor, with families experience with *nyaope*-using children, begin in September 2015 when Martha (John's mother) and the researcher's sister, and a congregant visited the researcher who is a church pastor. The visit was different from previous visits: -this time, Martha brought a complaint about her son John, who was stealing from her in order to buy a drug called *nyaope*. Which is highly addictive. She came to inform the researcher that she was intending to kill her son for stealing her household belongings and that she had already bought the poison named "*ha le phirimi*" (meaning the sun will not set while you are still alive).

This poison mixture is sold unlawfully at taxi ranks and it is used to kill rats. She showed the researcher the poisonous powder in a small plastic bag, which she intended adding to her son's food so that he could die, and not trouble her anymore.

John is addicted to a drug called *nyaope* (not a scientific name). To feed his addiction, he steals money and household items from his mother such as electrical equipment (irons, TV's, microwaves, cell phones, music systems, etc.) and sells them well under market value to raise the money to purchase the drug. When confronted about missing

household items, and missing money he becomes aggressive and denies all allegations. The mother is victimized and intimidated by her own substance-abusing child. Anxiety, fear and shame now rule the family. This has contributed to the breakdown and the weakening of family values. As a result, this has allowed her child to gain a disproportionate and inappropriate power hold over the household.

A week before, John together with two of his friends were spotted by community members carrying a television set and music system. These items were discovered to have been stolen from a neighbor in the opposite house, on the same street where John stays. The boys stole the items in order to sell them, to get money to buy more drugs. The worst part is that their criminal activities lead to them being hunted by the community members, who vowed that they are going to kill them, because of stealing at their homes. Martha does not want to witness the gruesome killing of her son, and be victimized by the community. This is what drove her to decide to kill him.

As a pastor, the researcher was troubled by Martha's situation but did not know how to engage the church in order to help the traumatized parent. Having seen Martha's stressful experience and not being able to address or help, the researcher started to question if there were possibly other people who had also experienced similar stressful, and traumatic behavior of substance abusing youth in their families. This is what has motivated the researcher to search for a pastoral methodology to help those who are going through similar situations. The researcher intends to understand the role, which the church and religious institutions can play in addressing the experience of parents of substance abusing youth.

John's family is one, comprising of four boys and three girls: the girls being under separate care, in some-one else's care, due to financial challenges. John is the second eldest son. John and his entire family attended an Apostolic First International Church. Their father, whose race was classified as "*alle rasse*" (an Afrikaans term meaning mixed race or coloured) by the apartheid government, was a good and hard worker who worked for a transport company and who repaired wind blowing musical instruments for the church in his spare time. He was a great lover of music, an expert trumpeter, a good Christian and a faithful member of church community. He suffered from diabetes; resulting in his death in 2014. John loved his father and mother. It was

when their father died that John began to experiment the company of addicted substances-abusing youth.

John's mother is "*Mma-mosebelelesi*" (Spiritual Healer) she serves the people who come before the house of God. She is a hard-working woman who slaves to keep her family alive and curb John's rebelliousness. He rebelled against going to church when the rest of the family attended the services every Sunday. Instead, John chose to spend his Sunday's loitering in the streets and looking for ways in which to make money. Soon, he found popularity amongst girls of his age and started smoking tobacco cigarettes. One Friday his mother searched his clothing and found cigarettes in the pockets of his trousers. John earned the hiding of his life from his disciplinarian mother for not being able to explain what he was doing with the cigarettes.

Following this incident, John's mother insisted and forced him to start attending church services with the family.

John complied for a while. To spend more time away from home, he joined the church brass band and attended orchestra practices during the week. After one practice, he picked up a huge baritone *E flat Tuba* (wind blowing instrument) and sat down next to his brother on the bandstand where he made the weirdest sounds ever heard by his fellow band members. Although laughter was raised, he was subsequently demoted to beating the bass drum, where the following Sunday he lost the beat and the bandmaster decided that he would do better singing, and not playing instruments anymore. This did not last for long.

The lifestyle of swimming pool, friends, alcohol, and cigarettes drew John back to his old life. During this time, he mixes with older boys and girls who introduce him to smoking dagga, and after several months, he smoked *nyaope* the popular drug among local youth. To feed the addiction, he began stealing household items from his family, broke into shops and homes as a way to find goods to sell for drugs. Hosken (2009: 3) states that *nyaope* addicts are often forced to turn to crime to accommodate their habit. An addict will do whatever it takes in order to get money for one more hit of *nyaope*.

The complete report of the study will be dealt with in chapter 4.

Case Study one

Martha (John's mother) was at the church night vigil, when on Sunday morning at around 5:00 am her phone rang. It was a neighbour notifying her that her house was on fire, and that they had already alerted the Fire Department although the Fire Engine had not yet arrived. Her *nyaope*-addicted son, John was the only person who had been at home at the time. John had come home in the early hours of the morning, high on the drug and had decided to warm up some food on the kitchen stove. He decided to rest a little on the sofa in the sitting room then he fell asleep. The pots burned down and smelted on the stove and cause fire. The entire kitchen completely burned down, and the fire progressed to the other rooms, John woke up high in drugs, fortunately found his way out. The neighbours helped to extinguish the fire until the Fire Engine arrived. The damage of fire caused by John is amounting to several thousand of Rands. Martha lost her mind, love for her son, and started to seek ways of dealing with her son John.

Case Study two

Rose (not her real name), a fifty-five years old, dedicated member and congregant of the church in the Ikageng township congregational circuit. She is reliable and warm individual who most people refer to as "Mom" and mother. Rose who raised her child alone lacked support from the father of her child, even when she tried to call him for help and to try to persuade assistance, he refuses to be supportive. On previous occasions, she called him trying to inform him of the bad behaviour of their son Morena (not his real name) who is a *nyaope* addict, but he was never there for them. She wished her husband would be supportive and understanding and that it was not easy for her to exercise parental supervision, as a single parent. Morena's behaviour of stealing in order to get *nyaope* is the cause of her husband divorcing her.

The last straw was when Morena (19) stole his dad's spare wheel, wheel spanner and jack of his car, and sold them to get money for *nyaope*. Morena was raised in the church played the marching snare drum in the brass band of the church. She described him as "the great love of her life." Despite her deep love for her son, she told the

researcher that Morena broke her heart when he stole from the family. However, when he stole her pyjamas, it just became too much.

Case Study three

Thabo's grand-mother, Maria (not her real name) (65) from Sarafina township congregational circuit, who is a chair of the woman's league, said she had enough of her grand-son's drug addiction, she stated: *"to me as a grand-mother he is always aggressive. I always feel unsafe around him, as I can't trust him anymore. I am not coping with him, because he has become too demanding, and his aggressive behavior is very stressful for me. Some-days before I could go to work, he will stand next to my door and threaten me that I am not going to leave the house unless I give him money. He will even get into my bedroom and threaten to take anything unless I gave him money for drugs. I am forced to give him money to go and buy nyaope because I am scared that he might hurt me"*, said the grand-mother. The saddest thing is the experience of stigma from the neighbors and community members. *"They say I spoil the child so much that I even buy him nyaope drug," she said.*

When *nyaope* addict Thabo (not his real name) (31) the grand-son stole funeral groceries two days before a relative funeral, his family decided that enough was enough. They gave him a hiding, tied him to his bed and locked him in his bedroom to try to rehabilitate him. Maria said she installed a security gate at his bedroom door. There was enough space to pass through his food and a toilet bucket. He was not allowed to leave his bedroom. The withdrawal symptoms put him in a lot of pain. He screamed for help in all hours of the night and she had to be strong, and not to open for him. *"We are tired of him robbing us and I have decided that I am not going to send him to another rehabilitation center. I decided to get him clean myself"*, said Maria.

However, as soon as Thabo went back onto the street, he started smoking again.

Case Study four

Sandra (not her real name) 28 years old from Promosa township congregational circuit is a devout Christian, and a member of the church choir, who attend church regularly.

Her sister Dolly (not her real name) (20) is a *nyaope* addict. Dolly stole her clothing, shoes and jewelers to sell and buy *nyaope* drug. Dolly also continually troubling their neighbors by stealing their laundry on washing line.

As if stealing things around the house was not bad enough, she also smokes her relative's socks. Sandra said her sister Dolly (20) smokes their dirty socks. Sandra said if you leave your socks unwashed, you know they'll be gone by the time you get back. She even smokes the children's socks. "If *nyaope* and the dirty socks don't kill her, the community will. Once she smoked all our socks, she started stealing from our neighbor's houses. If she gets caught, she will be punished harshly," she said. The sister said she spoke to Dolly and her friends confirm that dirty socks are a great drug. They said: "*We cut the socks into tiny pieces and wrap them around whatever we are smoking. What comes out of that is heaven*".

Sandra: "*She is also supporting her drug habit by begging, stealing, shoplifting and opportunistic sex, selling her body (prostitution) to men, and that really troubles me a lot*".

Case Study five

Debra (not her real name) 45 years old was raised in an Ikageng township congregational circuit. In high school, she became a born-again Cristian. Church and God were her life. She loved to attend worship, and the pastors and members of the congregations were all like family to her. Debra loved one person above all others, a young Mosotho man named Tebogo. The two of them dated for a year before deciding to marry.

Debra a successful business lady married Tebogo a motor mechanic, and a *tenor trombone* (wind blowing musical instrument) player at the church orchestra. He has been addicted to *nyaope* for over 5 years. Maternity leave cost her the entire household furniture. Debra was on maternity leave, as she was to be assisted and be nursed by her mother during delivery. Debra left her own house with her addicted husband. She spends four weeks with her mother. On return to her own house, she found that her *nyaope*-addicted husband has sold the stove, lawnmower, microwave,

music system, flat screen television, curtains and many more small items. It was as if she was dreaming, but it was not a dream, it was real. Then Debra went to the neighbor to find out whether they saw anything. The neighbor told her that one Friday morning they saw her husband pushing out a wheel-trolley, loaded with a stove, lawnmower and microwave. These things never came back home.

Case Study six

Naomi (not her real name) from Mohadin township congregational circuit is a schoolteacher and a committed Christian. She is one of the most devoted people in the church and the person that everyone can counts on. Most people call her “Sister” because of her humble, nurturing and ever-smiling nature that radiates tranquillity. Beneath her smile however, lies the tragic and terrifying reality of living with her *nyaope* addicted son, Lucky (not his real name). Naomi said she was woken up at 23:30 by a heavy knock on her bedroom window, followed by Lucky’s, screams, saying: *“Mom please open for me, people are killing me!”*. She could hear the lashings, kicks and punches been thrown at her son. She refused to open. The people beat him to a pulp and she still did not open. A neighbour came to the boy rescue. When asking the attackers what Lucky had done to them, they said he stole their tortoise and sold it to a *Sangoma* (meaning a traditional healer) for R30, and that they wanted that R30. The neighbour then went into his house to fetch the money and give it to the group. They took it and went away.

The next morning, Naomi went to the neighbour and refunded him. She told him not to tell Lucky about the refund, because he might take advantage of her.

Naomi says she doesn’t understand the behaviour of her addict son, but she knows that if he continues troubling the community, he will be continuing to invite an early death for himself

In view of the pain suffered by families of drug addicts, the researcher was prompted to do a research about the trauma and stress experienced by the families and to assist them by developing a pastoral care guideline which can be used by their pastors to heal their emotional scars, put an end to their haunting pain, mend their wounds, and

give them the strength to forgive. The family members of the addicted child are negatively affected by this behaviour, therefore needs support from the church.

1.2 Background of the Study

There is currently an emerging drug on the rise known as “*nyaope*” which is being mostly abused by black youth in South Africa. *Nyaope* is an extremely addictive drug, and is often called by different street names depending on which area one is in. Some popular names are “Sugars” in Kwazulu-Natal, “Whoonga” in Western Cape, Pinch” in Mpumalanga; “*Nyaope*” in Gauteng and North-West and “Mercedes” in Limpopo. According to Hosken (2009: 3), *nyaope* is a cocktail of heroin and dagga, which is sold for R30 in tiny brown packet. (Grelotti, Clossen, Smith, Mabude et. al, 2014) points out that *nyaope* is a narcotic drug that is made up of different substances but heroin is the main substance. The substance in *nyaope* include rat poison and detergents to increase the level of potency in the drug. In this study, the researcher will refer to it as *nyaope* because he conducted it in the City of Tlokwe in North-West Province where the drug is named as such.

Hosken (2009:3) goes on to elaborate that: “The most popular way of using this drug in South Africa is smoking, traditionally called ‘chasing the dragon’. Either the drug is put on a foil to heat it and the smoke is inhaled with a straw or it is mixed with dagga and smoked. It is a highly addictive drug and many who tried it out for fun found themselves helplessly addicted to it years down the line”. Some of the effects of a small dose include but are not limited to feelings of euphoria. The effects of larger doses are drowsiness, feeling content, safe and very relaxed. Many of those who are addicted often lead chaotic lives that are primarily focused on getting the drug. In addition, some of the ways to acquire the money to buy it often include prostitution and stealing.

Those that are involved in the use of *nyaope* are usually unemployed and have no sustainable income to depend on so that they can maintain their access to *nyaope* (Mokwena & Morejele, 2014: 374). Owing to the financial challenges, such as unemployment, which is mentioned above, *nyaope* users are forced to engage in petty crimes and sometimes harass family members for money to sustain their drug use (Mokwena & Huma, 2014: 354).

Nyaope is unique in that it is almost exclusively used by Black Africans, who frequently gather at public places like taxi ranks, parks and even cemeteries, to smoke together as a group. Signature marks of the users include poor hygiene, slowness in movement, half-dazed looks and report of severe cravings when they have not smoked the substance. Substance abuse by youth is a serious problem that affects parents, siblings and significant others badly. The researcher was troubled by this situation but did not know how to get through what parents were going through. Having gone through these experiences and not being able to speak out and have no one to turn to for help, begs the question of whether there were other people who were going through similar pains due to the problem of youth abusing drugs. A pain, which was leading to families being so hurt and traumatized. This experience has made the researcher to search for a pastoral methodology to help those who are going through a similar situation. The researcher is intending to understand the role, which the church and religious institutions can assist with on the problem of drug abuse by youth.

Parents complain about their children's stealing in their households as well as in the community. They found electronic appliances and digital gadgets such as cellphones and tablets missing in their homes and being sold by their *nyaope*-abusing children in order to purchase their next fix. Parents are traumatized by the actions of their addicted children, and are reaching out to the church for help. Youth who are addicted to *nyaope* affect parents a lot.

The above has a great impact upon parents mentally, emotionally, spiritually and financially. *Parents have nowhere to go for support and healing.* Affected families don't know where to go find help to cope with the situation that they are facing. In South Africa, there are rehabilitation centers for addicted youth, but no **Support Centre's for their parents** hence this project to suggest pastoral support for parents.

The researcher's intention is to create a viable model that will be used by pastors and the church to assist the troubled parents and the entire family, congregants and community of the drug abuser.

The researcher as a pastor and a pastoral counselor has more of this experience in his congregation, and the community around. The researcher searched for a model for pastoral care that could be used by the church to engage with the troubled parents. The church needs to practice its function as the helping hand of God, and journey with the troubled parents. Gerkin's (1997: 22) Shepherding model in which the Pastor is the Shepherd of the Flock will be very insightful.

Pastors enter into long-term relationships with the individuals and families in their churches. This puts them in a unique position to observe the change in behavior that could indicate early signs of the addiction problem. In addition, the clergy comprises of are available helpers within communities which can more easily allow them to establish patterns of response in times of crises. Hatchett, Miller, Solomon and Holmes (2007: 5) address this by saying that: "It is important for pastors to learn how to recognize substance abuse competently, identify when to make referrals, help persons find available community resources, and train members of their congregations to provide support to affected individuals and families"

Pastors are inadequately trained to deal with problems experienced by parents of substance abusing youth. One of the aims of the Council of African Independent Churches Counsel (CAIC) has been to establish the theological college for training of their ministers. West (1975: 198); & Wilson and Mafeje (1963: 97) states that a Joint Council formed in 1922 which represents the Native Churches stated this as an aim. Finances have presented a major hurdle in achieving this. Pastors need more education about drug addiction. Appropriate training to cover substance abuse matters and how to deal with affected family of the addicts is necessary. When trying to address with these issues, the researcher realized his own limitations. This project sought to help a local church develop a venue of pastoral care and counselling within its own faith community where persons are wounded by substance abusing youth.

The Church's head-quarters are at Boskop Township, in the City of Tlokwe in North West Province. This church has 1400 members in all 5 of their congregational circuits. It is a member of the African Independent Churches are described as autonomous groups and have an all-African membership and leadership. Barrett (1978: 38) pointed out that 'independent' 'independent' is not the ideal term, as in some cases is given a

negative connotation as it is taken to mean ‘independent from whites’ rather than be highlighted for the positivity which is the African nature of the churches. More importantly, it has been observed that very few of these churches even use the word ‘independent’ to describe themselves in an African language. Some of the terms used would be in Zulu, *ama bandla ama Afrika*, or in Sotho, *dikereke tsa ma-Afrika*, both meaning ‘African’ churches. However, the term “independent churches” has become so rooted in the wealth of literature on the subject, that it will be used here to avoid further confusion.

Barrett (1978: 38) further says in black townships of South Africa, the African Independent Churches have a joint population of above 3,5 million people. The churches encourage specific behaviour and makes recommendations for righteous lifestyles for their members such as entering into monogamous marriages, *not smoking and drinking alcohol* and not partaking in secular dancing. However, *nyaope* addicted youth remain a problem and a challenge to the church.

There were three ecclesiastical alternatives for black Christians in South Africa at the beginning of the twentieth century:

- They could be a part of mission churches whose membership was solely black, but which were still led by white missionaries and their mission boards in Europe and North America.
- They could be part of multiracial denominations. These were Churches, which were largely of British origin.
- They could start new Churches of their own. Hence, many black Christians in South Africa have chosen to leave the mission and the multiracial Churches and join or start new Churches of their own.

These Churches are now what has come to be known as the African Independent Churches (AIC). In 1970 the members of these Churches numbered about 3 and half million (3, 5000, 000) in South Africa. In the same year, approximately 2,901,000 South African Christians formed part of the various branches of the Dutch Reformed Church; 1,977,000 belonged to the Methodist Church; 1,836,400 to the Roman Catholic Church; and 1,676,000 to the Anglican Church. Although these numbers of AIC members were made up of about 3,000 different churches (some with only 20

members, some with many thousands), it made the African Independent Churches the largest group of Churches in South Africa, and thus an important part of the Church in this country even today (Church History 1B, Course 351B, Units 39-45: Theological Education by Extension College, 1991:90-91).

To clarify further Oosthuizen (2000) points out in his article that, it is estimated that the Independent African Churches can lay claim to approximately 11 million adherents in South Africa. These people represent nearly 30% of the total African population in the country, and 40% of its total Christian community. In no other country was the movement so emphatic as in South African struggle for identity as intense as in South Africa. Reliance on Christianity in the struggle for identity is clearly discernable in this movement. Various causes have been put forward for the rapid escalation of this movement and the proliferation of these churches. Some authorities on the subject have highlighted denominationalism and South African race policies as two of the main reasons for their emergence and expansion.

According to Wilson and Mafeje 1963: 97) African Independent Churches have been proliferating in South Africa for ninety years and they continue to increase in number and membership. For the most part, they are small, close-knit groups, which provide emotional support for those living in the urban jungles of South African cities and very often, associate between these cities and rural areas where they have relatives.

Barrett (1978: 38) religious and social class differences within African society hinder the understanding of the African Independent Churches, and the South African race classification of the population ensured that nearly all non-blacks have little or no knowledge of these Churches. Despite criticism and opposition in certain quarters, African independent churches have multiplied. Although it is impossible to obtain accurate figures, it was estimated in 1967 that there were approximately 6 000 independent churches on the African continent and that half of them were to be found at the tip of the continent, in the Republic of South Africa.

The Apostolic Independent Church, which was founded in 1963 and is a member the Council of African Independent Churches (CAIC). The members of the Church wear a

church uniform for services and the beliefs, practices and worship emphasises healing and baptism by total immersion, the use of the “*brass bands*” and clapping and dancing as a part of worship. Mbiti (1969: 236) writes that in their church services the independent groups still sometimes lean towards following the pattern of mission churches from which they originally broke off. Nevertheless, they practice some items like singing and preaching more vigorously, as well as praying for the sick, exorcisms and giving of money or other goods to support their leaders and programmes.

1.3 Problem Statement

The problem arising is whether traumatic experiences of parents of substance abusing youth can be pastorally cared for by their pastors who are the shepherds of the flock of God. The research questions for the purpose of this research project are:

- What causes youth to abuse drugs in such a way that they financially victimize their parents?
- In what way will the research help in addressing the experience of stigma from neighbors and the community upon parents of substance abusing youth?
- How pastorally can care givers work with emotional distress of parents, siblings and significant others of substance abusing youth?
- What model of pastoral care can be used therapeutically to assist parents in coping strategies?
- To which institutions can the pastor refer the parents for available resources to deal with the problem of substance abusing youth.

The above questions will guide the researcher to create the pastoral methodology of caring for troubled souls.

1.4 Aims / Objectives of Study

The study’s primary aim is to contribute positively to the body of knowledge as well as the approaches as guided by Practical theology, which can be employed in providing meaningful support to the parents and families of substance abusing youth.

The pivotal objectives of this research are to:

- To explore the financial problems linked to substance abusing youth, which parents experience.
- To explore parents, experience of stigma from neighbors and members of the community.
- To explore any parents emotional distress caused by substance abusing youth.
- To identify coping strategies of the parents of substance abusing youth.
- To create awareness of available information resources to address the problem of substance abusing youth.

The above five concepts are important when pastors come to realize that parents are victims of the behavior of their substance abusing youth.

1.5 Significance / Purpose of Study

The purpose of this research is to formulate a pastoral counseling model that will assist local churches in developing a focused, parish-based ministry to those troubled by youth abusing drugs. The researcher seeks to help pastors evaluate, rethink, and implement better outreach programs for parents of substance abusing youth. It is the intent of this project to guide pastors in order to address the experience of parents of substance abusing youth.

Substance abuse among Black youth is a serious problem that affects parents badly in townships; therefore, substance-abuse ministry in churches can be part of the solution. The Church can be a base where some of the parents could find a place of healing. The significance hereof is:

- To understand the experiences of parents of substance abusing youth.
- To help to develop a pastoral counseling model which is inclusive and practical.
- To empower and support parents, siblings, significant others, the communities and the nation, thus paving the way towards the healing of the nation.

1.6 Research Gap

The existing literature in Psychology, Sociology and Social Work contains a wealth of information on substance abuse by youth in America and Europe. In South Africa, the researcher further observed that the existing literature on drug abuse by youth addresses issues such as causes, effects and psychological impact e.g. Leigh-Routledge in Clinical Psychology. Elze Swanepoel (2014) in Social work, and Masombuka's (2013) approach from social work angle, and their focus is on rehabilitating the youth not the parents. The researcher consulted the work of Kgabe (2011) titled "Abuse of alcohol by Anglican Clergy: A challenge to pastoral care." The researcher found that although Kgabe addresses the challenges to pastoral care within the South African Anglican Church context. Her approach differs from that of the researcher in that the researcher focuses specifically on the experience of the parents of substance abusing youth, which has devastating effects on the lives of many, and the challenge to pastoral care within the African Independent Church context.

From the literature review that was undertaken by the researcher, it became evident to him that most literature of substance abuse focused on addicts. The contribution of this study will be about the stressful and traumatic experience of parents who bear the pain of looking after or living with the substance abusing youth. To formulate the much-needed literature, this research will rely heavily on information shared by parents in interviews.

Theologically, despite what has been done the researcher's approach to the problem will be different and will be from the Practical Theology paradigm. Parent's negative experiences as well as their need for support will be addressed from the Pastoral Counseling Models. These further contribute to the researcher's interest in addressing the experience of parents of substance abusing youth.

1.7 Assumption of study

To carry out this research, the researcher commenced from an assumption that there is a lack of proper monitoring of youth by the parents. As a result, this puts youth at risk of substance abuse among other things as they become aware that no one is monitoring their movements. Mohasoa (2010: 96) notes that as parents spend more

time away from home, adolescences tend to also spend more time with their peers and less at their homes, which puts them at even more risk of experimentation with substance use.

The second assumption of this research is that parents are frustrated due to theft they experience at their home. Barnard (2005: 13) points out that “abusers have a tendency to steal from family thus resulting in financial loss, as stolen items have to be constantly replaced”.

The third assumption of this research is that the parents feel depressed due to poor academic performance of the addict. Dube (2007:29) highlights that drug use is a problem for the school-going youth because it undermines their academic abilities and performance.

The fourth assumption of the research is that there is a stigma attached to the family of substance abusing youth. Bezuidenhout (2004:127) confirms that substance abuse by one member could negatively affect the whole family badly.

1.8 Research Methodology

Two types of methodological research approaches exist. Namely, qualitative and quantitative research. A quantitative approach, at this stage of the research might be inappropriate, since the severity of traumatic events can never be measured using a single dimension. A simplistic effort to quantify trauma ultimately leads to meaningless comparisons of horror. The qualitative research approach stresses the meanings in context rather than the numerical measured data. To enter the space of traumatized parents, siblings and substance abusing youth the researcher will use the qualitative research approach.

The nature of the phenomenon under investigation makes a qualitative approach indispensable to this study. The need for a qualitative empirical research, as referred to above, is essential in addressing the experience of parents of substance abusing youth. Interviews and questionnaires will play a major role in data gathering. Interviews in qualitative research are widely accepted as a valid tool for the collection of data (King & Horrocks, 2010: 6-7). The method of data collection will be in-depth interviews

where one by one interviews will be used, and structured questionnaires will be used. This will create an opportunity for participants to express their innermost feelings and share their traumatic experience due to the behavior of their substance abusing youth. The research will contain both literary and empirical investigation:

Literature reviews serves to share with the researcher the results of similar studies, which have been undertaken. This study will focus on several themes for example:

- Parents experience financial problems due to stealing from household by their children.
- Parents experience stigma from neighbors and members of the community.
- Parents experience emotional distress.
- Parents experience leak of coping strategies.

All shall be studied as a comprehensive problem, and the abuse of *nyaope* as a narcotic in the province of North-West. South African's prevention experience and theories of substance abuse.

By reviewing the below literature amongst others, the researcher came to a deeper understanding of the crucial phrases of this research such as:

- 1) The impact of drugs upon parents and siblings.
- 2) Theory of addiction.
- 3) A model for pastoral care.

The below scholars throw a light on the subject.

Barnard, M. 2005. *Drugs in the family: The impact on parents and siblings*. New York: Joseph Rowntree Foundation.

West, R. 2005. *Theory of addiction*. Oxford: Blackwell Publishing.

Gerkin, C. V. 1997. *In addition, introduction to Pastoral Care*. Nashville: Abingdon Press.

Waruta, D. W. & Kinoti, H. W. 2005. *Pastoral care in African Christianity*. Nairobi: Action

Empirical research will be conducted through questionnaires and interviews with research participants and case studies of those who are willing to share their experiences. Greeff (in De Vos et al., 2005: 296) describes an interview guide as “a guide comprising of questions and request used by the researcher to guide the interviews” Providing guidance before-hand helps the researcher to think critically about what he hopes the interview will cover. The research process will select 26 participants who will allow the researcher to access and understand the unique experiences and perspectives that the participants have on the subject matter. The population for this study will comprise of *nyaope*-affected families in the City of Tlokwe, which comprises of Ikageng Township, Sarafina Township, Promosa Township, Mohadin Township, and Boskop Township who has the knowledge and ability to describe their pain. These townships bear the same socio-economic conditions. Like many others in black South African townships, the people in these areas face challenges such as unemployment, crime, teenage pregnancies, drugs and alcohol abuse. Engel and Schutt (2009:114) argues that, due to time and money constraints, it is impossible to include the whole population into the study and therefore the researcher will draw a sample from the faith communities.

The host church is situated at the Small Holding Number 9, Naauwpoort, Boskop, between Koloniesplaas and Boskop dam. The church has a total membership of approximately 1400 people on their roll-book. However, it is only about 460 of those people who regularly attend church services.

Dudley (2005:23) points out that often, because researchers do not have enough time or resources to study the entire population elements in which they are interested; they therefore resolve to study a sample or subset of this population of elements. He defines sample as being a subgroup of the population that the researcher selects to study.

Research methodology assist the researcher to collect the information on the topic from the participants so that to have a clear picture of the situation. It explains the way in which the research will be conducted and the steps that will be taken to ensure

verification of the collected data. Creswell (2009:3) says that qualitative research is a means for studying and understanding the meaning that individuals or groups connect to a social or human problem. Furthermore, Creswell (2009: 15) points out that “research methods, involves the forms of data collection, analysis, and interpretation that researchers propose for their studies”.

Qualitative empirical research will be used to interview parents and siblings who experience stealing of household items by substance abusing youth. The researcher will use unstructured interviews as to allow flexibility and case studies will be employed as qualitative approach in inquiry since the cases are approached differently. As they relate their stories of hopelessness and financial loses and struggles due to losing valuable household items. To understand the pain and embarrassment they are suffering, their stories will be interpreted and analysed after the interviews. The qualitative research aims to gather in-depth understanding of human behaviour and the dynamics that govern and give rise to that behaviour. All the interviews will be conducted in privacy to maintain anonymity to protect the welfare of the participants.

The research will be conducted from a pastoral care perspective within the framework of practical theology. One of the aims of this research is to propose to the church leadership how to address the experience of the parents of substance abusing youth. To enter into this problem, three sources will be extremely helpful in addressing the problem of parents, siblings, significant others and relatives of substance abusing youth.

1.9 Chapters Overview

Chapter one is an introduction overview of the entire project. The following subsections seek to illuminate the key background of study, research problem, aims and objects, significant of study, assumption of study, research gap, and research methodology to be employed.

Chapter two focuses on literature review. This chapter examines the secondary literature related issues of experience of parents of substance abusing youth. Comparison between Western and African writers.

Chapter three describes how the proposed research methodology will be employed. This include an explanation of how the research will practically be conducted, the various measuring instruments to be used.

Chapter four seek to understand the experience of parents and significant others of substance abusing youth through interviews and case studies, which will be followed by reflection on case studies.

Chapter five will share report on the interviewing process, after which an analysis and interpretation of the obtained data will follow.

Chapter six will propose several therapeutic models for addressing and healing parents of substance abusing youth. Parents counseling will be based upon biblical principles. Biblical and theological approach in empowering the family regarding helping set functional family relationships.

Chapter seven will be findings and recommendations that will be linked to the recommendations. In addition, the conclusions will be drawn revealing the ways of addressing the support needs of the parents of substance abusing youth.

1.10 Preliminary Conclusion

This chapter dealt with an introduction, background of the study, problem statement, aims and objectives, purpose of the study, assumptions of the study, research gap, research methodology, and chapter's overview preliminary conclusion. Chapter two will deal with literature review.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

The purpose of this literature review is to help the researcher gain insight through the findings of other similar studies that are connected to the one he has undertaken. For Polit et al., states that a literature review assists to detect a relevant theories and concepts that will define the research problem. Mhlongo (2005:18) states that literature review lays the groundwork for a study, and inspires new thoughts while also being able to assist in determining gaps in the body of research. This studies literature review will focus on addressing experience of parents of substance abusing youth with special reference to *nyaope* as well as be used to also explore the views of the siblings and significant other of the drug/*nyaope* abuser.

2.2 Overview of studies on *nyaope*

Definition of terms

Drug: A drug is any substance other than food that causes changes in physical or mental functioning of an individual. The World Health organization (WHO) defines a drug as:” Any substance that when taken by the living organism, may modify one or more of its functions”, Mutate et al., (cited in Waruta, 1995: 147).

Drug Abuse: Drug abuse is taking a drug for reasons other than medical in an amount, strength, frequency or manner that damages physical or mental functioning and emotional well-being of the user. The term drug abuse is used to indicate an excessive consumption of drug regardless of whether the individual is addicted to it or not. For example, a person may be hospitalized for drug abuse after using a drug like heroin only once, Mutate et al., (cited in Waruta, 1995: 147).

Drug Addiction: The World Health Organization definition of drug addiction is “A state of periodic or chronic intoxication which is detrimental to the individual and to the

society due to the repeated consumption of the drug (natural or synthetic).

Characteristics of addiction include:

- i. An overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means;
- ii. A tendency to increase the dosage; and
- iii. A psychic (psychological and sometimes physical) dependence on the effect of a drug, Mutate et al., (cited in Waruta, 1995: 147).

Dependency: This is a desire for drugs because of taking them repeatedly.

Dependence on drug could be either psychological or physiological.

- The World Health Organization as defines psychological dependence: “A psychic drive which requires periodic or chronic administration of the substance for pleasure or to avoid discomfort.” It occurs when a drug is so central to a person’s thoughts, emotions and activities such that it is extremely difficult to stop using it or even stop thinking about it. An intense craving and an abnormal obsession for the drug mark it.
- iv. Physiological dependence “causes psychological changes in the body such that when the drug is withdrawn, severe physical disturbances result”. It occurs when a drug user’s body become so accustomed to a particular drug that he requires the drug to function normally. The drug which causes psychological dependence are sometimes referred to as ‘soft’ drugs while those causing physiological dependence are referred to as ‘hard’ drugs, Mutate et al., (cited in Waruta, 1995: 147).

Nyaope: is a narcotic drug that is made up of different substances but heroin is the main substance (Grelotti et. Al, 2014). The substance in *nyaope* include rat poison and detergents to increase the level of potency in the drug. *Whoonga* is one of the or names used for *nyaope* mainly in Durban townships such as Umlazi and Kwa-Mashu. *Nyaope* is mostly common in South African townships such as Katilehong, Daveyton

and Mamelodi. 'Sugars' or Brown Sugar' is a low-quality grade heroin that is brown in color, it was introduced in South Africa in 2005 (Vahed, 2015).

Family: According to Corbett (2004), a family is a cluster of people who are associated either through biology, in essence lifeblood relatives, spouse and children of a single person. In this study, the researcher uses the term family to refer to anyone who permanently and currently lives with the *nyaope* user. This includes biologically unrelated persons who live with the *nyaope* user and are described best as persons who are socially related to the user. Further, Goldenberg and Goldenberg (2002: 24) defines a family as a group of biologically related individuals, but instead, as a whole, that is more than the sum of all its parts. The individual's behaviour needs to be understood from within the context of family system, which they form a part of. Within such a framework, the individual's disturbed behaviour of addiction, may be representation of a faulty system, and not be necessarily due to deficits or deficiencies of the individual. The addicted person's current behaviour problems may then be viewed more accurately as a signalling of a family system in instability.

The South African National Council on Alcoholism and Drug Dependence (SANCA) in the period of 2008/2009 reported that there was an increase of 47 clients who were younger than the age of 13 years. The tendency is that young people abuse more than one substance at a time. Although alcohol is the primary substance that is being abused, the use thereof has decreased by 6% over the past five years to 44% while the abuse of dagga showed an increase over the same period and is currently at 30%. The increase in dagga use showed an increase of 1384 clients in the age group of youth aged 14 to 17 years. The use of cocaine decreased by 3% whilst the use of heroin increased by 255 clients to 8% during 2006/2007.

According to Diamont, Berrett, Tejada and Preboth et al., (Dube, 2007: 28) breakdown of the family as a system is caused by the obsession of drug habit that leads to ignoring completely what is going on around them, including the needs and situations of other family members. Masemola (2006: 5) notes that a report from the South African National Council on Alcoholism and Drug Dependence's Castle Carey Clinic in Pretoria stresses its concern about extensive drug abuse among youth. The parents

of substance abusing youth are desperately reaching out to the church for help, in dealing with the effects of their addicted children.

2.3 Experience of parents of substance abusing youth on a global level

According to Schultz and Alpaslan (2016), a family with substance, abusing member is often considered as a 'damage' because of the continuing destructive behaviour of the substance-abusing member. Groenewald & Bhana (2016) says that they present some elements of family conflicts and disruptive behaviours. This leaves the families with feelings of guilt, shame, mistrust, hopelessness and signs of depression.

At a global level the ingredients of *nyaope*; heroin and cocaine, exist and are used independently as drugs. Heroin under the category of Opiates in the medical criterion, which divides the different type of psychoactive drugs. This is a category derived from the word "opium" which is a plant that produces drugs such as heroin and black opium. Heroin is one of the most popular drugs in the world, and it is predominantly produced in Afghanistan. The highest consumption of heroin is in West Asia where zero,9% of the population uses heroin (United Nations, 2016). According to United Nations World Drug Report (2016), 17.4 million of the world population are users of opiates, which include heroin. The global seizures of heroin indicated that there has been an increase in the production of heroin since 2014 to 2016 which evidently indicates an increase of 5% (United Nations, 2016). Based on the literature, heroin also appears to be the major component in the mixture that formulates *nyaope* (Fernandes & Mokwena 2016). A mixture of *nyaope* does not exist on a global level; therefore, there are no statistic that can reflect the world use of *nyaope*.

The designer drug affects families much as it affects the users. According to Smith and Estefan (2014), substance abuse is compounded by various social problems such as relationship problems and family dysfunction. Further, Smith-Genthos, Logue, Low and Hendrick (2017) argue that children see the parental supervision as a reason to substance abuse. There is an assumption that weaker parental supervision not only provides as a risk factor but also perpetuates the substance abuse of the children.

Mokwena (2015) mention that the younger users, compared to the older users, present higher rates of use, poses problem recognition and increased rates of concurrent

psychiatric problems. This can be argued that the most of the *nyaope* users are generally young people.

World Drug Report (2010: 13) statistics indicated in reference to the United Nations Office on Drugs and Crime had estimated that approximately 155 to 250 million people of the population aged 15 – 64 had experimented with illicit substances at least once in 2008. Globally, cannabis users comprised the largest number of illicit drug user's 129-190 million people. Amphetamine type stimulants (ATS) substances ranked as the second most commonly used narcotic, followed by cocaine and opiates. At the core of drug, consumption lies the users who have been labelled as the problem drug users. These are the users those who inject drugs and are facing serious social and health consequences as a result. Based on the global estimates of the number of cannabis, opiate, cocaine users, there were between 16 to 38 million problem illicit drug users in the world in 2008. This represents 10% to 15% of all people who used drugs that year. In the same year, 2008, approximately 12% to 30% of substance abusers on the globe had received treatment in the past year. This means 11 to 33; 5 million problem drug users did not receive treatment that year.

Lee, Shek and Sun (2015) explain that in Hong Kong drinking and smoking were reported as the most frequent substance abuse behaviours among school teenagers". They further add, "Adolescent substance abuse is a growing issue. Teenagers are not only taking conventional drug such as tobacco and alcohol but also abusing other psychotropic substance such as cannabis, ecstasy and so forth. The worse thing is that these young people have a common myth that these substances are non-addictive, not harmful and trendy. Kalunta-Crumpton (2016) the reaction of marijuana consumption is rather interesting world-wide and it has been a favoured drug of choice for young people; this is due to its availability, affordability and the wide spread that it is not harmful compared to other drugs such as cocaine. Teenagers believe that they have control over the drug because it is not addictive and can quit whenever one wants to.

2.4 Experience of parents of substance abusing youth in Africa

According to the Southern African Development Community (SADC) Epidemiology Network of drug Use (SENDU), the number of heroin use has increased in Africa, particularly in the Eastern and the Southern regions of the continent since the late 1990's. Mauritius had 94% of the heroin population before 2006. However, this has slightly changed as it has been reported 0.91% of the population are consumers of opiates, which includes heroin by 2011 (United Nations, 2011). One of the other countries that have been reported to be high users of heroin is United Republic of Tanzania with 29% of the drug using population (United Nations, 2006). According to Yusuph and Negret (2016), Tanzania is home to between 25 000 and 50 000 users of heroin and cocaine. They further report that 10% of the 1.3 million inhabitants of Zanzibar are users of "Brown Sugar: or sometimes referred to as 'Obama' which is cheap heroin (Yusuph & Negret, 2016). This shows that there are people in Africa who smoke 'Sugars' however is not *nyaope* as known in South Africa.

The figures provided in the above paragraph do not reflect the use of *nyaope* in Africa rather the number of people who use heroin in the Eastern and Southern region of Africa. Further, these are statistics that reflect the year before 2006 and this indicates that there could have been an increase or a decrease in the use of heroin in Africa.

The above figures reflect that there are more families, which are impacted by the substance use in Africa. According to Smith and Estefan (2014), families experiencing addiction endure considerable stress-related symptoms such as restlessness, anxiety, depression, isolation and suicidal thoughts. These are argued to impact greatly on the parents of the users, reporting to have feeling of worry, uncertainty, frustration, loss of self-esteem and shame. According to Groenewald and Bhana (2016) substance abuser are often troublesome in behaviour, which lead to the parent's experiences of hopelessness, anxiety, bitterness and betrayal. The troublesome behaviours are characterised by the family member's behaviour of staying away from home for longer periods and stealing from home and others.

West (2005:48) points out that it is estimated that there are 15.5 million substance dependant users worldwide and that Southern sub-Saharan Africa was one of the regions most affected. UNODC (2014:13) mention that unfortunately, reliable and comprehensive information on the drug situation in Africa is not available. UNODC (2014:31) further states that as such, Africa is known for its role as a transit area for drugs due to its insufficient and consequently ineffective border controls. Opportunistic syndicates easily ship drugs that are used to fabricate the new drug nyaope in and out of Africa. Maiden (2008:42) also note that these local syndicates are also taking advantage of the weakened criminal justice systems in Africa, bringing their way out of airports and exporting large quantities of drugs. Dagga remains the popular drug on the African continent, with a usage of 12.4%. Furthermore, methamphetamine is at 16% in the continent.

UNODC (2014:22) state that heroin, which is one of the key ingredients in the *nyaope* drug, has an estimated usage of between 28.6% and 38 million people globally. Although there are no reliable estimates that are available for Africa, many experts from the continent perceive an increase in this type of drug use to be between 0.92 and 2.29 million on the continent. It is stated that the annual prevalence of heroin use in West and Central Africa is above the global average. Based on the latest available responses to the annual report questionnaire, South Africa is believed to be one a major consumer markets, deriving its heroin supply from South-West Asia via East Africa and the Near Middle East. UNODC (2014:208) further state that the number of new psychoactive substances on the global market has more than doubled in the period 2009-2013. Additionally, polydrug use has been a common occurrence among both recreational and drug users in Africa.

2.5 Experience of parents of substance abusing youth

United Nations (2011) states that South Africa is currently facing a massive increase in substance abuse with between 24-55% populations estimated to be using heroin. The South African Community Epidemiology Network on Drug Use (2012:1) states that dagga is the most common illicit drug used, among youth attending professional treatment centres. In Cape Town, crystal methamphetamine (known locally as tik remains dominant, and the number of patients who were admitted is noted to have

increased in the first half of 2009. A cheap form of heroin, known locally as sugars, has become common in Chatsworth, a largely Indian suburb in the Durban area. Approximately 17% of patients admitted in this period reported it as their primary substance of abuse. In Eastern Cape however, the number of admissions for cocaine remained stable, where about 8% of addicted patients reported cocaine as their primary substance of abuse.

2.6 *Nyaope*: A new drug

UNODC (2014:14) reported that expert observation in South Africa revealed that there is an increase in the use of heroin and methamphetamine among young people. As noted by Grant (2014:4) noted that heroin, methamphetamine and dagga are some of the drugs that form the *nyaope* cocktail. Dada et al., (2015:2) mentions that in the Western Cape, the most common primary substances of abuse reported by 28 treatment centres/ programmes were alcohol, and heroin, which jointly comprised 93% of all admissions. In KwaZulu Natal dagga is reported to be the most used substance, at 40% usage. Kwazulu-Natal treated 929 patients in 2014. Dada et al., (2015:2) further mentions that the Eastern Cape is noted to have a high percentage of methamphetamine and dagga usage which stands at 27%. Additionally, in the Province of Gauteng, it was reported that there were approximately 3372 admissions to 15 treatment centres in 2014. Alcohol and dagga remain the most abused substances in Gauteng. Dada et al., (2015:2) furthermore mentions that in the same Province, *nyaope* use stands at 8%, hence it is listed as a primary substance of abuse in this province. The Northern Region, which includes Mpumalanga and Limpopo, have 68% of drug use, specifically dagga and heroin. In the Central Region, comprising the Free State, Northern Cape and North West, alcohol is the commonly used at 39%, and dagga being the second used at 31%.

The proportion of patients seeking treatment for heroin abuse increased in Durban, and this was related to the use of a cheap form of heroin (known as 'sugars') in Chatsworth. In Cape Town, heroin patients are mostly from the Coloured population group, and there was a marked increase over previous years. The proportion of Black

heroin patients has also increased significantly in Gauteng and Mpumalanga over time. Club drugs and prescription or over-the-counter medicines are still more common as secondary substances. 'Cat' (methcathinone), a synthetic stimulant, has shown an increase in Gauteng in recent periods. Alcohol still, however, remains the most common primary substance in most areas across the country and no doubt still causes the biggest burden of harm in terms of 'secondary risks', including injury, premature unnatural deaths, foetal alcohol syndrome, and as a potential catalyst for sexual risk behaviour and hence HIV transmission (South African Community Epidemiology Network on Drug Use, 2012:1). According to research by Crime Research in South Africa, as quoted by the United Nation Office on Drugs and Crime (2014:4), which was conducted in 2000 with grade 7, 10 and 11 students from 35 secondary schools in Pretoria, more than one quarter of the respondents had witnessed illegal being sold on their school grounds, whilst 42% had personally seen illegal drugs being sold in their neighbourhood. The same survey revealed that when asked whether they knew a friend or classmate who had been using illegal drugs such as LSD, ecstasy, cocaine or heroin, the majority of Coloureds (79.3%) confirmed that they had. Of the other racial groups, approximately 57% of Indians/Asians, 40% of Whites and 37% of Blacks/Africans answered in the affirmative.

2.7 Abuse of nyaope in Gauteng

Gauteng is one of the most affected provinces that abuse of *nyaope* is rife. According to Mokwena and Morojele (2014) based on their study of three different provinces in South Africa. Gauteng had 63% of their participants; Mpumalanga had 19% and North West 18% of the participants for their study. The study collected data from 108 participants in total. In the study, the central themes that were identified were unemployment and unfavourable social environment. Maughan and Eliseev (2006:1) claim that drug syndicates are targeting schools as they seek to grow a market of young *nyaope* addicts. In Gauteng alone, hundreds of *nyaope* addicts are dying from overdoses. Desperate schoolchildren in Gauteng are prepared to do anything for their next hit of *nyaope*. School children are forming criminal *nyaope* groups, to beg or steal money for their addiction.

Dube (2006:14) asserts that drug abuse by children under the age of 16 is becoming more prevalent across Tshwane area. The report further states that *nyaope* and dagga mixed with heroin is becoming more popular among children, especially in townships. Although the Castle Carey Clinic treated only one patient under the age of 13 in 2006, the vast majority of the patients, 75%, were children between the ages of 14 and 16. Further, Dube (2007:14) quotes Melani Kotze of the Castle Carey Clinic, who said that they have found that over the past year, abuse of *nyaope* has increased tremendously among youth. Dagga is the most prevalent drug among youth, but drug dealers are getting our children hooked on *nyaope*. Kotze advises that parents should not over react, make angry accusations but should not leave matters unattended.

The increase in the number of African youths using heroin as their primary drug of choice is primarily due to the use of *nyaope*. According to the South African Community Epidemiology Network on Drug Use report (in Rice, 2008: 108), heroin seems to be the primary substance of use for eight percent of individuals in treatment centres in Gauteng. It is not as high as alcohol and dagga (cannabis) but remains the third highest substance of primary use together with crack. The abovementioned statistics represent the extent of heroin abuse in Gauteng motivated by the use of *nyaope*. The profile of the average heroin abuser in Gauteng seems to be predominantly male with an average age of 24 years. Whilst the majority of heroin abusers in Gauteng are White, there has been an increase in the number of Africans that prefer heroin as their primary substance of abuse. However, black young people mainly resort to using *nyaope* because it is cheaper.

2.8 Dependency process

According to Dodgen and Shea (2000: 38) there are four stages in the dependency process and those are experimental use, social use also known as social operational use and dependent use. Moreover, it is said that as these stages occur perceptions of the users and however the perceived benefits may take priority to the extent that users end up dependent to the substance are looking at harm and benefits.

Experimental use

The stage of experimental use it is said that one develops the substance use behavior and therefore decides to experiment. In most cases people experiment on their own without the involvement of others, however in other cases people experiment due to peer pressure with the aim to be accepted in a certain group.

Social use/norm

The stage of social norm it is said that for people to engage in using substance they see it as socially acceptable to a certain extent, given it is young people (teenagers) they see their peers as being cool for engaging in substance use and therefore that leads to them engaging to the substance use behavior as well.

Operational use

This stage the substance use disorder is met and this is the stage where most users looked at the perceived benefits, however, at this stage the perceived benefits mainly take priority and lead the person to constantly use the substance.

Dependent use

At this stage of dependency, the person will meet the criteria for substance abuse if not dependent. Further states that this is a critical stage in the sense that the person finds it hard to cope without the substance and it is difficult for them to stop using; therefore, for one to stop using they need medical attention.

2.9 Individual effects of abusing nyaope

According to Mohasoa (2010: 27) *nyaope* drug abuse has health risk, economical strain, and social consequences. *Nyaope* drug abuse affect not only individuals who abuse it, but also parents, families, communities and the nation. Maughan and Elieev (cited in Nkosi 2017:15) stated that narcotics experts believe that the local drug market is being deliberately flooded to encourage addiction among youngsters. One fix is often enough to trap a child into addiction.

2.10 Parents faced with a drug abusing youth

Bauld and Butler et al., (cited in Rice, 2008:110-111) in their study on parents' coping strategies it was found that families usually try to cope in isolation first, before seeking help when faced with a substance abusing youth. This causes severe strain and parents often experience a range of traumatic feelings such as depression, anxiety, tearfulness and confusion. The strain experienced by parents could increase as they are facing financial difficulties associated with their belongings being stolen by the *nyaope* drug abuser. They highlighted fear that the child was going to die, and feelings of failure and shame because of being judged by the community. Conflict between parent and child was another traumatic and stressful experience. Masombuka (2013: 92) stated that parents indicated that *nyaope* caused conflicts and fights within their families. "The participants further indicated that family members would physical fight amongst themselves due to frustration and anger over the compulsive stealing behavior of the addicted child". Further Masombuka (2013: 92) indicated that the use of *nyaope* by youth has caused bitterness and instability amongst the family members. The participants indicated that their children's addiction was affecting the normal functioning of the family.

Barnard (2005:13) indicated that drug problem of youth has a profound affect parents, siblings, significant others and families. The participants further indicated that family members would physically fight amongst themselves due to frustration and anger over the compulsive stealing behavior of the addicted child. Theft also meant financial loss as items had to be replaced. This left parents with a great sense of having lost trust in their child and feeling exposed as their assets were not secured in their own homes. Parents also complain about the non-involvement of the abuser on family business. Barnard (2005:7 indicated that, drug abuse is associated with high level of unpredictability, as drug users might disappear for days without consulting their families.

2.11 African classification of Nyaope

Mokwena & Morojele (2014: 374) explains that *nyaope* is classified as a Novel Psychoactive Substances (NPS) and it is widely used among young black people in various townships of South Africa. The NPS's are regarded as an ever-increasing group of compounds, which may be synthetic, semi-synthetic or natural and are often sold as alternative to known illicit drugs. *Nyaope* was not seen as an illegal drug and is cheaper and easily accessible on the streets of South African townships. Mokwena & Huma 2014:353 mention that *nyaope* contain illegal substances (dagga, methamphetamine and/ or heroin) and household products such as detergents and rat poison or, combination of antiretroviral medications and sugar, to make it more potent in producing a hypnotic effect. Further, Mokwena and Huma (2014:354) highlight that in several South African media publications, the drug is known by different names in different areas of the country. In KwaZulu Natal it known as 'sugars', as '*whoonga*' in the Western Cape, 'pinch' in Limpopo and Mpumalanga and '*kataza*' in Johannesburg.

Khine, Mokwena, Huma & Fernandes (2015: 54) reported in their study that was conducted to identify the composition of *nyaope* in all samples that were taken from different townships the compositions were in all samples, caffeine, drugs of abuse such as opiates codeine, morphine, methyl-deoxy amphetamine (MDA) and heroin. Khine et al., 2015: 55) contrary, in the same study the samples did not show any inclusion of rat poison but the anti-retroviral drug was found to be present. There are also reports of HIV- positive patients being robbed their ARV's through illegal trade. Other authors Chinouya, Rikhotso, Ngunyulu, Peu, Mataboge, Mulaudzi & Jiyane (2014: 114) agree with the above statement by adding that there are reports of a number of primary health care facilities being broken into, with ARV's stolen by thieves.

Shembe (2013: 28) stated that *whoonga* is the only drug that has the potential to collapse the government's carefully planned national ARV roll out programme. The fact that ARVs are implicated in the *whoonga* cocktail has disturbing consequences in

patients willingly selling their medication and the corrupt health officials removing ARVs from shelves and selling them to peddlers

Mokwena & Huma (2014:354) state that, since *nyaope* is manufactured, mixed and sold illegally, there are no specifications for the drug components and their amounts vary in composition, as well as the amounts of the various additives. In addition, it is relatively cheap to buy, with an average price of R25 to R30 a joint and has thus become easily accessible even to primary school children.

2.12 Theory of Addiction

Miller, Gorski & Miller (2002:5) suggest that drug addiction is a disease. The American Psychiatric Association (2013) in the Diagnostic and Statistical Manual of Mental Disorder (DSM-5) which classifies substance abuse a disorder supports this. Additionally, similar to other disease, such as diabetes and cancer, drug addiction has specific symptoms, which keep the body from functioning properly. Molefe 2015 states that, as it has been seen with the most people using *nyaope*, some start falling asleep, some do things that they would not normally do when they are sober. It is true that as the disease progresses it causes problems that appear to be mental problems. People who are dependent on drugs are not of weak character, they abuse drugs because of their disease.

West (2005:76) states that the disease theory of addiction states that, addiction involves pathological changes in the brain that result in overpowering urges. The disease theory of addiction seeks to explain the development of addiction and individual differences in susceptibility to and recovery from it. It proposes that addiction fits the definition of a medical disorder. West (2005:77) further mentions that in this theory, the concept craving is defined as an urgent and overpowering desire. Further, he states that this theory captures the central phenomenology of addiction. A desire that is so strong and all encompassing that it sweeps all other considerations before it in a narrow single-minded search for the substance of desire.

Miller et al., 2002:6 states that substance dependency is not a hopeless condition, like most other chronic illnesses, it is treatable. Nevertheless, it is not only a physical disease. There are also psychological, behavioural and social components to the disease. This means that the disease not only affects the body, but also how the person thinks and feels how the person acts and how he/ she relates to other people. Recovery from substance dependency means recovery in all areas, physical, psychological, behavioural and social. Hence, it is said that part of the recovery is to understand the disease and how it affects all areas of a person's life, as well as understanding what is necessary to restore health to all areas.

Miller et al., 2002:6 argues that drug addiction is also seen as a chronic illness and substance dependent individuals must first learn to compensate for their problems created by the disease and then adapt to the disease. Miller et al., (2002:55) also mentioned that drug addiction is a chronic illness therefore, there is a high risk of relapse. There is always the danger that it may re-occur. Recovery requires long-term total treatment which promotes physical recovery (healing of the body), psychological recovery (healing of the attitudes and beliefs), and behavioural recovery (re-adjusting to a lifestyle of health rather than illness). Recovery from substance dependency means recovery in areas, physical, psychological, spiritually and social. Similarly, people addicted to *nyaope* require treatment. Miller et al., 2002:56) focuses on the following:

- Acknowledgement that addiction is a disease
- Acceptance of the disease concept that I have the ability to recover
- Act to start the recovery process.

Acceptance of the disease concept makes it easier for people to enter treatment. Another factor that is important for the disease theory of addiction is that it is clearly understandable to people and provides an explanatory construct for the differences in their drug taking behaviour compared to others. The researcher will use the disease concept as a guide for the study; the users of *nyaope* are considered ill people who exist with a chronic illness. The concept guides the researcher in believing that such people can abstain from drug use and live a normal life. The research explores the physical, psychological and spiritual behavioural challenges people experience, that prevent them from abstaining from *nyaope* use. Acceptance of the disease concept

could encourage *nyaope* users to allow the recovery process to take place. As part of the recovery process, *nyaope* users could gain the courage to take part in the care and healing services. Hence, it is necessary for them to recognize their care and healing needs even after treatment.

2.13 Understanding *nyaope* drug abuse

Mohasoa (2010: 11) explains that there are various theories explaining the aetiology of substance abuse disorders, which are, describe below:

2.13.1 Anomie theory

The lack of the usual social or ethical standards in an individual or group may result in psychological status of worthlessness, frustrating, lack of purpose, and despair may lead to drinking or use other drugs. Einstadter and Henry (2006) agrees that that the strain theory agrees that if people are prevented from achieving their goals they may be driven to drink or use drugs. According to this theory, drugs may be used as an escape to avoid the misery caused by failing to achieve goals. They may also be used as a substitute to e depressions. Children, who find themselves not achieving or being uncomfortable at home because of overcrowding, normally go to the streets where they meet with the wrong company that may expose them to substance abuse. Children from settlement areas or very underdeveloped areas tend to abuse *nyaope* with the view that they will forget their circumstances or their goals. This theory asserts that if people are prevented from achieving their goals, they may be driven to drink or to use other drugs.

Zastrow (2000:93) proclaims that drug abuse can be reduced by having society set realistic goals that people can attain, and by society establishing authentic means, which are available to everyone, for attaining these goals. It is, however, interesting that this theory fails to explain drug abuse by people who appear to be achieving their goals.

2.13.2 Psychoanalytic theory

Smith, Coles, Poulsen and Cole (1995:31-32) in their study found that the problems in the resolution of childhood trauma, which interfered with the development of a personality, are seen as the cause of an addictive personality. Children who experienced childhood trauma such as loss of parent/s or abuse often use substances in the belief that using substances will help them forget their painful experiences. Psychoanalytic theory is the theory of personality organization and the dynamics of personality development that guides psychoanalysis, a clinical method for treating psychopathology.

2.13.3 Labelling theory

Zastrow (2000:93) suggest that if addicts use is discovered and made an issue by significant others (parents, police, or teachers), and if they are publicly labelled drunkards, pot heads, or addicts, *nyaope* boys they are more closely watched. Under close surveillance, if they continue using drugs, the label is gradually confirmed. If these significant others begin to relate to them in terms of the label, the occasional users may come to identify with that tag. When this happens, the occasional user is apt to embark on a career as a habitual drug abuser. Labelling theory asserts drug abuse can be reduced by avoiding labelling, that is, by refusing to treat occasional drug users as if they were abusers. Zastrow (2000:93) further explains that one should note that labelling theory fails to explain drug abuse among closet alcoholics and others who abuse drug before being labelled as such.

2.13.4 Social learning theory

Smith et al., (1995:32) point out that the child who is reared in an environment where substance abuse is common will be affected in two ways. Firstly, the impact of non-optimal rearing patterns that persist in the child's rearing is likely to strain him/her in adolescence and adulthood. Secondly, the child learns from observation of his or her family that substance use and abuse are appropriate ways to deal with stress. Children

whose parents are abusing or selling substance may abuse these substances in due course because parents expose them to them.

Children regard their parent as role models and they tend to imitate their actions and behaviour. Then, following these models of behaviour and internalisation, the individual acts in ways similar to those he or she has observed. Because behaviours associated with substance abuse are often reinforcing in the short-term, they tend to be maintained despite the probability of long-term negative consequences.

Smith et al., 1995: 32) adds that children from dysfunctional families or with poor relationship with their parents are more likely to use substances with the view that they will overcome defeats.

2.13.5 Poverty

According to Durrant and Thakker (cited in Nkosi 2017: 18) there is a relationship between poverty, low income, low social class and segregation/discrimination with substance abuse. In this regards it is stated that poverty may be one of the causes for people to engage in substance use as means of coping with their situation. According to Hosken (2009) the drug *nyaope* is said to be flooding in communities with low social status, moreover this sort of drug is available due to its affordability and it is said to make people disconnected from the reality. In this regard, poverty as it is one of the unpleasant realities many people may be using the drug to escape from thinking more about it.

2.14 Prevalence of *nyaope* use among youth

Mohasoa & Fourie (2012: 30) claims that substance abuse among the youth continues to constitute a major problem facing the nation, particularly in South Africa. This is evident as street corners of many townships are crowded with *nyaope* users on daily basis. Mokwena & Huma (2014: 352) point out that this has resulted in an increase in the burden of mental health across communities. The United Nations World Drug Report (2110) identified the country as one of the drug centres of the world.

Lebese et al., (2014:329) points out that it is a worrying phenomenon in most villages and urban areas of South Africa, because youth are dying morally, socially, psychologically, spiritually and physically. Many children start smoking as early as 8 years, hence the half dazed looks, poor personal hygiene and slowness in movement. Mokwena and Morojele (2014:374) agrees with the above statement that drug abuse also limits reasoning capacity; it also contributes to other health and social challenges like engaging in risky sexual behaviour, which increases vulnerability to HIV infections.

Van der Westhuizen, Alpaslan & De Jager, (2013:2) claims that drug addiction is also associated with crime, accidents and violent behaviour on a social level. Dada, Burnhams, Erasmus, Parry, Bhana, Timol & Fourie (2015:1) notes that the use of *nyaope* continues to pose a problem, with 8% of patients in the Gauteng Province admitted for *nyaope* use and 6% of patients in the Western Cape, KwaZulu Natal, Eastern Cape, Mpumalanga and Limpopo. However, dagga is the most common primary substance of abuse among patients seen at treatment facilities in KwaZulu Natal and Gauteng, accounting for 40% and 36% of all patients, respectively.

Mawoyo (2011:2) points out that to combat substance abuse in South Africa, the government developed a national strategy to respond to this social ill. This strategy is known as the National Drug Master Plan (NDMP). The elements of the NDMP is its emphasis on localising the fight against illicit drug use. Hodza (2014:33) explains localising as the process of empowering local organisations, neighbourhoods, communities and individuals to be key actors in creating and implementing strategies for combating drug abuse. Thus far, the country is still facing an increasing number of users who are using *nyaope* regardless of the national strategy. Hodza (2014: 34) agree with the statement by saying that the drug problem in South Africa is extremely serious, with drug usage reported as being as twice the word norm. Drug policies are available and amended from time to time, to guide service delivery, especially at the aftercare and reintegration level, in terms of dealing with the drug abuse problem in South Africa. Appropriate policy documents will be discussed to contextualise the main issues linked to drug abuse, such as *nyaope*, in the country be about the classification of *nyaope*.

2.15 Prevention approaches

The United Nations Office on Drugs and Crime (2004:9) report drug abuse prevention in South Africa has observed different approaches. In its earlier formula, prevention was based on opinions rather than evidence. Scare strategies were often used to reinforce the message that drugs were dangerous. A later approach involved information spreading. This assumed that once people knew the negative results of drug abuse, they would choose not to use. In recent years, a greater emphasis has been placed on information spreading programmes accompanied with life skills approach.

The United Nations Office on Drugs and Crime (2004:9-10) suggest the following main elements of approaches:

2.15.1 The shock-horror approach-fear arousal and scare tactics

Fear strategies involve overemphasis or focusing purely on the extreme negative effects of drug use. The use of a poster depicting a body lying in the trench with a needle in the arm would be an example of a scare tactic. Such approaches are now generally seen to have been unhelpful as they rarely effect behaviour positively. United Nations Office on Drugs and Crime (2004:9) yet, fear arousal still forms the basis for the work done in the field of prevention in South Africa.

2.15.2 Information- based programmes

This approach is based on the premise that adolescents take drugs because they are unaware of the consequences. The reasoning is that once adolescents are provided with information they will refrain from using drugs. Some research indicates that excessively information-based programmes have, in some cases, actually resulted in an increase in drug use for the following reasons:

Increased attraction of experimentation- by overly emphasising the risk of addiction, while failing to deal with any perceived positive aspects of drug use, the programmes have lacked credibility with at-risk youth. They may also make drug use appear interesting and exciting.

Increased familiarity of how to- they may have provided a menu of drugs and the mood changes which can be gained, thereby increasing drug use.

Too focused on the adult viewpoint- they tend to be derived into account the lived experience of young people, e.g., the possibility that smoking maybe seen by young people as route to a slimmer body may be far more persuasive than the fact that they have a greater risk of contracting lung cancer in later years.

Programmes based on information alone do not always work because they often misunderstand the causes of drug abuse. They tend to assume that young people take drugs because they are unaware of the risks involved. However, as stated above, the reasons why many young people use drugs are more complicated. United Nations Office on Drugs and Crime (2004:10) include reasons not addressed by this approach, e.g., relief of boredom, anxiety or stress, to show maturity, to relieve stress, or for enjoyment.

2.15.3 The life skills approach

The United Nations Office on Drugs and Crime (2004:10) point out that the drug use is at least partly due to poor social coping strategies, undeveloped decision-making skills, low self-esteem, inadequate peer pressure resistance skills, etc.

2.16 Preliminary Conclusion

This chapter focused on literature review with specific interests on addressing the experience of substance abusing youth in South Africa. It has highlighted different types of substances that mainly young people use; cannabis has appeared as the main substance that is being used hence it mainly mixed with different types of substances like cheap heroin to create some form of a *nyaope*. *Nyaope* is a drug that started in the streets of South Africa and is mainly affecting communities with low

social-economic status and that are poverty-stricken. It is the most used substance in black townships of South Africa and affects the parents, the countries economic, social, and the public health system badly.

Legislation and policies of this country have been looked at about *nyaope*. Relapse and its risk factors have also been conceptualised. However, literature does not cover the traumatic and stressful experience of parents of substance abusing youth, and the support needed by parents as they go the cycle of being victimized.

In Chapter 3 focus will be on the research methodology.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Introduction

This chapter provide a discussion on methodology, which involves the methods and tools to be employed to accomplish this study. The research methodology subtopics will cover, research design, research settings, population and sample size, participant recruitment, ethical consideration, collection of data, analysis of data, theory of caring. Creswell (2009:3) asserts that the research method involves the form of data collection, analysis and interpretation that the researcher proposes for the study.

Research approach

Pagett (2008) mentions that phenomenological qualitative research seeks to represent the complex world of the participants holistically, based on their context and perceptions. It seeks to emphasize the subjective meaning and to assume that there is no single objective reality. It will explore and describe the common meaning of a number of participants who each had experiences of a concept or phenomenon subjectively. The interviews and questionnaires will give the respondents a unique opportunity to express and share their own experience and innermost feelings about the trauma they have endured. This approach emphasizes meanings in context.

Dudley (2005) states that it is important for data collectors to understand the principles and strategies of the qualitative research methods they will use, such as semi-structured interviews schedule. As a result, the qualitative research approach will be embarked on narrative research in order to fully examine relationships and the suffering caused by substance abusing youth, upon parents, siblings and significant others (relatives). Therefore, the face-to-face interviews as the data collection method together with the semi-structured interview schedule as a tool will be used to collect data. Case studies will be conducted through face to face with individual interviews, and questionnaires. Appendix A. questionnaire comprising of nine questions will be allocated to parents. Appendix B questionnaire comprising of fifteen questions will be allocated to the siblings. Appendix C questionnaire comprising of fourteen questions will be allocated to significant others (relatives).

Research methodology will assist the researcher to collect the information on the topic from the participants so that to have a clear picture of the situation. Further, Creswell (2009:15) points out that “research methods, involves the forms of data collection, analysis, and interpretation that researchers propose for their studies”.

Empirical research will be conducted through questionnaires and interviews with research participants and case studies with participants who are willing to share their experiences. The aim here is to assess the experience of parents of substance abusing youth. Greeff in De Vos et al., (2005: 296) defines an interview guide as being a guide which comprises of questions and requests asked by the researcher to guide the interviews. Producing such a guide beforehand will help the researcher to think explicitly about what he hopes he will cover in the interview. The research process will begin with a sample selection of 6 participants. Through the use of one-on-one interviews, 26 participants will be able to recount their stories as well as the realities of their experiences.

Swinton and Mowat (2006: 38, 41-60) states that narrative knowledge is perceived to be a legitimate and valid form of knowledge that is able to significantly inform us about the world in which the participants live. Frey & Oishi (1995: 1) points out that a one-on-one interview is a conversation of purpose and contains a standardized structure in which a researcher asks the same set of prepared questions in a consistent manner

to all selected participants with the aim of gathering information on a focused content. Swetnam (2009: 65) says that such data can either be analysed on its own, or be used as part of a research project.

The researcher will use questionnaires and unstructured interviews to allow flexibility. With twenty-six participants in all congregational circuit, the researcher analyses the results and compile findings. Case studies will be employed as qualitative approach in inquiry since the cases are approached differently. As they relate their hopelessness and helplessness stories of financial loses and struggles due to losing valuable household items. Their stories will be interpreted and analysed as to understand the pain and trauma they are suffering. All the interviews will be conducted in privacy to maintain the ethical issues such as the welfare and privacy of the research participants.

3.1.1 Qualitative research approach

The qualitative research approach helps to investigate the process best suited for the understanding of social and human problems. Creswell (2009:3) says that qualitative research is a means for exploring and understanding the meaning individuals or group's associate problems of social and human nature.

Dudley says that qualitative methods are an approach to data collection that attempts to discover the peculiar and essential character of a certain problem or thing. These methods are inductive in nature and assist in discovering new explanations.

Creswell (2009:3) proposes that the process of research should involve emerging questions and procedures; data that is collected in the participant setting; data analysis that inductively builds from particulars to general themes; as well as the researcher making interpretations of the meaning of the collected data.

Rubin and Babbie (2010: 34-35) add that qualitative research studies normally begin with a more flexible plan which allows the research procedures to evolve as more observations are gathered. Rubin and Babbie further elaborate that qualitative methods may be more suitable when flexibility and fluidity are required to study new occurrences about which we may have very limited knowledge and also when we seek to gain insight into complex phenomena in order to advance our conceptualization of

them and build a theory that can be tested in future studies. Based on these descriptions of qualitative research and its characteristics, the researcher concluded that the qualitative research methodology would be best suited to answer the research questions. Because the researcher is working with people (as in the case of this research) and is acting as an active listener, whilst the participants as the experts who are sharing their experiences and need for support with regard to their substance abusing youth.

Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope with an experience. The substance being abused by youth in this case is *nyaope*. Parents experiences of losing valuable household items due to stealing by their own *nyaope* drug-abusing children. The items are sold at cheap prices, so that they can get money to buy *nyaope* drug. This broken youth causes financial losses, psychological trauma and emotional trouble to the lives of their own parents and significant others. Qualitative research methodology will assist the researcher to collect the information on the topic from the participants so that to have a clear picture of the situation. It explains how the research will be conducted as well as the steps, which will be taken to ensure data verification.

Youth who are addicted to *nyaope* affect parents a lot. This research will focus on parents who are traumatized by the youth behaviour. The researcher is aware that the impact is on parents, siblings and the community; however, focus will be on parents and siblings only. In order to enter the space of parents and siblings who are traumatized by the behaviour of substance abusing youth, qualitative research methodology will be employed.

In this research, parents of *nyaope* users reveal their pain with regard to the addict behaviour and items getting missing in homes. Furthermore, the siblings also had an opportunity to express their concern regarding stealing of items in homes. Both parties are looking for an intervention that will restore the healthy family relationships. Creswell (2007: 37) says: "Qualitative researchers tend to collect data in the field at the time they experience the issue or problem under study".

3.2 Research design

There are three types of research design that a researcher can adopt namely a qualitative, quantitative and mixed method designs. This research study will utilize the qualitative research study where the type of design will adopt case studies. The researcher is a monumental instrument in the process of data collection. The researcher's role is to collect data himself through the examination of documents, observation of behaviour and interviewing of participants (Creswell, 2009: 3). This study will take place in a natural setting in the sense that the researcher interacts with their participants in their own space, in the sense that the interviews will take place in the space in which the participants are familiar with and therefore in that case they will be able to be themselves and express themselves freely. The researcher will explore their behaviour, emotions and meanings attached to the phenomenon being studied. According to Creswell (2007: 39) participants, understandings are pivotal in qualitative research. In the entire qualitative process, the researcher remains focused on the meaning and the experiences the participants endure.

The focus in this study will be the meaning that participants attach, and the emotions expressed concerning the phenomenon to be studied. This will be an explorative qualitative study using a researcher-developed interview guide to collect data through combination of focus group discussions and in-depth interviews, aimed at exploring the experience of parents of substance abusing youth within the City of Tlokwe. Palmer (2014: 28) suggest that qualitative theories are compiled of a research design that is considered the blueprint for doing research, dealing with at least four questions:

- What phenomenon are studied?
- Which data is appropriate?
- What information is to be collected?
- How will data be analysed?

Palmer 2014: 136) developed a chat that has steps he followed while conducting the research. He first observed offensive practices by the church as he researches "Stoep

funerals”, and that became the basis of his hypothesis. In the case of the experience of parents of substance abusing youth, which became problematic as parents experience stress at all times.

3.2.1 Explorative research

Engel and Schutt (2010:10) point out that explorative research seeks to uncover how people get along in the setting in question as well as the meanings they give to their actions, and the issues that concern them the most. Kumar (2007:11) in Van der Westhuizen, states that exploratory research is used to investigate a phenomenon where knowledge is limited. In this study very, little was known about the experience of parents of substance abusing youth

3.2.2 Descriptive research design

In a descriptive qualitative study, the researcher makes observations and then describes what was observed. In qualitative studies, descriptive is more likely to refer to a denser scrutiny of phenomena and their deeper meanings. Rubin and Babbie (2010:42) point out that qualitative descriptions tend to be more concerned with conveying a sense of what it is like to walk in the shoes of the people being described- providing rich details about their environments, interactions, meanings, and everyday lives- than with oversimplifying with precision to a larger population. According to Engel and Schutt (2010:9) descriptive research typically involves the gathering of facts. The researcher also employed a descriptive approach of inquiry to describe parents’ experiences and support needs regarding their children’s addiction to the drug *nyaope*.

3.2.3 Contextual research design

According to Kayrooz and Trevitt (2005:10) contextual research seeks to gather evidence of participants perceptions according to the large context in which they occur. The researcher at different places in the City of Tlokwe will interview the participants individually. The context shared by the participants will be the experience of parents of substance abusing youth.

3.3 Research settings

The study is conducted at Tlokwe Municipality in the North-West Province, which consist of Ikageng Township, Promosa Township, Mohandin Township and Boskop Township. All of the areas from which data will be collected are noted as socio-economically deprived, with high unemployment rates and pockets of poverty (Ghosh, 2013). The host church is situated at the smallholding between Koloniesplaas and Boskop dam; it is twenty-two kilometres from the city of Tlokwe. Boskop Township is semi-rural, and it covers an area radius of ten kilometres from Boskop dam. The host church is situated at the small holding between Koloniesplaas and Boskop dam.

3.4 Population and sample size

McMillan and Schumacher (1997: 169) says: “the concept ‘population’ is a group of elements or cases, whether individuals, objects or events, that confirms to specific criteria and to which we intend to generalise the results of the research”.

Rubin and Babbie (2010:135) alludes that the concept “population” is the theoretically specified aggregation of study elements. Fossey et al., (2002: 726) adds on by stating that a study population is “qualitative sampling is concerned with information richness, for which two key considerations should guide the sampling methods appropriate participants, being those who can best inform the study. It also requires adequate sampling if information sources so as to address the research question and to develop a full description of the phenomenon being studied”. Donalek and Soldwisch (2004:356). Says qualitative researchers purposively seek out participants for inclusion in the sample because of their experiences and ability to describe the phenomenon or part the phenomenon under study.

There are two types of sampling strategies that are mainly used and those are the probability and the non-probability strategies. Under each strategy, there are sub-strategies or types, which also characterize the type of research. For this study, the non-probability sampling strategy will be adopted and the purposeful sampling under the non-probability will be selected as a technique suitable for this research. Creswell (2009:178) suggests, “The idea behind qualitative research is to purposefully select

participants or sites that will best help the researcher understand the problem and answer the research question”. Purposeful sampling is mainly used as a technique to ensure that participant meet a certain criterion, which will allow the study to answer the research question.

Concerning how to choose which group of people to select for interviews, Mason (2002: 134) points out that the important questions to ask are whether your sample will provide access to enough data and with the right focus, to enable you to address your research questions. The same author also notes that this does not necessarily endorse random sampling or a selection of many participants and sites, as typically found in quantitative research. Rubin and Rubin in Grinnel et al., (2011:237)) suggest three guidelines for selecting informants when designing any purposive sampling strategy. Information should be:

- Knowledge about the situation or experience being studied
- Willingness to exchange
- Representative of opinions.

To select interviewee’s two tests must be passed,

Namely:

- Completeness: The researcher uncovers an overall sense of the meaning of a concept, theme, or process.
- Saturation: The researcher learns that there is little or no new information is obtaining from subsequent interview(s).

3.4.1 Selection Criteria

The researcher will select co-researchers from the following categories:

- Affected parent(s) residing in the City of Tlokwe, whose children are addicted to the drug *nyaope* and who are living with them.

- Affected parent(s) who have reached out for help at the researcher's church office.
- Affected parent(s) who are willing to participate in the study.
- Affected parent(s) who are conversant in English, Setswana and/ or Afrikaans.
- Affected family members (siblings and significant others) will be interviewed as individuals representing family.

De Vos (2002:335) indicates that a specific sample size cannot be determined at the beginning stages of the study, but rather that the number of participants to be included in the sample will only be known once the data has reached its point of "saturation", which is when the information being gathered, starts to become repetitive.

The twenty-six participants will be interviewed, and the interviews will be transcribed and read through by the researcher and the study's supervisor and it will be decided that a point of "data saturation" is reached. The process of interviewing more participants will subsequently be terminated. Engle and Schutt (2010:227) affirm that no specific sample size is determined at the outset of the research.

Population and sampling for this study will focus on parents living or have lived with the *nyaope* user during the time of the study. The target population were parents, siblings and significant others of the substance abusing youth. The participants were all between the ages of 36 and 76. Fourteen of the participants are employed, six are pensioners and six are unemployed. The participants are predominantly female; that is twenty-one of them, and five participants are males. The total sample comprises of 26 parents of substance abusing youth, who can best inform the study. A convenient sample, which was based on availability of 26 participants who are willing to participate in the study. Appendixes (A) for Parents, (B) for siblings and (C) significant others of substance abusing youth. With twenty-six participants in all congregational circuits, the researcher will analyse the results and compile findings. Method of data collection will be in-depth interviews where one-by one-interview will be used, and structured questionnaire will be used.

The widespread use of these drugs is mostly attributed to its ease access to get and being cheap, unlike cocaine and heroin. Due to financial constrains this research does

not look at the whole nation of South Africa, but its main focus is Tlokwe Municipality found in the Northwest Province of South Africa. Poverty stricken areas with many youths being unable to pursue further studies or being gainfully employed, thereby causing them to negatively affect their parents.

3.5 Recruitment of the participants

In each area, a key informant was identified to recruit parents of substance abusing youth. He would either recruit a number of traumatized parents or use the snowball technique to identify and recruit other fellow parents. In Ikageng, a community member who leads a support group of mothers of nyaope users will be the contact person. In Promosa, a health professional nurse will arrange the venues for in-depth interviews. In Mohadin, the church's president of women's league will be the contact person. At Boskop the local pastor will identify and recruiting the parents, who has the knowledge and ability to describe their pain.

De Vos, Strydom, and Schulze & Patel, 2011: 7) says: "In constructivism paradigm, participants become active and involved in all the phases of the process and indeed become partners in the total endeavor".

Grinnel and Unrau (2011:82) points out that in the process of recruiting participants, the researcher must assess all the possible ways in which a potential research participant might feel undue influence to participate. This influence might be a personal appeal, a financial gain, and the status of being identified as part of special group, other tangible or intangible benefits, or simply the fear of repercussions in the event that they should decline to participate. Based on this assessment, the researcher considered that the code of ethics requires him to obtain consent from his potential research participants without threatening to penalize anyone who refuses to participate and without offering any rewards for their participation. The researcher started the process by going through his caseload to attain more information (i.e. names of the potential participants who met the inclusion criteria for possible inclusion in the study). The researcher then contacted each potential participant telephonically to secure an appointment with him or her individually. During the face-to-face contact with the potential participants, the researcher reintroduced himself to them, explained

the purpose and the criteria for inclusion and informed them of what their participation in the study entailed. They were told that their participation in the study was voluntary and that they had the right to refuse to participate. Grinnel and Unrau (2011:91) further reinforce the importance of safeguarding the individual's right to freely participate or not to participate in a research study and highlight how critical it is to ethical research conduct as well as to the validity and the ability of the data collected to be generalized.

The third contact was the collection of data through face-to-face semi-structured interviews held at the office of the researcher.

3.5.1 Pilot Study

Mohasoa (2010:52) says: “pre-test or pilot study is used to assess the feasibility of the study, identify logistical problems, to collect pre-liminary data, to test the adequacy of interview questions, to assess the proposed data analysis techniques in order to uncover potential problems, and to train the researcher in as many elements of the research process as possible

Mohasoa (2010: 54) further warns that conducting a successful pilot study does not give a guarantee for the success of the larger scale study. He elaborates that there is a possibility of making inaccurate predictions and assumptions based on pilot data. Moreover, Rubin and Babbie (2010:205) elaborates that a pilot study is one of the mechanisms in qualitative research that is used to avoid practical pitfalls prior to the research study to be undertaken. Mason and Henningfield (2001:84) recap, that the concept “pilot study” is a small version of the proposed study, with a limited sample of subjects.

The researcher will interview six people who will be as sample and similar as possible to the target population of the study. In the sense that they have the same features of the members of the family of substance abusing youth. However, the people who will be interviewed for the pilot study will not be included as participants of the main study. Findings to the pilot study were that questions were clear and understandable however, they will not give many details as the researcher expect and therefore as a result more questions will be added in the tools.

3.5.2 Data verification

Guba's model in Krefting (1991:214-222) is ensuring the trustworthiness of qualitative data will be applied as a data verification method for the research. The four characteristics to ensure trustworthiness are truth-value, applicability, consistency and neutrality were addressed.

3.5.2.1 Truth-value

According to Krefting, the truth-value concerns itself with whether the findings of the study are an honest reflection of the experiences of the participants. Truth-value is established by the assessment of credibility. In this study, the credibility was addressed and established by interviewing six parents from the City of Tlokwe to explore and compare their experiences and support needs regarding their children's addiction to the drug *nyaope*. For the purpose of this research, the researcher used the following criteria:

Interviewing techniques: The researcher made use of different interviewing techniques including but not limited to non-verbal and verbal expressions, observation, restating, and summarising in order to enhance the credibility of the study.

Authority of the researcher: The researcher as a pastor and a pastoral counsellor requires, assessing and working with experience of parents of substance abusing youth.

Peer examination: The researcher obtained input from colleagues who are well-versed qualitative researchers and who were able to clarify the study by asking him detailed questions and generally making suggestions.

Triangulation of data sources: The researcher interviewed the parents of different children addicted to *nyaope* who were leading household of different dynamics (1991:215).

3.5.2.2 Applicability

Krefting (1991:216) defines applicability as “the degree to which the findings can be applied to other contexts and settings or to other groups.” Applicability is established through the possibility of ease with which the findings of the study can be transferred to other communities. In order to achieve transferability, the researcher provided a detailed description of the research methodology used in the research. Since this study seeks to explore the experience of parents of substance abusing youth from the City of Tlokwe.

3.5.2.3 Consistency

According to Gubain Krefting, (1991:216) consistency of data refers to “whether the findings would be consistent if the enquiry were replicated with the same subjects or in a similar context”. Consistency is established through dependability. As indicated earlier in this chapter, the researcher stopped the interview process after interviewing eight participants, as data appeared to be repetitive, thus indicating that his findings were dependable. The researcher had discussions with the study leader on the themes, subthemes and categories to be presented as research findings and they were able to reach a consensus.

3.5.2.4 Neutrality

Gubain Krefting, (1991:216-217) proposes that neutrality in qualitative research should consider the neutrality of the data rather than that of the researcher, which suggests conformability as the strategy to achieve neutrality. However, the researcher took it upon himself to make a conscious effort to be aware of own biases and journaled them, when and where necessary. Furthermore, a comprehensive description of the research methodology employed will be provided to make a conformability audit possible.

3.6 Data collection

Semi-structured interviews will be utilised as a data collection method. According to King and Horrocks (2010: 6-7) qualitative interviews has advantage and

disadvantages. It is not only about the interviewing skills, however the environmental space of the interview it is also important and what happens during the interview it is crucial.

The advantage of the face-to-face method is that it allows physical and emotional interactions, which enable the researcher to observe the non-verbal language of the participant in relation to the topic and try to make connections in terms of the data provided and attitudes, behaviour and feelings of the participants. It also allows the researcher and the participants to go in depth on the issues that arise concerning the topic that is being investigated. Schaeffer (2004: 369-377) insight are important here this method had three main advantages in comparison to other methods at the researcher's disposal. Firstly, it will be the best method that could allow the researcher to get to the root of the research problem. Secondly and more importantly, this method provides some answers to the research questions and thus to a deeper understanding of the experience that motivated the research. This leads eventually to the enhancement of the experience of parents of substance abusing youth that necessitated the need for this research. Thirdly, such a method enables the researcher to realise some of the objectives of this project.

The disadvantage of face-to-face interview is that participants might not feel comfortable as they will be working with the researcher for the first time and therefore that might cause them not to be more open about their views, feelings and attitude towards the phenomenon being explored, as they will be afraid of being judged.

3.6.1 Data collection method

Mowat and Swinton, agree that one will find different types of data collection methods and that each of these methods can be used in different ways to analyse the data. Of these distinguished scholars like Creswell (1998: 56) identifies four basic types or methods of collecting data:

- a) Interviewing the participants
- b) Documentation of the sessions
- c) Observation of the reaction of the participants
- d) audio visual material

3.6.1.1 Interviews

Qualitative interviewing, according to Warren (2011), p 2), is based in conversation, with the emphasis on researchers asking questions and listening, and respondents answering. According to King and Horrocks (2010: 6-7) qualitative interviews has advantages and disadvantages. It is not only about the interviewing skills; however, the environmental space of the interview is also important and what happens during the interview is crucial. The above statements tie very well with what the researcher hopes to achieve, asking and giving a hearing to what the respondents are saying.

The research study is aiming at conducting; in-depth interviewing that will mostly be suitable, especially with the stated interest of wanting to create a model to heal the depressed and traumatized parents of substance abusing youth. In-depth interviews are also called “semi-structured” or “informal” interviews. Academics agree that no specific directive is followed when in-depth interviews are conducted. For this research, in –depth interviews are critical because very little, if any literature has been produced on neglected parents of substance abusing youth. To formulate much needed literature, this research will rely heavily on information shared by participants in interviews.

In depth, interviews are also a fitting data collection technique for doing qualitative research following a theory method that is grounded.

The researcher used semi-structured interviews with the aid of an interview-guide for his data collection. Grinnel and Unrau (2011:306) state that a semi-structured interview schedule may include specific items, but considerable liberty is given to interviewers to explore in their own way the matters, which pertain to the research question they are researching. Rubin and Babbie (2010:104) defines an interview guide as a qualitative measurement instrument that list the topics and issues that the interviewer should cover in the interview in an outline form. It allows the interviewer to

adapt the sequencing and wording of questions to each particular interview. Rubin and Babbie further elaborate that the interview guide ensures that different interviewers will be able to cover the same predetermined topics and issues, while simultaneously remaining conversational and free to probe into unanticipated circumstances and response.

Data will be collected among parents of substance abusing youth who will be recruited from the City of Tlokwe. 26 participants were recruited to explore the experiences of parents of substance abusing youth. Only participants who were considered by the interviewer to be adequately alert to understand the research process and to provide informed consent were included in the study.

3.7 Data analysis

In qualitative research, there are various approaches that may be used to analyse the data however, for this study, a thematic method to data analysis was followed. Researchers build their patterns, categories, and themes from the bottom up, by organising the data into increasingly more abstract units of information. Creswell (2009) states that the process of thematic data analysis illustrates working back and forth between the themes and database until the researchers have established a comprehensive set of themes.

The whole idea of collecting data for conducting interviews in this research, repeatedly above the literature review conducted, is to ensure that data is analysed, and the information collected interpreted. Qualitative research requires researchers to make an interpretation based on what they saw, heard and understood. Their interpretation cannot be separated from their own backgrounds, history, contexts, and prior understandings. In this regard the researcher interpreted the data in a manner that was understood based on the information which provided by the participants and the behaviours that were observed during the interactions. Nevertheless, readers will be able interpret the data in a manner which relates to their experiences and understanding of the phenomenon.

In addition, Tesch in Creswell (2009:186) provides the following useful eight steps for qualitative data analysis, which the researcher has followed:

1. The researcher studied all the documents records carefully and wrote down some ideas as they came to mind.
2. He selected one of the documents– the most interesting one, studied it again, asking himself, “what is this about?” and wrote thoughts in the margin.
3. On completion of this task for several participants, he made a list of all topics and clustered together similarities. These topics were then placed in columns and arranged as major topics.
4. He then took this list, went back to his data, searched for abbreviations for the topics as codes, and wrote the codes next to the appropriate segments of the text.
5. The researcher found the most descriptive wording for his topics and turned them into themes.
6. He then made a final decision on the abbreviation for each category and alphabetised the codes.
7. The researcher assembled the data material belonging to each category in one place and performed a preliminary analysis.
8. He records existing data and on completion and commence with reporting the research findings.

Stake (1995), as mentioned in Jones and Metz (2016: 197), writes that qualitative data analysis is a ‘matter of giving meaning to first impressions as well as to final compilations. If qualitative research is to yield meaningful and useful results, it is imperative that the material under enquiry is analysed in a methodical manner. The researcher intends through this process to analyse the data collected, where possible put observed behaviour into context and have these reflected in the final product, which will be the report of the findings and recommendations. The researcher intends taking along a notebook to jot down any other thought or observable behaviour that may highlight and reinforce a point emphasized by the participants. As Jones and Metz (2016: 198) write, it is also necessary to transcribe the field notes that a researcher

has taken which would include the researcher's thoughts, feelings, and observations of occurrences such as the body language of participants or other non-verbal clues that can be seen during the interview.

From the above it is clear that the process of data analysis can be weighty, long and monotonous for a researcher. Thus, in order to ensure that there is some order and structure in the process, the researcher intends, among others, using the guidelines as provided by Boyce and Neale (2006: 7), which are the following:

- Read the interview responses and look for patterns or themes among the participants.
- If you get a variety of themes, see if you can group them in any meaningful way, such as by type of participant. You may, for example, find that younger participants tend to think and feel differently from older ones or men and women respond differently.
- Identify the responses that seem to have been given with enthusiasm, as opposed to those that the participants answered in only a few words.

These tips above, though very useful, do not necessarily mean the process of data analysis will be a smooth one without hiccups. As Schurink et al. (2011: 299) clearly put it: "In reality, qualitative data analysis is messy, ambiguous and time consuming, but it is also a creative and fascinating process. It does not proceed in a linear fashion; and it is not tidy".

The following are the steps that the researcher intends following in ensuring data is analysed properly and meaning is derived from the process:

- Go through all the data collected especially the handwritten notes. This is what Terre Blanche et al. (2006) refer to as familiarisation. Also known as being familiar with data.
- Going through each transcript intensely and purposefully to get the meaning. This step, according to Jones and Metz (2016:199), involves a review of the transcripts by careful, thoughtful reading repeatedly.
- Identifying the emerging themes and categories, By staying close to the data the researcher becomes sensitive to emerging themes and theories and begins to understand what is unfolding in front of them (Jones and Metz, (2016: 199).

The researcher further intends to critically evaluate the meaning of the words used by the respondents Schurink et al., (2011: 402), in order to be certain of what they meant. This exercise is especially important in the realisation of the research objective.

- Coding of the data collected. According to Jones and Metz (2016: 200), in order to make sense of the data, the researcher needs to apply some coding scheme to data in order to prepare categories and themes.

To organize the gathered data the researcher may make use of a term called “coding”. Gibbs (2007: 41) defines the process of coding as an attempt of “indexing or categorizing a text in order to establish a framework of thematic ideas about it”. In the researchers understanding, coding is a process by which you categorize or organize the gathered data obtained in interview, with a view to interpreting it through critical analyses. The researcher is of the view that coding is all about grouping the same ideas in a text by giving them the same tag or name. In this passages, ideas or texts together that speaks of the same idea or phenomenon. This according to him is very useful way of managing or organizing data in the process of retrieval. To Gibbs, coding is simply a way of organizing your thinking about the text and your research notes into workable memoranda.

Gibbs (2007: 44) further suggests that one should write notes about each code one develops. This should be done as early as you can before forgetfulness creeps in. In his view, the writing down of memos from the codes texts is an important way of developing one’s analytical thinking. Gibbs suggests the following ways of recording coded texts:

- Name or label of the code you have used in marking up and coding the text.
- The name of the researcher who coded it (if working with other researchers).
- Date when coding was done or changed.
- Definition of the code – a description of the analytical idea or theme it refers to.
- Any other notes of your thinking about the code, e.g. how it relates to other

- Codes or maybe the text coded could be split into separate codes.

Furthermore, he suggests that the following be coded as discovered in the texts (summary of interviews).

- Specific acts, behaviours, what people say or do.
- Events usually brief or once off, but respondents might say it as a story.
- Activities: they are always longer than events which took place in a Particular setting and may involve several people.
- Strategies, practices or tactics, i.e. a group of activities aimed at a goal.
- States/status: -general conditions experienced by people.
- Meanings, wide range of phenomenon that depicts norms, values, rules, behaviour, emotions and the like.

3.8 Ethical consideration

According to Miller, Birch and Jessop (2012: 16) in qualitative research considering ethics before starting with the actual research is important as ethics focus on addressing aspects that govern the relationship between the researcher and participants as well as the conducting of the study; hence working with human beings is different from working with non-human beings many aspects needs to be considered. Aspects that are being looked at when discussing ethics in research are the informed consent, confidentiality, right of participants to withdraw from the study, counselling for emotional distress that may be caused by the study and feedback of the findings.

All information given by the participants will be treated in strict confidence by the researcher. Privacy, anonymity and confidentiality will be adhered to. Ethical issues

such as the welfare of the research participants will be discussed. No doubt, not all qualitative researchers are unanimous in promoting “good practice in research”. The strict principle of informed consent shall be adhered to. No person shall be involved in the research as a participant without their knowledge about it and without having given permission to participate, and without having had the chance to refuse. To this end each participant will fill in a consent letter (see appendix E) understand the content of it and then sign if he/she agrees. All the other principles that apply will appear in the consent letter and will be thoroughly explained.

Creswell (2007: 69) states that: Under no circumstances will false information be given to participant's e.g.

- They will be no promised of any re-numeration or acknowledgement in other ways.
- There will be no deception at any time during the interviews.
- Privacy will be respected and confidentiality shall be maintained and guaranteed and all times.
- The researcher will be guided only by accuracy of the data and its interpretation, thus meaning that no omission or fraud with the collection or analysis of data shall happen during the research process.
- Participants shall be treated with respect at all times. Under no situations shall participants be coerced into participating. No pressure shall be put on them and they can feel free to withdraw at any stage of the interview if they so wish.
- No one will be threatened or make to feel obliged to participate. Participation is voluntary. The welfare of participants shall be guaranteed.

3.8.1 Informed consent

According to Rubin and Babbie (2010:256), a major principle of research ethics is that participation must be done voluntarily.) Rubin and Babbie (2010:257) further state that participants must not be forced to participate and must be aware that they are participating in a study, be informed of all the consequences of the study, and consent to participate in it. In order to make an informed decision whether or not to participate, the researcher ensured that all the participants were adequately informed about the goal of the research, what their participation would involve, their rights and what would happen with the information shared. This information will be provided in writing (see Appendix D) and verbally. After being adequately informed and upon agreeing to participate, the participants will be requested to give their consent in writing.

According to Bowman, Spicer and Iqbal (2012) the process of seeking consent of participants in research procedures is arguably one of the most important skills that each researcher should learn. Consent form addresses the social work value of self-determination hence it allows the participants to have a choice in agreeing on participating in the study or not. The leaflet letter of consent form and questionnaires for participation in this research will be collected at the church from the churchwarden.

I will make phone calls to all the participants to be sure that they have received both letters, understand their contents, and are ready for the interview on the suggested week and days. I will also inform all the ministers through phone calls that I will interview the participants at their various churches, and we agree on the date.

3.8.2 Privacy/ anonymity/ confidentiality

According to Maithya (2009:56), the right to privacy refers to freedom of the individual to choose for him or herself the time and circumstances under which to participate in the research. This author further elaborates that privacy should also involve the extent to which personal attitudes, beliefs, behaviour and opinions are to be shared with or withheld from others during and after completion of the study. The researcher also made sure that participants' identity was withheld. Furthermore, the researcher made sure that the interview venue was private.

In ensuring the confidentiality and anonymity of the participants, and keeping with the understanding made in the consent form, each participant was allocated a number in order to avoid using the names of participants. This was done in order to conceal identities. The numbers were as follows: P1, P2, P3, P4, P5 and P6. Code names were given and only the researcher knew who was linked to which code name.

When working with people especially when crucial information is being shared in the process confidentiality is important; in the case of research hence information shared might be published participants need to be informed of issues as publishing of information and shared confidentiality among persons involved in the study; for example, supervisor and other colleagues. Participants should be informed about anonymity in terms of the fact that shared confidentiality or publication of information may not seem ideal for them; however, the guarantee or assurance that their real names may not be mentioned if they choose so however, ensure that they will provide enough information that is useful in the manner that it ensures validity and reliability and allow generalisation of the findings. Participants will be informed about shared confidentiality, as the researcher will be working with the supervisor in the process of this study. Moreover, participants will be informed about anonymity, which also lead to participants and the researcher agreeing to keep the participants identities anonymous.

To maintain privacy and to avoid stigmatization all interviews will be conducted in a closed private place. The places will be at people's homes, places of work or places of worship, the researcher will at all times maintain privacy of the interviewees. Creswell (2007: 13) says: "The best way to achieve this is to go to "people's homes, places of work" and "places of worship" in order to listen objectively to people's stories. Therefore, the researcher will go to congregation's homes, work places and churches in various townships in Tlokwe Municipality, which comprises of Imaging Township, Sarafina Township, Promosa Township, Mohadin Township, and Boskop Township.

3.8.3 Release or publication of the findings

Huysamen in Strydom (2005:65) is of the opinion “that it is desirable to present the findings to the subject as a form of recognition and to maintain a future good relationship with the participants concerned”. The researcher will submit an article for possible publication with his supervisor as co-author to a scientific journal. The researcher made sure that all participants who took part in the research study were informed about the publication of the results. This aspect was also included in the informed consent letter.

3.8.4 Debriefing of participants

Grinnell and Unrau (2011:89) elaborates that debriefing involves explaining the true purpose of the research study when completed. In addition, Grinnell and Unrau further elaborate that if there is psychological distress because of having been deceived by the study, participants must be offered adequate means of addressing this distress. The researcher will made sure that the participants underwent debriefing session directly after the interview session. This will be more focused on going through the experiences and emotions they went through during the process.

3.9 Theories of Caring

Three models of pastoral care methodologies will be used.

3.9.1 Gerkin’s shepherding model

In order to construct pastoral guidelines for parents of the substance abusing youth, three models of pastoral care methodologies will be used. The first one will be the theories of Charles Gerkin’s found in his book “*An Introduction to Pastoral Care*” He introduces five different ways Pastoral Caregivers can use to care for the flock of God. Then he identifies the following models of care:

1. The Pastor as Priest and ritualistic leader responsible for worship and ceremonial life.
2. The Pastor as Prophet who spoke to moral issues, sometimes rebuking the community, he/she becomes a voice of the voiceless.

3. The Pastor as Wise Guide who are mediators and reconcilers in times of trouble.
4. The Pastor as Shepherd of the Flock.

Gerkin (1997: 22) has termed “Shepherding the flock” which could be interpreted as taking care of God’s people. Shepherding is a metaphor for caregiving by the pastor. The researcher prefers the Pastor as the Shepherd of the flock of God model, which is aimed at journeying with the troubled soul. A basic biblical identity of the minister of the gospel is pastor. For instance, Paul charges the Ephesian elders (Acts 20: 28) to shepherd the church of God. In Ephesians 4: 11, he further says that, now these are the gifts Christ gave to the church: the apostle, the prophets, the evangelists, and the pastors and teachers. The work of a minister of the gospel as a shepherd to the soul of the sufferer is a lovely motif reminding the faithful of the presence of Christ, as the Chief Shepherd. This model of caring ministry will be extremely helpful in Pastoral counselling of parents who have been exposed to trauma by drug abusing youth. The Pastor will be able to apply the model of care to traumatized parents and work with them towards *healing and bringing comfort to parents* during this difficult situation. The researcher will apply this pastoral care methodology of Gerkin to also restore, revive, and improve quality life of the parents and family members who are affected by substance abusing youth.

Gerkin’s (1997: 27) shepherding model aims at journeying with the traumatizes parents. His model focuses on Jesus Christ the good shepherd. Gerkin (1997) also uses Psalm 23, where Yahweh is depicted as the good shepherd who led Israel in path of righteousness, restoring souls and walk with the people even into the valley of the shadow of death.

Then Gerkins (1997: 27) Shepherding model will help guide the researcher as to how he can journey with traumatized parents. In a general sense, a shepherd refers to worth keeping of sheep. This person tends, protects, restores, feeds, or guides the flock.

Caring

The idea here is that of *proistemi*, which carries the meaning of presiding over, to lead, to direct, to protect, or even to sponsor. As Wright asserts: it would involve caring for them properly, by tending their needs and providing good pasture. The testament variably and interchangeable attached the ideas 'to lead' and 'to care for' (2001: 277). The shepherd leader should be the guard. The caring aspect of shepherd-leadership includes the function of the following.

Protection

This is the act of shielding from danger, injury, destruction, or damage.

Restoration

This restoration entails searching, finding, and bringing home. These are all found and explicated in John 10. Jesus, as the Good Shepherd is anxious to recover or find the lost sheep (John 10:11). Genuine love not only disciplines, it heals and restores. Caring love heals the sorrowing soul unlike any other medicine

Feeding

This refers to the restoration of health, growth and strength. One of the didactic passages in the New Testament regarding shepherd-leadership is John 21: 15-17: When they had finish eating, Jesus said to Simon Peter, Simon son of John, do you truly love me more than they truly love these? 'Yes, Lord,' he said, you know that I love you." Jesus said, 'Feed my lambs.' The researcher believes that the sheep needed the basics of the Gospel and simple biblical precepts to grow.

Guidance

The fifth major role of the shepherd-leader is that of guidance. It is to give direction or helpful suggestions regarding a decision or future course of action, the act of guiding or showing the way, the act offsetting and holding a course.

This model of shepherding ministry will be extremely helpful in Pastoral counselling of wounded parents of substance abusers. The theoretical basis of pastoral caring and counselling ministry comes from the good shepherd ministry mentioned in the bible. God has a special fondness for shepherds. Most important of all, God identifies Himself as a good shepherd. In Psalm, 23, David testified the Lord is his shepherd. Shepherding model will help guide the author as to how he will journey with abused

parents of the substance abusing youth. Since the context of this research is embedded in African Black Churches, a great emphasis will be laid on African Shepherding, which will attempt to suggest to the pastors how they should care for traumatized parents. However, it falls short in helping the substance abusing youth to construct their lives.

The researcher will apply this pastoral care methodology of Gerkin not only to heal, but also to restore, revive, and improve quality of life for the parents and family members affected by substance abuse. The model of shepherding is good model because it allows the care giver to enter into relationship with victims of abuse. Shepherding method will help guide the researcher as to how he will journey with the parents of the substance abusing youth. However, it falls short in helping the substance abusing youth to reconstruct their lives. Therefore, here the researcher will use Nick Pollard positive deconstruction and reconstruction model. Positive deconstruction model will be used more to deal with substance abuse by youth, working with them in order to remove bad behaviour and replace it with good behaviour.

This is where Pollard will be helpful in positively reconstructing their lives in order to deal with the issue of substance abuse. Pollard with his deconstruction model will be used to unmask the evil of substance abuse by youth and its effects on their parents. Therefore, here the researcher will use Nick Pollard's positive deconstruction model which will be used more to deal with substance abuse by youth, working with them in order to remove bad behaviour and replace it with good behaviour.

Then the second will be guided by Pollard Positive Deconstruction model, which will be used to deal with parents of substance abusing youth. To address the feeling of committing suicide and dis-owing their *nyaope* abusing youth, the author will employ Nick Pollard's positive deconstruction model. Pollard's positive deconstruction model would be used to interrogate the concept of pastoral theology comprehensively.

The pastor's role as counsellor is clearly defined. He/she is assigned the role by the community of faith, of bringing comfort and healing to traumatized parents during the difficult situations. In order to be able to journey with parents of substance abusing youth the study will employ three models of theories. However, it falls short in addressing the experience of parents of substance abusing youth, to reconstruct the

lives of parents. Therefore, here the researcher will use Nick Pollard positive deconstruction and reconstruction model in order to remove parent's negative behavior and replace it with positive behavior. To deal with the behavior of substance abusing youth.

The researcher agrees in no lesser terms that the proposed model of Pollard who is advocate of positive deconstruction will address the most helpful way out of the disappointments and frustrations presented by drug addiction and its effects on youth, which ultimately lead to sense of worthlessness.

The Positive Deconstruction Model points to the fact that if you experience gearbox problem on the car, you need not get rid of the entire car, rather remove the malfunctioning gearbox and replace it with the working gearbox. Anything you need not to change everything, all you need to do is to take out the performance of the vehicle. This model will help pastoral care givers to empower and reconstruct the behavior of the substance abuser. Pollard encourage complete dismantling and taking what is functioning right and disbanding what is not functioning right.

This is where Pollard will be helpful in positively reconstructing their lives in order to deal with the issue of substance abuse. Pollard with his deconstruction model will be used to help the parents of substance abuse by youth.

3.9.2 Pollard's positive deconstruction model

Nick Pollard's (1997: 44) theory of Positive Deconstruction discusses about looking at an issue holistically and removing the part that is not working properly and replacing it with the same part that is working better. Pollard (1997:45) adds: "The process is deconstruction because I am helping people to deconstruct (take apart) what they believe in order to look carefully at the belief and analyse it. The process is positive because this deconstruction is done in a positive way – in order to replace it with something better."

This idea came to Pollard's mind when he was an undergraduate student, at the university in the United Kingdom. Pollard had an old car, which was not in good condition, and then he bought the second-hand same make and model car. He then stripped both cars, and took only the best parts to build one good car. The malfunctioning and worn parts were not used any more. This he called the positive deconstruction of a car by a good mechanic (Pollard, 1997: 44-45).

Pollard's theory of "positive deconstruction" will help the researcher to deconstruct the experiences of shame and self-blame of parents of substance abusing youth. In addition, to reconstruct, reaffirm and reassure the parents of substance to assist in reconstructing better lives with future and hope in the life of an addict. Palmer's (2014) model also is also one tool available for pastoral care givers

The model is made up to two processes, the first process is positive deconstruction, which means that it helps people to take apart what they believe in order to look carefully at the particular belief and analyse it. In his model, Pollard describes his theory as a process involving dismantling the world view of an individual in order to assemble and build a better world view in order to identify areas of conflict with a Christian world view.

Secondly, the process is positive, which means that this destruction is done in the positive way, in order to replace it with something better (1997:44). Pollard makes suggestions of how people can deconstruct negative issues, negative events and bad experiences. To be able to help the parents of substance abusing youth, to positively deconstruct the bad experiences or negative feelings they have of themselves through replacing and reconstructing the bad attitude and behaviour of their children with the good behaviour.

The process is "positive" because it is done in an optimistic way, for the purposes of substituting it with something deemed superior. Pollard believe that positive deconstruction is a process and has four elements, which are; *Identifying the underlying worldview, analysing it, affirming the elements of truth which it contains* and finally *discovering its errors*. A brief explanation of these four elements follows in this way.

Identifying the underlying worldview

Pollard observed that once someone's scope is developed through knowledge acquired in books, that individual's tendencies take a particular stance in life. As he was observing different groups of people, Pollard concluded that most people seem to be unaware of the worldview they have absorbed and which now underline their beliefs and values (1997: 48). He clarifies how the process develops. He combines ideas originating from academic institutions, others from television production houses or recording studios, club cultures and even street life. This suggests that people living and working at those levels are shaped by those influences. That is the reason most people find it difficult to articulate particular worldview. Some express a belief or live in a certain way, without knowing or even thinking about the worldview from which their belief or behaviour derives. As the study unfolds, it will be evident as to whether Christians exemplify what they are believed to be. Pollard's journey proceeds by analysing people's worldview.

Analysing the worldview

Once we have identified a particular worldview, we can now move to the next process, which is to analyse it. In order to be able to analyse a person's worldview Pollard comes up with what he terms philosophical tests of truth. The following questions are asked, "is it true?", "is it coherent?", "does it correspond with reality?" and "does it work" (1997: 53)? Pollard insists that as part of the analysis difficult questions have to be asked. Without taking things at face value, whatever there is, as a belief system should be tested to see if it is sensible? If not, Pollard believes that it should be challenged, no matter how much it has existed in that community, to bring about healing to the troubled souls, which is the researcher's intention. This simply means the study wants to know if the statement is true, if so it should correspond with reality. If the statement is not true, it will not contain logic inconsistencies or a contradictory position.

If what they believe does not correspond with reality, deconstruction of the mind is necessary. For instance, parents might dis-own their children and say that they cannot cope with the behaviour of their children, and the pressures from the society. Pollard in addition argues that finding the truth enables us to function whereas error does not

(1997: 53). He then moves to the importance of affirming any truth that exists out there.

Affirming the truth

It is vitally important that we affirm the truth in other worldviews, even though we do not subscribe to them. Pollard is of the view that truth could be derived from both Christian and non-Christian beliefs. However, many people are uncomfortable with the idea that any non-Christian worldview might contain truth. Others are not only uncomfortable but they believe that other faith-based organizations are very wrong and Christians have the absolute truth.

Pollard (1997: 56) believes that the truth as believed by others should be affirmed. This means it should be put to test before disputing it. Failure to do that also tempts people of other faiths to doubt Christian's view too. This might be a hindrance to them because Christians might also run into error. Every human error in spite of their religious convictions. Where there is error, it has to be identified. Only then shall Christians be able to help parents to see the error for themselves so that they become uncomfortable with their current view. The final stage according to Pollard is called discovering error.

Pollard (1997:56) concludes his analogy of positive deconstruction claiming that though non-Christian worldviews have some elements of truth in them, they also contain error. He states that one may find that a particular worldview is not coherent, or that it does not correspond with reality, or that it will not work, which is the aim of the whole exercise. It is such instances that once Christians identifies the worldview, they analyse it. If it is of value, Christians affirm it. When there is an error like parent dis-owing own child it has to be identified. The last stage according to Pollard is called discovering the error.

Discovering the error

When analysing a worldview using the third criteria of truth, we are trying not to affirm truth but also to discover those errors. It is a prerequisite that worldviews be identified; it is necessary to analyse it; it is valuable to affirm the truth it contains; but it is also vital for its errors to be discovered. It's only then that we shall be able to help parents see this error for themselves, so that they become uncomfortable with their current

view. The above model will be helpful in working with the experience of parents of substance abusing youth. However, most Christians are not comfortable in doing such an exercise because it shakes someone's faith and thought patterns. Most often than not, Christians go through phase as they come to terms with new information, particularly if it is outside their faith. Christians go through the following emotions: Emotional reactions born out of ignorance, as they believe their faith is absolute. As they discover more information, they then go into depths of the truth they have just discovered. Through a lot of self-introspection, they are then convinced about their discovery. This also gives them time to discover if there is any error in what they have come out with.

Pollard's Positive Deconstruction theory will be fully employed in coming up with the comprehensive caring model. The researcher thinks that this method of evangelism can be helpful in addressing the experience of parents of substance abusing youth. The pastoral as care givers can empower and reconstruct the lives of parents.

The researcher agrees in no lesser terms that the proposed model of Pollard who is advocate of positive deconstruction will address the most helpful way out of the disappointments, worthlessness and frustrations of parents.

The positive Deconstruction Model points to the fact that if you experience gearbox problem on the car, you need not get rid of the entire car, rather remove the mal-functioning gearbox and replace it with the working gearbox. Anything you need not to change everything, all you need to do is to take out the poor mal-functioning part of the vehicle. This model will help pastoral care givers to empower and reconstruct, experience of parents of substance abusing youth. Pollard encourage complete dismantling and disbanding what is not functioning right, and using only what is functioning right.

Pollard makes suggestions of how people can deconstruct negative issues, negative events and bad experiences. To be able to help the parents of the addicts to positively deconstruct the bad experiences or negative feelings they have of themselves through replacing and reconstructing the helpful positive attitudes towards their own children. According to the researcher, this statement means: *"Keep what is good like love, hope*

and forgiveness, and get rid of what is bad like anger, hate and holding on the wrongs the child has committed”.

Wimberly’s moving from shame to self-worth will be helpful when addressing the impact of drug *nyaope* upon parents by youth

3.9.3 Wimberly’s moving from shame to self-worth model

In his book, *Moving from Shame to Self-Worth* Wimberly is encouraging affected people to create a resilience against the forces of destruction. He mentions extensively how Jesus dealt with his own shame and destruction others brought to him. The model of Wimberly will assist the pastor to create a model for healing and addressing shameful experience of parents of substance abusing youth. To address the feeling of guilt, shame and anger in parents of *nyaope* abusing youth, the researcher will employ the model of Moving from Shame to Self-Worth by Wimberly, which will assist the pastor in healing the parents with *difficulty in coping with shame, despair, miserable, helplessness, and intimidation by the addicted children*

To help the help seeker, the researcher will make use of Wimberly’s model of healing to assist traumatized parents of substance abusing youth to move from a position of shame and brokenness, to self- worth and dignity.

Wimberly reveals how Jesus came to deal and face the shame and humiliation he faced in his life like the stories of his virgin birth. Wimberly suggest that Christians can overcome shame by internalizing and re-enacting Jesus’s stories in our lives. That is how parents who experience the trauma, rejection and shame of the behaviour of the addicted child, can be assisted. These theory of caring, worth and dignity from Wimberly will enable the researcher to create a healing model for parents who experience shame and rejection through the behaviour of the addicted child. Parents need to embrace a state of resilience much as Jesus did. (Cites)

3.9.4 Osmer’s practical theological interpretation model

Osmer (2008: 33) believes that Practical Theology as a body of knowledge, must be informed by a variety of sources and be open to various methodologies in its effort to inform or redesign practice. Osmer (2008: 33-34) argue that Practical Theology must be grounded in praxis and informed by the social sciences. As stated earlier, it is the purpose of this research to highlight the connection between the practice of life coaching and Practical Theology within the family. The church leaders, especially the pastors, need to be equipped to be able to respond to the needs of others without passing judgement. In order to execute these efficiently,

Osmer explore four questions that can guide our interpretation and response to the situation of the parents of substance abusing youth.

What is going on?

Why is this going on?

What ought to be going on?

How might we respond?

Answering each of these questions is the focus of one of four core tasks of practical theological interpretation.

Osmer list four tasks that he argues contemporary practical theology attends to:

- *Descriptive-empirical*: What is going on? Gathering information that helps us to better understanding particular episodes, situations, or contexts.
- *Interpretive*: Why is it going on? Entering into a dialogue with the social sciences to interpret and explain why certain actions and patterns are taking place.
- *Normative*: What ought to be going on? Raising normative questions from the perspectives of theology, ethics and other fields.
- *Pragmatic*: How might we respond? Forming an action plan and undertaking specific responses that seeks to shape the episode, situation or context in desirable direction (2008:4).

In the context of Osmer model, which is described above, the challenge, is to seek an answer to the question *why is this going on*. Moreover, to attempt to provide a historical context to help us understand *what is going on*. Within the context of the research.

The researcher agrees that together these four tasks constitute the basic structure of practical theological interpretation.

The research is going to focus on the traumatic impact of drug/*nyaope* upon parents by youth. Trauma is often the result of an overwhelming amount of stress that exceeds one's ability to cope with an experience. The substance being abused by youth in this case is *nyaope*. Parents experiences of losing valuable household items due to stealing by their own *nyaope* drug-abusing children. The items are sold at cheap prices, so that they can get money to buy *nyaope* drug. This broken youth causes financial losses, psychological trauma and emotional trouble to the lives of their own parents and significant others. Research methodology will assist the researcher to collect the information on the topic from the participants so that to have a clear picture of the situation.

To help us understand how the information will be brought forward, and to get the information needed, the researcher will collect the information from the parents, siblings and the addicts so that to have a clear picture of the situation could be painted. The sampling, data collection and data analysis methods will be employed by the researcher and be detailed below, to make interpretations of the meaning of the data.

Osmer's model of analysis will be used in order to interview parents and siblings who experience stealing of household items by substance abusing youth. The researcher will use unstructured interviews as to allow flexibility and case studies will be employed as qualitative approach in inquiry since the cases are approached differently. As they relate their hopelessness stories of financial loses and struggles due to losing valuable household items. Their stories will be interpreted and analysed after the interviews to understand the pain and embarrassment they are suffering. The qualitative research aims to gather in-depth understanding of human behaviour and the reasons that govern that behaviour.

In this research, parents of *nyaope* users reveal their pain with regard to the addict behaviour and items getting missing in homes. Further, the siblings also had an opportunity to express their concern regarding stealing of items in homes by substance abusing youth. Both parties are looking for an intervention that will restore the healthy family relationships. Creswell says: “Qualitative researchers tend to collect data in the field at the site to experience the issue or problem under study” (2007: 37). The purpose was to explore and get the full description of pain and trauma experiences of parents and siblings of *nyaope* users.

The researcher will give the parents of stealing substance abusing youth a chance to relate and reveal their pain with regard to items getting missing in homes. Many parents have dis-owned their children, due to this unaccepted behaviour. Parents are looking for an intervention that will restore healthy family relationships. To enter the space of traumatized parents, siblings, significant others and relatives of substance abusing youth, the researcher will use the qualitative research approach.

The goal of pastoral care and counselling is to restore fallen humans to God and to each other. The role of the pastoral counsellor is to walk with the broken person in an emotional and spiritual need. The ultimate goal of shepherding or journeying with a help seeker is to effect healing. Most important of all, God is identified as a good shepherd in Psalm 23. Clebsch and Jaekle says: “Pastoral care (theology) consists of helping acts done by representative Christian person, directed towards the healing, sustaining, guiding and reconciling of troubled person, whose troubles arise in the context of ultimate meaning and concern” (1967: 4). Professor Maake Masango in his classes normally refers to this process as “entering a holy ground as the helper seeker opens up to relate his/her painful story”. This is where caring for the soul takes place in the researchers understanding the pastoral counsellor really needs to be skilled in order to find an entry point into the life of a troubled soul.

According to Waruta and Kenoti, pastoral counselling is a specialized approach, which can be found within the ambit of general counselling. They continue to argue further that, “the specialization is indicated by the adjective, pastoral from noun, pastor. This word is derived from the Latin *pascere*, which means, “to feed” (Waruta & Kinoti, 2005:3).

The research is done from a pastoral care perspective within the framework of practical theology; one of the aims of this research is to propose to the church leadership how to manage the traumatic experiences of parents of substance abusing youth. In doing so, it aims to suggest to the pastors in particular ways of journeying with traumatized parents, in order to assist them to heal.

3.10 Preliminary conclusion

The reason for doing this research is to investigate the traumatic, confusing and problematic experience of parents of substance abusing youth

The pastor's role as counsellor is clearly defined. He/she is assigned the role by the community of faith, of bringing comfort and healing to traumatized parents during the difficult situations.

Three models of theories founded to be relevant in enriching the study will be used as part of methodology. First, the researcher will use the theories of Shepherding Model by Charles Gerkin and Positive Deconstruction Model by Nick Pollard and Moving from Shame to Self-Worth by Edward Wimberly.

In Chapter 4 the focus will be on interviews and case studies of parents, siblings and significant others of substance abusing youth. The in-depth interviews and case studies would be conducted as part of the qualitative research process.

CHAPTER FOUR: INTERVIEWS AND CASE STUDIES

4.1 Introduction

This chapter seek to understand the experience of parents of substance abusing youth through interviews and case studies, which will be followed by reflections on case studies. The following questionnaires are designed as the way of entering and understanding the experience of parents, siblings, significant others and relatives of substance abusing youth. Appendixes A, B, C, questions will be used to show survey on the parents, siblings, significant others and relatives. Questionnaires comprises 60 participants.

Telephone calls were made to the identified participants informing them about the research, and requesting their voluntary participation. The participants who indicated interest were then given the questionnaire (Appendix A, or Appendix B, or Appendix C, and each with a request for consent form (Appendix D). Was to ensure that they have enough time to study the purpose and objectives of the research. The consent form further assured the participants about strict adherence to other ethical considerations and obligations, for example, the fact that they are free to withdraw at any point in the interview. A follow-up call was made to set a date and venue for the interview that will be convenient for the participants to conduct the interviews.

To ensure the confidentiality and anonymity, which is to be kept throughout the study, the participants will be allocated a number to avoid using names of participants. Numbers were as follows: P1, P2, P3, P4, P5, and P6.

On the day of interview, the researcher will arrive at thirty minutes before the schedule time. Will arrange the place by putting the table and the two chairs at each end of the table in one corner of the church building. Place the notebook and the pen on his side of the seat and wait for the interviewee to arrive. On his or her arrival, the researcher will make the interviewee feel comfortable and relax as much as possible. Further, I assure the interviewee of strict confidentiality, non-bias or judgemental, the purpose of the research and the importance of the participant's contributions to the research and that the interviewee is not forced to answer any question and can call off the

interview at any time. The interviewee reads and signs the permission form and we proceed to the actual interview.

The following questions will be used as guide for research study:

Appendix A- Questionnaire for Addict's Parents

- At what point did you realize your child was addicted to *nyaope*, were you aware when it started what symptoms did you realise?
- Can you share?
- How did this addiction affect your life style?
- Can you share who supported you during this difficult time?
- Did you ever think of placing him/her in a rehabilitation centre? If yes, what did you do, if no, do you have any reasons?
- How do you cope, during these difficult times?
- Do you think it should be part of the Church's mission to offer pastoral care to persons traumatized by substance abusing youth?
- Once the church offers a healing retreat for those, like you, who have been traumatized by addicted child, would you consider going? If so, why do you say so?
- What can the church further do in helping you in this journey?

Appendix B - Questionnaire for Addict's Siblings

- Can you share with me how did this drug affected you, as you see your brother/sister?
- In your recollection, was there any person in your family who was addicted to drugs?
- If the addiction to *nyaope* pattern of someone close to you was hurting you or your family to whom would you go first to seek help? (Friend, the pastor of your church, another pastor, pastoral counsellor, psychologist, social worker).

- What would you like the church to do?
- Do you think treatment or rehabilitation will be best to your sibling? Explain more.
- Can you share with me how did the family address this issue?
- When you talk to your sibling, how does he/she respond to your advice?
- How, in your observation, how the family assist or address this problem of *nyaope*?
- What are the perceptions?
- How does the society deal with your sibling?
- Can you share anything that we have not covered?

Appendix C- Questionnaire for Addict's Significant Others (relatives)

- Have you ever heard of the term addiction? If yes or no could you share your experience?
- As you observe him/her, what would you say about the person?
- Is there any hope in helping this person? Please elaborate.
- If asked to attend training workshop would you be willing? Motivate.
- How comfortable are you discussing this issue? Why do you say so?
- What do you understand to be the root cause of this addiction?

- In your own experience how big, do you think this problem is?
- In your own opinion, is *nyaope* drug abuse a major national problem, a minor national problem, not a problem at all? Please explain more
- Do you know how you can deal with this issue? Share how do you deal with it.
- In your own words, does the pastor/ clergy support the family? What is motivating your answer?
- What would you wish the Church pastor should do in dealing with this issue in your family? In addition, why do you say so?
- Any further comment in reaction to addiction, an area that need further exploration?
- Do you have any person in your congregation struggling with this issue?

For the purpose of this research, in-depth interviews are crucial because very little literature has been produced on addressing the experience of parents of substance abusing youth. To contribute to much needed literature, this research will rely heavily on information shared by parents in interviews. Mason (2009: 63) says, “Meanings and understandings are created in an interaction, which is effectively a co-production involving researcher and interviewees.” Academics also believe that through interview process, it is knowledge that is reconstructed, and not simply facts reported in narratives. Out of the interviews, the researcher formulated case studies, which will help us analyses the level of abuse imposed in the parent-child relationships.

Six case studies will be conducted and used to show how parents of substance abusing youth experiences traumatic moments when house-holding items get missing. Many parents, siblings and significant others experience continues to lose valuable items due to stealing behavior from their children abusing *nyaope*. The case studies

that represent the general ideas of the people interviewed will be shared and will closely describe the general responses received by the researcher. This chapter will share traumatic experience of parents, of substance abusing youth. None of the twenty-six participants terminated the interview at any stage. However, six case studies have been looked into and will be presented as the views of the respondents in the research. To protect the identity and confidentiality, the names that will be used throughout this research are not the real names of the participants. Certain questions will be asked to understand the traumatic and stressful experience of parents, siblings and significant others (relatives), see (Appendix A, B and C).

The researcher uses “semi-structured” or “informal” interviews. Greeff in De Vos et al., (2005: 296) defines an interview guide as “a guide comprising of questions and request used by the researcher to guide the interview”.

The researcher will cite six case studies and two newspaper report which attempt to show how *nyaope* drug abusers traumatize the parents, siblings and significant others.

4.2 CASE STUDIES

Case study involves organizing the data by specific cases for in-depth study and comparison. Patton (2002: 447) suggests that well-constructed case studies are holistic and sensitive in nature and can be defined as a specific, unique, bounded system. Burns and Grove quoted in Robinson (1993) describes case study as a strategy for doing research, which involves an empirical investigation of a particular contemporary phenomenon within its real context using multiple sources of evidence.

Practical theologians use case studies in data collection as they are based on people’s experiences used as samples. Sensitivity is key that is why pseudo names are used in order to protect different individuals who were used as samples. The accurate noting of these told-stories and the eventual transcriptions forms the heart of this research. With such understanding, coding all, the questions in the personal note book and developed a type of shorthand writing during the entire interview in order to take as much information as possible.

In some cases, the researcher pleaded with the participants to speak slowly or to repeat himself or herself so that I could copy word verbatim, that is taken down all their words, phrases and sentences in particular responses. More than half of the written document per participant is word verbatim. In all cases, participants are quoted verbatim** what the participants said.

4.2.1 Case study one

This is the story of Martha

Martha called me early in the morning saying she needs to see me urgently. She came in an hour and saying she came here to talk about her son, and did not come here to talk about herself, the effects of her sons in her life is terrible. (Crying) and said it hurt to lose your householdings items throw theft by your own son. What she worked for so hard and for so long is just vanishing in thin air.

Martha: *I am tired of this boy's stealing my household items.*

Pastor: Tell me more about how he started and continue stealing?

Martha: *He started by stealing money from me, then CD's in the house. He then progresses to taking items that are more expensive such as clothes, electrical items (iron, kettle, microwave, cell phone, music system, etc.) and sold them, to get money to buy nyaope drug. He would steal anything at his disposal at any time. You can't leave any valuable thing at home; he steals everything in order to get nyaope. (She cried)*

Pastor: Does he steal from home only?

Martha: *Two weeks back he stole beers from the neighbour, and was hunted by the community. Last year the community, accusing them of stealing a television set, and a laptop, beat up him and his friend. His friend died.*

Pastor: Is that the only time he was found to be guilty of committing a crime?

Martha: *No Pastor, the worst part is that the community was hunting him, and they vow that they are going to kill him, because of stealing at their homes. Last week community members carrying a neighbour's television set and music system sported John and two friends. These items were stolen from the opposite house, on the same street where we stay. Therefore, I do not want to witness the gruesome killing of my son, and be victimized by the community for the sins of my son. Hence, I decided to kill him.*

Pastor: Did you ever think of placing him/her in a rehabilitation centre?

Martha: *I took him twice to rehabilitation centres, he ran away.*

Pastor: How did this addiction affect your life style?

Martha: *I take a blame for failing somewhere; in upbringing of my child hence, he is addicted to nyaope. I feel that I should have done something earlier in his life. I have tried everything and anything to raise my child with good morals and values, but seeing him abusing nyaope makes me feel that I have failed. I need someone to assure me that it is not my fault my child is abusing substances.*

Pastor: What more have you done to address this issue?

Martha: *I joined a support groups with other parents in the similar situation. As they relate their stories and advising, me how to handle this issue and I will find similarities and be able to cope. Through discussions with people who have been through what I have been through, will be able to strengthen me.*

The researcher in his duty as the pastoral caregiver is aware of this type of trauma experience that some parents go through. Traumatic events change the character of an individual because it affects the mental, physical and spiritual conditions.

4.2.1.1 Reflection on the case study

She feels that she is incompetent; hence, her child is abusing *nyaope* drug. She also indicated that corporal punishment she applied to her child was unsuitable. Therefore, she indicated that she needs counselling to reaffirm that she has done enough to

discipline her child, so that she can stop accusing herself for her children's addiction to *nyaope*. She would like to see parents with children addicted to *nyaope* being able to access the **Parents Hope Centres** and be assisted with the right information available.

From Martha's point of view, community support groups assisted her to cope with her child's addiction to *nyaope*. Further, Martha indicated that the community support group provided her with opportunity to share her experience with other parents who are in a similar situation.

4.2.2 Case Study two

This is the story of Rose

For almost two weeks, Rose had heard that a woman was bragging about her new pyjamas. Rose realizes that her pyjamas were gone from her wardrobe. Then she asked her son Morena about the pyjamas. She said Morena, refused to tell the truth about the pyjamas. "My son is a *nyaope* addict. He has stolen so many valuable things from me to buy *nyaope*," she said. On Saturday, Rose went to the woman's place to get her pyjamas back. When Rose found the buyer, she told her the pyjamas belong to her and force her to take them off.

She then asked the woman why she bought stolen goods. The woman said she was not aware that the pyjamas were stolen, since the boy who sold the pyjamas to her was so clean and he was with two pupils. She said she is sorry about this, and it is a lesson to her that she should not buy things from the street in the future. Rose told the above story during the interview with the pastor. The interview goes further like this:

Rose: Pastor, I cannot take it anymore, I am broken, psychologically, spiritually and financially. My son has robbed me of all the valuable items. I really struggle with my son's inappropriate behaviour of stealing in order to get nyaope drug. Please help me, man of God (She cried.)

Pastor: Except clothing, what else does your son steal from you?

Rose: *He is stealing money from me, he steals cutlery, CD's in the house and small items that he can sell. He also steals garden tools, post box, water meters, window handles, and electrical appliances from home. He advanced to taking more expensive items such as, computers and anything that is valuable that he can carry. He stole everything that he could get hold of in the house. I could not keep anything safe in the house because the next day it will be gone.*

Pastor: I heard you saying some of the community members are involved in these crimes, how would you like the community to support you?

Rose: *It is not only the problem of the biological parent(s) whenever the child is stealing in order to buy drugs but also the problem of the whole community. It also means that it requires collaborative effort within the community to deal with a child's addiction to nyaope. I wish our community members can be supportive and stop buying stolen goods from our addicted children. Any person, even if is a community member around here I will appreciate his/ her help and understanding. I will appreciate a lot if we can be able to support one another as community members of Tlokwe.*

I consistently got calls from school that he stole from teachers and other children. He will just steal everything that he can sell so that he can get money to buy nyaope.

Pastor: I hear you saying that, he also steals from the schoolteachers and other Children, tell me about his academic performance?

Rose: *He is not performing well at school and I discovered that he was playing truancy. His academic performance had dropped. He will be pretending to be going to school but never reach the school. He is also very disruptive in the class. Teachers and principal will always call and report to me that my child is misbehaving and not attending school regularly. He has been bunking classes at times. He is spending increasing time with new friends who were unknown to me. He is always in the company of friends that I don't know. He started having many new friends. I am tired of him robbing me and I have decided that I am not going to send him to a rehabilitation centre.*

Pastor: Do you spend enough time with your child at home?

Rose: *No, I leave home as early as 4 to 5 am to catch a train or bus to work, as today's most people's lives are busier than ever. I am leaving the child still in bed, and I come back between 6 and 7 pm. With my absence the whole day, it is easy for him to abscond from schools without my knowledge.*

Pastor: What effect does your substance abusing youth have on you as a parent and on the family as a whole?

Rose: *I experience emotional distress due to my failing to spending quality time with him. I feel ashamed.*

Pastor: What have you done in order to address this issue?

Rose: *At times I report this stealing behaviour of my addicted child to the police but the police just refused to open a criminal case against him. I am confident that the positive involvement of the police in a war against substance abuse would add significant value. My concern is that although the police are, amongst others, expected to protect communities against any criminal activities, this is not always happening. Instead, some of the police officers are involved in corruption with the dealers. This, in turn, undermines the efforts in the fight against substance abuse. I believe that commitment by the police and more responsive law enforcement would add significant value to the war against substance abuse.*

Pastor: What can the police do to address this problem?

Rose: *Police should stop taking bribes from drug dealers and start to protect us. We expect police to do something positive when we report our children to them. I wish that police could be supportive. They must always be vigilant in the City of Tlokwe. We need their help all the time. I wish that police could be supportive and helpful. When parent to the police are reporting a criminal behaviour of an addicted child, they must show interest instead of telling the parent(s) to go back home and deal with the child concern.*

4.2.2.1 Reflection on the case study

Rose said that her child steal items in the house. Theft is the major problem. This became as an indication that her child was stealing in order to get money to buy the drug *nyaope*. She could not trust her own child in the home, and made the home feel like an unsafe place to be.

Rose indicated her confident that the positive involvement of the police in a war against substance abuse would add significant value. Rose also expressed concern that although the police are, amongst others, expected to deal with corruption and protect communities against any criminal activities, this was not always happening. Instead, according to Rose some of the police officers are involved in corruption with the dealers. This, in turn, undermines the efforts in the fight against substance abuse. Rose believes that commitment by the police and more responsive law enforcement would add significant value to the war against substance abuse.

This leaves her with a sense of mis-trust in her child, her assets are not secured and she does not feel safe in her own home. This is the worst experience as she is confused, and did not know how to deal with the problem. Initially, denial delayed her from acting early enough to confront and derail the addiction. The child's criminal behaviour to the family has significant negative consequences on financial settings of herself and family as a whole. Assets that have been stolen from herself and family have to be constantly replaced by her.

Rose also reported that it was after she observed her child's unusual behavioural patterns that she suspected that he might be addicted to some form of drug. Regular change in friends and spending increasing time on the streets became the order of the day.

She does not cope any more, she went to see the pastor and pleaded with him to intervene as the family relationships is in trouble, and the major reason was the son's addiction to *nyaope*

4 .2.3 Case Study three

This is the story of Maria

Maria told me that Thabo her grandson stole the funeral groceries two days before the funeral. In addition, the sad part is that the groceries were donated by a Good Samaritan neighbor.

Pastor: Can you share with me how did the family address this issue?

Maria: *We gave him a hiding, tied him to his bed and lock him in his bedroom to rehabilitate. We had enough of his drug addiction.*

Pastor: “Did you ever think of placing him in a rehabilitation center?”

Maria: *He has been addicted to drugs for over 10 years. We have sent him to two rehabilitation centers, but he always relapsed within a few weeks of coming back home,” she said. We are not going to send him to another rehabilitation center. His behavior made me feel like I was crazy.” How will I get peace in a bad situation like this?*

Thabo’s grand-mother, Maria who is a chair of the woman’s league said she had enough of her grand-son’s drug addiction. He is always aggressive and too demanding to her grand-mother.

Pastor: How did this addiction affect your life style?

“From then I started hurting and I am a person with heart problem, so this issue has worsened my condition because I think day and night how I should help her and why is she doing these things to herself and me” (Participant 2).

“it has caused me a lot of stress and now I am on medication due to that stress, I am taking high blood medication which I did not take before all these problems my daughter has caused me and I do not sleep well these days I depend on medication to get enough sleep” (Participant 2).

Maria: *“Some days before I could go to work, he will stand next to my door and threaten me that if I am not going to give him money to buy nyaope drug. I am not going to*

leave the house. He will get into my bedroom and threaten to take anything unless I give him money. He once took out the knife and threatened to kill me. I am scared of being alone, scared he'd carry out his threat to hurt or kill me. I will be forced to give him money because I am scared that he might hurt me”.

Pastor: How do you cope during these difficult times?

Maria: “I always feel unsafe around him as I can't trust him anymore. I am not coping with him because he is aggressive especially towards me. His behavior is very challenging for me”.

Pastor: Does he spend enough time with you at home?

Maria: “My grand-son is spending less time in the family, and spends most of his time on the street. He will come late and leave early the following day. I hardly see him or spend time with him, as he is never at home. He avoids me at all cost and this is too painful for me to bear. I tried my best to talk to him to stay home but don't seem to succeed”.

Maria: “He is spending more time with new friends who are unknown to me. He is always in the company of friends that I don't know. My nephew is always having lot of new friends. There is a relationship between substance abuse and peer pressure. Children who keep company with others who do drugs are more likely to abuse drugs as well. As the child grows older, the influence of their friends that surround them becomes more important”.

Pastor: What effect does new friends have on him?

Maria: “His appetite dropped drastically. His focus is not on food anymore. He does not eat food like the one he used to do. His appetite dropped drastically. You will find that food is still like you left it and he lost lot of weight. To me as an aunt this is the worst thing that can happen to the nephew. I started noticing that he lost a lot of weight. He will only eat brown bread at times or he will only eat biscuits at times. His focus is not on food anymore. His appetite was very poor; I had to force him to eat.

Pastor: Does his appetite and weight changed?

Maria: My grand-son's appetite changed drastically. For example, he does not eat food at home like he used to. He would wake up early in the morning and immediately disappear to look for their dose of nyaope without eating anything. Furthermore, my nephew lost a lot of weight because of his poor appetite. I continuously worry about his health, as he does not eat well,

Pastor: How is his personal hygiene?

Maria: He does not take care of himself any more like he used to, I had to follow him up to take a bath or to eat his food. He never listens to me; he ignores all what I say. He started not to be neat, he was careless and his bedroom was always dirty. I do not know what else to say or do. I feel like giving up, but the love for nephew makes me want to keep trying. I cannot give up on him. He is always untidy, he is careless and his bedroom is always dirty.

Pastor: In your own words, does the pastor/ clergy support the family? What is motivating your answer?

Maria: The church can take his dirty clothes and wash them, they can also feed him. He need that motherly love and I think every drug user on the streets needs it too.

4.2.3.1 Reflection on case study

Maria says that her grand-son neglected his personal cleanliness and he could no longer care for himself. She felt that her nephew did not listen to her anymore when she complained about his poor cleanliness and this made her feel as she had not done well in raising him.

Maria indicated that when a grand-son is addicted to *nyaope* he does not see the need to wash, eat properly, or do anything normal. Instead, he spends more time playing dice, smoking, stealing, eating junk food, drinking alcohol and causing trouble. It is obvious that the users become 'slaves' to *nyaope*. The cravings for the drug drive the users' existence, their focus being to obtain the drug at all costs.

According to Maria, her grand-son is leaving home early in the morning to work as taxi marshals, car guards or pushing trolleys at shopping centres, in an effort to earn money to buy *nyaope*.

Maria: *“He turned to become a taxi marshal so that he can generate money to feed his habit. This makes me feel sorry for him because I had better hope for my grand-son. I feel defeated.”* This leads to Maria to developing a sense of emotional despair, giving up hope and feeling frustrated, resulting in grief and depression.

Maria said that her grand-son is spending less time with their family. The addict begins to be uninvolved with the rest of the family. This leaves the parents with a sense of grief and depression She was worried about her grand-son’s safety while on the streets and the fact that they were continuously absent from the rest of the family. To them, this was a sense of loss hence crying, grief and depression.

She said that she continuously crying over losing her grand-son to the streets and dislodging from the family. Teenage drug abuse, leads to disrespecting family rules. This may also be due to the reason that the grand-son may want to conceal his addictive behaviour or may be preoccupied with where to get the next dose of *nyaope*.

Pastor: What have you done in order to address this issue?

Maria: *I am a spiritual person therefore; I took him to church because I believe that God will help us. He stayed at the healing camp (at church) for months*

Pastor: What can the church do in helping you in this journey?

Maria: *“The Pastor must stand by me at all times, show me that unconditional love, and counsel that will save me from depression. I need a spiritual counselling.”*

4.2.3.1 Reflection on case study

After Maria realized that talking to her grand-son does not bear fruits, she then rehabilitates her grand-son herself, which also failed; she tried to get religious help from faith-based organizations. She then took her grand-son to the African Independent Church for spiritual healing. She has resorted to seeking religious support with the belief that her grand-son will adopt new accepted moral values, which in turn will help him to change his addictive behaviour. Maria also felt that her grand-son addiction problem was associated with being possessed by evil spirits and that would

be removed through prayers to God. She indicated that despite talking their children to church, the situation persisted.

4.2.4 Case Study four

This is the story of Sandra

Sandra (23) from Promosa is a devout Christian, who attend church regularly. Her sister Dolly (20) is a *nyaope* addict. Dolly stole her clothing, shoes and jewelers. She is also stealing cutlery, window handles and electrical appliances from their home.

Pastor: What effect does your substance-abusing sister have on you and the other family members and relatives?

Sandra: *“No family member or relative visit our home anymore because they are afraid that she is going to steal their belongings. I am isolated from my family members and relatives. My son’s addiction is ruining their relationship. Good family relationships are the foundation of good life. Before my niece was addicted to nyaope, she was a playful girl. She would call her sister with fanny names, her sister’s name is Mpho, but she would call her Mpu-mpu that was fun for all of us (laughs) we would all laugh together as family at the joke. My children grow up in harmony, and if I fails to invest in good relationship with my niece, then I will consider committing suicide”.*

Sandra: *“My sister’s addiction to nyaope drug brought lots of disagreement and disharmony in the family. We are always fighting a lot over what she does. There is no happiness at all and peace in the house. The relationships within the family deteriorated because of her addiction behaviour. It is a challenge for me to keep them close; it is difficult for me to discipline my sister. The negative behaviour of my sister caused lot of disharmony and disagreement in my family, there is always fights between her and other children. I am always in the middle of conflict.”*

Sandra: *“There is no happiness and peace at all in the family. The relationships within the family deteriorated because of his addiction behaviour. There is always a conflict and fight within the family because of his behaviour. My niece’s behaviour has caused*

lot of conflict as she will always use his manipulative mechanism to ensure that she create lot of fights among us as a family so that she continues to be uncontrollable”.

Pastor: What really troubles you?

Sandra: “She is supporting her drug habit by begging, stealing, shoplifting and opportunistic sex, selling her body (prostitution) to men, and that really troubles me a lot. My sister’s addiction has also caused lot of problems in my parents’ marriage and they fight a lot and I am scared that their marriage will come to an end”.

Pastor: How does the society deal with your sibling?

Sandra: The society treat her like ‘garbage’, and not like human being

Pastor: What can the church do in helping you in this journey?

Sandra: “The church should treat her like their own daughter, and help her to kick the habit. Sandra: When I realised that my sister’s nyaope addiction problem was persisting despite talking to her, I tried to get religious help from faith-based organisations. I took her to the African Independent Church because I still embrace my traditional Africanism along with my Christian faith. Their detoxing treatment methods includes (ho peita) meaning colon cleaning, (ho futha) meaning steaming full body, and (ho kapa) meaning throwing up. She stayed at (Diahelong) meaning the church healing camp for six months. Sandra felt that her sister’s addiction problem was associated with being possessed by evil spirits which would be removed through prayers to God.”

4.2.4.1 Reflection on case study

Sandra confirmed how stressful it is living with the problem of a sister’s addiction. She revealed that the experience of having a drug-abusing sister in a family had a profound effect on other members of the immediate family.

Family relationships were damaged and split because of the on-going destructive behaviour of the drug-abusing sister. She also mentioned that due to the on-going damaging behaviour of addicted sister, parents continued to be blamed other relatives.

She mentions that family ties are broken by their sister's addiction. The family conflict, disintegration, disharmony, and disequilibrium had led to the family being isolated and consequently experiencing a lack of family support for the parents. She said at times in her life, she felt that she is all alone and yearned to be with and feel connected to others. Her loneliness includes feeling empty, isolated, excluded or left out.

Some emotional consequences like depression, anxiety, frequent crying, feeling unsupported, drained and tiredness is experienced by the family of substance abusing youth. These emotional consequences might affect family relationships and other aspects of the family member's lives. Sandra's feeling regarding the effects of her sister's addiction to *nyaope* on them and the family as a whole is that it causes a lot of disharmony and disequilibrium amongst the family members. She indicated that her sister's addiction is affecting the normal functioning of the family as a system.

In case of one member being addicted, the completely family system is disturbed, thus resulting in a state of disequilibrium. In this case, the communication, boundaries and roles within the system become blocked, thus causing confusion, which may finally result in the collapse of the entire system. Sandra indicated that her sister's addiction is causing much conflict and many fights amongst the family members. She further indicated that family members would fight amongst themselves due to frustration and anger over the compulsive stealing behaviour of the addicted sister.

4.2.5 Case Study five

This is the story of Debra

Debra's addict husband stole household items and gardening tools in the absence of his wife while she was on maternity leave at her parent's house. She came to see me and said she feel trapped, and do not know where to begin fixing this mess.

Pastor: Did you report the incident to the police?

Debra: "Police should stop taking bribes from drug dealers and start to protect us. We expect police to do something positive when we report our children to them". "I wish that police can be supportive. They must always be vigilant in Tlokwe. We need their help all the time." "I wish that police can be more supportive and helpful. When a

criminal behaviour of an addicted child is being reported by parent(s) to the police, they must show interest instead of telling the parent(s) to go back home and deal with the child concern.”

Pastor: How do you cope in this situation?

Debra: “It is difficult for me to cope with him. His behaviour is completely uncontrollable and I feel unhappy. I could not even buy food at home because when I tried to buy groceries, my husband will just pick it up, go, and sell. I am living from hand to mouth. Whenever we needed to cook, I had to go and buy whatever we had to cook at that time. Now the final blow is we don’t have pots and dishes any more at home. I am hiding each and everything, cell phone and whatever. I am not coping with him and I feel so miserable. I am suffering (she cried).

Pastor: What do you think about all these things?

Debra: “I started think that I am not doing enough to support my husband. I did not give my husband enough time or advices. I look at other people’s marriages; their husbands are fine; it is as if I have failed to do my duty. I feel ashamed. I feel that I am not spending quality time with him. I also blame myself for working night shifts.

Pastor: How do you feel?

Debra: “It is very sad to know that your husband is taking substances that is actually killing and destroying him and he cannot stop that on his own. In addition, you as a wife you cannot help him to stop it. People are laughing at you as if you have failed. It is very difficult because I am carrying this pain alone and still again the support is not enough from my family and everybody around me.’ “I felt hopeless as a wife because when I tried to reach for helps neither the police nor social workers showed no interest.”

Pastor: What problems do you experience when they have smoked nyaope?

Debra: ‘He is always aggressive and too demanding towards me. I always feel unsafe around him, as I can’t trust him anymore. I am not coping with him because he is aggressive especially towards me. His behaviour is very challenging for me. Physical violence, irritability, verbal abuse, rudeness, criticism and domineering behaviour. Sometimes it escalates to threatening, pushing, punching, and hitting or breaking

furniture or other objects. To these forms of direct aggression were added deceitfulness and lying and sometimes the making of false accusations about the family member to other people”.

4.2.5.1 Reflection on the case study

Debra felt shame, and blamed herself for not being able to cope with her husband’s addiction. She further indicated that she felt that she had failed as wife because she was unable to carry out her marriage duties accordingly and hence her husband was a victim of *nyaope* drug abuse. She thought of the things she may have done wrong throughout her marriage developmental years.

Debra also felt that the situation became tougher by the day, making her feel helpless, as she would like to assist her husband to quit *nyaope*; she was incapable of doing so. She also indicated that in order to assist her husband, she required finances and professional services, which were not easy to obtain. When she reached out for help from professional services, there was a lack of interest and very little support. She further indicated that some of the social workers would often tell her that they had a large backlog and could not help her at that time.

The addicted husband tends to become aggressive, moody and uncooperative. It should also note that since the majority of the participants were females, it might be possible that other female participants may have been at risk of being intimidated by their addicted husbands. As addiction persists, the husband might turn to being aggressive towards the family, in most cases the wife.

Debra further stated that she is unable to cope with the behaviour of her husband, as he is always confrontational towards her.

4.2.6 Case study six

This is the story of Naomi

Naomi’s son, Lucky told his mother that he lost his Identity Document (I.D) meanwhile he sold it for a fix and now he keeps using the excuse of needing money for going to the Department of Home Affairs for re-applying for a new I.D. Sometimes he goes to

the extreme by asking money to register at a school, as she does not have matric. There is always a story with him. In Martha's description, "...a fix..." is an expression often used in township by *nyaope* users to refer to the required dosage of *nyaope* in order to reach the desired effect. The user keeps deceiving them, but they still give him money hoping that maybe he will be okay. This is a sign of love and willingness to protect the *nyaope* addict as per Ubuntu values. In Naomi's expression, there is an indication that the substance abusing youth deceives the family by asking for money for his Identity Document. In South Africa, a missing or lost I.D needs to be replaced with a fee of R140 and this is done at the Department of Home Affairs. Taxi fare to and from Home Affairs is R30. Photos are R50, and lunch is R25. *The nyaope* user deceives family on the things that are of importance to the family and general society such as the I.D and the education. Martha cannot take or buy the story anymore. Her son Lucky stole most of her household items, now the story above indicate how he steals his own items.

In listening to the story, the pastor asks the following questions.

Pastor: When did your son starts to smoke *nyaope*?

Naomi: *"He started smoking nyaope after coming back from initiation school in July. He started spending a lot of time with new friends who were together with him at initiation school. "He is always in the company of friends that I don't know. I think new initiation school friends had a bad influence on my son. I think the reason why he takes drugs is that he wanted to fit in, be popular, and impress friends. If there were a dumping site for bad boys, I would dump him there. I am hurt; this behaviour of my son has affected my life so badly. I use to buy him anything he wanted, clothes, sneakers, cell phones, He leaked nothing. But today I cannot buy him anything anymore because he is selling them".*

"After I discovered that he is using drugs, I spoke to him and provided parental advice to him, but always hit against the wall. I ask myself where I went wrong." I told him that this life of smoking nyaope is not the right one.

Pastor: Why did you not open for the child?

Naomi: *I did not open the door because I did not send him to steal people's things, if I could be so kind, what if they would beat me also and rape me, when they find out that*

I am alone in the house. Alternatively, what if that will encourage them to come back in the future thinking I have cash with me always?

Pastor: And what if they have killed your son?

Naomi: That would be better, because I would be relieved from the bad behaviour of the boy. *I am not coping with his behaviour. I sometimes wish that they can overdose themselves with substance and die, so that I can just pick him up and bury him; it is difficult to cope with him, **it's better for him to die. If he is dead, that will put an end to my misery.** His behaviour is completely uncontrollable. It is difficult for me, I cannot cope with him.*

4.2.6.1 Reflection on the case study

Naomi indicated that she experiences stress because of her child's addiction, she expressed feelings of despondency and resentment as they had exhausted all resources and nothing seemed to have been effective. She feels that nothing else would ever take her out of her misery except for her child to die,

It emerged that Naomi is negatively affected by her child's addiction and she ended up not coping completely. She confirmed that it was difficult for her to manage and cope with the behaviour of substance abusing son.

Family members are faced with the substantial and difficult life task of having to understand what is going wrong in the family and what to do about it. It involves mental struggle and many uncertainties. In particular, the central dilemma of how to respond to the child whose drug-taking behaviour is a problem.

Naomi highlighted that parenting substance abusing youth is complex, demanding, overwhelming and highly stressful. These stressors had continued over years rather than months and as family members became exhausted by the demands of the drug abusing family member, family relationships were ruptured and damaged. Naomi described a sense that their families were being torn apart and reported having to take previously unimagined steps such as asking this addicted child to leave the family home and thus wishing him dead.

4.3 Media reports

Looking at the trauma caused to parents by substance abusing youth the researcher believes that media will give us an insight about what happens in our communities, especially the impact of drugs upon parents.

4.3.1 Daily Sun Newspaper

By Mdluli and Masipa – January 27, 2020, Daily Sun newspaper.

Nyaope Boys 'Trash' Funeral

Mdluli and Masipa reported that, for twenty years the parents of an addict prayed their son would stop his nyaope habit and drop his bad friends, but that never happened. Then, aged 30 Thabiso Pekeshe overdosed and died. Then his so-called friends went on the rampage and trashed his funeral. A video taken at the funeral held on Wednesday in Mapetla, Soweto, shows the angry gang kicking over dishes and pots with food. Nyaope addicts trash food stations and tents at the funeral. Thabiso's father, Johannes Selaye (52) told Daily Sun his friends accused them of poisoning their own son. "We raised him in spite of his drug problems," he said. "He terrorized us and the community, but we still love him. I gave him his own backroom and we fed him." The post mortem results showed he had overdosed on drugs. I told his friends, but they didn't believe it." "They said he was vomiting rice which they suspect had poison that killed him," said Johannes. Thabiso's aunt, Emily Maake (65), said: "We're supposed to pay for dishes and pots they damaged because we had borrowed them. We had nothing and the food they wasted was donated to us. Mourners left without eating" (2020: 1-2).

4.3.2 The Citizen Newspaper

By Nico Fouche - August 03, 2004, The Citizen newspaper.

Church chains 8 'demon-possessed'

Eight people described as 'demon possessed' have spent up to three years in shackle and chains "for healing", in a case that has stunned and horrified the Human Rights Commission (HRC) and mental health organizations. The fate of the victims at St

John's Apostolic Faith Mission was uncertain yesterday, pending an HRC recommendation on what should happen to them.

An emergency meeting was meeting was attended by the HRC, the Central Gauteng Mental Health Society (CGMHS), the SA Federation for Mental and the Faith Mission at Etwatwa, near Benoni on the East Rand, on Friday to discuss the situation. The meeting discussed how to deal with the church's alleged human rights violations.

CGMHS public officer Ruth Rensburg said their staff visited the church on June 11, and found seven men and a woman chained up. MS Rensburg said a meeting was held with the parents and families of eight, but CGMHS was told the chains could not be removed as it was church policy and "the chains will heal them as they were prayed for". The church representative Rev Paul Mabathe confirmed this. The parents and families bought the chains and the parents chain their own family members- for their own safety," he said. Addicts believed to be possessed by demons are chained with the consent of their families at the St John's Apostolic Faith Mission Church. The SA Council of Churches representative Joe Mdhlela condemned the actions of the Etwatwa based church.

The researcher also condemns the actions of the church. Pastors need more education about drug addiction. In addition, suggest that the church must involve other stake holders in the area of human behavior. Can the church embrace the frustrated, stressed and traumatized parents by developing a parish-based counseling ministry for those parents wounded by addicted children?

It is truly a touching issue to see the efforts of parents trying through the church, to help their children fight against the drug *nyaope*. Indeed, the only thing that these parents were interested in was to have their children lives free from *nyaope*. The researcher encourages the church to establish working relationships with its sister departments, such as Human Rights Commission (HRC), Central Mental Health Society (CMHS), South African Council of Churches (SACC), to deal with substance abusing youth. The above story share or raises several questions, which will guide the research.

4.4 Preliminary Conclusions

It can be concluded that the case studies are just some of the evidence that there is a substance abuse problem by youth in the black townships. Parents, among others report the continuous feeling of depression, shame, bitterness, resentment and helplessness due to the *nyaope drug* related behaviour by their children. Parents indicated that it is challenging them to cope with the behaviour of their children who are addicted to this drug as they (parents) continue to be victims of financial losses, family conflicts and theft by their own children. Substance abusing youth do not listen to their parents anymore and this make them to feel that they have failed to carry out their parental responsibilities accordingly. The uncontrollable behaviour of the children to their parents is being difficult, and that seems to be threatening the parent-child relationship.

In further Dora's response on "...*there is always a story...*" reveals that it is continues and that at some point the family came to a realisation of the dishonesty of the *nyaope* user. The dishonesty could trigger emotional distress and disappointment for the family member and this ultimately to a lack of trust.

In Chapter 5 analysis and interpretations of the obtained data will follow.

CHAPTER FIVE: ANALYSIS AND INTERPRETATIONS

5.1 Introduction

This chapter analysis and interpret reports on interviews of the research in accordance to the research objective. All twenty-sixty participants, in five congregational circuits, returned the questionnaires. The researcher analyzes the results and compile findings. Analysis and interpretation of the obtained data will follow using thematic techniques. Themes identified through the analysis process were illustrated through the use of verbatim responses. Creswell (2009: 3) stated that qualitative researchers typical gather many forms of data, such as interviews, observations.

The researcher reviews all the facts, make sense of it, and organize it into or themes that cut across all of the fact's sources. In this qualitative research, data collection from individual interviews with the participants and observation during interviews will be used, as such. The researcher will continue with literature search with the purpose of linking the results of the reports with other findings.

The answers were first grouped according to content and then categorized into themes followed by sub- themes. In the process endeavouring to address the research objective and trying to keep the researcher's interpretations to a minimum and constructing themes from the participant's own perceptions. Kang'ethe (2006: 104) says that data had to be reduced to certain patterns or categories or themes and sub-themes to allow interpretations to be made using different schema or techniques.

Twenty-six people will be interviewed whose experiences fall into the following themes and sub-themes. The profile of participants will be presented before presenting the themes and sub-themes that emerged.

Profile of the participants

The profile will be given in terms of the participant's age, gender, employment status in addition, marital states.

Ages of the participants

The ages of the participants ranged from 30 to 69 years. Out of the twenty-six participants, eleven of them were between the ages of 30 and 39 years. Eleven were between the age of 50 and 59 years. The remaining three were between 40 and 49 years of age. During this life, period people tend to neglect, their families because of work pressure. A busy life prohibits quality time and the responsibility of caring for children. It should be noted that people in the middle adulthood are working and therefore can be assumed to spend less time with family. Mohasoa (2010: 96) confirms that this age group parents spend more time away from home, adolescences also spend more time with their peers and less with their families, which puts them more at risk of substance abuse.

It should also be noted that the participants between the age of 50 and 69 are retired. Van Delfit (2000:19-20) suggest that people in retirement would be far more satisfied if they could stay actively involved in the community. At this age, people volunteer their services to the community in different ways. This takes away their focus on the children.

Gender of the participants

Out of the twenty-six participants, twenty-one are women and five are men. It may be assumed that mothers are normally more involved with the welfare of children as compared to fathers. Bruce and Schultz confirm this (2002: 9-13) that fathers are uninvolved and disengaged in the care of their children most of the time. Traditionally, a household maintained by a female head has been viewed by the American social scientist as a deviant family structure. Fatherless homes have been associated with contrary characteristics of behaviour of children. Other people as results of fatherless home have cited problems such as delinquency and substance abuse.

Some have challenged this traditional view of the family. Several factors have contributed to a re-evaluation of this perspective, as there has been a rapid increase in single parent families. The single parent view, as is, should be studied as a family form in its own right. Lasser, Flock, Spray, Herzog, Sudia, Lewis, Moyoniban in McCarthy, Gersten and Langner (2002: 12-13) portrays the structure of the lower-class families as product of a distinctive and self-perpetuating cultural system of “culture of poverty” of the class community.

It should also be noted that there is a relationship between the father's involvement and children's development outcomes. Children of involved fathers are associated with conformity to rules and positive moral behaviour. Having a close positive father-child relationship predicts a reduced risk of engagement in multiple first-time risky behaviours.

Bronte-Tinkew, Moore, and Carrano in Allen and Dally (2007: 7) says that when fathers have a positive relationship with their children, an increased risk of engaging in delinquent activity and substance use is reduced.

Employment status of the participants

Out of twenty-six participants, twenty-two are employed. Two participants are retired, and only one participant is unemployed. The most parents of the children who abuse *nyaope* are working which could indicate that their absence from home have results in lack of supervision. Due to most people travel long distances to and from work, this increase the hours that parents spend away from home. From experience, it is common for parents to leave home as early as 5:00 am to walk, cycle, catch a taxi to town and to return around 7:00 pm. This practically means children are without parental supervision for the whole day. Children can decide not to go to school and the parent may not be aware of this.

Marital status of the participants

Nineteen of the participants are married, three are single, two are divorced and one is retired. According to Mohasoa (2010: 95), the family structure of the children has an impact on their social and psychological well-being. For example, this confirms that children from single parent families may not have father figures at home and this puts them at a risk of substance abuse. Once again, this does not conclusively mean that children from families with both parents are not prone to substance abuse. Mohasoa (2010: 95) further says that children from nuclear families also used substances even though they had a father figure in the family.

However, this does not conclusively mean that children from families with both parents are not prone to drug abuse. The happiness, development and productivity of a new generation are bound to the marriage and the family unit. Barlow (2008:1) defines

marriage as a unique, opposite sex with legal, social, economic and spiritual dimensions.

According to Barlow (2008:1) marriage leads to:

- Better health and greater long life
- Less wrongdoing, less violence
- Safer homes
- Safer societies
- Less poverty, more prosperity
- Healthier society
- Better warm relations
- Less substance dependency
- Less poverty

Looking at the profile of the participants the following conclusions can be drawn regarding the sample involved as seen in the case study of Rose: *“I leave home as early as 4 to 5 am to catch a train or bus to work, as today’s most people’s lives are busier than ever. I am leaving the child still in bed, and I come back between 6 and 7 pm. With the absence of a parent for the whole day, it is easy for him to abscond from schools without my knowledge and be prone to drug nyaope.”*

Table A: Presentation of themes and sub-themes

Themes	Sub-themes
--------	------------

Parents experience financial problems due to stealing from household, neighbours and community by their children.	<ul style="list-style-type: none"> • Stealing from household • Stealing from neighbours and community
Parents highlight the impact of drug <i>nyaope</i> on their children	<ul style="list-style-type: none"> • Weight loss as a result of poor appetite • Poor personal cleanliness.
Parents experience stigma from neighbours and members of community	<ul style="list-style-type: none"> • Miserable • Shame and despair
Parents experience emotional distress caused by substance abusing youth	<ul style="list-style-type: none"> • Helplessness
Effects of substance abusing youth on parents and family	<ul style="list-style-type: none"> • Disharmony and disequilibrium • Conflict and fights
Parents highlighted support required	<ul style="list-style-type: none"> • Support groups • Community support • Police support
Parents experience lack of coping strategies	<ul style="list-style-type: none"> • Difficulty in coping • Bullying by own addicted child
Parents observation of change in friends of their children	<ul style="list-style-type: none"> • Change in friends • Poor academic performance. • Withdrawal from the family
Parents effort to assist their child to get rid of <i>nyaope</i>	<ul style="list-style-type: none"> • Spiritual support from the church and pastoral counsellors • Professional help to give reaffirmation and reassurance

5.2 Presentation of themes and sub-themes

The presentation of interviews, and analysis of the themes and sub-themes that emerged from all the interviews that were conducted with parents of substance abusing youth. Themes identified through the analysis process will be illustrated through the use of verbatim responses.

5.2.1 Theme 1: Parents experience financial problems due to stealing by their children

5.2.1.1 Sub-theme: Stealing from household

The parents stated that they experience financial problems due to stealing in the house by their own children. Barnard (2005:13) confirms that drug abusers are dishonest. Hosken (2009:9) agrees with Barnard in indicating that *nyaope* addicts are also known to be involved in steal cutlery, water meters, window handles, clothes and electrical appliances from their homes. This leaves parents with no trust in their children and feeling exposed because their assets are not secured and they themselves do not feel safe in their own homes. Quotes by parents.

“It has affected me and the family a lot as we have gone through things trying to help him in terms of financial and emotional issues” (Participants 9).

“It has caused me a lot of stress and I am on medication for heart palpation due to stress. Another thing when he has stolen from people I have to pay so that they do not beat him up as he is the only child I have” (Participant 14).

“This issue has affected me in a way that now I am not free in our own home we have to hide things as we are scared they will be stolen. Another thing is that now my aunt is the only bread winner in the home, so I can say this drug nyaope is affecting us as now we experiencing financial strain; on top of that he steals things from the house and then my aunt has to work on replacing them instead of using the money to buy food and other things we need at home”. (Participant 1)

5.2.1.2 Sub-theme: Stealing from neighbours

All participants have mentioned that the neighbours question their parenting skills. They indicated that they felt they had failed as parents because they were unable to carry out their parental duties accordingly and hence their children were abusing *nyaope*.

The parents experience shame, due to stigma from neighbours, and blamed themselves for not being able to cope with their children's addiction to *nyaope*. Because of the shame that the addicted child normally brings to the family, there is often withdrawal on the part of the parents from neighbour interaction, thus creating more misery by being isolated

Direct words from participants:

“The addiction and the behaviour of my son have cause conflict between me and my neighbour as they believe that I did not teach my child well” (Participant 13).

“He is stealing from our neighbour and that has caused me a lot of stress, lately I cannot focus as I used to be, because I am continuously thinking of him getting to the neighbour's house and steal. Then the neighbour would come to complain and claim their thing from me that went missing at his house” (Participant 21).

*“Well with my neighbours our relationship has suffered because now when something is missing my child becomes a suspect and it also hurt me as a mother but there is nothing I can do because everyone knows that she does smoke this drug *nyaope*” (Participant 1).*

“I do not get along with the neighbours as my child has stolen from them, this one time my neighbour was doing garden and they left a spade outside in few minutes it was gone and they say it is my child as he also disappeared after the incident and that has cause conflict between me and my neighbour as they believe that I did not teach my child well” (Participant 17).

“The neighbour and I do not get along very well due to the stealing that they are experiencing caused by my child” (Participant 12).

5.2.1.3 Sub-theme: Stealing from community

To start with youth who are addicted to *nyaope* are said to be stealing from their community, when such occur their families are the ones that take the financial responsibility of replacing the things they stole from the community. The parents experience negative effects from the community members. Direct words from the parents:

“We no longer get along with many people in the community because they are his victims as he steals from them together with his friends. The community members even said that I am the reason my child is like this because I have spoiled him too much and all I wanted was to give him a good life and which is why I always make sure he gets what he wants I did not think it would lead him to this behaviour, I guess I was too good to him as they say in the streets, they even said that I have failed my child as I am the reason their father left, which I can say it is hurtful to hear all these things they say about me (Participant 4).

5.2.2 Theme 2: Parents highlighted impact of *nyaope* on their children

The parents indicated that *nyaope* had negative impact on their addicted children. One of the fundamental characteristics associated with the youth stage is the pursuit of independence. Van Delft (2000:19-20) says that the increasing search for independence is an indication that individuals are beginning to feel secure that they can stand on their own. This search may initially be manifested in smoking, abusing drugs and so on. Parents also indicated that their addicted children are regressing to the adolescent stage from childhood. They mentioned that their children are dependent on them for accomplishing basic tasks. They also mentioned that they had to regularly force them to eat food and constantly remind them about the importance of personal cleanliness. Parents found themselves with the burden of looking after an adolescent as if they are taking care of a baby. To the parents this is draining, depressing and made them feel inadequate as parents.

5.2.2.1 Sub-theme: Parents mentioned their children's body weight loss due to loss of appetite

The parents mentioned their children's body weight loss due to drastically loss of appetite. For example, parents indicated that their children did not eat food at home like they used to. They also mentioned that their children would wake up early in the morning and immediately disappear to look for their dose of *nyaope* without eating anything. Furthermore, they indicated that their children lost a lot of weight because of their poor appetite. They continuously worried about their child's health, as they did not eat well. In addition, they worried whether their children would still be alive the next day. This leads to a parent developing a sense of despair, giving up and feeling frustrated, resulting in grief and depression. Their focus of the substance abusing youth is to obtain the drug at all costs; the cravings for the drug drive the users' existence.

The parents mention that their children were leaving home early in the morning to work as taxi marshals, car guards or pushing trolleys at shopping centres, in an effort to earn money to buy *nyaope*. The parents were also saying that their children turned to become taxi marshals so that they can generate money to feed their habit. This makes them feel sorry for them because they had better hope for their children. Masemola (2006:5) agrees that when a child is addicted to *nyaope* he does not see the need to wash, eat properly, or do anything normal. Instead, he spends more time playing dice, smoking, stealing, eating junk food, drinking alcohol and causing trouble. It is obvious that the users become 'slaves' to *nyaope*.

5.2.2.2 Sub-theme: Parents indicated poor personal hygiene of their children

Parents indicated that their substance abusing youth lost interest in personal hygiene and would always wear dirty clothes. Bezuidenhout (2004:128) confirmed that drug abuse can changes the behaviour of the individual such as disinterest in their personal hygiene. Lawson (1992:18) also confirms that one of the signs of adolescent drug abuse is changing to worse physical hygiene. Direct words of participants:

“He does not eat and does not bath is really stressing me because it is not how I know my child he has changed and I am worried that he will end up dying if he carries on like this” (Participants 4).

“He does not eat and does not wash himself that is really stressing me. It is not how I know my child, he has changed and I am worried that he will end up dying if he carries on like this” (Participant 2).

5.2.3 Theme 3: Parents experience stigma from neighbours and members of the community, due to substance abusing youth

5.2.3.1 Sub-theme: Parents felt shame and self-blame for failing as parents

The parents felt they had failed as parents because they are unable to discipline their substance abusing youth. They further indicated that they were unable to carry out their parental duties accordingly, and hence their children were victims of substance (*nyaope*) abuse. Therefore, they felt shame, and self-blamed.

Some feelings that are highlighted included the fear that the child is going to die, a feeling of failure or responsibility for the addiction; and guilt for losing a child because of leak of parental skills.

5.2.4 Sub-theme: Parents effects on withdrawal of their children from the family

Generally, all the participants indicated that their children were spending less time with their family. Parents indicated that they could not stop crying over losing their children to the streets and dislodging themselves from the family. Bezuidenhout who indicates that the addiction intensifies confirms this; there is a tendency to withdraw from previous relationships as the addict finds it difficult to simultaneously maintain and satisfy the urge for substances with intra and extra familial relationships. Bezuidenhout

(2004:127-129) further explains that adolescents who abuse substances or who are addicted tend to run away from their homes. This is most evident in homes in which parents are not interested in the plight of their children, or who not able to handle the situation constructively, or because the children need an environment, in which they can maintain their drug-centred lifestyle.

Participants also noted that their children withdrew themselves from the family relationships. Du Pond (2001:20) points out certain warning signs of teenage drug abuse, such as loss of interest in family activities and disrespect for family rules. This may also be due to the reason that the child may want to conceal his/ her addictive behaviour or may be preoccupied with where to get the next dose of *nyaope*. Zastrow (2000:100) refers to this as the “lost child”, as the addict begins to be uninvolved with the rest of the family. This leaves the parents with a sense of grief and depression. Parents indicated that they could not stop crying over losing their children to the streets. They were worried about their children’s safety while on the streets and the fact that they were continuously absent from the rest of the family. To them, this was a sense of loss hence cry, grief and depression becomes the order of the day.

5.2.4.1 Sub-theme: Parent’s expressed feelings of defeat

Parents expressed feelings defeat as they found themselves unable to control their children’s addiction to *nyaope* They are angry with their children for being irresponsible, and angry at themselves for not being aware at an early stage to stop drug addiction. They are sad about how quickly their child has deteriorated in school performance, failing classes, lying, and being bad tempered. Rice (2008:100) says that some emotional consequences of substance abuse on the family Include depression, anxiety, frequent crying, feeling unsupported, drained and tired. Direct words of Participants:

“We tried to help him, but it is hard as he is mainly influenced by friends and therefore does not listen to us” (Participant 2).

5.2.4.2 Sub-theme: Parents feel incapable and helpless to assist their children

Parents felt that the situation became tougher by the day, making them feel helpless, as they would like to assist their children to *nyaope* but they were incapable of doing so. They also indicated that in order to assist their children, they required finances and professional services, which were not easy to obtain. One parent expressed her feeling as follows: “*You need money, and lot of things in order to get help from private professional people*” according to the participants, at times when they reached out for help from professional services, there was a lack of interest and very little support. They further indicated that some of the social workers would often tell them that they had a large backlog and could not help them at that time. This exacerbates their feelings of helplessness

Mabusela (in Rice, 2008:111-112), confirms that parents with a drug abusing child go through certain stages. The first stage commences when the parents realise that their child is abusing drugs, fear, shock and anger are the major emotions experienced by the parents. Due to financial as a result of the children stealing from their parents, and financial loss associated with this stage is the financial burden of paying for the treatment. The researcher’s participants also indicated that it is difficult to get help for the child who is addicted to *nyaope* due to the financial cost involved in the process. The second stage commences when parents seek help for the teenager, emotions felt by the parents include helplessness, anger, shame, guilt, hope and distrust.

From the above it would seem that parents of addicted children do not enjoy much support from the government and / or non-government agencies.

5.2.4.3 Parents experience struggle due to dysfunctional family

Parents mentioned that due to the on-going damaging behaviour of addicted child, parents continued to blame and distance themselves from other family members. Family relations are dented and torn apart because of the on-going destructive behaviour of the drug-abusing young person. Parents stated how stressful it is living with the problem of a child’s addiction. Parents revealed that the experience of having a substance abusing youth in a family had a profound effect on other members.

5.2.4.4 Sub-theme: Parents indicated disharmony and disequilibrium in family due to their children's addiction to *nyaope*

Parents highlighted that family ties were shattered by their children's addiction. The family conflict, disintegration, disharmony and disequilibrium had led to the family being isolated and consequently, experiencing a lack of family support for the parent(s). The feeling of the participants regarding the effects of their children's addiction to *nyaope* on them and the entire family is that it causes a lot of disharmony and disequilibrium amongst the family members.

The parents indicated that their children's addiction was affecting the normal functioning of the family as a system. Watzlawick, Bavelas and Jackson (in Dhlamini, 2009:18) define a family system as a set of components, which are related to one another. For these authors, a family system is not something on its own; there is a relationship between the components of the system, which ties the system together. This means that a variation in one part of a system affects the other parts. Direct words from the parent:

“My son has tendencies of fighting with his sister when he does not have money to buy this drug nyaope. This has caused disharmony in the family as we have involved the Community Police Forum (CPF) in the matter and the fact that now both my children do not get along very well has led me being stressed all the time that I even wish to leave this house. There is no peace in this house and there is nothing I can do because there is no dumping site for children where I can throw my son at” (Participant 14).

In case of one member being addicted, the completely family system is disturbed, thus resulting in a state of disequilibrium. In this case, the communication, boundaries and roles within the system become blocked, thus causing confusion, which may finally result in the collapse of the entire system. Dube (2007:28) explains that the devastating effects of drug abuse on the family are those that pose the greatest threat to the family at large. Dube (2007:28) further explains that when one member of the family abuses drugs, every family member suffers because it causes disruption and disharmony within the family.

5.2.4. 5.Sub-theme: Parents experience conflict and fights caused by their addicted children

Parents state that their children's addiction is causing much conflict and many fights amongst the family members. The parents further indicated that family members would physically fight amongst themselves due to frustration and anger over the compulsive stealing behaviour of the addicted child

Bezuidenhout (2004:127) states that substance abuse by one family member may affect the whole family negatively. Bezuidenhout further explains that conflict between spouses may emerge and eventually lead to one parent leaving the home or filing for divorce. It should be noted that the majority of the participants were married; they mentioned that their marriages were threatened by their children's addiction and they were afraid it might lead to divorce. Direct words from the Participant:

“this has affected my marriage relationship with my wife, as we now argue a lot due to this problem as he will always try to be on her son's side even though she could see that he is at fault” (Participant 15).

5.2.6 Theme 6: Parents highlighted support required

5.2.6.1 Sub-theme: Support groups required by parents

Parents point out a view of support required, such as support groups could assist them to cope with their child's addiction to *nyaope*. Further, the participants indicated that a support group would provide them with the opportunity to share their common experience with other parents who are in a similar situation as them so that they can realise that they are not alone with their problem.

According to Toseland and Rivas (2009: 20), the purpose of a support group is to foster mutual aid, to help members cope with stressful life events, and to revitalize and enhance member-scoping abilities so that they can effectively adapt to and cope with future stressful life events.) Furthermore, Toseland and Rivas (2009:17) mention that group treatment has the following advantages:

- Empathy from multiple sources- vicarious identification with and understanding of members' situations by peers and the worker
- Feedback- by group members
- Helper-therapy-providing help and mutual support
- Hope-instillation by other group members
- Members give and receive help
- Removal of stigma from problems seen as socially unacceptable by the larger society
- Practice of new behaviours reality testing- sharing ways of being and getting feedback about whether they are realistic and socially acceptable
- Working through previously unsatisfactory relationships with family members, peers, and friends.
- Group members serve as surrogate family and symbolically represent family members
- Resources- a wide pool of knowledge about concerns
- Role models
- Connectedness with other members
- Opportunities to overcome isolation and learn social skills from others
- Support from other members of the group
- Transcendence- members sharing how they adapted to and compensated for disabilities
- Group members confirming similar experiences, problem, and concerns
- Learning by hearing about other members' coping responses.

Living with a child who is addicted to *nyaope* can be highly stressful. Parents need support and reassurance that their children's addiction is not of their making. Parents often feel that the situation is getting to a point when they need support.

5.2.6.2 Sub-theme: Parents needs for community support

There is an African proverb: "It takes a whole village to raise a child" (Department of Social Development, 2010:216). This means that it is not only the responsibility of the biological parent(s) of a child to raise him/ her but rather a collective effort of all community members to engage and assist for the benefit of a child's future within the community. This underpins the cultural value of "*ubuntu*" which in essence says: we all have a non-negotiable responsibility to protect and provide opportunities to our children and support families within our community. In the Tswana language the same concept exists, and is called "*botho*".

Parents feel that they are a "laughing stock" in the community. Community members often attach negative labels that create feelings of loneliness and apathy in families.

Liddle and Gordon (2004:5,14) state that adolescent substance abuse should be addressed by a number of people who play vital roles in the lives of adolescents, for example pastors, teachers, school counsellors, social workers, psychotherapist, parents, community, family members and different professional specialities, whose contribution will result in the appropriate developmental outcome of each teen.

5.2.6.3 Sub-theme: Parents needs for police support

The positive involvement of the police in a war against substance abuse would add significant value. Quote below show how participant have suffered emotional and the impact of drug/*nyaope* upon the parent of youth.

"I was very hurt that I even called the police to come get him and beat him up at the police station so he can stop with this behaviour, that is how hurt I was by this" (Participant 6).

Kekana (2011: 2) provides an example of law enforcement: The police arrested a 43 years old woman where they found a large supply of *nyaope* hidden in a broken-down

fridge in the woman's kitchen. It should be noted that although participants believe there is lack of support and negative involvement from some of the police officers who are involved in corrupt activities with the drug dealers, it should be noted that there are also successful campaigns by the police related to substance abuse.

In the wake for an upsurge in drug-related crimes, governments have to redouble efforts to reduce this phenomenon through the application of interventions aimed at addressing illicit drug use and supply, and police have an instrumental role in this process. Generally, this approach has involved the increased allocation of resources to patrolling efforts, and governments continue to prioritise the punishment of drug users and the pursuit of drug dealers through law enforcement interventions.

5.2.7 Theme 7: Parents experience leak of coping strategies

5.2.7.1 Sub-Theme 7: Parents' leak of coping strategies

Family members are faced with the substantial and difficult life task of having to understand what is going wrong in the family and what to do about it. It involves mental struggle and many uncertainties. In particular, the central dilemma of how to respond to the child whose drug-taking behaviour is a problem. The ways of understanding reached by the family member at a particular point in time, and her (or his) actions, is what is referred to collectively as 'coping' i.e. how to respond, react or manage the addiction. Orford et al., (2010:40-41) The expression "coping" is certainly not limited to well-thought out and articulated strategies. Family members may find some ways of responding to be more productive than others in buffering the effects of stress and hence preventing or reducing the strain they themselves or other members of the family such as parents, for example experience. Furthermore, family members may find some ways of managing the problem to be relatively effective and others relatively counter-productive in having a desired effect upon the relative's substance use. Their particular circumstances and the resources available to them affect how family members can cope; but a basic assumption is that parents are not very powerless and can both improve their own health and have an impact on their relatives' substance use.

5.2.7.2 Sub-theme: Parents difficulty in coping with the addiction behaviour of their children

All the participants stated that it was difficult for them to cope with their children behaviour. Parents highlighted the difficulties they experienced in managing and coping with the addiction behaviour of their children. It emerged that parents were negatively affected by their children's addiction and they ended up not coping completely. Participants also indicated that due to the crisis and stress experienced because of their children's addiction, they expressed feelings of despondency and resentment as they had exhausted all resources and nothing seemed to have been effective. They felt that nothing else would ever take them out of their misery except for their children to die, the parents indicted difficult in coping, defeat and feeling resentful. Participants experience parenting these young people as complex, demanding, overwhelming and highly stressful. Direct words from Participants:

"We try to cope but it is hard as we are now out of options on how we can beat this problem as it affects the whole family, so we will see when and how will this entire end. We really tried our level best to help him but he does not accept our help" (Participant 17).

"I try to cope but it is hard because we don't know what will happen and when will this end, so I guess we have just accepted this situation" (Participant 18).

Jackson, Usher and O'Brien (2006:323) in their study on fractured families, reveal that families became fractured and split because of the on-going destructive and damaging behaviour of substance abusing youth. This had a profound effect on family functioning, touched every other member of the immediate family, and coloured every aspect of family life. These stressors had continued over years rather than months and as family members became exhausted by the demands of substance abusing youth, family relationships were ruptured and damaged. Participants described a sense that their families were being torn apart and reported having to take previously unimagined steps such as asking these young people to leave the family home and thus wishing them dead.

5.2.7.3 Sub-theme: Parents intimidation by their addicted children

In an African context, family relationships are based on being functional where an individual family member takes responsibility tasks and roles, which are ascribed for them. The family develops dynamics and patterns of living, which each member contributes to. For example, the family could share the responsibility of maintaining the house such as cleaning, cooking, and working on the garden. An addicted child refuse to carry out any of this duty.

As a result, the relationship, according to the African values and norms, is no longer respectful. In the African traditional culture, ma younger individual is supposed to show respect to an older person at all times through verbal and non-verbal communication such as speaking in a low toned voice and minding what is being said to each other. Shouting would be considered disrespectful, however based on what Dora said on the above quotation, there reflects the lack of respect in relation between the *nyaope* user and the family members.

The majority of participants did not specifically mention intimidation by the addicted child, the researcher is of the opinion that it is important and relevant to focus on it, as other parents may not have felt comfortable to mention it. The researcher has on several occasions, been confronted with such cases of youth intimidating parents. As addiction persists, the addicted child might turn to being aggressive towards the parents, in most cases the mother. Words from the participant.

“She often shouts and accuses us of not trusting her. She always says that we always think that she is up to mischief. Unfortunately, I no longer trust her” (Participant 22).

List Bezuidenhout (2004:128) states that besides the fact that the use of alcohol and drugs can affect the general behaviour of the individual, specific behavioural changes can also. These will, however, be determined by the duration of the use, the type of substance used, the quantity used and the frequency of use. Bezuidenhout (2004:128) further elaborates those individuals to tend to become aggressive, moody and uncooperative. It should also be noted that since the majority of the participants were females, it might be possible that other female participants may have been at risk of being intimidated by their addicted children.

Orford, Velleman, Copello, Templeton and Ibinga (2010:45-46) state that the unpleasantness of addicted family members' behaviour towards other family members

was described as taking a number of different forms. Physical violence was variously described as irritability, verbal abuse, rudeness, criticism and domineering behaviour. Sometimes it escalates to threatening, pushing, punching, and hitting or breaking furniture or other objects. To these forms of direct aggression were added deceitfulness and lying and sometimes the making of false accusations about the family member to other people.

As mentioned in the above discussion, parents whose children are addicted to *nyaope* found it difficult to cope with the behaviour of their children. Therefore, they need support so that they can be empowered to deal with the situation effectively. Parents often blame themselves and feel responsible for their children's addiction and this diminishes the confidence they have in themselves and in what they know.

5.2.8 Theme 8: Parents observation of change in friends of their children

5.2.8.1 Sub-theme: Parents indicated poor academic performance of their children

The participants indicated that their children's academic performance had dropped they also mentioned that this is because they have been bunking classes and at times they will be pretending to go to school but never reach the school. Direct words of participant.

"I have tried by all means to send my son to a good school now he has dropped out, it has stressed me a lot especially when I think of all the money that I have spent to good schools from the lower grades up to this far and all I get is this bad behaviour. Worse he steals from me on top of that and still I am supporting him and he is not grateful for all that, it is really heart breaking I don't think I can ever be hurt more than this". (Participants 3).

The common scenario in townships is that parents leave as early as 4 to 5 am to catch a train or bus to work leaving children still in bed, and they come back between 6 and 7 pm. With the absence of a parent for the whole day, it is easy for a child to abscond from schools without parents' knowledge. This was a painful experience for parents as it indicated that their children will not have a bright future and will thus remain

dependent on them for the rest of their lives. The parents saw education as one factor that could restore dignity to their children.

This made the parents feel inadequate, depressed and frustrated. Dube (2007:29) confirms that drug use is a problem for the school-going adolescent because it undermines a student's academic ability and performance. Bezuidenhout (2004:127) explains that most addicts find it difficult to cope with school work and perform according to the expectations of their family. Lawson (1992:18) also confirms that children who are involved in substance abuse will display the following behavioural pattern academically absenteeism, sudden drop in grades, incomplete assignments. Lawson (1992:18) further warns that parents should be concerned if they receive calls from school that their adolescent is missing class or exhibiting abusive behaviour; or, of course, find drug paraphernalia. This results in conflict, leaving parents feeling helpless and despondent due to their children's poor academic achievement. The addict may experience aggression from parents, resulting in the children leaving the home or attempting suicide, which can be very challenging and frustrating for the parents.

Combrinck (2008:223) (in Gouws et al.,) states that it is easier for children to get drugs at schools today than to get a cigarette. When Combrinck visited schools to give talks on drugs, he found that most children could name all the drugs available on the market before he started his presentation, which indicated that drug abuse amongst school-going children is a cause for concern. Children are involved in drug abuse at a young age and as a result, there is significant correlation between poor academic performance and drug abuse. Serro (2008:223) (in Gouws et al.,) argues that drug abuse in South Africa has become so bad that experts say that all the schools in the country have a drug problem and that it is out of control.) Serro (2008:223 further states that the average age of first-time drug users in South Africa in 2002 was 19 years of age. Compared to the current situation where the age is 10 years.) This is an indication that in the present era children starts experimenting with drugs very early in life.

Participants reported that they had observed unusual behavioural patterns from their children, which they suspected could be a result of their children being using some form of drug. This showed by the regular changes in friends and spending increasing

time on the streets. According to the United Nations (1992:15), drug users, like other people seek approval for their behaviour from their peers whom they try to convince to join them in their habit as a way of seeking acceptance. Whether peer pressure has a positive or negative impact depends on the quality of the peer group. Unfortunately, the same peer pressure that acts to keep a group within an accepted code of behaviour can also push a susceptible individual down the wrong path

There is a relationship between substance abuse and peer pressure. Children who keep company with others who do drugs are more likely to abuse drugs as well. As children grow older, the influence of their friends that surround them becomes more important. Because of this influence, children start to develop a drug sub-culture with a unit of friends who also abuse drugs as well. This research also noted that certain signs of adolescent drug abuse include changing circles of friends and giving many excuses for staying out too late. This is supported by Lawson (1992:12-17) to the fact that adolescents take drugs because of a drug effective motive, a desire to produce a “high”, a mellowness, an ease with friends, and a feeling of greater creativity.

Gouws, Kruger and Burger (2008:131) state that peer group is a critical determination in the development of a value system. Since acceptance by their peer group is essential for adolescents, they conform to the standards and limits for admissible behaviour set by the group. This is particularly the case in families in which parental influence has declined. Adolescents primarily turn to peers in reaction to parental neglect and rejection. The unstructured leisure hours spent with peers afford adolescents the opportunity to develop skills enabling them to assume roles. The peer group sets the standards and behaviour limits to which adolescents conform. Criteria for acceptance by peer group sometimes clash with those that parents deem suitable. This was found to be true in this research.

Unfortunately, in some other cases this new set of standards and behaviour limits set by the peer group tend to clash with those of their parents, since parents usually encourage adolescents to choose their friends from peers with the same value orientation that they have established in the home.

According to Thom (2008:131-132) (in Gouws et al.,) peer groups can help adolescents to attain autonomy with respect to a moral perspective or system of their own by the following means:

- Adolescents are increasingly treated as the equals of adults and they develop the self-confidence to decide together with their peer group about the implementation and the amendment of rules.
- During interaction with the peer group, adolescents become aware of the interchange ability of roles and of co-operation between individuals.
- Through increasing interaction with the peer group, adolescents come to realise that individuals behave differently because they maintain different sets of values, which means that other people's values are now considered.
- When adolescents meet, they have discussion that last for four hours, and these often result in clarity about existing values or changes in values.

5.2.9 Theme 9: Parents effort to assist their children to rid them of *nyaope*

The parents tried different means to help their children to rid them of addiction to *nyaope*. They also indicated that they found it difficult to cope irrespective of how much they tried to give parental advice. They continued to give parental advice and show love and understanding but found that this does not help in any way. Parents, especially mothers as nurturers, always feel compelled or have a strong urge, to assist their children in whatever happens to them. Mothers are naturally protective of their children and when a child is an addict, parents will naturally try to do everything and anything they can to “fix” the problem, and many times worry themselves sick in the process. As the Setswana saying goes “*mmangwana o tshwara thipa ka fa bogaleng*” literally meaning ‘the mother is always ready to face danger in order to protect her child’ (<http://lefoko.blogspot.com/2008/10/Setswana-diale-le-maeledioms-and.html>).

“I have tried to help him as we took him to rehabilitation centre, and when he came back his friends were waiting for him, then he went back to using the drug, and then there was nothing else I could have done further than that” (Participant 10).

“I am tired of this child because he went to rehabilitation centre few years ago and not once but he is always going back into using this drug/nyaope even though he can see that this thing is killing him, so now I just decided to let him be, and he will see for

himself when the time goes on, as long as he stays away from me and other children who obey and respect me. I am really tired” (Participants 12).

5.2.9.1 Sub-theme: Parents needs for spiritual support

Participants highlighted that they need care and support from the church and pastoral counsellors, due to traumatic experiences they encountering in their daily lives. Trauma is the result of an overwhelming amount of stress that exceed one’s ability to cope with or integrate an experience. There are many ways in which parents experienced trauma. It is a reaction to a specific event or experience, or the result of a long period of experienced difficulties. The experience of trauma is part of life and it affects all aspects of human being the physical, emotional, cognitive and spiritual selves. It is important to remember that trauma, and the impact thereof, is very person-specific. The above statement is true, as it has been established by the researcher that within the church’s system there is no model of caring for traumatized parents, siblings and significant others who has been affected by their substance abusing youth. The participants also indicated the feeling of embarrassment, confusion and frustration and can drastically, affect a parent’s ability to function at work and at home.

The researcher seeks to do the following:

- To therapeutically work with parents in such a way that they will break the silence.
- To encourage parents to support one another.
- To build self-esteem and confidence to face the challenge.
- To form partnership with parents from other congregations, who have the same challenge.
- To raise awareness of the dimensions of crime committed by nyaope addicted child.
- To establish educational programs of substance abuse.

- To actively support the victims of crime committed by addicted child
- The researcher will help the parents to create groups so that parents can come together and share experiences, as a way of educating one another.
- Two therapeutic models of healing the parents will be used

5.2.9.2 Sub-theme: Parents seeking religious help for their children

The general feeling of the participants was that, despite talking to their children about addiction problem, it persisted. When they realised that, they tried to get religious help from faith-based organisations. Lawson (1992:509) explains that churches not only continue to respond to spiritual needs, but are also paying more attention to economic and social development issues. The churches found that they had to respond to more families under stress and living with substance abuse. This was found to be true in this research. The majority of the parents indicated that they took their addicted children to church for spiritual counsel. However, churches are also known to have been conservative in their attitude towards substance abuse, and this restricts the element of freedom to talk to conservative ministers. The church has sometimes been known to view substance abuse as immoral or indecent. Notwithstanding this, the religiously motivated view encouraged participants to seek religious help to assist their children to get rid of *nyaope* addiction.

Gossop (2000:6-7) states that the early teachings of the Christian church played a significant role in minimising the use of drugs. Gossop (2000:6-7) further explains that the Christian church felt that an altered state of consciousness was associated with more 'primitive' religious, or, in more dramatic cases, possession by evil spirits. Therefore, drug abuse was frowned upon and as such, the use of drugs was severely limited. Participants felt that their children's addiction problem was associated with being possessed by evil spirits (drug addiction) would be removed through prayers to God. They further indicated that despite taking their children to church, the situation persisted; therefore, pastoral counselling is also needed.

Very, Hurlock, Rice and Dolgin (2008:143) (in Gouws et al.,) note that a person religion means a faith and hope to which an adolescent can cling during the uncertainties and vicissitudes of development. Adolescence is commonly regarded as a period of strain and insecurity, and every adolescent needs a belief system that is personal and meaningful to him or her as individual.

According to Thom, Herner, Spanier, Rice and Dolgin (2008:144) (in Gouws et al.,), religion is important to adolescents and indications that adolescents value religion include the following:

- The population of adolescent attending church indicates a high level of religious commitment.
- Organised religion as a moral, philosophical and social institution is of central importance to adolescents in the sense that the proportion of adolescents who rate religion as being important, shows a commitment to religious institutions.
- Adolescent religious dispiriting influences their moral behaviour and development.
- Moreover, adolescents need a faith that can influence their lives with meaning.

Lawson (1992:280) asserts that religious organisations play an important role within the inner city and within drug-affected communities. They are often focal points for community activities and family gatherings, providing spiritual support to the neighbourhood. In addition, the moral and ethical principles provided in spiritual guidance are incompatible with drug abuse values. Parents have resorted to seeking religious support with the belief that their addicted children will adopt “new accepted moral values” which in turn will help them to change their addictive behaviour.

5.2.9.3 Sub-theme: Parents tried to get professional help for their children

The view from the participants regarding their needs for professional support is that they need more reaffirmation and reassurance as they blame themselves for their children’s addiction to *nyaope*. They feel that they are incompetent; hence, their children are abusing *nyaope*. They also indicated that they think some of the efforts and decisions they took to help their children were inappropriate. Therefore, they indicated that they need counselling to reaffirm that they have done enough to

discipline their children, so that the (participants) can stop blaming themselves for their children's addiction to *nyaope*.

“Parents whose children are addicted to *nyaope* need professional support because the effects of their children's addiction may work to distance them from others, as well as diminishing the confidence in what they know and believe in. It is imperative for parents whose children are addicted to *nyaope* to get appropriate professional help so that they can realise that they are not alone. Rogers (2003:68) (in Grobler et al.,) confirms that individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behaviour. These resources can be tapped if a definable climate of facilitative psychological attitudes can be provided.

Participants also indicated that they tried to get professional help and other means to help their children rid themselves of addiction to *nyaope*. They mentioned that they turned to a social worker, psychologist, psychiatrist and other appropriate professional support systems to help their children to rid them of the addiction to *nyaope*. Lawson (1992:85) asserts that traditionally, treatment models have been based on the research theory of white, middle-class, males suffering from alcoholism and drug abuse. As the average age of patients admitted to substance abuse treatment programmes fell, the field began to notice that adolescents could have drug and alcohol abuse problems that were serious enough to need professional treatment.

As the addiction intensifies, the abuser will automatically have an uncontrollable urge to satisfy the need to repeatedly use the substance. As a result, the parents find it extremely difficult to control the behaviour of their addicted child. In an effort to rid their children of the addiction, parents will then resort to professional help. In other instances, parents will send their children to treatment centre or therapeutic community.

Therapeutic communities focus on making lifestyle changes so that the person will find rewards for staying drug-free and will function more appropriately in society. According to Zastrow, (2000:113) therapeutic communities are long-term residential treatment programmes with patients usually staying from twelve to eighteen months. According to Project Know.com, counselling for parents with children on drugs is crucial for child development and such assistance for parents can emotionally, physically, and

mentally assist parents to cope with the situation. Counsellors and therapists can provide an objective view and help parents take the emotion out of their decisions when handling their child's drug use

5.3 Preliminary Conclusions

The data analysis helped the researcher to be able to identify various significant themes and sub-themes in which allows one to draw conclusions on the experience of parents of substance abusing youth. Data analysis helped in revealing financial issues related to having a family member that is addicted to the drug *nyaope*, these financial issues causes conflicts to all parties involved. For example, the study has revealed that substance abusing youth steals from their families, neighbour and community, and in most cases, there has to be someone held responsible and accountable for those actions. Unfortunately, the parent or breadwinner of the addicted person take responsibility for all the damages be it in the family, neighbour or community. Data analysis has also revealed the stigma attached to *nyaope* addict family members. Parents experience emotional distress caused by substance abusing youth. It emerged that parents are negatively affected by their children's addiction and they end up not coping completely.

In Chapter 6, the focus will be on applying therapeutic healing models based upon biblical principles.

CHAPTER SIX: POSSIBILITIES FOR HEALING

6.1 Introduction

One of the resources available to address the experience of parents of substance abusing youth is the church, which journey with the parents in this situation. The church's challenge is to care and heal the broken parents. This research focus is to create a pastoral model that will provide effective spiritual care to parents of substance abusing youth. The main concern of the research is to develop a model of therapy to help pastoral care givers and clergy to pastorally care for parents

Several therapeutic models of healing will be used as methodology. The first model will be, *The Shepherding Model of Charles Gerkin*, which will provide an on-going pastoral care to address the experiences of parents of substance abusing youth. Pastoral care as a branch that derives from the biblical image of shepherd and refers to the concern expressed within the religious community for persons in trouble or distress will be employed. Furthermore, Pastoral counselling which is the utilization by clergy of counselling and psychotherapeutic methods to enable individuals, couples and families to handle constructively, their personal crises and problems.

The second model will be, *Positive Deconstruction Model of Nick Pollard*, Pollard's which will be used to empower the parents in deconstructing the behaviour of *stealing, changing friends and poor academic performance* at school of substance abusing child. The model focus on deconstructing positively the negative attitude of the parents of substance abusing youth, reconstruct, and replace their parenting skills with effective results. You need not to change everything, all you need to do is to take out that which is mal-functioning and replace it with the appropriate best parental effective skills. Therefore, dealing with the addicted child requires the parent to deconstruct the negative behaviour of the youth and replace it with the positive behaviour. That means the parents must not disown their children due to addiction to *nyaope*.

The third model will be, *moving from Shame to Self-Worth Model of Wimberly*, which is suggesting the practice of Bible stories in our mission to heal the troubled parents.

Then the forth model will be, *Practical Theological Interpretation model of Osme, which will*, used in the form of answering the questions arising from traumatic and stressful

experience of the parents of substance abusing youth. This therapeutic model of healing falls under practical theology; therefore, interpretation and evaluation of the results of the research will be guided by practical theology.

Finally, the church, programme of the healing services in the African Independent Churches (AICs) will be very helpful in addressing the experience of parents of substance abusing youth.

6.1.1 Gerkin's shepherding model

Parents experience many negative effects associated with having a substance abusing youth in the family; for example, the addicted child causes disharmony and conflicts within the family, therefore find it hard to cope. Khumalo (2019: 2) "The relationship with their child could be difficult and may not exist while the estranged child is in rehabilitation. The relationship has to be resume with great difficulty upon discharge. Youth addicted to *whoonga* are difficult to live with because they are irritable and unpredictable, having anger outbursts. Before they steal from the community, most start within their household: devices, appliances, and money disappear".

The researcher will employ The Shepherding Model of Gerkin, which will assist the pastor in journeying with the parents of substance abusing youth in *disharmony, disequilibrium, conflict and fights* in the family. The parent relationship problems of being bullied and harassed by substance abusing youth will be addressed by shepherding model. The above approach will then help the researcher in *bring courage and restore hope in the wounded parents of substance abusing youth*.

A pastor or a leader of the church is expected to be like a caring shepherd who provides, protects, corrects and comforts the flock. This pastoral care model can be used in a caring way, while working therapeutically with these traumatized parents.

Gerkin (1997: 23) introduces four different pastoral care models, concerning the possible ways in which the Pastoral Caregivers should care for people.

- The pastor as priest is responsible for educational processes to the community of faith.
- performing rituals by carefully administering the Christian symbolic acts of receiving of bread and wine, laying of hands, and administration of water baptism and ministering The Pastor as prophet speak as God's mouth piece, and challenge all acts of abuse that traumatize parents, sibling and significant others of substance abusing youth.
- The Pastor as wise men and women who offer mediation and counselling which covers guidance, healing, reconciling and sustaining troubled people of God.
- The Pastor as the shepherd who journey with Gods people and gives spiritual direction at all the times through counselling, healing, supporting and liberating.

David testified the Lord is his shepherd. The researcher agrees with him because the parent is scared of his/her own child.

The above idea of the shepherding model is taken in the imaginary of Psalm 23. Gerkin (1997:27) says: "Here the Lord, God is depicted as the Good Shepherd who leads the people in the path of righteousness, restores the soul of the people, walk with the people among the enemies and even into the valley of the shadow of death." The researcher believes that this type of caring is extremely important especially when working with traumatized parents of the substance abusing youth. Remember that in most cases, the pastor or counsellor is often the only immediate available resource for the support and guidance at times of troubles. Therefore, the pastors and counsellors must deal with the process of recovery and healing immediately and after a traumatic experience. The researcher understands that the pastor/shepherd of our post-modern era is holding different and huge responsibilities, which pertain in helping families on moral issues.

The researcher explores and make use of shepherding model of which care for parents, siblings and significant others is very important.

Gerkin (1997: 42) alludes that reconciliation of the individual soul to God and guidance in the spiritual life is the central pastoral care task. Gerkin (1997:118) further indicates that: Pastoral care involves not only the care of individuals, but also caring for the community itself. The researcher agrees with him because an addict affects other people in the family and outside the family.

With case studies, the researcher has realized that there is a need for getting a model for addressing the traumatic and stressful experience of parents are exposed to in their families by substance abusing youth. The researcher explores and makes use of shepherding model which and cares for individual as well as the community. Accordingly, that model can assist and empower ministers, pastoral caregivers with special skills towards healing those who are traumatized by substance abusing youth. The researcher will apply these models, to restore, revive, and improve quality of life for the parents, siblings and significant others affected by substance abusing youth.

The shepherd image model first appears in Jacob's blessing for his sons. He declared the hand of the Mighty on Jacob as Shepherd, the Rock of Israel (Gen. 49:24). The prophet Isaiah also applied the shepherd image of God:

Isaiah 40:11: *"He tends His flock like a shepherd: "He gathers the lambs in His arms and carries them close to His heart; He gently leads those that have young."*

This model will help pastors to enter into the space of the parents, who are wounded and work with them towards healing. For example, according to the prophet (Ezekiel 34:11-12, *"For this is what the Sovereign Lord says: I myself will search for my sheep and look after them. As a shepherd looks after his scattered flock when he is with them, so will I look after my sheep, I will rescue them from all the places where they were scattered on a day of clouds and darkness."* Thus, shepherding is a biblical method of pastoral care, which aims at helping those who are wounded by any kinds of issues, in my case it is trauma caused by stealing of valuable household items from the home and selling at cheap prices by their own children.

Gerkin (1997:27) refers to the pastor as a caring shepherd of the flock of Christ. The model of caring is viewed as the central metaphor of the life in the Christian

community. Thus, the pastor is regarded as the shepherd and the Christians are the flock of Christ, which need care and nurture at all the time. The researcher believes that the shepherding metaphor is appropriate as a grounding metaphor for the care-giving pastor.

John 10:14, Jesus portrayed himself as the Good Shepherd who is willing to lay down his life for his sheep. *“The shepherd knows his sheep. His sheep know the shepherd and recognize his voice at all times”*. This was particularly important in Jesus’s time because different shepherds used to bring their sheep together at night-time. In the morning, each shepherd would call his sheep using a distinct way, which was only recognizable and familiar to his sheep. Hence, the words of Jesus, *“They too will listen to my voice”* African people can uniquely relate to this image of Jesus and model of Gerkin because in our villages boys especially are being taught to be shepherders. Their task is precisely to do what Gerkin is mentioning, Jesus is proclaiming, and that is to care for the sheep by journeying with them at all times. This relates to human responses in all spheres of life, that they should conduct themselves in a way that has been commanded by Christ. In particular, it applies to the church leadership of how they should care for his defunct members. It is also a guide to the pastor to relate and interact with all of God’s people in such a way that is not judgemental and condemning but caring, compassionate and concerned.

Gerkin (1997: 27) says: *“From early Christian times to the present the image of the pastoral leader as the shepherd of the flock has persisted as a prototypical image applied to both pastors and ecclesiastical leaders of the institutional church.”* He alludes that, with the coming of Jesus, who, according to John’s Gospel classifies Himself as the Good Shepherd, the shepherding image takes its place as a main foundation image for ministry”. Therefore, pastors and care givers are called to do the same as our Master; Jesus Christ did, caring for the flock in such a way that they are protected from wild animals. Their task is precisely what Gerkin is highlighting and Jesus is declaring that to care for the sheep means journeying with them at all times. This relates to human responses in all domains of life, that they should conduct themselves in a way that has been commanded by Jesus. In particular, it applied to the church leadership of how they should care for its traumatized members. It is also

a pointer to the appointed pastor to relate and interact with God's people in such a way that is caring, compassionate and concerned.

In the New Testament (1 Pet. 2:25), Jesus is called the great shepherd (Heb. 13:20) and the and manager of your souls. Jesus Christ identifies Himself as the "good shepherd" (Jn. 10:14), confirming that the work of salvation is that of a shepherd caring for a flock of sheep. Jesus Christ is the true shepherd. Jesus came that sheep may have life, and they have it to the full. He proved that He is the good shepherd, by laying down His life for the sheep (Jn.10:10-11). John 21:17 show us how to take care of the sheep. Pastoral counsellors are called the spiritual caretakers who feed the Lord's sheep.

As spiritual caretakers, pastors have sacred assignments to search the lost, heal the injured, and feed the hungry in Jesus Christ. Pastoral counsellors are commissioned to proclaim Christ and lead the parents of substance abusing youth to live fully in His image. The researcher views ministry as connecting soul-care ministry and mentoring ministry.

Gerkin (1997: 115) indicates that, pastoral care in the Christian sense involves both care of the community and care of persons involved in any situation with which the pastor is confronted. It encompasses the pastor as a leader of a community of faith, and a symbolic representative of the Christian tradition in personal relationships.

Therefore, when *nyaope* addicted children impact their parents negatively, the pastor must intervene as the shepherd. The New Testament (John 10:14) depicts Jesus as the Good Shepherd who knows His sheep and who is also known by them. Jesus says, "*I am the Good Shepherd; I know my sheep and my sheep knows me*" This was mostly important in Jesus's time because different shepherds used to bring their sheep together at night. In the morning, each shepherd would call his sheep using a distinct way, which was only recognizable and familiar to his sheep. Therefore, as pastors and care givers of Christ we are called to care for others as our Master did. Pastoral leadership in theological reflection is all about care. Our God is a caring God. Jesus

said to Simon Peter (John 21:15-17) “*feed my lambs, tender my sheep, feed my sheep.*”

The context of this research is rooted in African Churches, a great emphasis will be laid on African Shepherding which will suggest to the church how it can care for traumatized parents, siblings and significant others.

Gerkin touches on the researchers past recollections of that entire he has learned in the mid-sixties as a herd boy.

The researcher who in his early years was raised up tending the family livestock in QwaQwa, the Basotho Homeland in Free State Province during apartheid times, will expand on Gerkin’s model of shepherding. His parents owned a small holding at ‘*dering*’ meaning dairy outlet at Mphatlalatsane district. The home land is situated and surrounded by mountains in the eastern part of Free State Province. Because of the poor economic position of the province, most of the people earn their living through livestock and farming. The majority of boys in the rural area become herd boys at an early age. The researcher became a herd boy at the age of twelve, and had to be taught rules and duties of caring for the livestock by the older herd boys. That is:

- To have a full knowledge of the livestock that one is in charge of.
- To have a passion and special love for the flock.
- To grow in strength to face the problems one encounters in the process of shepherding.
- To be ready to sacrifice one’s own life against predators that might come to devour the flock.
- To be able to discover the terrain for good green pastures for the flock.
- To be a real man who is able to keep shepherding secrets, which are not, supposed to be disclosed to anybody in the village.
- To learn to eat two times a day, in the morning and late in the evening.
- To learn to overcome and solve your problems by yourself without seeking any advice or assistance from anybody.

These are some of the skills taught, which help one to have the necessary ability to care for the flock. Gerkin speaks of the expected leadership qualities, which the good shepherd should have in Pastoral Care as a ministry. Gerkin (1997:81) suggest that we will have to keep before us the ancient function of pastor as a mediator and reconciler between individual believers and the community of Christians”. The entrusted responsibilities of the shepherd were a matter of absolute seriousness. The herd boy would be punished for not bringing the flock back home at the set time. Being the shepherd (priest) of God’s flock now, past experience challenges my pastoral ministry even more, but also helps me to understand better the way of caring for the people of God, by being a mediator and reconciler for individuals and the entire community entrusted in pastoral care ministry. Although Gerkin is helpful in proposing, the shepherding model of care and concern out of love. This does not fully address the correctional steps to be taken in helping the parents in addressing and reconstructing their lives. To address the brokenness, the pain and the trauma the researcher will apply Nick Pollard’s positive deconstruction model.

Here the parents will have to employ Pollards Positive Deconstruction model. The stimulation to create such a model came to him after he had deconstructed and reconstructed his old car into a new one. When he was still an undergraduate student, he bought his first car, which was an old vehicle. The bodywork was still good but other parts were worn out. Then he found another car of the same make and model, which he bought. By stripping both cars apart completely, he was able to use only the good parts of both and assemble one good car. What could not be used, he threw away. In his words, “this wasn’t the negative deconstruction of a vandal but rather the positive deconstruction of a mechanic. Pollard (1997: 45) with his positive deconstruction will be used to address the experience of the parents, siblings and significant others. of substance abusing.

The researcher believes that the above concept of positive deconstruction and reconstruction could be used in therapy in order to help people who have internalized negative feelings about their children. To assist them by taking apart what they feel. In the process, we need to affirm positive elements as they relate their story, doing

away with the bad and negative, and to guide them to see and discover new possibilities or alternative outcomes.

6.1.2 Pollard's positive deconstruction model

Parents experience many negative effects associated with having a substance abusing youth in the family; for example, emotional distress and physical manifestation of that stress. *Giving the parents a new hope for living.*

Positive Deconstruction model will be used to empower the parents in deconstructing the behaviour of *stealing, changing friends and poor academic performance* at school of substance abusing child. Those that are involved in the use of *nyaope* are usually unemployed and have no sustainable income to depend on, so they can maintain their access to *nyaope* (Mokwena & Morejele, 2014: 374). Further, some studies have reported that *nyaope* users are usually *not attending school* or involved in any other activities in the community such as sports etcetera. They use *nyaope* as a way to keep themselves busy and deal with their different stresses of life such as *unemployment, which* haunts a larger population of young people in South Africa. Shembe, (2013) affirms that owing to financial challenges, such as unemployment, which is mentioned above, users are forced to engage in *petty crimes* and sometime family members for money to sustain their drug use (Mokwena & Huma, 2014).

The inspiration to create such a model came to him after he had reconstructed his old car into a new functioning one. When he was an undergraduate student, he bought his first car, which was an old vehicle. The bodywork was still in good condition but the other parts were worn out. Then he discovered another car of the same make and model, which he bought. By taking apart both cars completely, he was able to use only the good parts of both. What could not be used, he threw away. In his words, "this was not the negative deconstruction of a vandal but rather the positive deconstruction of a mechanic" (Pollard, 1997:44). The researcher agrees in no lesser terms that the proposed model of Pollard who is an advocate of positive deconstruction will address the most helpful way out of the disappointments and frustrations presented by the effects of trauma, which ultimately lead to the sense of worthlessness. The researcher

also believes that Pollard's model will help pastoral care givers to empower and reconstruct the behaviour of the traumatized parents so that they the parents will be able to work it on to their children.

Pollard believe that positive deconstruction is a process and has four elements, which are; *Identifying the underlying worldview, analysing it, affirming the elements of truth which it contains* and finally *discovering its errors*. A brief explanation of these above four elements follows in this way.

Identifying the world view

Pollard (1997: 48) observed that once someone's scope is developed through knowledge acquired in books, that individual's tendencies take a particular stance in life. As he was observing different groups of people, Pollard concluded that most people seem uninformed of the worldview they have absorbed and which now underline their beliefs and values. That is the reason most people find it difficult to articulate a worldview. Some express a belief or live in a certain way, without knowing or even thinking about the worldview from which their belief or behaviour derives. As the study unfolds, it will be evident as to whether Christians exemplify what they are believed to be. Pollard's journey proceeds by analysing people's world view.

Analysing the world view

After we have identified a particular worldview, we can move to the next process, which is to analyse it. In order to be able to analyse a person's world view Pollard comes up with what he terms philosophical tests of truth. The following questions are asked, "is it true?", "is it coherent?", "does it correspond with reality?" and "does it work?" Pollard (1997: 53) insists that as part of the analysis difficult questions have to be asked. Without taking things at face value, whatever there is, as a belief system should be tested to see if it is sensible? If not, Pollard believes that it should be challenged, no matter how much it has existed in that community, to bring about healing to the troubled souls, which is the researcher's intention. This simply means the study wants to know if the statement is true, if so it should correspond with reality. If the statement is not true, it will not contain logic inconsistencies or a contradictory position.

If what they believe does not correspond with reality, deconstruction of the mind is of necessity. For instance, parents might dis-own their children and say that they cannot cope with the behaviour of their children, and the pressures from the society. Pollard (1997: 53) in addition argues that finding the truth enables us to function whereas error does not. He then moves to the importance of affirming any truth that exists out there.

Affirming the truth

It is extremely important that we affirm the truth in other worldviews, even though we do not subscribe to them. Pollard is of the view that truth could be derived from both Christian and non-Christian beliefs. However, many people are uncomfortable with the idea that any non-Christian worldview might contain truth. Others are not only uncomfortable but they believe that other faith-based organizations are very wrong and Christians have the absolute truth.

Pollard (1997: 56) believes that the truth as believed by others should be affirmed. This means it should be put to test before disputing it. Failure to do that also tempts people of other faiths to doubt Christian's view too. This might be a hindrance to them because Christians might also run into error. Every human being error in spite of their religious convictions. Where there is error, it has to be identified. Only then shall Christians be able to help people to see the error for themselves so that they become uncomfortable with their current view. The final stage according to Pollard is called discovering error.

Discovering the error

Pollard (1997:56) analyses a worldview using the third criteria of truth that we are attempting not to affirm truth but also to discover those errors. It is a requirement that worldviews be identified, and it is necessary to analyse it. It is valuable to affirm the truth it contains, but it is also vital for its errors to be discovered. It's only then that we shall be able to help people realise this error for themselves, so that they become uncomfortable with their existing view. The above undoing will be helpful in working with the experience of parents of substance abusing youth. However, most Christians are not comfortable in doing such an exercise because it shakes someone's faith and thought patterns. Most often than not, Christians go through phase as they come to terms with new information, particularly if it is outside their faith. Christians go through

the following emotions: Emotional reactions born out of ignorance, as they believe their faith is absolute. As they discover more information, they then go into depths of the truth they have just discovered. Through a lot of self-introspection, they are then convinced about their discovery. This also gives them time to discover if there is any error in what they have come out with.

Nick Pollard (1997:44) in his theory talks about looking at an issue holistically and removing the part that is not working properly and replacing it with the same part that is working well and better. Pollard (1997:45) adds: “The process is deconstruction because I am helping people to deconstruct (that is, take apart) what they believe in order to look carefully at the belief and analyse it. The process is positive because this deconstruction is done in a positive way – in order to replace it with something better. Positive Deconstruction theory will be fully employed in coming up with the comprehensive caring model. The researcher believes that this method of evangelism can be helpful to parents whose addicted children to *nyaope* needs positive deconstruction and re-construction of behaviour. The pastoral care givers can empower and reconstruct the behaviour of the parents of substance abusing youth.

Pollard’s Positive Deconstruction theory will be fully employed in coming up with the Comprehensive caring model. The researcher like to achieve these outcomes;

- Identify the causes that lead one into becoming an addict
- The behaviour of *nyaope* abusing youth
- Recommend a healing process for traumatized parents of addicted children
- Empower the pastor to journey with the parent of substance abusing youth.

That means, to remove the behaviour of stealing, change in friends and poor performance at school by the addicted child and replace it with the habit of earning or

asking for your needs. Then the rest like change in friends, and poor performance at school will improve. The parents must assist their children to be able to earn a living for themselves. The parents must not give up and disown their own children, since there is no dumping place for misbehaving children. Your child is your child, given by God. Let us fix them by removing the bad habits and replacing them by good habits. The researcher believe that pastors are there to assist and *bring courage and restore hope* to the parents, like the mechanics who assist the car owners at all times.

The researcher as an accredited artisan in motor mechanic, who completed his N3 in automotive mechanical engineering and a three-year diploma (in motor mechanic trade) at Itemoheleng Trade College, and served apprenticeship for another three years at Vaal Diesel & Auto Electric workshop, and finally qualify at the Government Trade Test Centre. Moreover, later Boskop Training Centre as a Motor Mechanic Instructor employed him for 12 years. The researcher will expand on Pollard's theory of Positive Deconstruction by introducing a motorcar care service maintenance plan, which entails preventive maintenance, service maintenance, and repair maintenance. The above maintenance plans will be helpful when viewed through lenses of addressing experiences of parents of substance abusing youth.

These are the things that parents must do together with their children in order to promote participation in the things of God. To deal and face the shame and humiliation parents faces in their situation, the researcher will apply the model of Wimberly.

6.1.3 Wimberly's moving from shame to self-worth model

Parents experience many negative effects associated with having a substance abusing youth in the family, for example, despair, shame, and helplessness. According to Khumalo (2019: 2), Parents of children addicted to whoonga often become highly stressed. They also report feeling of shame, finding it difficult to approach extended family members who may also reject them. Such parents receive hardly any support.

The researcher is mindful that Wimberly's model is from an African American perspective. He is suggesting that we use Bible stories in our quest to effect healing the troubled souls. The narrative approach is an attempt by the pastoral care giver to

organize the counselling sessions in such a way that space and freedom are afforded to help seeker to relate his/her story uninhibited and uninterrupted. After having listened carefully to the help seeker's story as a point of reference, the pastor introduces the story to the bible story. The caregiver employs bible stories which are similar to the story of the help seeker and which the person can identify with. Wimberly (1991: 9) states this model of pastoral care as follows: "Genuine pastoral care from a narrative perspective involves the use of stories by pastors in ways that help persons and families to visualize how and where God is at work in their lives and thereby receive healing and wholeness."

The model of Wimberly will assist the researcher to create a model for healing and addressing shameful experience of parents of substance abusing youth, which ties with my proposed maintenance service and repair plan. The researcher will employ the model of Moving from Shame to Self-Worth by Wimberly, which will assist the pastor in journeying with the parents with *difficulty in coping with shame, despair, miserable, helplessness, intimidation by the addicted child*. In his book, *Moving from Shame to Self-Worth* Wimberly is encouraging affected people to create a resilience against the forces of destruction. He mentions extensively how Jesus dealt with his own shame and destruction others brought to him.

Wimberly points out that Jesus came to deal and face the shame and humiliation he confronted in his life like the story of his virgin birth. Wimberly propose that Christians can overcome shame by internalizing and re-enacting Jesus's stories in our lives. That is how parents who experience the trauma, rejection and shame of the behaviour of the addicted child, can be assisted. These theories of worth and dignity from Wimberly will enable the researcher to create a healing model for parents who experience shame and rejection done by the behaviour of their addicted child. Parents need to hold a state of resilience much as Jesus did. By helping the help seeker, the researcher will make use of Wimberly's model of healing to assist traumatized parents of substance abusing youth to change from position of shame and stigma, to self-worth and dignity. The researchers focus is to offer real value to people, so that they can live a better life they deserve.

6.1.4 Osmer's practical theological interpretation model

Osmer (2008: 33) maintains that pastoral counselling is a branch of Practical Theology, which needs to accommodate other, informed sources and be open to various methodologies in its effort to inform or redesign practice. Overall, Browning (1991: 7) and Osmer (2008: 33-34) argue that pastoral counselling must be grounded in praxis and informed by the social sciences. The purpose of this research to highlight the connection between the practice of pastoral care, life coaching and Practical Theology.

The need for collective efforts against the wave of *whoonga* addiction is not limited to the treatment of youth addicts only. There is a need to support families who are adversely affected by having a family member addicted to drugs. In addiction literature, mothers deal with a range of emotions that begin with knowing that a child is addicted; to fear for the safety of the children as mob justice may befall them. Intervention in drug addiction focus on the addicted person. There is little evidence, if it exists at all, of family members also receiving the attention and treatment they need. (Khumalo, 2019: 2).

Osmer explore four questions that can guide our interpretation and response to the situation of the parents of substance abusing youth.

What is going on?

Why is this going on?

What ought to be going on?

How might we respond?

Answering each of these questions is the focus of one of four core tasks of practical theological interpretation.

Osmer (2008:4) list four tasks that he argues contemporary practical theology attends to:

Descriptive-empirical: What is going on? Gathering information that helps us to better understanding particular episodes, situations, or contexts.

Interpretive: Why is it going on? Entering into a dialogue with the social sciences to interpret and explain why certain actions and patterns are taking place.

Normative: What ought to be going on? Raising normative questions from the perspectives of theology, ethics and other fields.

Pragmatic: How might we respond? Forming an action plan and undertaking specific responses that seeks to shape the episode, situation or context in desirable direction.

What is going on?

Parents and the family of substance abusing youth experience many negative effects, for example, financial problems, experience of stigma from neighbours, emotional distress, coping strategies, and awareness of available resources to deal with the problem.

Youth addiction to whoonga is related to crime, especially theft. In spite a number of addicts who hustle, by offering cheap labour, collect and sell plastic and scrap metal, wash vehicles, among other unskilled jobs, to sustain their addiction and unintentionally enrich drug dealers. Some of the addicts are prepared to do whatever it takes, including prostitution, housebreaking and mugging.

Black African youth in townships lack relevant skills for employment. Idleness and boredom lead them to enticement to drug use by peers.

As a highly unequal society, those who enjoy the least privilege and the lingering effects of apartheid could easily suffer the most, the Black Africans. In other instances,

peddling, and subsequently increase in the use of drugs is evident in countries undergoing socio-political transition (Khumalo (2019: 3).

Why is this going on?

Khumalo (2019: 4) alludes that there is a growing agreement that drug addiction is a means of escape, filling the void of not belonging. Such are the means with which to deal with displacement or alienation. This view proposes that to abate addiction, the focus must be on connecting fundamentals that increase human contact. The displacing of people damaged these traditional relationships and the individual-orientated kind of life the capitalist model engenders. Globalization is damaging to the local communities. A side effect of professional help in communities is that it erodes these bonds, taking away support that was originally given by community. An example is grieving, once it was the immediate neighbours and the community, rather than the therapy room that supported individuals.

What ought to be going on?

Khumalo (2019: 4) further alludes that the company of family and peers has positive effects, and sometimes prove necessary for recovery. There is evidence that an individual initiates recovery, but that long-term recovery is supported at individual and community levels. Family and the community support contests exclusion, and presents a therapeutic landscape. Further recruitment by recovering addict's strengths the individual addict to be part of the winning group of peers. The hope is recovery is contagious. Treatment should therefore assist to strengthen individuals and families and to build communities.

How might we respond?

The church leaders, especially the pastors, need to be equipped to be able to respond to the needs of others without passing judgement. In order to execute these efficiently.

Treatment of drug addiction requires specialised field of highly trained professionals' pastoral counsellors. Other supporting professional interventions and programmes such as social workers and psychologist are rendering their services to the communities.

The researcher agrees that together these four tasks constitute the basic structure of practical theological interpretation.

6.2 The family as a determinant of rehabilitation

In keeping with the observations of *nyaope* addiction as a warning sign of an existing problem, the attitudes, structures and functions of the family system have been shown perhaps as the one most significant variable in the successful outcome of addiction treatment. The substance abusing youth enters treatment from a family system and returns to that family system. If the family is dysfunctional, it may vitiate any individual treatment gains, whereas, if the family changes or adapts more appropriate functions, it may sustain improvement and change the behaviour of the substance abusing youth.

6.2.1 Counselling an African family today

Palmer (2014: 10) argues that African religion is the best starting point of any African worldview and especially as it concerns health, illness and healing. This is especially seen in the works of African writers and African theologians, some of them are Mbiti 1990, Bediako 1990, ed. Gibellini 1994, eds. Kanyoro & Njoroge 1996. Palmer (2014: 8) further quotes Pieterse expressing that when one studies South African theologians' concepts of liberation, one notes that they regard it as holistic and all encompassing and that they see it as something that effects every aspect of human life and human society and consequently reject all contradictions imposed by Northern theologies.

This can warrant us to talk about 'African worldview' as a 'single entity. Manala (2006: 2-4) points out that one of such core values is their religiosity which generally shaped their concept of life and existence. Mbiti's (1990: 256) insight is important here. He writes "...African people are deeply religious". It is religion, more than anything else, which colours their understanding of the universe and their empirical participation in that universe, making life a profoundly religious phenomenon. To be is to be religious in a religious universe. That is the philosophical understanding behind African myths, customs, traditions, belief, morals, actions and social relationships

Mbiti's (1990: 1-2, 77) highlights that Africans are notoriously religious is true because, some people in Sub-Sahara Africa, attach a lot of religious, values, morality and ethics to almost everything that happens in their lives, families or communities. There are various types of proverbial sayings among black people with much hidden meanings and one of them is: "nothing happens for nothing". This may imply the cause and effect principle, that is, whatever happens; especially a misfortune or addiction to *nyaope* has an identifiable cause and effect. This may explain why some Black Africans are too inquisitive or eager to know why certain negative things are happening to them, or to know the real cause and possibly the origin of addiction to *nyaope*. That is why some have to visit the fortune-tellers or traditional medicine men to explain to them the cause of their misfortunes. The other reason for parents visits the fortune-tellers or traditional healer is poverty.

Counselling an African family today is a very challenging task. There are serious challenges, issues, and trends, which call for counselling procedures and goals, which take cognizance of the unique situation in Africa. This also explain why some Black Africans acquire protecting medicines from witch doctors.

6.2.2 Strain between the old and the young

The situation in Africa today creates a dilemma. Trobisch (1971:43) explain that many African young ones, find themselves caught in backward pull of tribal traditions and the forward pressures of cultural change. This description by Trobisch throws light on the stresses that go with situations of this nature. It is essential for the Christian counsellors to tackle this situation and find ways of helping traumatized parents to cope and heal. Several decades ago, delegates of the All Africa Churches Conference recognized that the old and the new would continue to bump against each other with the old passing away but not fully past and the new having already come but not fully come

Trobisch (1971:43) argues that the traditional family system, which used to be quite common in traditional Africa, may no longer be acceptable while the nuclear family

common in the west is not a viable option. Some elements of the extended family must never be abandoned because they focus on basic human needs. The nuclear family has little support and few Africans cannot survive in this kind of family, hence it is not a viable option. The minister as a care-giver needs to understand both the old and the new contemporary ways in Africa.

There is a need for a counselling approach, which is creatively eclectic, meaning something from a broad and diverse range of sources. While the African world-view must be brought into the picture, it should be realized that Africans are also changing. A counselling approach based on one philosophical theory and practice cannot meet all the needs of the African families today.

Clinebell in Waruta (1995: 69) and others has developed and introduce a helpful school of thought on counselling. Although developed in the West, its principles are applicable to an African situation as well. This school of counselling does not focus on pathology, but on how to make good things better. Growth counselling as it is called aims at helping people grow fully to their God-given potential. The focus is not on what is wrong with people but on what is right and possible.

Clinebell in Waruta (1995: 69) further recommends three working principles, which may be applied to any system of intimate relationship like the family. The principles are growing, intentionality and generativity. Growing means potentializing on individual level and “actualizing of more and more of one’s particular life stage”. In a potentializing relationship the one who relates growing and encourages others to grow as well.

Intentionality means choosing one’s life goals and working to achieve them. This entails claiming and using one’s God-given power of choice and a better future for himself and his family. By the grace of God, human beings should be helped in being pilots of their lives and refusing to be prisoners of the inevitable changes whether coming within or outside.

Family members in Africa must be helped to make decisions, act on them and achieve together as a family in spite of the disorders around. Pastoral counsellors should see themselves as growth enablers and facilitators.

The third principle, which Clinebell advances, is that of generativity which means self-investment for others. Erikson in Waruta (1995: 69) saw generativity as a central life task and challenge in the middle adulthood. It “involves generating and nurturing life by caring for children (one’s own and others), the earth, people serving institutions, culture, art, or people in need. A person who grows normally helps the world become a better place for children”.

It is believed that good things do not just occur but are made to happen. African family members need to know that they cannot just play victim and allow their members to self-destruct in the sociological disorders of these days. The changes, which have been highlighted, should not be allowed to make people feel power-less and confused to do anything about their lives. Parents should be helped to seek creative ways of keeping the family intact and nurtured adequately. The survival of meaningful human life still depends on families, which shape people. Africans should not neglect the key institutions, which shapes human beings.

The aim of the treatment process is to foster the recovery of the total person as well as the restoration of the person’s joy of living. Pastoral counsellors and caregivers task is to assist persons to form sacred identities. They partner with what God is doing and with what our faith communities are doing to promote sacred identity formation. Our goal is to find most appropriate intervention methods.

Wimberly (2003: 122) says “The harassed parent needs care and support from the church” The above statement is true, as it has been established by research that within the church’s system there is no model of caring for traumatized parents, siblings and significant others who have been affected by substance abusing youth.

Wimberly (2003: 122) claims, “As pastoral counsellors and caregivers, our task is to assist persons to form sacred identities”. The researcher will seek to do the following:

- Help parents to break the silence;
- To encourage parents to support one another;
- To build self-esteem in parents;
- To form combined partnerships with other centres who are addressing and supporting parents of *nyaope* addicts;
- To help parents to create groups so that parents can come together and share experiences, as a way of educating one another;
- To raise awareness of the magnitudes that violence against parents takes in our society;
- To establish educational programmes of training parents and youth about addiction.
- To redress family values by establishing standing committees;
- Using therapeutic models of healing the traumatized parents of substance abusing youth.

6.3 Practical Theology

The task of pastoral counsellors and caregivers, is to support persons who are troubled by substance abusing youth in their life journey. The therapeutic model of healing to be used in addressing the experience of parents of substance abusing youth falls under practical theology; therefore, interpretation and evaluation of the results of the research will be guided by practical theological framework. Practical theology, by its very nature, addresses the practicality and relevance to respond to the needs and provide answers from a Biblical perspective. *Nyaope* addiction by youth is a phenomenon that affects the parents, siblings, significant others, the society and the church, and is by its very nature a practical problem. The most appropriate way of understanding and finding solutions to the addiction problem is through the application of practical theology principles and approach. At the end of the day, that is what practical theology is about, as Baloyi (2016: 33) clearly puts it, “If God of theology is God of the world, and then theology will be questioned if it does not adequately respond to people in their situations and context”.

Practical theology is understood as praxis because it is a theory and a method of research. Ballard and Pritchard (1996:4) explain practical theology as a cutting-edge of Christianity's encounter of our time that has a modern colour culture and is influenced by a modern context. Pieterse (1994: 79) maintains that practical theology contains tools and methods that allow it to describe and explain what goes on in the lives of people. Practical theology in this research will be used to evaluate the findings of the interviews and how the experience of parents of substance abusing youth can be addressed.

6.3.1 Pastoral care

This chapter seeks to address the impact of drug *nyaope* upon parents by youth through a model for pastoral care. Chisale and Buiffel (2014: 297) describe the purpose of pastoral care as the Christian response to the needs of all members of God's community, so that all will enjoy full and abundant life. The importance of the community is further highlighted by Steyn and Masango (2012: 1), who indicated that pastoral care often happens through the care seeker's community, because 'our individual well-being is inextricably linked to the well-being of the larger whole'. Because they belong to a larger community, individual care seekers find meaning in life. This research is located in practical theology in a sub-discipline of pastoral care. Therefore, the research will be linked to pastoral care and will be analysed through the lenses of both practical theology and pastoral care. Clebsch and Jaeckly (2002: 21) (in Lartey) define pastoral care as "...helping acts done by a representative Christian person, directed towards the healing, sustaining, guiding and reconciling of troubled person, whose troubles arise in context of ultimate meaning and concern.

Lartey mentions five essential features of a definition of pastoral care that attempts to be intercultural in its nature and scope, as follows:

1. Pastoral care is an expression of human concern through activities. This means that in pastoral care, deep concern for more than what can be seen on the surface, about human persons, as well as what may lie deeply buried within them. This concern is expressed in activity.

2. Pastoral carers recognize transcendence.

This refers to the realization that there is more to life than often meets the eye. They have an awareness that power, grace and goodness are often not found in obvious places. They recognize that there is a mysteriousness about life, which is not reducible to sociological, psychological or physiological analyses and explanations, important though these may be.

3. Pastoral care entails multivariate forms of communication. Non-verbal communication is recognized as a powerful mode of communication, perhaps even of greater significance than the verbal. The forms of communication present in any given society are explored to determine their value within the society for caring interaction.

4. The motive is love in intercultural pastoral care; love is both the motivation and the motive force, recognizing the love of God as crucial and basic for and in the created world.

5. Pastoral care aims at preventing and fostering

In this instance, pastoral care aims at preventing distress where possible, by creating anticipation and sensitive, non-intrusive awareness- building.

The above five elements encompass the essence of what pastoral care is about in an intercultural setting. The concern is shown through activity, not through words only, among other things, and the importance of communication as well as the motive, which is love. The five statements above also show that pastoral care is not or should not only be reactive, but where possible proactive in ensuring that problems do not become uncontrollable.

The parents of substance abusing youth highlights the traumatic aspects of their struggles and how that experience make them vulnerable to *Sangoma's*, meaning (Traditional Healers) and dishonest prophets who claim to have an answer to their problems. Mochechane (2016, September 30) in a paper presented to the University of Pretoria argued that people are driven to these situations because they must deal with questions of fear and anxiety. The researcher is asking the question, how can we claim back our parents and our *nyaope*-addicted children?

Psychologically, parents of substance abusing youth were really depressed and anxious about their children stealing, change of friends, poor academic performance, and poor appetite leading to weight loss, poor hygiene and withdrawal from the family. Spiritually, parents find it difficult to reconcile their faith with God they believe is so loving and caring. They are having a broken relationship with family members, and could not cope with disharmony and disequilibrium, conflicts and fights within the family.

Healing happen in the physical, social, psychological and spiritual needs or aspirations of the people, which cure, restore or bridge broken relationships. Healing re-establish peace, harmony and stability in the lives of the broken souls. The church and the pastoral care givers should address the real needs, root cause wherever possible, and have an in-depth understanding or knowledge of specific type of trauma and several ways that people are searching for healing. The church t is an instrument of God's Kingdom to really liberate people from all that chained them.

Spiritual healing is a process of healing the mind, soul or spirit. Psychological healing is a process of healing the human mental state, mind, emotions, thoughts and behaviour. Kinge (2014: 15 says: "Again all these processes need to be understood as interwoven, interrelated or knitted together because of the holistic nature of the human body (1 Cor 12: 12- 26)". That process also mean accepting our life experiences and leaning to live with it positively or even reconciling with others and ourselves including with God. Healing does not necessarily mean disappearance of pain or complete cure of symptoms of illness but, also mean, a new way of accepting and living with condition and hoping that one day healing will finally come. In all these processes, prayer has a major role of enabling all types of healing to be possible. With God, everything is possible. This does not mean that prayer is only to be used, and nothing different. The researcher is going to apply two therapeutic healing models, which will be extremely helpful when addressing the experiences of parents of substance abusing youth.

6.3.2 Pastoral care through counselling as intervention

According to the Dictionary of Pastoral Care, as cited in Malureanu (2014:25): “Pastoral care is a branch that derives from the biblical image of shepherd and refers to the concern expressed within the religious community for persons in trouble or distress” and “Pastoral counselling is the utilization by clergy of counselling and psychotherapeutic methods to enable individuals, couples and families to handle their personal crises and problems in living constructively”. Pretorius and Van As (2003: 284) define counselling as an activity of pastoral care and a part of the pastoral ministry. The same authors further mention that counselling is best defined as” relationship between two or more persons in which one person (the counsellor) seeks to advice, encourage and /or assist another person or persons (the counselee[s]) to deal more effectively with the problems of life”.

6.4 Intervention

It is always a great temptation to lay the task of solving societal problems on the backs of governmental and social service agencies. Government on its own cannot meet these expectations. Our democracy matters and parents must play a vital role. The church holds the key to strengthen the parents.

It is my firm conviction that part of that intervention is the education of parents and youth regarding positive relationships and self-assurance, that may negate the need for drug use. The New Testament contains a powerful example in Matthew 25: 35-37 of the church addressing the social and physical needs of the community. There should be a sense of urgency on the part of the church to render pastoral care to members of community in which the church resides. Making parents and young people aware of the pitfalls of life that may add to negative behaviour is one of the ways of discharging that responsibility.

This research will conduct a series of workshops that will educate both parents and the youth of the church and community regarding both positive and negative relations that may retard or promote drug use. The researcher strongly believes that a part of the responsibility of the church is making members of its community aware of the dangers of life, be they spiritual or social in nature. The Black Township Church has been historically viewed as the one agency that is totally controlled by the community, freed of outside influences. Given that level of confidence by members of the community, it is the ideal place to dispense information that fosters the wellbeing of the congregants and the larger community. The researcher's prayer is that the education of parents and youth on drugs will continue long after the research has been completed. Given the pressing need for such vital education, it is my plan to train others to continue the workshops on an on-going basis.

According to Seligman (2007:266) to address the experience of parents of substance abusing youth, the question to be asked is how can we respond?

In submission made by Osmer (2008:4), and in the light of ongoing research in Positive Psychology and its connection to coaching this is where practical theology has a robust interaction with social science theory. This triadic approach concludes that the problems of experiences of parents of substance abusing youth are fundamentally pedagogical, psychological and spiritual. These problems, which is deeply rooted, is an environment and culture related phenomenon with long history implications both within and outside the structure of the family.

What is required therefore is a total overhaul of perceptions regarding how the family should understand itself in relation to itself and the children it raises and seek to help. This is the basis on which social insights might change and the parents be embraced as a protector of the children rather than a victimiser. A safe and positive environment will also enhance healthier emotional, spiritual and psychological atmosphere for the wellbeing of the children. The type of counsellor we need must embrace, and combine practical theology informed by psychological sciences.

6.4.1 Positive Psychology

In his Masters dissertation Monametsi (2019: 86) referred to Alan Carr (2004) in his book (Positive Psychology: The Science of Happiness) defines Positive Psychology as that branch of Clinical Psychology that is concerned with identifying factors that promote well-being. It was earlier pointed out that positive psychology, while it is a new discipline within the study of psychology, is rooted in authentic current and ongoing research, at least by its champions. Martin Seligman first recognised the connection between Positive Psychology as an emerging field of personal empowerment. It therefore must not be confused with self – psyche material in the line of Norman Vincent Peale's (2007: 12) *The Power of Positive Thinking*, or other works related to that.

The clinical psychological suggestions of positive psychology.

The research sought, among others; to explore ways in which parents of substance abusing youth can be helped in piloting the often-traumatic situations they are confronted with on their homes. Carr (2004) highlights an important aspect in the promotion of the well-being of individuals through coaching initiative some basic understanding of the clinical implications of trauma and resilience needs. Effectively, a new worldview of the parents must ultimately engage in the process of undoing old patterns of thinking and engaging in healing memories and images that impact on family relationships.

The researcher is not a clinical psychologist; this research is therefore not an attempt to contribute in that specialised area of the medical sciences but has its focus on a practical theology informed by that and other psychological sciences; thus, the interest, not in the quantitative nature of these sciences – but in the qualitative implications they might hold for a dynamic practical theology proposed by Osmer, Browning and others. Muller, (2013: 1-5) mentions that Practical Theology, is no longer an isolated science reserved for church practitioners, it is part of the landscape of the social sciences and humanities. In the thought of Seligman (2002), Carr (2004) and others, positive psychology is what one may call a proactive science rather than

reactive. The objective is to anticipate and create environment in which certain steps can be taken before adversarial things happen before they happen. The behaviour of the parent is of paramount importance in this regard.

Vulnerability

Williams, Myerson, & Hale, (2008) Psychologists agree that behaviour is learned. Helplessness is one such form of behaviour (Seligman, J, M & A, 1980: 459) learned from an environment in which one interprets one's situation to be irredeemable. Scroggs, Shattell, & Cowling, (2010: 477 – 482) explains that in some cases, such as perceptions lead to depression or despair no one is born with negative or debilitating imprints of adversity, we all learn these in the environments that shape our subconscious. Rautenbach, Sutherland, & Scheepers (2015) alludes that if behaviour is learned then behaviour can be unlearned.

Optimistic emotions

Fredrick, (2001) states that the role of positive emotions in positive psychology continues to receive attention in research in relation to well-being.) Meg Jay (2017: 35-36) argues that positive emotions are not easy to sustain because that is not how our brains are wired, it is our shocking upsetting experience that are most deeply etched in our minds. She writes about flashbulb memories; these are illuminated recollection that are etched into one's memory over time. While reports vary concerning the duration of adverse moments involving high emotional significance. It is agreed that some stay longer than others depending on context and importance. How does one deal with such memories, especially when the parental teaching has fallen short, parental example has fallen short and parental ideals has fallen short.

Hopefulness

Optimism is more than just looking on the bright side of things; some studies associate it to an inherent aspect of human nature. Christopher Peterson, (2000: 44-45) says empirical investigations have shown how it is a highly beneficial psychological characteristic linked to good mood, perseverance, achievement and physical health. This is the point that positive psychologists are relentlessly trying to communicate.

Resilience

Jay, (2017: 14) in the American Psychological Association describes resilience as the capacity to adapt well in the face of adversity, trauma, tragedy or significant ongoing stressors. Jay's book opens with the observation that resilience is often read about in heroic stories like survivors of the holocaust like Victor Frankl in Nazi death camps, or Winnie Madikizela-Mandela under apartheid. Edward (2005) points out that resilience is a protector from depression as some clinical psychologist have found. It has a lot to do with the environment in which one finds oneself; the support, the encouragement, the optimism as Seligman and others will argue. Jay (2017: 15-22) argues that it is not only about overcoming deeply traumatic situations but also coming out there with competent functioning. All of that contribute to one's ability to wage an ongoing and unseen inward battle to fight adversity and trauma. What Jay also says, that often goes undetected, is that the battle is recurrent and does in and of itself present a stressor.

6.4.2 Five Approach Methods to Family Counselling

To help parents and their substance abusing youth effectively, set boundaries is very important. Parents and children have to be fully aware of their abilities and limitations. The family members should identify conflicts between their expectations and limitations and clarify them. Counsellors have to guide them in accepting their own vulnerability and challenge them to expand their capacity and grow as more mature persons. Counsellors also must be careful that they do not mislead clients to make decisions based on limited knowledge. They had to admit their knowledge's limitations, and should have the option of allowing their client to choose. Furthermore, both counsellors and counselees should ask for the Higher Power of God to work beyond human capabilities. God is the True Counsellor, and there is no limit to what He can do (John 14:16-17).

Set Communication Guidelines

A significant part of family counselling involves assisting parents and their children in developing communication rules, such as respectfully listening to one another each person has finished talking, checking out assumptions before acting, interpreting nonverbal signals without clarification. Listening is especially a powerful force in human relationships because people who are listened to usually appreciate the people

who doing the listening and cooperate with them. Therefore, counsellors need to elevate the listening skills of each family member.

Set Limitations for Counselling Process

Fundamentally, raising children is a high calling that God has given to parents. God has ordained parents to be leaders in the home. Parents have been given authority over their children and have to carry out all the responsibilities they had been given. Parents are in charge for children's spiritual growth and cannot take the holy responsibility lightly.

Pastoral counsellors should be caring, respectful, and demonstrate sincere concern for their client. At the same time, they have to demonstrate concern to prevent the client from overprotecting. High expectations of the client may lead to total dependency on the counsellors also. Even pastors have an important role in responding to family problems, but one of the important things is to help families so that they solve their own problems and make their own decisions. Counsellors have to inform their clients of the limitations in the counselling process. They have to be willing to admit the limitation of their knowledge and allow the clients to have a role in deciding the course of action. When the family is struggling with a decision or does not have a clear plan, a counsellor must be aware of resources where the client can find answers. The counsellor can explore options with the family and help them come to an acceptable conclusion.

Give a Spiritual Project

Christian counselling employs the use of the Holy Scriptures as its authority for counselling. The Scriptures are the counsellor's dependable resource. Counsellors must refer to God-breathed Scriptures for guiding the counselee. God –breathed Scriptures are those words of life that were spoken out of the mouth of God. The counsellor may use Scriptures to repave, teach, correct, and train the counselee in the right to live abundantly (2 Tim 3:16). Mildred W. Davis, *The Features of Christian Counselling* (Xlibris Corp, 2012), chapter 2. Therefore, pastoral counsellors need to help young clients and their parents put the Scripture into practice. For this, pastoral counsellors need to encourage children and parents to put biblical truths into practice by assignments.

Before ending the session, counsellors have to assign a biblical homework assignment. This homework given to clients will further enhance the lesson presented at the session. For example, if a teen or a parent is suffering from low self-esteem, give scriptural passage to comfort and instruct the client. It can allow clients an opportunity to apply new skills and practice new behaviour. By giving assignments, counsellors help teens or parents think about Scripture during the week. This will help the clients have an opportunity to apply the passages of Scripture to their daily lives.

Soul-Care Ministry

Pastoral counsellors are called to spiritual caring, and healing ministry after the model of Jesus Christ. Jesus Christ is the most helpful counsellor who gives us examples of Christian counselling. Jesus Christ did not avoid the pain of humans and took it completely more than everyone else. In His personality, Jesus Christ suffered in his body experienced our pains and grief, and so He understands our weaknesses and faults as well. In this regard, the Scriptures testify, “Because He himself suffered when he was tempted, He is able to help those who are being tempted (Heb. 2:18)”. As followers of Jesus Christ in the way, a pastor is supposed to be a spiritual healer who mends the broken souls of parents.

All pastors should have divine compassion on the broken souls after the model of Jesus Christ; it is an essential attitude of mind of the pastoral counsellor when they approach the broken hearted. The pastoral counsellor’s compassion has a healing impact on the counselee when he or she demonstrates a deep understanding of the

Troubled. Jesus exemplified Himself as a true caregiver, and He had compassion on those who had been troubled in their lives. Jesus Christ really wanted to feed hungry people with compassion (James. 2:16). When Jesus landed and saw a large crowd, He had compassion on them because they were like sheep without a shepherd. Therefore, he began teaching them many things (Mk. 6:34). When Jesus saw Lazarus’ sister weep, He was deeply moved in spirit and troubled (Jn. 11:33). Jesus healed a Gentile woman after she pled her case (Mt. 15:21-31). When two blind men approached Him, Jesus felt pity for them and touched their eyes, and immediately their sight returned and they followed Him (Mt. 20:34). When a man with leprosy begged Him, Jesus reached out his hand and touched the man filled with compassion (Mk. 1:40-41). Moreover, Jesus urges those who believe in Him to become compassionate

themselves. This is evident in His parable of Good Samaritan (Lk. 10:29-37), the parable of the prodigal son (Lk. 15:11-32), and the parable of the unforgiving debtor (Mt. 18:23-35). Truly, Jesus was a compassionate person and people approached Him for that purpose because they were seeking compassion. After Jesus Christ, pastoral counsellors heal the broken hearts with compassion (Phil. 2:5). The attitude of the pastor should be the same as that of Christ Jesus

Mentoring Ministry

At that point, Jesus was the great mentor of each of His followers. As a mentor, Jesus did not only instruct His followers but also led them to make real decisions. He was supportive, fostered and increased their self-awareness as they progressively became more distinctive. Jesus Christ was modelling every aspect of mentoring.¹⁴ Jesus Christ empowered His disciples for the specific purpose of their preaching the good news of the kingdom and encouraged His followers in many ways including using positively reinforcing words; a good example of mentoring is Jesus's close relationship with His disciples, especially Peter. Peter is challenged to discover new things about God, and live as a disciple of Christ.¹⁵

According to Waruta and Kinoti, (2005: 3) pastoral counselling is a specialized approach, which can be found within the ambit of general counselling. They continue to argue further that the specialization is indicated by the adjective, pastoral from the noun, pastor is derived. This word is derived from the Latin word *pascere*, which means "to feed" In the view of the author, it becomes clear that pastoral care and counselling have a biblical foundation, e.g. God's concern for our total wellbeing as human beings. As human beings, we all have been created in the image of God. God our creator intends us to have a peaceful relationship with him and with one another. The goal of pastoral care and counselling is to restore fallen humans to God and to each other. This is slow process, which needs a caregiver to be skilful as he/she journeys with a help seeker. The ultimate goal of shepherding or journeying with the help seeker is to effect healing. Prof Masango normally refers to this process as "entering holy ground as the help seeker opens up to relate his/her painful story". This is where caring for the soul happens. Masango. M. L. contact session 2011.

In the researcher's understanding, the pastoral counsellor really needs to be skilful in order to find an entry point into the life of a troubled soul. Concerning the caring ministry of the church. Wimberly (1991: 26), an American pastoral academic, believes that God's will for humans is to "draw all people and nations into God's story. God's story is a story of the defeat of the powers of evil, oppression and suffering. It is a story of healing and wholeness when people live stressful lives in the community. God seeks to draw people and communities into his story so that the resources of God's reign can be made available to them for their growth and development". Concerning the proposed goal of pastoral counsel, he goes on to say, "The mission of the church is drawing others into the story of God has implications for:

- 1) The church in worship
- 2) The church as a caring community
- 3) The church in care and nurture and
- 4) The church in service".

The researcher takes note of Wimberley's insistence on healing and caring for troubled souls. This is extremely important because family relations are very important in community building in the African world view. African ways of caring, demonstrate that therapy or counselling as taught in the West will not always suffice in our contexts, since these approaches tend to promote and focus on individualistic, autonomy and independence.

Where is the caring church, as parents, siblings and significant others suffer from losing valuable items due to stealing. Whose responsibility is it to support the parents on this huge challenge of living with the substance abusing youth. These parents must be supported for not turning their backs on their children and abandoning them. The church is part of the society, thus what affects the society, or challenges that society faces, are also found in the church. Our duty is not to condemn them; but to help them and alleviate their plight. They need our support and prayers. In the second phase of healing, the researcher prefers to use the expression *the healing ministry of the African church*.

6.4.3 Focus on Improving Family Bonds: Confession, Forgiveness, and Love

Various opinions, in sharp disagreement, may occur during the conversation among family members, and there will be many disappointments for both children and their parents. At this point the pastor have to assist clarifying the nature of family should be a primary principle for parent-child counselling. Relationships between children and parents and help them build strong relationships through interactions. For this, the pastoral counsellors need to try facilitating reconciliation confession and forgiveness between parents and children. It is the cornerstones for healing in family relationships; in some ways, it is much more significant than what counsellors can provide to assist family members in dealing with their methods of resolving conflict itself.

Understanding forgiveness, reconciliation and knowing how to extend it to each other is a crucial component of a healthy family relationship. Forgiveness is granted when a confession of wrongdoing is made (1John 1:9). This place the restored person in a position where he or she can live a life that glorifies God. Therefore, pastoral counsellors have to seek to create a strong family bond centred on forgiveness, reconciliation, and love. That should be a primary principle for parent-child counselling.

6.5 The church as a community of care

The church as ‘the body of Christ’, is called to be a “community of care”, offering the compassion, empathy, and love of Christ, especially to those who have been

traumatized and marginalized for any reason. Other than financial problems and other requirements recovery and addressing the experience of parents needs sense of belonging within a community of faith and supportive relationships with caring others.

The church should, therefore, provide pastoral care and counselling to those who have been wounded by substance abusing youth because they represent one example of the “lost sheep”. This thesis asserts that pastoral theology has something unique to offer to both the church and those wounded by substance abusing youth behaviour.

6.5.1 The structure, nature and programme of the healing service in the African Independent Churches (AICs)

The below explanation of healing will be on all-inclusive healing that covers the physical, spiritual, social and psychological. Other aspects such as Christian education and moral teachings, Bible studies and above all exhortation, intercession, laying on of hands, exorcism, anointing and interceding for all the sick and all that are God's instruments of healing. Such a broad understanding of the concept of healing involves the whole person (the whole life) including his/her environment and the relationship with God. Thus, the concept of healing within these services is broad; it includes physical, spiritual, social and psychological healings and this is reflected in the structure and nature of the program of the services.

6.5.2 Definition of healing

Mageza writes that healing was integral to Jesus's ministry; hence, pastoral care as a healing ministry is informed and rooted in Jesus Christ. The love of Jesus should force every believer and, more specifically, the pastor, to care for those who are difficult to love and embrace. As children of God, we become people of authority (1 John 3:1). Moreover, it is from this position of God-given authority that we can now care for the uncared, that we can love the unloved, that we can bring hope to the hopeless and, in so doing, relate differently to people. Masango and Steyn (2012: 2) articulate that this can occur only because God lives within his people. According to Agilkaya-Sahin, (2016: 74) love is a profound source of pastoral care and counselling. In Christian

belief, God is recognized as love. By virtue of this love, God approaches people, cares for them, opens Himself, and consoles them in difficult times.

6.5.3 Methods of healing

Healing methods include prayers, intercessions, bio-medications, anointing, laying of hands, the sacraments, sacrifices and rituals protective charms or objects, exorcism, retreats, meditations, Bible study, exhortations, rebuking, therapies, educational programmes, reconciliations, forgiveness, healthy living information, re-orientation, change of life-style and encouragement of services attendance. Harmonising these dimensions of healing is one of the aims of the healing services. Not all these dimensions or methods may be used at the same time; different aspects are used at different times depending on the situation(s) or the understanding of the illness and the healing methods. Here our focus is on physical, spiritual, social and psychological healing. Again, these four aspects to healing are interwoven and are holistic in nature at least by the understanding of the African worldview.

There are various perspectives and dimensions to illness and therefore to healings and from the results and our African worldview, these perspectives and dimensions are interrelated or knitted together, and that is, they are understood holistically. Healing meet the physical, social, psychological and spiritual needs or aspirations of the people, healing is a process which to cure, restore or bridge broken relationships, healing to re-establish peace, harmony and stability in the lives of the broken souls.

6.5.4 Healing as a process

The New Bible Dictionary records healing as a process of being healthy in body, mind and spirit (1962; 461). Maddocks is one of those who have also understood healing as the process, which brings about the restoration to health. From the researcher's experiences and observations especially from his active involvement in the (*Diahelo*) meaning Christian Healing Camps. Healing is a process and not a state, a process of curing or becoming well, a process of restoration, a process of maintaining or promoting good health and wellbeing. These processes are interwoven that is they include physical, spiritual, social and psychological.

Kinge (2014: 15) says that;

- *Physical healing* is the treatment or curing of physical pain or symptoms of diseases within the body, tissues, or blood.
- *Social healing* is a process of cordial relationships within the family, community, nation and the spirit world.
- *Spiritual healing* is a process of healing the mind, soul or spirit.
- *Psychological healing* is a process of healing the human mental state, mind, emotions, thoughts and behaviour.

All these processes need to be understood as interwoven, interrelated or knitted together because of the holistic nature of the human body (1Cor 12: 12-26). That process may also mean accepting our situation and leaning to live with it positively or even reconciling with ourselves and others including reconciling with God. Healing does not necessarily mean disappearance of pain or complete cure of symptoms of illness but, may also means, a new way of accepting and living with our condition and hoping that one day healing will finally come. Moreover, an all these processes prayer has a major role of enabling all types of healing to be possible – with God, everything is possible.

Healing is a God given gift to humanity, bestowed in the church, conducted by clergy according to the healing ministry of Jesus Christ. By implication all healing comes from the Triune God, although some prophets and apostles think they are healing people. The healing service is biblically grounded, and healing is part of the proclamation of the Good News and is emphasising that this Good news must make sense to the hearers within their socio-cultural context. There must be a balanced critical meeting point or dialogue, between Scripture and theological traditions with the worldview of the hearers of the Gospel. That is the local context, its tradition and belief systems and Biblical tradition are critically examined, and a dialogue reached to continually uphold the Biblical truth and the local tradition's positive values together. This can in some ways enable the African to be a more faithful Christian and thus being a true Christian and a true African. In this way, the Gospel is not foreign but makes some sense in the local context.

Importantly also is the fact that forgiveness, reconciliation and making peace with oneself, neighbour, family and community are important components of the healing service which also reflect the African worldview. African world view incorporates three elements namely spiritual healing, medical healing and biblical healing. We actually pray and encourage each other to learn to forgive and at times we share ideas and especially those painful situations that make people hard to forgive and members provide some practical solutions in (*Manyano*) which means Christians Women League. Furthermore exorcism, anointing and laying on of hands reflect the African worldview of illness and their belief in the supernatural and thus are powerful means of healing and such methods also help to calm down fears including that of the supernatural world, and fear of witchcraft and its related illness and brings about liberation from some entanglements.

Lucas (1997:196-198) cited in Monametsi (2019: 88) says, the ministry of healing cannot be thought of in a restricted sense, healing cannot be separated from preaching, teaching and evangelism. Healing includes – healing of the whole person, which means first and foremost enabling

personal relationship with Jesus Christ and then the practice of medicine, caring, counselling, enabling repentance, reconciliation and forgiveness, offering opportunities for formation, orientation, re-orientation, active prayer sessions which may include anointing, exorcism, laying on of hands, the Eucharist.

The structure and programme of the healing service need to be holistic and in this way, the healing ministry continues to reflect that of Jesus Christ who out of His grace has commissioned the church to continue healing the sin-sick-world. Healing is part of the mission of the church-a God-given-mission which the church has no option but to humbly engage in alongside preaching and teaching.

Healing is one of the ways in which God; our Father responds to our human need. Healing is rooted in the very name of Jesus (God saves, God heals) and Christians of every age are called to follow and obey the Christ who heals. However, sickness is a fact of life, a feature of creation, sickness at times just had to attack us, and we are vulnerable to disease and pain hence there is no perfect attainment of complete healing here on earth. However, while we look forward to that perfect attainment of

complete healing in the kingdom (...thy kingdom come...as in the Lord's Prayer) we continue here and now to reduce the pain and burden that weigh down God's children through the healing ministry.

This time period falls within the normal time range for normal Sunday services where other activities like Holy Communion, baptism, thanksgiving, dedications, introductions of leaders, inductions, ordinations among others may be included. Before we continue with structure, we need to say something about the preparation for such services.

Personal preparation of the Pastor

Some few comments about the pastor's spiritual life are necessary here:

- Firstly, there is evening devotion in his home every evening from January to December.
- Secondly, it is a daily routine for the pastor to carry out special prayers between 3:00 am and 4:00 am in my room. One of the focus of such prayers has to do with all that the healer will do that day or week and all whom the healer will meet.
- Thirdly, every Wednesdays at 19:00 is set aside for the pastor's personal retreat and thus personal spiritual fortification through special reflections and prayers.
- Fourthly every Friday at 19:00 is set aside for my special reflections and prayers

These have been one of my major sources of strength for the daily pastoral ministry.

In addition to all the above, during the week the researcher arrange for a healing service, the researcher usually spent the day or a few days before the service day, getting himself in personal preparation through reflections, meditations, retreat, thanksgiving and prayers. Most of the times, the pastor must go out of the house or office to avoid interruptions pastor also go through the lessons and texts, which before this time, have been selected and pre-prepared. The prayers on this day or days include placing the healing service and those officiating including those for the intercessory prayers and all the sick entirely in God's throne of mercy and grace. In doing all these, the pastor must fully be aware of burnout and take every measure to reduce it. One of the cautions the pastor had to be cautious with during pastoral formation and training is the issue of burnout that is, over working without rest, refreshing, re equipping or refilling oneself. I always take off amidst the busy schedule

for personal fortifications and encourage individuals to do same before each healing service. With this, the pastor returns to the structure of the healing services.

Singing

The worship service starts with brass band men (sic) playing musical instruments, worship music is being played “Hezekiah tells the Levites to praise the Lord and they ‘bowed down and worshipped” (2 Chronicles 29), and then some hymns follows from the congregation. Clap and Tap Choir gives some few items. “So, I will bless you as long as I live; at your name, I will lift up my hands” (Psalm 63:4). Then any Christian can give a hymn or chorus and all will join. Clapping of hands and dancing during worship song for those who are able is part of healing, “Let them praise his name with dancing...” (Psalm 149:3). Our bodies were made to move, and God wants us to dance in His name. Songs are part of healing, some songs are so consoling and at times, the pastor put more emphasis on such songs. This is the first part of healing process.

Meditation, exhortation and moral education

Some general comments are also necessary here: Firstly, it is a weekly routine wherever the researcher ministry carry out two midweek services, one in the home (where the Christians live) and one for all the Christians in the church premises. Secondly, focus here is teaching which may include Bible studies, moral education, the catechism and other current topics or social concern issues. Midweek gatherings are also conducted by (*Mma-mosebeleletsi*) meaning Spiritual Healers on Wednesdays and Fridays at 19:00 at the chosen homes where the Christians live.

On these days, some healing passages or other passages in the Bible and/or some social concern usually raised by the Christians such as the relationship between sickness and sin, the power of forgiveness and reconciliation, why all prayers are not being answered among others may be expounded upon. All these three (meditation, exhortation and moral education) go together that is, they form a unit within the healing service.

Prayers for healing

The sick is invited to stand in front of the altar or where they are sitting. Prayer is made for physical sickness (this is always the largest group), spiritual sickness and emotional, social, psychological, addictions among others. Our prayers at this point includes that God should bless the medicines that the medical practitioners have

prescribed, bless even the food, water and air around the patient and hear our prayer (and that of the patient and friends) in granting relief, healing and peace to the traumatized parents of substance abusing youth. Kinge in his article, in response to the question: what is the relationship between spiritual and physical healing? Kinge (ed. Mokoko) (2014: 15) said: “There is a strong relationship between spiritual and physical healing. One automatically affects the other. Let us not forget that man (sic) is a unit composed of body, mind and spirit. Good health necessarily involves all of these components. In a more direct manner spiritual healing accelerates the process of physical healing”.

Intercession prayers of the Pastors

The intercession prayers follow immediately after the prayer for healing because they form part of that prayer. These intercessions are in four parts. At times, this section is shared by some members of the congregation and at times given to (*Mmamosebelelesi*) meaning Spiritual Healer. The first part is intercessions for all who are sick within the AIC and the nation at large. Second part deals with intercession for political, social-economic or the systems and structures that help to promote illnesses of various kind. Thirdly, we intercede for all who are promoting healing anywhere in any part of the world. Fourthly, we pray for God’s mercy and compassion for His world. The rest of the congregation join in the “Amen” or other responses such as “Lord in your mercy”. This is another reason that the researcher says the healing service is not only about spiritual healing, it is more than that, and it encompasses all of the creation.

Anointing and the laying of hands on counselees

“Words spoken in prayer follow with words acted – anointing and that special touch”. The anointing and or laying of hands are solemnly done amidst slow and meditative singing. The singing continues after the anointing and the tone here is very joyous and prepared for offering and the benediction. For the Roman Catholic Church this rite is a sacrament but in this research, and within the AICs circles it is not a sacrament but it has a sacramental character. Anointing and laying of hands in this research is understood within the healing service as a means through which God in His grace, love, care and mercy reaches out symbolically to His people and bless them even in their situation of sickness or other misfortunes. The researcher’s practical application

of blessed holy anointing oil point to the important holistic healing. In addition to the above points, anointing reassures God's continuous presence and care for the sick and thus strengthens the faith of the sick to rely on the Triune God.

Exorcism

Exorcism according to Pearsall (1998:645), is a process by which indwelling evil spirits, other spiritual entities or demons or Satan are compelled to leave a person's body or place, area or things that they are believed to have possessed with destructive effects on that person, place, area or thing. This is a complex issue but the researcher see exorcism as a healing process wherein fervent prayers in the name of Jesus are made, or casting out 'any evil forces' by the authority of that name Jesus. Like the issue of anointing, exorcism in this research does not imply any magical or mystic power but all our prayers are made in all humility and in faith to the Triune God. That is, exorcism just like anointing and laying of hands is the work of God and a sign of God's kingly rule here now; it reveals Christ's power over all other powers under heaven that the Christians are constantly at war with (Ephesians 6:12).

Exorcism fits in with our African worldview of causes of illness, the devastating experiences of witchcraft and all other forms of evils. It reassures the sick of the absolute power of Christ's blood on the cross and thus a strong symbol of God's protection against any harm of the evil one. Some of the words that the research participants used to express the impact of exorcism in their lives include exorcism 'bring deliverance, inner peace and breaking loose of the power of Satan'.

The researcher is very cautious not to understand exorcism only in a negative sense of expelling evil spirits, but practice it also as a means of revealing Christ's power and goodness over evil and over wrongdoing. I made this clear during the exhortations, meditation thanksgivings and healing services. For instance, one of Jesus's teaching is love your enemy and pray for those who persecute you (Matthew 5: 43-48). The Christians are constantly being challenged to 'pay evil with good' and this is reducing hatred, witchcraft and other forms of evil forces. The laying of hands-that special touch or contact (Mark 1:40-41) has a strong symbolic meaning and is contributing holistically in the healing process. It is a sign of love, care and concern, a sign of Christ power made manifest through the church to the sick world. The exorcism, anointing

and laying of hands all help to in-still hope, joy liberation and faith in the Lord Jesus and his Father and the Holy Spirit in the lives of the sick.

Offering and benediction

The service continues with singing, dancing and offering. At times, some space is provided for healing testimonies. After some considerable amount of time, singing and dancing stops and a thanksgiving prayer is made, then the sons of Aaron with the brass band march outside the church building and then service ends with benediction.

6.6 New hope for opioid addicts

Savannah Plaskit reported that According to the South African Community Epidemiology Network on Drug Use (SACENDU), up to 26% of the patients in specialist treatment centres reported heroin as their primary drug of abuse. However, there may soon be a safer alternative available for Opioid addicts in Pretoria. Working with the University of Pretoria, the City of Tshwane is providing Opioid Substitution Therapy (OST) at seven clinics in Pretoria and surrounding townships.

In May, Executive mayor of Tshwane, Solly Msimanga said, “The agreement between the City of Tshwane and the University of Pretoria was finalised in June 2016 and funds were made available in August 2016”. In a 16 March article published in *The Citizen* titled ‘Tshwane, Tuks join forces to tackle drug abuse’, Msimanga went on to say “the approach to dealing with substance abuse has shifted from sending users either to jail or to rehabilitation centres where withdrawal and total abstinence are the sole aim. It is now moved to a human right, harm reduction and health care approach where early detection, harm reduction and care in the community through *relationship building, support and re –integration into society* are the focus. The [community – oriented primary care] COPC, brief interventions, opioid substance therapy (OST) and a needle exchange programme are central to this approach. The Department of Health and Social Development are engaged in the development and monitoring of the project. A medical doctor, registered nurse, clinical associates and social worker have been trained and they have already started the screening of substance users at homes and have initiated treatment at several sites”. Gauteng already has 14 specialist

treatment centres; where according to SACENDU 3 989 patients were treated between January and June in 2016.

Jannie Hugo, University of Pretoria's head of Family Medicine department, told Bhekisisa that the Gauteng programme is already seeing results in its initial two months. He says it strengthens the argument that OST should be increasingly in public sector – a call supported by the country's latest HIV plan. Hugo explains: "Our experience is that it makes a significant difference. The person is able to build a normal life as the cravings are controlled. We are of opinion that OST should be made available widely for use in primary health care as part of comprehensive care programme to deal with substance use."

Opioid include prescription painkillers and heroin, which according to the South African Addiction Medicine Society (SAAMS) is the most frequently used opioid in South Africa, and the fourth most common substance of abuse overall with a prevalence of 7,9 %. In South Africa there are quite a lot of common versions of heroin such as "sugars", a mixture of cheap heroin, cocaine, and often dangerous substances such as rat poison; "nyaope", common in Gauteng, is heroin mixed with cannabis; and "whooga", which is common in Durban and contains heroin mixed with a variety of substances, sometimes including crystal methamphetamine.

According to SAAMS, the prevalence of heroin in South Africa is due to increase opium production in Afghanistan and South Africa's location along one of Africa's main drug trafficking routes.

Opiates produce painful withdrawal symptoms. When in the system, opiates bind to opioid receptors on the brain (creating the pain-relieving effects drugs as Morphine are known for) and produce a secondary effect, causing the release of dopamine the body's reward neurotransmitter. The dopamine in turn suppresses the release of norepinephrine, causing the user to feel calm and sleepy. Over time, dependence and tolerance occur. DrugAbuse.com explains physical dependence as "the brain transition to functioning normally when the substance is present and abnormally when the drug is unavailable" and tolerance as "the brain will begin to register less of a dopamine response when the opiate is used like it did initially. The person will need to

consume higher doses of the substance more often to produce the same level of wanted effects”.

DrugAbuse.com also explains that the extreme withdrawal symptoms “with tolerance driving increasing patterns of use and physical dependence in place, someone who suddenly attempts to end will experience a combination of very low dopamine levels and very high noradrenaline. This out-of-balance neurotransmitter combination helps to explain some of the unpleasant opiate withdrawal symptoms that begin to arise.” These withdrawal symptoms, including nausea, vomiting, and muscle pains, can “begin between 12 and 30 hours after last use and will last between 4 and 10 days in most situations, although someone withdrawing from a longer-acting opioid drug like methadone will require up to 21 days to end this withdrawal phase”, says, DrugAbuse.com. The only way to prevent withdrawal symptoms is to continue to take opioid. This is where the opioid replacement therapy comes in.

According to a 2011 article title “Opioid substitution therapy in resource-poor settings in the Bulletin of the World Health Organization, Opioid substitution therapy supplies illicit drug users with a replacement drug, a prescribed medicine as methadone or buprenorphine, which is usually administered orally in a supervised clinical setting.” These drugs allow users to avoid withdrawal symptoms, but do not give them a “high” (Features 24 July 2017:7).

Furthermore, according to 2017 article title “Drugs are the solution not the problem: Exploring drug use rationales and the need for harm reduction practices South Africa, said: “The more time we spent on the streets speaking to whoonga/nyaope users, the more we become aware of the absolute need for opioid therapy (OST) to be publicly available as a maintenance medication and therapy, which is currently used in South Africa in any significant way”. (Acta Criminologica: Southern African Journal of Criminology 30(5)/2017).

6.7 Preliminary conclusion

At the beginning of this chapter, the point was made that the township churches are facing a challenge when it is expected to addressing the experience of parents of substance abusing youth. It is found that the pastors of the church do not have a pastoral method to deal with the traumatized parents. Because the church leaders do not have a therapeutic model to deal with the issue of troubled members, they turn the blind eye on the problem.

The research suggests ways in which the pastor of the church can open new possibilities of involvement, ministry and partnership with secular society in order to facilitate the healing process of traumatized parents of substance abusing youth. It was necessary for the research to survey the possibilities of pastoral care, from a classical, traditional perspective, then considering the latest trends in pastoral care, and finally by a thorough exploration of African pastoral care. The role of care played by the community is fatal in parents, because they are similar to the one of the methods that African pastoral care is emphasizing. The second part of the chapter was more of a practical nature. Suggestions were made as to how the church can use sacraments as the tool for healing, as well as which other areas of ministry the church can concentrate on to bring an African flavour into township Christianity. The next chapter will focus on findings and recommendations.

The prophetic voice of the church needs to be heard in all directions. For example, some may be sick because of the effect of conflict and bad relationships in families. The church that is an instrument of God's Kingdom needs to really liberate people from all, that which chained them.

For purposes of this research, Practical Theology may be defined as theology of practice. It is the attempt by theological practitioners and scholars to reflect on God and human experience.

In summing up the researcher argues that it is these values that the church is called to entrench in society, if its response to the impact of drugs on parents. It is only

through the discovery and implementation of these values, in solidarity with parents that the church pastor and society can move towards a more human treatment of parents. The researcher invites parents to attend meetings, workshops, seminars, and conferences on reconciling the family members. The new ministry, which is in charge of organizing and implementing this programme, is called '**Place of Reconciliation**'. I have also suggested that the church introduce a ministry for traumatized parents, and I indicated a need for the project called '**Parents Hope Centre**'.

In Chapter 7, the focus will be on the key findings of the study that will be presented in detail and will be subsequently linked to the recommendations. In addition, the overall conclusions will be drawn revealing means of addressing the experience of parents of substance abusing youth.

CHAPTER SEVEN: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

The chapter will offer summaries of the findings that have emerged from analysing the objectives of the research process, and draw conclusions in relation to the findings and provide recommendations flowing from findings and conclusions.

7.2 Main findings

The study aimed at understanding whether the parents of substance abusing youth are affected by the use of *nyaope*. If they are affected, how are they affected?

Out of the discourses of all twenty-six participants for the study, there was a strong emphasis of being negatively affected by the *nyaope* use their family. All the participants are biological relatives of the *nyaope* user(s). This chapter is going to elaborate on the following themes: financial burden, experiences of stigma from members of the community, parents' emotional distress, coping strategies of the parent, and awareness of available resource to deal with problem of substance abusing youth.

7.2.1. To explore and describe financial problems experiences by parents due to substance abusing youth.

All the participants spoke of how the loss of possessions and valuable items are challenges that they face. According to the participants, the *nyaope* user steals any portable items at home. Sometimes the *nyaope* user steals items such as clothing that the parent bought for them. This stealing and selling is meant to maintain their *nyaope* use.

"It has got to the extreme that he even sells things that we use at home. Even things like my cups, Tupperware and sometimes food" (Participant 3).

The above description provides an experience of how the *nyaope* user maintains his *nyaope* use at the expense of the operational family. Thabo has been addicted to *nyaope* for more than 5 years according to his Grandmother, Maria. These are petty crimes, which have not only direct affected the cost of living but also the overall daily maintenance of the family. Maria's expression '*...it has got to the extreme...*' displays that the family have been heavily burdened by the petty crimes, which are committed by the substance abusing youth. It reveals that the family has learned to survive with the *nyaope* user and how the petty crimes in their recognition have developed to the level that the family can no longer withstand. This finding by (Mokwena & Morejele, 2014: 374-384) is similar to what is reported in literature review concerning *nyaope*

use. The participants also reported that the *nyaope* user also steals from the neighbours and community members. Unfortunately, the complaints and the repayments of the stolen items are to be paid by the family members of the *nyaope* user.

“He would steal from our neighbours. He would steal something and I would have to pay back...” (Participant 3)

People who are addicted to the drug *nyaope* are said to be stealing from their families, neighbours and from their community. Items and money that have been stolen from family, neighbours and community have to be constantly replaced by the parents. Bread winner of the family or parent end up owing the neighbours and sometimes get into debt trying to repay them on what was stolen by the substance abusing youth. Parents experience ruined relationships with neighbours.

Copello, Templeton and Powell (2010: 67) state that family members are frequently compelled to be voluntary and immediate resource provider, providing for health and other social needs of substance abusing family member. The cost of youth substance abuse to families and societies are extensive and significant.

“I sometimes have to ask the rest of the family to keep watch so that he does not steal in the house’ (Participant 5).

Further families do try to help the person addicted to the drug *nyaope* by sending them to rehabilitation centres, however the person addicted to *nyaope* seem to be going back into using the drug and the family try to help over and over which causes financial strain as well. Consequently, this was found to be true as (Bezuidenhout 2004: 127) findings show that having a family member, which is addicted to the drug *nyaope*, comes with financial problem for the family.

7.2.2. To explore parents experiences of stigma from neighbours and members of the community

It has been revealed that neighbours and members of the community has developed stigma against the families of substance abusing youth to the extent that there were labels and names directed to the families of the addict. The labels and names given to the families of substance abusing youth leads to formulating the concept of

dysfunctional family, which prescribe that family as unable to raise and guide their child properly. Moreover, this stigma has led to many people, especially the participants who were parents into questioning their parenting skills, as well as their life choices and therefore the family blames themselves for the behaviour of their substance abusing youth. Parents felt that they did not have sufficient skills to deal with their substance abusing youth.

7.2.3. To explore the parents emotional distress caused by substance abusing youth

Parent's revealed feelings of defeat regarding their children's addiction to *nyaope*. When a child is addicted to drugs, the feelings that manifest in the parent can be distressing. Parents are angry with their children for being irresponsible, and angry with themselves for not being aware early enough to stop the addiction. They are sad about how quickly their child has degenerated: dropping out of school teams, failing classes, lying, and being bad tempered. Dube, (2007: 28) explains "when one member of the family abuses drugs, it is said that every family member suffers because it causes disruption and disharmony within the family; which leads to emotional distress and physical manifestation of the emotional distress".

"Sometimes, I make him to sleep outside because I fear what he will steal inside the house". (Participant 6).

Parents of substance abusing youth feel helpless and hopeless because they would like to assist their children but are incapable of doing so.

7.2.4. To identify coping strategies of the parent of substance abusing youth

It emerged that parents were negatively affected by their children's addiction and they ended up not coping completely. Participants also indicated that due to the crisis and stress experienced because of their children's addiction, they expressed feelings of hopelessness and bitterness as they had utilised all resources and nothing seemed to have been effective. However, all families deal with the problem in different ways and their coping means are different. Different coping mechanisms work for different

individuals or families. There is no coping means that is said to be the best or effective, which is the reason people resort to different ways. There are four different types of coping strategies that were identified and those involve not having the family members who is abusing drugs to be part of the family, for example some participants mentioned chasing the person addicted to *nyaope* out of home, and further described a sense that their families were being torn apart. They reported having to take unimagined steps such as asking these young people to leave the family home and thus wishing them dead.

In addition, others mentioned that things got easier when the person addicted to *nyaope* ran away from home. Further, another coping strategy that was identified is the learned helplessness and hopelessness. Some people tend to accept the situation as it is and learn to live with it, as they do not believe that it can change and therefore they do nothing about the addiction of the family member. Lastly, other people tend to live in hope, faith and that is what helps them cope with the situation, and this was the last coping strategy that was identified in the study.

7.2.5. To explore the awareness of available resource to deal with problem of substance abusing youth

The findings show that people do utilise the resources once they are aware of them, for example people who were interviewed in this study, they have mentioned available resources and shows that different people have utilised some of those resources, In this regard the researcher will state that people within the City of Tlokwe are aware of the available resources such as, family support, supported by the community, support by the police, supported by social workers, spiritual support.

The study explores and document parents and family experience of *nyaope* user(s) and the impact this has on the parents and family. Based on the critical literature review that researcher conducted, there is limited research done on *nyaope* and more particularly on the experience of parents and family of the *nyaope* user(s). These are the recommendations made from the interviews and the observations made from carrying out the study. Most of the recommendations in relation to the findings involve awareness campaigns and educational programs/projects. To respond to the findings

and interpretations of the study, the following recommendations have been developed by the researcher. Most of the recommendations in relation to the findings involve awareness campaigns and educational programs. The *nyaope* users do not live in isolation and the effects of the addiction become inherent to the parents and other family members.

Township communities operates like traditional African communities, social needs and problems are dealt with by the family, both immediately and extended. Rwomire and Raditlhokwa, (1996:6-7) cited in Engelbrecht 2005, Non-formal education from generations to generations has, therefore, been part of people's social existence. In this respect Mugo (1999:222) cited in Engelbrecht 2005, refers to education where practices were not trapped between walls. However, people were engaged and taught about social phenomenon that they are faced with day by day to empower them with knowledge, understanding, wisdom, and skills to deal and cope with such problems. It is suggested that the treatment process of *nyaope* use should include family counselling. This would be counselling that focuses on the user and their family as the user tries to achieve sobriety. The parents and the family are also greatly impacted by *nyaope* use, which means they should also be included in the counselling process.

7.4 Recommendations

7.4.1 Recommendation in relation to the stigma attached to the family of substance abusing youth

As far as the findings are concerned, it is revealed that the families are being stigmatized when having a substance abusing youth. The recommendations that the researcher have developed in this regard is that the community is provided with some sort of education such as substance abuse awareness. They will be taught about how people are hooked on the use of the drug *nyaope* and how they can assist families faced with the addiction problem to cope and to deal with these situations. This will reduce the level of stigma and it will allow people from families with a substance abusing youth to be open and feel better about their situation and be able to seek help.

On a family setting the researcher, suggest that the parents should also use the available resources such as the social workers and the pastoral counsellor to be

assisted on how to deal with the stigma and be able to cope as a family. The pastor counsellor in this regard should work with other divisions in the church, which can assist in raising awareness on effects of *nyaope* on families of substance abusing youth and to teach the community to understand the struggles that families of person addicted to *nyaope* experience.

7.4.2 Recommendations with regards to dealing with emotional distress caused by having a substance abusing youth

The findings revealed that families of substance abusing youth have been seeking help outside their families in different organisations however, that has not help enough as they still experience high level of stress in relation to the use of *nyaope* by their family member. The researcher has recommended that since the church is involved in helping these families then the support group where these families can attend will offer support to each other. As in most cases and dealing with a common problem as a group helps as they can learn how to deal cope with this problem from one another and knowing that you are not alone facing such a problem.

7.4.3 Recommendations with regards to awareness of available resources

The findings show that the community is only aware of resources which they perceive as effective on their perspective, this illustrate lack of knowledge in terms of resources to help their families to deal with substance abusing youth. Therefore, in this regard the researcher has recommended that organizations dealing with substance abusing youth should visit this community and create awareness on *nyaope* use where they will also educate the community about effective resources that they can use to deal with the problem of drug *nyaope*. Moreover, also teach the church that beating up and chaining the people addicted to *nyaope* due to their actions of stealing is actually a violation of rights and therefore it is not acceptable no matter how effective it can seem to be in dealing with the problem. Eight people described as ‘demon possessed’ have spent up to three years in shackle and chains “for healing”, in a case that has stunned and horrified the Human Rights Commission (HRC) and mental health organizations (By Nico Fouche - August 03, 2004, The Citizen newspaper. *Church chains 8 ‘demon-possessed’*).

7.5 Recommendation for future research

It is suggested that:

- The research has mostly focus on families of the substance abusing youth; therefore, this research presents family members views. It would be useful to also understand the other side, for example non-family participants.
- The current study was on a small and exploratory scale; therefore, other studies are required on a larger scale that would make it possible for the generalisation of findings.
- Expand the study beyond the City of Tlokwe to other municipalities in to undertake comparative studies in North-West Province and the rest of South Africa.
- More research needs to be conducted where all ethnic groups are considered in order to reflect the demography of the diverse population of South Africa

7.6 Recommendations for available resources

The results of this empirical research indicated that the children's addiction to *nyaope* drug has negative effects not only on themselves but also on their parents, siblings, and significant others. It is therefore recommended that:

- The Department of Social Development should increase the duration of treatment. It is without doubt that the duration of treatment is frustrating many substances abusing youth. The six weeks that is allocated at the government, treatment centre is too little in their view. They feel that due to the extent of their addiction, it takes a bit longer for the drug to be successfully detoxified from their systems. There is a strong believe that if the duration of treatment can be increased from six weeks to twelve weeks or more, positive results can be yielded.
- Participants recommended that the duration of treatment of substance abusing youth should be increased, and that spiritual support from pastors during and

after treatment should be available for substance abusing youth, and jobs opportunities should be created and be accessible for them after treatment.

- Involvement of spiritual support should be strengthened.

Participants feel that parents of substance abusing youth need spiritual support at the parents care centres. They believe that the restoration of their relationship with a Higher Power will give courage and peace that will help them in functional state. They indicated that spiritual support should be incorporated as part of the healing process at the parents care centres and continued after recovery from stressful and traumatic events. Van der Westhuizen & De Jager (2009:87) agree with the participant's recommendation that addressing spiritual needs of the parents is a part of total recovery from trauma; spirituality gives the user hope and confidence. Mason, Deane, Kelly, and Crowe also state that higher spirituality is associated with abstinence self-efficacy. Furthermore, over 80% of participants in the same research considered that spirituality would be helpful in the maintenance of recovery, from painful experiences.

- The Department of Public Works should create job opportunities and make them accessible for *nyaope* users after treatment

Creating employment opportunities for substance abusing youth who have successfully finished treatment is seen to be among other solutions. Mokwena & Morojele (2014:380) says that unemployment has dire consequences for families and communities who are plagued by substance abusing youth. Nonetheless, taking substance abusing youth to an aftercare programme that is inclusive of skills development will make job opportunities accessible for the users as well.

Participants are aware of the fact that employment opportunities would keep them away from the streets and their addiction ways. Mokwena & Fernandes (2014:43) mentioned that poverty is a contributory factor to *nyaope* use. Mokwena & Morojele (2014:381 articulate that strong collaboration between community structures and government departments are needed to address the challenges posed by the negative social environment, which include addressing the unemployment rate in predominantly black communities.) The researchers wish is for communities to get a rehabilitation centre, where drug abusers can be able to get professional help, as well as a

community centre where young people go for skills development training and have access to information on available jobs.

- Developing a substance abuse prevention program for parents and youth

One of the ways in which substance abuse prevention can be addressed is through education for both parents and youth. Education for each of these groups may give them greater insight into the causes and the life-threatening dangers of substance abuse. Equally important, the relationship role each of them may play in either retarding or promoting the abuse of substances.

One of the ways in which substance abuse education for parents and youth can be facilitated is through workshops. In discharging its social as well as its spiritual obligation to communities, through *Parents care centres* the church is a logical place for these educational sessions to be conducted. The Church is the place many community residents look to for assistance with problems that jeopardize the well-being of society.

The substance abuse prevention workshops such as the *Drug wise counselling* have the capacity to both dispense information and instruction, and give the attendees a sense of partnering with the Church in the solution of a problem that has such dire consequences.

- The Department of Sports and Recreation should create recreational activities that will keep the youth occupied.

7.7 Drug eradication by the government of SA

During the state of the nation address last month, President Jacob Zuma highlighted the issue of drug and substance abuse and said the government was working with society to fight this scourge. “From Soshanguve to Rosettenville or KwaMashu to Cape Flats, communities are in difficulty because of drug abuse. Other than law enforcement, the provision of treatment and prevention services is also critical”, he said.

The president said the social development department was building public treatment centres in provinces like the Northern Cape, *North West*, Limpopo, Free State, and the Eastern Cape where no facilities existed. The research is being conducted in Tlokwe Township in North West where this facility is non-existing. “The researchers wish is for the community to get a rehabilitation centre, where drug abusers can be able to get professional help, as well as a community centre where young people go for skills development training and have access to information on available jobs, reporter Algino Nelson (The New Age, 8 March 2017: 21).

However, the researchers wish is while engaging with young people, it is also important to communicate the same message with people they stay with, teach them how to react when they discover that their children use drugs.

In fact, in many communities he may be the primary source of help at a given point. He should become involved, enlarge his understanding of *nyaope* addiction, and communicate his concern for substance abusing youth. Since there is a lack of parental care centres, the church can assist in that role.

The present research is the first to examine parenting stress of parents of substance abusing youth. The results provide clear evidence that these parents experience high levels of parenting stress.

The high unemployment rates of the youth, as well as the unfavourable community environment in which cannabis and *nyaope* are easily available, fuels the habit and perpetuates addiction of *nyaope* use. Therefore, there is an urgent need for the communities to acknowledge *nyaope* as a social and community problem that is not restricted to the users and their families only. Strong collaboration between the church, the community structures and the government departments are needed to address the challenges posed by the negative behaviour of stealing from own parents and the community, in order to get money for *nyaope*. The result is that many people in such communities are trapped in this cycle of crime. Just as communities can be effective resources for universal drug abuse prevention programmes (Griffin, Nicholas & Doyle,

2003), unfavourable social environments do perpetuate community drug abuse, as is the case with *nyaope*.

Therefore, there is a need to develop customised anti-poverty programs, proposed by Bradshaw (2007), to contribute to community participation in other areas of the citizen's lives.

The ease of cannabis availability in these communities is also of concern, with so many having accessed cannabis and used it as first drug. Cannabis is by itself addictive and has adverse health and psychological consequences (Hall, 2009). However, *nyaope* is smoked in conjunction with cannabis, resulting in increased vulnerability to *nyaope* use for those that use cannabis. Current and future health and social impact of these huge numbers of young people using *nyaope* is disconcerting because substance abuse contributes to psychiatric illness (Chander, Himelhoch & Moore, 2006). These communities do not have facilities for screening, diagnoses and even treatment of psychiatric illness, which may even be present.

The challenges associated with those parents struggling with substance abusing youth cannot be addressed adequately and efficiently if those who are to provide support do not understand what the phenomenon entails and how to intervene effectively in order for healing to occur without causing further damage. Pastors as counsellors have a responsibility to not only love God's people, but also be able to walk with them through their darkest moments and challenging periods. There is need for pastors who provide pastoral counselling to be trained on the different approaches available, and be able to know which approach is best suited under which circumstance, that is, to individualize their methods and put in within the right context. It can obviously not be 'one size fits all'. According to Baloyi, practical theology carries the diversity of methodological and other approaches in dealing with human experience (2011:88). The common theme that holds this discipline together is its perspective on human experience and its desire to reflect theologically upon those experiences. This understanding of practical theology makes it exciting and essential as it enables us to engage with important topics in a meaningful manner.

The fact that not much literature is available from practical theology on the subject poses a challenge. Therefore, as a discipline, practical theology has a responsibility to provide direction through research that will provide information for the practice of pastoral care through pastoral counselling as a vehicle in dealing with addressing experience of parents of substance abusing youth. What qualities do pastors need to be effective counsellors? There is a need to know what kind of training pastors need and how it should be packaged. There is also a need to help pastors to deal with their own attitudes in order to be effective.

Does the church have a social responsibility to the community in which it functions? Is the mandate of the church only to provide for spiritual welfare of the congregants? This is a debate that has long been waged by many both the religious and secular sectors. There is, however, a growing body of both theologians and those in the secular community who seems to be weighing in on the side of having the church take more social responsibility within their communities in addition to its spiritual role. Dana W. Wilbanks, an assistant professor of Christian Ethics at Iliff School of Theology in Denver, writes: “What I am saying is that church leaders have not given adequate attention to the local congregation as a significant context for addressing social issues. At the heart of their negligence is a misunderstanding or false estimate of the importance of education for social responsibility. They seem to view education in terms of setting up additional classes to provide members with more information about issues. If this is education, its influence will be minimal. However, if we accept the thesis of certain religious educators that it is the total church experience, which is the chief educational influence on members, we have a vital role to development various styles of social action within local parishes. For them education is not merely the function of the Sunday morning church school or the weekly study groups, but all of church life”.

The Black Township Church has several elements that give it a unique place in the role of substance abuse prevention. *The church is often viewed as an extension of the family.* In many cases, it provides for its members and the community a sense of “belonging”. It may also provide a sense of identity, esteem, and where there can be a significant development of the ability of its members. For some reasons I believe that, the church is an ideal venue for the substance abuse prevention project.

However, Howard Clinebell (1985: 53) point out that the vast majority of clergy have hardly scratched the surface of their potential opportunities to lead their people to become “servant churches” around addiction. The researcher agrees with Clinebell and believe that the church of today should be no less a visible presence in the lives of the community, helping to alleviate suffering, and educating the people about a very real threat. The researcher plead with parents to move away from making criminals out of children stuck in a life of using this destructive drug and give them the opportunity to help themselves and the communities in which they live.

The Black Township Church has several elements that give it a unique place in the role of addressing the experiences of substance abusing youth. *The church is often viewed as an extension of the family.* In many cases, it provides for its members and the community a sense of “belonging”. It may also provide a sense of identity, esteem, and where there can be a significant development of the ability of its members. For these reasons, I believe that the church is an ideal venue for addressing the experiences of parents of substance abusing youth.

7.8 Concluding comment

The following conclusions can be drawn from findings of the research:

- *Nyaope* drug is new in the South African illegal drug market and is rapidly destroying the future of children around the City of Tlokwe.
- Parents whose children are addicted to *nyaope* are incapable to cope with the behaviour of their children.
- Parents blame themselves for their children’s addiction to *nyaope*.
- Children of full time employed parents are at risk of being addicted to *nyaope* drug than children whose parents are unemployed and retired.
- Parents are longing to help their children to rid them from the addiction to the drug *nyaope*.
- Parents whose children are addicted to *nyaope* need pastoral and professional support.

Parents blame themselves for their children's addiction to *nyaope*. The parents are willing to try everything in their power to help their *nyaope*-addicted child. Parents have a strong urge to help their children to rid them from the addiction to *nyaope* drug.

Moreover, this study has revealed that the use of *nyaope* increases due to its availability in the sense that it is cheap and accessible for everyone regardless of whether they have resources or not. Further this drug is highly addictive in the sense that people was hooked at the very moment they try to test it.

7.9 Conclusions

The aim of the research was to explore experience of parents of substance abusing youth. The objective was to explore whether the *nyaope* user and how they are affected by *nyaope* use affect them. Based on the findings of this study, the family members of *nyaope* users are negatively impacted by the drug *nyaope* use in the family. The parents and the entire family members experience and social financial burdens. The parents experience anger, frustration, disappointment, loss of valuable items and replacing the stolen items of neighbours and community members. In the end, the presence of the *nyaope* user creates conflicts in the family. The *nyaope* user also becomes disregarded as part of the family.

In the process of completing the study, it was realised that the literature on *nyaope* was limited. In addition, the availability of literature on the experience of parents of substance abusing by youth is greatly limited too. There are few publications articles on *nyaope* and its impact on the user. It is, however, widely written in newspaper publications. The literature focused on the *nyaope* user primarily, and how it affects them, not the parents and family. Although, *nyaope* has been existing for more than 10 years in South Africa, there is still no consensus on its components.

Data analysis helped in identifying significant findings that were in line with the objectives of the study. Data analysis revealed that there is also stigma attached to having a substance abusing youth, and the whole family suffers from that stigma. Moreover, the stigma attached to having a family member that is abusing drug *nyaope*

leads to the families of people being emotionally abused by their neighbours in terms of being called names and be labelled based on one person's actions and behaviour.

Further, having a family member that is abusing *nyaope*, causes other family members to experience emotional distress. The emotional impacts of having a family member that is abusing *nyaope* involves stress, depression, and sadness. These emotional effects lead to physical consequences in the sense that other people end up having physical sicknesses and forced to be on long-lasting medication to control the physical conditions they find themselves in.

Moreover, there are financial issues related to having a substance abusing youth, these financial issues because conflict to all parties involved. For example, the study revealed that substance-abusing youth steal from their families, neighbour, and community. Unfortunately, in most cases, the parents or the breadwinner is held responsible and accountable for those actions.

Nevertheless, there are available resources that were identified to deal with the traumatic and stressful experience of substance abusing youth; those involve the support from the family, support from the community, support from social workers, support from the police, support from the church and pastoral counsellor.

This chapter stressed the significant of understanding and taking into consideration the healing practices in Western and African context.

APPENDIXES



Appendix A: Questionnaire for Addicts Parents

The following questions will be used as an interview guide for research study:

Participant name:

Gender:

Age:

Marital status:

1. At what point did you realize your child was addicted to *nyaope*, were you aware when it started what symptoms did you realize?

2. Can you share?

3. How did this addiction affect your lifestyle?

4. Can you share who supported you during these difficult times?

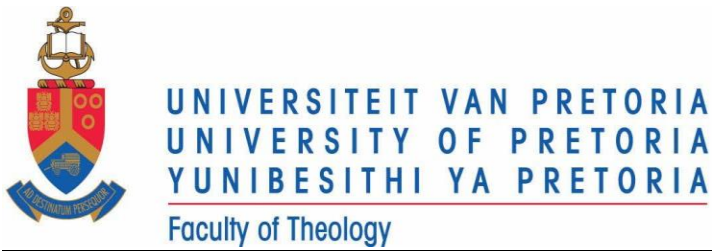
5. Did you ever think of placing him/her in a rehabilitation center? If yes, what did you do, if no, do you have any reasons?

6. How do you cope?

7. Do you think it should be part of the Church's mission to offer pastoral care to persons traumatized by substance abusing youth?

8. The church offers a healing retreat for those, like you, who have been traumatized by the addicted child, would you consider going? Why do you say so?

9. What can the church further do in helping you in this journey?



Appendix B: Questionnaire for Addicts Siblings

The following questions will be used as an interview guide for research study:

Participant name:

Gender:

Age:

Marital status:

1. Can you share with me how did this drug addiction affect you, as you see your brother/sister?

2. In your recollection, was there any person in your family who was addicted to drugs?

3. From whom would you first go and seek help if the addiction to *nyaope* pattern of someone close to you was hurting you or your family? (Friend, the pastor of the church, another pastor, pastoral counselor, psychologist, social worker).

4. What would you like the church to do?

5. Do you think treatment or rehabilitation will be best to your sibling? Explain more.

6. Can you share with me how did the family address this issue?

7. When you talk to your sibling, how does he/she respond to your advice?

8. How, in your observation, how the family assisted or addressed this problem of *nyaope*?

9. What are the perceptions?

10. Did the abuse of drugs push him/her out of the family into the streets to look for support from peers?

11. Does he/she think that, if it was not the lack of love from parents/significant others, he/she would not have been abusing drugs?

12. How does society deal with your sibling?

13. Does he/she tell lies to other people in order to hide his/her parent /significant other drugs problem?

14. Does he/she commit crimes of theft regularly?

15. Can you share anything that we have not covered?



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

Appendix C: Questionnaire for Addicts Significant Others (relatives)

The following questions will be used as an interview guide for research study:

Participant name:

Gender:

Age:

Marital status:

1. Have you ever heard of the term 'Addiction'? If yes or no, could share your experience?

2. As you observe him / her, what would you say about the person?

3. Is there any hope in helping this person? Please elaborate.

4. If asked to attend training workshops on addiction, would you be willing?
Motivate.

5. How comfortable are you to discuss your experience with addiction? Why do
you say so?

6. What do you understand to be the root cause of this addiction?

7. In your own experience, how big do you think this problem is?

8. In your opinion, is *nyaope* drug abuse a minor, a major or a national problem or it's not a problem at all? Please explain more.

9. Have you tried any ways to deal with this issue? Share the ways you have tried?

10. In your own words, does the pastor/ clergy support the family to deal with this issue what is motivating your answer?

11. What would you wish the Church pastor should do in assisting the family to deal with this issue, and why do you say so?

12. Any further comments in reaction to the effects of having someone dear being an addict?

13. How do you think the church can assist in curbing addiction?

14. Do you know of anyone in the church/ community who is struggling with this issue?



Appendix D: Informed Consent Letter

INFORMED CONSENT LETTER

Dear Potential Research Participant

My name is **Modise Johannes Mapogoshe; student no 04377435**, and currently undertaking Doctoral studies in Practical Theology at the University of Pretoria in the department of Theology and Religion. As part of my research, I am required to carry out research on a specific field. My research topic is addressing **the experience of parents of substance abusing youth: A model for pastoral care.**

This information leaflet will help you to decide if you would like to participate or not. Before you agree to take part, kindly familiarize yourself with what is involved. The participation is voluntary, and you are welcome to decline participation if you are not completely satisfied with all aspects of the research.

WHAT IS THE RESEARCH ALL ABOUT?

This research is prompted by my observation of the traumatic experience of parents of the substance-abusing youth. Parents are traumatized by finding lawnmowers, washing machines, fridges, and heaters missing being stolen and sold by the drug abuser to get money to buy drugs. The above has a great impact upon parents. *Parents have nowhere to go for support and healing.* In South Africa, there are rehabilitation centers for youth, but nothing for Parents Care Centres, hence this project. The parents are victims of the situation, but also the siblings, significant others, relatives, and members of church. The church is made up of people, and they are not immune from the pressures of society. The fact that the church doesn't expect its members to have an addiction doesn't mean that there aren't weak families who have a substance-abusing member, and don't know where to find help.

RESEARCH OBJECTIVES:

The main purpose of this research is to formulate a pastoral counseling model that will assist a local church in creating and developing a specialized, parish-based ministry to those troubled by youth abusing drugs. The researcher seeks to help pastors evaluate, rethink, and implement better addiction-outreach programs. It is the intent of this project to guide pastors and community of faith to give levelheaded, real world, hands-on, sensible solutions in order to clear-cut positive progress in their outreach program for parents of substance-abusing youth.

WHAT WILL YOU BE REQUIRED TO DO IN THE RESEARCH?

If you decide to take part in the research, you will be required to do the following:

To participate in an interview with the researcher that will be guided by an interview schedule. The interview will take 45 to 60 minutes of your valuable time.

An appointment that is suitable for you will be pre-arranged at the venue that is also suitable for you. With your approval, the researcher shall make use of field notes during the interview. Once the study is completed, the transcription will be locked away for safekeeping and for protection of anonymity.

CAN ANY OF THE RESEARCH PROCEDURES RESULT IN PERSONAL RISK, DISCOMFORT OR INCONVENIENCE?

The questionnaire data and demographic information will be coded so that it will not be linked to your name. Your identity will not be revealed while the research is being conducted or when the research is reported in scientific journals and/or research reports. All the hard copies of the questionnaires that have been completed will be stored in a secure place for three years, after which they will be destroyed.

WILL YOU RECEIVE ANY FINANCIAL COMPENSATION OR INCENTIVES FOR PARTICIPATING IN THE STUDY?

Please note that you **will not** be paid to participate in the research.

WHAT ARE YOUR LEGAL RIGHTS AS A PARTICIPANT IN THIS RESEARCH?

Your participation in this research is entirely voluntary. You have the right to withdraw at any stage during the process. You don't even have to provide the reason/s for your decision. Note that you are not waiving any legal claims, rights, or remedies because of your participation in this study.

WHO CAN YOU CONTACT FOR ADDITIONAL INFORMATION REGARDING THE RESEARCH?

The primary researcher is Reverend Modise Johannes Mapogoshe, who can be contacted on his mobile phone 083 589 9568, e-mail: Johannes.mapogoshe@up.ac.za the study supervisor, Prof. M.J Masango can be contacted at (012) 420 2821 during office hours, or on e-mail: make.masango@up.ac.za

A FINAL WORD

Your co-operation and participation in the research will be greatly appreciated. Please sign the informed consent below if you agree to participate in the research.

CONSENT

I hereby confirm that the researcher about the nature, conduct, benefits, and risks of the research has adequately informed me. I have also received, read, and understood the above written information. I am aware that the results of the research will be anonymously processed into a research report. I understand that my participation is voluntary and that I may, at any stage, without prejudice, withdraw my consent and participation in the study. I had sufficient opportunity to ask questions and of my own free will declare myself prepared to participate in the research.

Research participant's name: (Please print)

Research participant's signature:

Date:

Researcher's name: (Please print)

Researcher's signature:

Date:

Bibliography

Adewuyi, T. D. & Akinsola, E. F. 2013. Age and peer influence on substance abuse among undergraduates. *Ife Psychologia*, 21(2): 83-90.

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorder*. 5th ed Washington, DC: American Psychiatric Association. Available: <http://www.dsm5.org/pages/default.aspx> (Accessed 2018/02/070).

Ayres, T. C. & Bond, J.W. (2012). A chemical analysis examining the pharmacology of novel psychoactive substances freely available over the internet and their impact on public (ill) health. Legal highs or illegal highs? *BMJ Open*, 2(4).

Babbie, E 2004. *The practice of social research*. 10th ed. Wadsworth; Thomson Learning.

Barlow, M. 2008. *A guide to family issues: The marriage advantage*. United States of America: United families international.

Barnard, M. 2005. *Drugs in the family: The impact on parents and siblings*. New York: Joseph Rowntree Foundation.

Barret, C 1997. Globalization: implications for the democracy, online: <http://www.york.ac.uk/depts/poli/casestud>.

Benshoff, J. J. & Janikowski, T. P. 2000. *The Rehabilitation Model of Substance Abuse Counseling*. USA: Brooks/Cole Publishers.

Bezuidenhout, F. J. 2004. *A reader on selected social issues*. 3rd Ed. Pretoria. Van Schaik Publishers.

Boyce, C. and Neale, P. (2006). Conducting In-Depth Interviews: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input. *Pathfinder, International*.

Bruce, E. & Schultz, C. 2002. Non- Finite loss and challenges to communication between parents and professionals. *British Journal of Special Education*, 29(1): 9-13.

Burnhams, N. H. & Parry, C 2015. The state of interventions to address substance-related disorders in South African workplace: implications for research, policy and practice. *South African Journal of Psychology*, 1(13): 1-13.

Chinouya, M, Rikhotso, S.R., Ngunyulu, R.N., Peu, M.D., Mataboge, MLS., Molaudzi, F.M., & Jiyane, P.M. 2014. 'Some mix it with other things to smoke': perceived use and misuse of ARV by street thugs in Tshwane District, South Africa. *African Journal for Physical, Health, Recreation and Dance*, 1(1): 113-126.

Clinebell, H. 1975. *Growth Counselling for Marriage Enrichment*. Philadelphia: Fortress Press.

Copello, A Templeton, L & Powell, J. 2010. *The impact of addiction on the family: Estimates of prevalence and cost*. United Kingdom: Taylor & Francis Ltd.

Corbett, A. 2004. *What is a family? Why it Matters: Achieving a Workable Definition*. Tasmania Family Institute.

Creswell, J. W. 2009. *Research Design. Qualitative, Quantitative, and Mixed Methods Approaches*, 3rd edition. United States of America: Sage Publications.

Dann, B. 2002. *Addiction: Pastoral Response*. Nashville: Abingdon.

De Vos, A.S., Strydom, H., Fouche, C.B., & Deport, C, S, L. 2005. *Research at grass roots for the Social Sciences and Human Service Professions*. 3rd. Pretoria: Van Schaik Publishers.

De Vos, A.S., Strydom, H., Schultze, S., & Patel, L. 2011 The science and the professions. In De Vos, A.S. (Ed.), Strydom, H., C.B. & Delport, C.S.L. *Research at grass roots: for the social science and human service professions*. 4th ed. Pretoria: Van Schaik.

Dhlamini, M. M. 2009. *Revisiting delinquency as a form of communication*. MA dissertation, Pretoria: University of South Africa.

Donalek J.G, Soldwish S. 2004 *An Introduction to qualitative research*. Urologic Nursing.

Dos Santos, M. M. L. F. 2006. *Defeating the dragon: Heroin dependency recovery*. MA. Dissertation, Pretoria: University of South Africa.

Dube, D. J. 2007. *Social factors influencing adolescent drug abuse in high schools in Atteridgeville*. MA. Dissertation, Pretoria: Tshwane University of Technology.

Dudley, J.R.2005. *Research methods for social work*, United States of America: Pearson Education, Inc.

Du Pond, R.L.2001. *Children under 15 years with drug dependence: National Household Survey on Drug Abuse (2001) in the USA*. Washington, DC. Department of Health and Human Services.

Durrant, R., Thakker, J. 2003. *Substance use and abuse: Cultural and Historical perspectives*. Sage Publication.

Egan, G. 1998. *The Skilled Helper*. USA: Brooks/Cole Publishing Company.

Engel, R. J & Schutt, R.K.2009. *The practice of research in social work*, 2nd Ed. United States of America: Sage Publications, Inc.

Engel, R. J & Schutt, R.K.2010. *Fundamentals of social work research*. United States of America: Sage Publications, Inc.

Engelbrecht, L. K. 2005. *Perspectives on the community education model of social work: implications for education and practice*.

Fisher, G. L. & Harrison, T. C. 2013. *Substance abuse: Information for school counsellors, Social Workers. Therapists and Counsellors*. 5th ed. Boston: Pearson.

Fuller Roger, D. C. 2002. *Pastoral Care for Post-Traumatic Stress Disorder*, New York: Haworth Press.

Galanter, M. 2005. *Spirituality and the Health Mind*. New York: Oxford University Press.

Gerber. J. M. 2002. *The adolescent substance abuser*, Johannesburg: Rand Afrikaans University.

Gerkin, C. V. 1997. *And introduction to Pastoral Care*. Nashville: Abingdon Press.

Goldenberg. & Goldenberg, I. 2002. *Counselling Today's Families*, 4th Edition. USA: Brooks/Cole Publishing Company.

Gordon, C. 2004. *Fighting against drug abuse and addiction*. American Journal of Early addiction to Drugs, 20(12): 6-29.

Gossop, M. 2000. *Living with drugs*. England: Ashgate.

Gossop, M., Stewart, D. & Marsdan, J. 2007. Attendance at narcotics anonymous meetings, frequency of attendance and substance use outcomes after residential treatment for drug dependence: a five year follow up study. *Addiction*, 103:119-125.

Gouws, E. Kruger, N. & Burger, S. 2008. *The Adolescent*, 3rd Ed. Johannesburg: Heinemann Publishers.

Grelotti, D.J., Closson, E.F., Smit, J.A., Mabude, Z., Matthews, L.T., Safren, S. A. & Mimiaga, M. J. (2014). Whoonga: potential recreational use of HIV antiretroviral medication in South Africa. *AIDS and Behavior*, 18(3), 511-515.

Grinnell, R.M. & Unrau, Y.A. 2011. *Foundations of evidence-based practice*. 9th Ed. Oxford: Oxford University Press, Inc.

Grobler, H. Schenck, R. & Du Toit, D. 2003. *Person-centred communication*, 2nd Ed. Oxford: Oxford University Press.

Hatchett, B. F., Miller, J.B., Solomon, R. V., and Holmes, K.Y. 2007. The clergy: A valuable resource for church members with alcohol problems. *Journal of Pastoral Care and Counseling* 61: 39-45.

Hosken, G 2009. *Two women held in bust at school*. Pretoria News. November 11:3
, G. 2011. *SA drug abuse rife, agency warns*. Pretoria News. June 28.

Jeewa, A. & Tikimana, S. 2008. Treatment for substance abuse in 21st century: a South African perspective. *SA Family Practice*, 50(6):44.

Jones, J. E., & Metz, A. J. (2016). Making Sense of All the Words: Analyzing Qualitative Data. (In Baran, M. and Jones, J. (eds). *Mixed Methods Research for Improved Scientific Study*) Hershey, P. A: IGI Global. P 197-211.

Kang 'ethe, S.M. 2006. *Contribution of caregivers in community home based care programmes: The case of Kanya Botswana*. MA dissertation. Mafikeng: University of North West.

Kayrooz, C. and Trevitt, C. 2005. *Research in organisations and communities: Tales from the real world*. Australia: Allen & Unwin.

Kgabe, V. 2011. *Abuse of alcohol by Anglican clergy*. PhD Thesis. University of Pretoria.

Khine, A.A., Mokwena, K.E., Huma, M. & Fernandes, L. 2015. Identifying the composition of street drug nyaope using two different mass spectrometer methods. *African Journal of Drug & Alcohol Studies*. 14(1):50-56.

Khumalo, T., Shumba, K., Mkhize, N. 2019. *Ecological and recovery Approaches to Curbing Whoonga Addiction in South Africa: A Critical Hermeneutical Review of Literature*. J Addict Res Ther 10: 388.

King, :329-347. N., & Horrocks, C. 2010. *Interviews in Qualitative Research*. Los Angeles: Saga.

Krefting, L. 1991. Rigor in qualitative research: the assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3): 214-222.

Lebese, R. T., Ramakuela. N. J. & Maputle, M. S. 2014. Perceptions of teenagers about substance abuse at Muyexe village, Mopani district of Limpopo Province, South Africa. *African Journal for Physical, Health Education, recreation and Dance*, 1(2)

Mbiti, J. S. 1969. *African Religions and Philosophy*: London: Hein-mann.

McKay, J. R. 2001. Effectiveness of continuing care interventions for substance abusers: Implications for the study of long-term treatment effects. *Evaluation Review*, 25(2):211-232.

Maithya, R. W. 2009. *Drug abuse in secondary schools in Kenya: Developing a programme for prevention and intervention*. PhD thesis, Pretoria: University of South Africa.

Masipa, N & Mdluli, Z. 2020. Nyaope boys trash funeral. *Daily Sun*. January.

Masemola, L. 2006. *Dagga and heroin craze sweeps through townships*. Pretoria News. July 3: 5.

Masombuka, J. 2013. *Children addiction to the drug nyaope in Soshanguve Township: Parents experiences and support needs*. MA thesis, Pretoria: University of South Africa.

Maughan, K, & Eliseer, A. 2006. Heroin floods schools, *The Star*, August 21:1

Mhlongo, G. T. 2005. Drug abuse in adolescents in Swaziland. MA. Dissertation, Pretoria: University of South Africa.

Mbiti, J, 1985. *African Religions & Philosophy*. Repr. Ed., London: The Chausser Press Ltd.

Miller, M., Gorski, T.T., & Miller, D.K. 2002. *Leaning to live again: A guide for recovery from alcoholism*. New York: Warner Books.

Mohasoa, L. P. 2010. *Substance abuse among male adolescents*. MA. Dissertation, Pretoria: University of South Africa.

Mohasoa, I. P. & Fourie, E. 2012. Substance abuse amongst adolescents: A case study of Zeerust, North West Province, South Africa. *New voices in Psychology*, 8(1):30-43.

Mokwena, K. E. & Fernandes, L. 2014. Exploring the role of external locus of control in the use of nyaope: a qualitative enquiry. *Botswana Journal of African Studies*, 28(1):41-50.

Mokwena, K.E. & Huma, M. 2014. Experiences of 'nyaope' users in three provinces of South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, 1(2): 352-362.

Mokwena, K. & Morojele, N. 2014. Unemployment and unfavorable social environment as contributory factors to nyaope use in three provinces of South Africa. *African Journal for Physical, Health Education, Recreation and Dance*, 1(2): 374-384.

Molefe, J.M 2015. Interview with Social Worker, Department of Social Development. 26 February. Themba.

Monametsi, A. 2019. *Coaching as an intervention of the chaplain's office in the South African Police Services: The case of the Soweto East cluster and its satellites*. MA Dissertation. University of South Africa.

Mudhovozi, P., Maunganidze, L., Maseko, M., Ngwenya, F. F & Netshikweta, L. M. 2014. Patterns of substance abuse among high school students. *African Journal for Physical, Health Education, Recreation and Dance*, 1(2):348-358.

Myers, B., Harker, N., R. & Mazoko, C. 2008. Review of evidence-based interventions for the prevention and treatment of substance use disorders. Cape Town: Medical Research Council.

National Drug Master Plan. 2006-2011, see South Africa, Department of Social Development. 2007.

Nel, M. 2000. *Youth Ministry*. Pretoria: Benedic Books.

Nelson, A. 2012. *Social work with substance users*. Los Angeles: Sage.

Orford, J. Velleman, R. Copello, A. Templeton, L. & Ibanga, A. 2010. *The experiences of affected family member*. United Kingdom: Taylor & Francis Ltd.

Osmer, R. 2008. *Practical Theology: An Introduction*. Grand Rapids: Eerdmans.

Oxford, 2006, see South African Concise Oxford Dictionary. 2006.

Palmer, G. H. 2014. *Stoep funerals: A Challenge to Pastoral Care*; PhD Thesis. University of Pretoria.

Patterson, D. 2003. *Essential Parish Nurse: ABC's for Congregational Health Ministry*, Cleveland: Pilgrim.

Pieterser, H. J. C. 2004. *Preaching in a context of poverty*. Pretoria: ABC Press, Epping.

Pollard, N. 1997. *Evangelism made slightly less difficult*. England: Intervarsity Press.

Richards, L. O. 1984. *The applied Bible Dictionary*. Australia: Kingsway Publications.

Rikhotso, A. L. 2002. *Factors influencing substance abuse and risk for HIV infection among black adolescents*. MA. Dissertation, Johannesburg: University of Johannesburg.

Rough, K., Dietrich, J., Essien, T., Grelotti, D.J., Bansberg, D.R., Gray, G & Katz, I. T. 2013. *Whoonga and the abuse and diversion of Antiretrovirals in Soweto, South Africa*. *AIDS Behav*, 18(1):378-1380.

Rubin, A. & Babbie, E. 2010. *Essential research methods for social work*. (2nd Ed). United States of America. Pre- Press PMG.

SANCA Pretoria. 2012. Castle Carey clinic: rehabilitation centre for substance abuse. Available: <http://www.addictiorehab.co.za.treatmentprogrammes> (Accessed 2015/09/05).

SCHILIT, R. & GOMBERG, S. L. 1991. *Drug and Behaviour: A sourcebook for helping Professionals*. Newbury Park, London, New Delhi: Sage Publications.

Schilit, R. & Gomberg, S.L 1991. *Drugs and Behaviour: A sourcebook for the Helping Professions*. Newbury Park, London, New Delhi: Sage Publications.

Schlauch, C. 2000. Suffering, healing and experiencing reconstructing, in (eds.) Woodward, J. & Pattison, S. *The Blackwell readers in pastoral and practical theology*, Oxford: Black, p. 211-220.

Schurink, W; Fouche, C. B. and De Vos, A. S. (2011). Qualitative data analysis and interpretation. (In De Vos, A. S., Strydom, H., Fouche, C. B. and Delpport, C.S. L. *Research at grassroots for the social sciences and human service professions*.) Pretoria: Van Schaik Publishers. P.397-423.

Shembe, Z.T. 2013. The effects of whoonga on the leaning of affected youth in Kwa-Dubeka Township. Pretoria: University of South Africa. (MA Dissertation).

Sihna, R. 2001. How does stress increase risk of drug abuse and relapse? *Psychopharmacology (Berl)*, 158 (1): 343-359.

South African Community Epidemiology Network on Drug Use. 2010. *Monitoring Alcohol and Drug Abuse Treatment Admissions in South Africa*. July to December 2009 (Phase 27). Tygerberg: Medical Research Council,

South African Community Epidemiology Network on Drug Use. 2012. *Monitoring Alcohol and Drug Abuse Treatment Admission in South Africa*. Phase 33. Available: <http://www.sahealthinfo.org/admodule/sacendu/sacenuphase33.pdf> Accessed 2016/03/04).

South Africa. Department of Social Development. 2007. *National Drug Master Plan 2006-2011*. RP 05/ 2007. Pretoria: Government Printer.

South Africa. Department of Social Development. 2011. *Second biennial substance abuse summit*. e-Thekwini, March 25.

South African National Council on Alcoholism and Drug Dependence (SANCA). 2009-2010. SANCA National Treatment Report.

South African National Council on Alcoholism and Drug Dependence's Castle Carey Clinic. 2006. Pretoria.

Siegel, L. 2002. *Juvenile Delinquency: Theory, Practice and Law, 8th Edition*. USA: Wadsworth Thomson Learning Publications.

Smith, G. H. Coles, C. D. Poulsen, M. K. & Cole, C. K. 1995. *Children, Families, and substance abuse: Challenges for changing education and social outcome*. Baltimore. Brookes Publishing Co.

Stabilis Treatment Centre. 2016. Our Programmes. Available: <http://www.stabilis.org.za> (Accessed (2016/02/12)).

Steyn, T. H. & Masango, M. J. (2012). Generating hope in pastoral care through relationships. *HTS Teologiese Studies/Theological Studies* 68(1).

Swanepoel, 2014. *The causes of relapse among young African adults following in patient treatment for drug abuse in the Gauteng Province*. MA(SW) dissertation. Pretoria.

Swetnam, D., & Swetnam, R. 2009. *Writing your Dissertation*, 3rd, edition, Oxford: Howtobooks.

Swinton, J. & Mowat, H. 2006. *Practical theology and qualitative research*. London: SCM.

Terre Blanche, M., Durrheim, K. and Painter, D. (2006). *Why Qualitative Research?* (In Terre Blanche, M., Durrheim, K and Painter, D, (eds). *Research in practice: Applied method for the social sciences*, 2nd edition.) Cape Town. UCT Press. p.272-284.

Toseland, R. W & Rivas R.T. 2009. *Group work practice*, 6th Ed. United States of America: Pearson Education, Inc.

Trobisch, W. 1997. *I loved A Girl. I married you*. New York: Harper and Row Publishers

United Nations Office on Drugs and Crime. 2014. *The World Drug Report 2014*. New York: UN Printers.

United Nations Office on Drug and Crime: Regional Office for Southern Africa, 2004. *Conducted Effective Substance Abuse Prevention Work among the youth in South Africa*. www.unodc.org (accessed 24 April 2019).

Van Delft, W.F. 2000. *Development tasks, developmental resources/obstacles and competence development*. Pretoria: University of South Africa.

Van Der Westhuizen, M. 2007. *Exploring the experiences of chemically addicted adolescents regarding relapsing after treatment*. MA (SW) dissertation. Pretoria: University of South Africa.

Van Der Westhuizen, M. A. 2010. *Aftercare to chemically addicted adolescents: Practice guidelines from a social work perspective*. Unpublished D. Phil thesis. Pretoria: University of South Africa.

Van der Westhuizen, M., Alpaslan, A. & De Jager, M. 2011. Preventing relapses amongst chemically addicted adolescents exploring the state of current services. *Social Work/Maatskaplike Werk*, 47(3):350-370).

Warren, C. A. B. (2011). Qualitative Interviewing. In: Handbook of Interview Research. Available at: <http://dx.doi.org/10.4135/9781412973588>. [Accessed 14 Jul 2017]. SAGE Publications.

Waruta, D. W. & Kinoti, H. W. 2005. *Pastoral care in African Christianity*. Nairobi: Action.

West, J. 1975. *The Bantu Prophets*. London: Oxford.

West, R. 2005. *Theory of addiction*. Oxford: Blackwell Publishing.

Wimberly, A. E. S. 2004. *Nurturing Faith & Hope*. Ohio: The Pilgrim Press.

Wimberly, A. E. & Wimberly, E, P. 2007. *The Winds of Promise*. Nashville: Disciples Resources.

Wimberly, E. P. 1999. *Moving from shame to Self-Worth*. Nashville. Abingdon Press.

Wimberly, E. P. 2003. *Claiming God Reclaiming Dignity*. Nashville: Abingdon.

Whittaker, A. 2009. *Research skills for social work*. Exeter. Learning Matters Ltd.

World Drug Report. 2010. *The United Nations and Drug Abuse Control*. New York: United National Publishers.

Zastrow, C. 2000. *Social problems: issues and solutions*, 5th ed. Canada: Wadsworth.

