

EXPLORING THE FUNCTIONS OF CHEMICAL SUBSTANCES IN INDIVIDUALS'  
SEXUAL BEHAVIOUR

by

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**DECLARATION**

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I, Jacques Herman Botes, the undersigned, declare on the 20<sup>th</sup> day of November 2012 that this work entitled EXPLORING THE FUNCTIONS OF CHEMICAL SUBSTANCES IN INDIVIDUALS' SEXUAL BEHAVIOUR, is my original creation. I have not copied information from any source without acknowledgement in the text and bibliography. Sources used in this dissertation have been indicated and acknowledged by means of complete references.

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Jacques H. Botes

## **Abstract**

Chemical substance abuse and dependence constitute an increasing international and national phenomenon. Individuals, groups and communities are at risk of the mental, biological, legal and environmental implications associated with substance dependence. Human sexual behaviour is no new phenomenon to be studied. Human beings experience sexual behaviour and gratification as important. Sexual behaviour is not vital for the survival of the individual but vital for survival of the species. Sexual behaviour in combination with chemical substance abuse might pose further dangers to a person or group. Sexual behaviour where persons engage in sexual actions when using or abusing chemical substances could construct certain positive functions for persons. Qualitative researchers are interested in discovering the meaning persons attach to experiences. In understanding the dynamics of the phenomenon, possible contributions to the human sciences could be made.

Chemical substance abuse and dependency affect the individual, his/her family systems and the community. Depressants and stimulants change the chemical functioning of the human brain and the mental health of the user. Despite the harm caused to the dependent person, abuse of the chemical substance is continued. The substance has various functions that the biological and psychological person becomes dependent on. Sexual behaviour is inherent in human nature, but not chemical substance abuse. It is expected by the researcher that there might be certain function(s) served by chemical substances in the sexual behaviour of persons. A literature study on the topic on the function of chemical substances in the sexual behaviour of persons yielded unsatisfactory results. Little research was found with regard to the function of chemical substances in relation to people's sexual behaviour.

In response to this need the researcher embarked on a qualitative research journey to explore the function of the chemical substances within the context of an individual's sexual behaviour and practices. Chemical substances have different functions and affect the sexual behaviour, functioning and experiences of the users of such substances. Six objectives were set with the aim of developing an in-depth understanding of the function of chemical substances in sexual behaviour.

The research question of this investigation leads to a clear inquiry into the phenomenon that was examined and analysed and yielded useful new information. This qualitative research project is characterised by its inductive features, openness to change and interest in human behaviour. The study is characterised by an interpretive nature as an interpretative investigation. An effort was made towards understanding the phenomenon through observation and exploration.

Persons were invited to participate in the research and reported themselves to the researcher, the process of self-selection sampling was utilised. In drawing a sample from the population of patients at a treatment centre an interactive approach to the process was followed by conducting semi-structured and in-depth interviews as a method of data collection. Data analysis and processing was executed according to the eight steps for qualitative data analysis as proposed by Tesch (in Creswell, 2009). Data verification for the assessment of the trustworthiness of the research findings was achieved by utilizing Guba's model as espoused in Krefting (1991). Informed consent, confidentiality and management of information were some of the ethical considerations adhered to in the planning and execution of this research project.

The nature of this study is marked by the person-centred approach in combination with the qualitative methodology and philosophy. The researcher found the two to be appropriate when a sensitive and private topic was to be explored. Participants were able to evaluate the meanings that were attached to their experiences within a psychologically sound environment. Themes became evident through the data analysis process. These themes were contrasted against a body of existing theory. The wholeness of human beings came to the fore and literature from a bio-neurological and humanistic perspective was found to be applicable.

The social sciences and, in particular, social workers are concerned with the wellbeing of persons, their relevant systems and context. These dimensions of human beings were addressed by this study and aimed to contribute to further development in the science of psychotherapy and the understanding of the person within the phenomenon being studied. Therapists should be willing and demonstrate a sensitive ability to understand the client's experiences from the person's own point of view (Rogers, 1950: 444). In a relationship that is

constructed for the purpose the aim should be mainly to understand the whole person (Rogers, 1952: 343). Therapists should develop an ability to see completely through the client's eyes and adopt the person's frame of reference. This is the basis for implementing "client-centred" therapy (Rogers 1950: 444).

A key role of social work practice is facilitating the empowerment of persons, and their personal and interpersonal strengths according to their own self-determination (Zastrow, 2012:39); the researcher recommends a holistic full understanding of the person in his/her wholeness (Rogers, 1987: 486).

**Acronyms and Abbreviations**

AIDS	Acquired Immune Deficiency Syndrome
BAC	Blood Alcohol Content
BC	Before Christ
CAT	Methcathinone
CEWG	Community Epidemiology Work Group
CNS	Central Nervous System
CPD	Continuous Professional Development
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders
GABA	Gamma Aminobutyric Acid
HIV	Human Immunodeficiency Virus
IEWG	International Epidemiology Work Group
KZN	KwaZulu-Natal
LSD	Lysergic Acid Diethylamide
MA (Also known as tik)	Methamphetamine
MDMA (Also known as Ecstasy)	Methylenedioxyamphetamine
NIDA	National Institute of Drug Abuse
OTC	Over-the-Counter Medicine
PCA	Person-Centred-Approach
PCP	Phencyclidine
PRE	Prescribed Medication
SACENDU	South African Community Epidemiology Network Drug Use
TV	Television
UN	United Nations
UNISA	University of South Africa
USA	United States of America
WHO	World Health Organisation

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## CHAPTER ONE

### GENERAL INTRODUCTION, PROBLEM FORMULATION AND ORIENTATION TO THE STUDY

#### 1.1 GENERAL INTRODUCTION AND BACKGROUND TO THE STUDY

As a social worker specialising in the field of substance dependence rehabilitation, the researcher discovered that there is a need for persons [in rehabilitation treatment] to make contact with their whole being, which would include the sexual person as well. Through practical experience, the researcher became aware that persons in treatment presented the need to discover significant meaning with regard to the construction of the self. The researcher, through personal encounters with colleagues, discovered a tendency of fellow therapists to shy away from themes of a sexual nature presented by clients. The majority of colleagues acknowledged to the researcher that they preferred not to discuss the clients' sexual experiences in therapeutic sessions as they themselves [social workers and psychologists] were not comfortable discussing matters of a sexual nature.

During the past five years of social work intervention [counselling] and interaction with clients, the researcher became more aware of the possibility that chemical substances may have a function in the sexual behaviour of persons. The researcher's approach to psychotherapy is grounded in the Person-Centred Approach of Carl R. Rogers, and was therefore based on the view of the wholeness of the person and in what sense unsymbolised experiences could affect the whole person (Rogers, 1987: 483, 486, 503). Colleagues were not informed of the topic that chemical substances might have a function in the sexual behaviour of persons. Furthermore, the topic seemed to be of no importance to blueprint treatment programmes that focused on sobriety. A further electronic literature search on *the functions of chemical substances in the sexual behaviour of persons* resulted in very little literature or study on this specific phenomenon.

Chemical substance abuse and dependency affect the individual, their family systems and the community (Trathen, 2003: 9). Depressants and stimulants change the chemical functioning of the human brain and the mental health of the user (Rosdahl, 2008: 1504-1505). This study aimed to explore the functions of the chemical substances within the context of an individual's sexual behaviour and practices. From the literature it became clear that the wholeness of persons is affected by substance dependence or abuse; the researcher then wanted to search for and elucidate the function(s) of chemical substances in human sexual behaviour.

This study aimed to discover whether chemical substances have certain functions and effects on the sexual behaviour of persons using/abusing such substances and endeavoured to answer the following question: What are the functions of chemical substance abuse in a person's sexual behaviour? International trends in substance abuse and dependence as well as a summary of two reports aiming to reflect substance abuse and dependence in South Africa are presented in this dissertation as an effort to reflect on substance use as an international as well as a local phenomenon. These summaries were constructed from reports by the South African Community Epidemiology Network Drug Use (SACENDU) and Stabilis Treatment Centre's Annual Report (1 April 2009 to 31 March 2010). In an attempt to explain the effect of substance use or abuse on human behaviour, the implications of chemical substances for the human mind are explained.

The abuse of and dependency on chemical substances are not new phenomena (Erlank, 2002: 1) and the same goes for human beings engaging in sexual intercourse (with the latter being an innate human instinct). In the ancient world gods of the East had sexual intercourse, in Babylon the king and priests engaged in sexual rituals to guarantee rain for their crops and it is recorded that same sex relationships existed in Egypt and Mesopotamia (Vos & Human, 2007: 30, 43). From a theological point of view the philosophers of the Old Testament believed that fulfilling sexual relationships contributed to their experience of life as meaningful. Le Roux (in Vos & Human, 2007: 330-339) explains how sexual pleasure served as a reward for soldiers returning from the battle field and how ancient persons turned to sexual pleasures for emotional comfort. A night of sexual pleasure would give comfort and revitalise them for the next day's demands and could even ease the anxiety of an ever nearing death (Le Roux in Vos

& Human, 2007: 330-339). It can thus be concluded that in ancient times sexual pleasure could facilitate escapism from everyday realities and discomforts. Escape through sexual gratification is not only limited to the sexual realm. Substance abuse is also strongly associated with experiences of relief and escape by means of the euphoric effects of chemical substances and sedation (Nace in Erlank, 2002: 61). Negative emotional affect can be avoided and the substance abuser is thus able to create positive experiences. However, what intrigued the researcher about the two phenomena referred to (sexual behaviour and substance abuse), is what the functions of the chemical substances used or abused were in relation to the sexual behaviour of the persons using/abusing these substances.

In conclusion, apart from this study aiming to explore the functions of chemical substances in relation to the sexual behaviour of the users/abusers thereof, the researcher, through this study aimed to inform social work interventions, as well as chemically dependent service users, on the functions of these chemical substances in the sexual behaviour of the consumers of such substances. A clearer understanding of the function of chemical substances within the sexual behaviour of persons could facilitate empathetic understanding of the person in his/her wholeness by service providers. The sensitive nature of the topic may lead to preconceived perceptions and misunderstandings of a client's unsymbolised needs which might result in the therapist not addressing the wholeness of the person during the process of recovery.

The preceding section rendered a general introduction and background to the study. The researcher experienced that service users in rehabilitation treatment might not be understood in the wholeness of the person as the link between substance abuse and sexual behaviour is seldom addressed. It was further indicated that little literature exists on the topic under investigation and that there is a need to explore the meaning substance dependent persons attach to their sexual experiences.

## **1.2 PROBLEM FORMULATION**

The general introduction and background to this study constructed a context and need to formulate a problem statement. The formulation of questions in the construction of a research

problem is the initial step in the research process and provided a basis for this study (Monette, Sullivan & De Jong, 2008: 77). The word 'question' implies that answers might be needed or that a matter involving doubt could be at hand. The first task then was to pose a question about something that confronts and perplexes the mind (Merriam, 2009: 58). The formulation of the problem could be stated as the heart of this research project (Leedy & Ormrod, 2001: 51-52) and the researcher needed to identify a researchable problem before formulating a proper research question (Fouché in De Vos, Strydom, Fouché & Delpont, 2002: 95). The researcher had to identify the current and local position of persons being treated for substance dependence in treatment centres and further seek evidence of relations between chemical substance use and sexual behaviour.

By viewing the literature on international substance use trends (WHO, 2010), South African figures on admissions to treatment centres and focusing on persons in a local (Pretoria) treatment facility, a clear picture of the substance dependence problem was formulated. Literature presented further in this dissertation suggested that persons do indeed use chemical substances in conjunction with sexual acts and the need was raised to search for the function of the chemical substance within a person's sexual behaviour. The problem is explained against what little literature does exist as well as the theory and practice that directs the researcher towards clarifying the need for this study (Creswell, 1994: 50).

A literature study and review, before a problem is even formulated, forms an essential part of the extent, nature and intensity of the research (Fouché & Delpont in Erlank, 2002: 6). In this section, by presenting the literature overview, the researcher aims to formulate the problem, create a context in which substance abuse or dependence should be understood, provide an introduction to the proposed topic under investigation (i.e. accounts in literature on the possible functions of chemical substance abuse and dependency on people's sexual behaviour and functioning) and present a rationale for the study.

### 1.2.1 International trends of substance abuse and dependence

The researcher will first focus on the international trends of substance use and then bring the focus to the local context by rendering a summary of two reports reflecting on chemical substance abuse and dependence in South Africa. The World Health Organisation (WHO, 2010) describes substance abuse and dependence as an international phenomenon:

“The illicit drug trade touches millions of lives in both developed and developing countries. It’s most negative impact is concentrated amongst the vulnerable and marginalized of our societies. The UN estimates that some 185 million people worldwide (3.1 % of the global population or 4.3% of people aged 15 years and above) were consuming drugs in the late 1990s; this figure includes 147 million consuming cannabis, 33 million people consuming amphetamine-type stimulants (notably methamphetamine and amphetamine, with 7 million people using ecstasy), 13 million people taking cocaine and 13 million people abusing opiates, 9 million of whom are taking heroin. As drug users frequently take more than one substance, it should be noted that the total is not the sum of the individual drug categories” ([http://www.who.int/substance\\_abuse/facts/psychoactives/en/index.html](http://www.who.int/substance_abuse/facts/psychoactives/en/index.html)).

The following trends were presented by the Community Epidemiology Work Group (CEWG) and the International Epidemiology Work Group (IEWG) on Drug Abuse. The data illustrate current and emerging drug abuse trends in the United States and other countries and regions of the globe. Highlights consist of the following ([http://archives.drugabuse.gov/NIDA\\_Notes/NNVol13N2/Trends.html](http://archives.drugabuse.gov/NIDA_Notes/NNVol13N2/Trends.html)):

In the United States Drug Use Statistics (2009), heroin use is greater than before in 17 of the 21 CEWG areas. The use of cocaine (still at high levels) decreased in 17 of the 21 CEWG areas from 1995 to 1996. Marijuana use continuously increased in almost every area covered by the CEWG and methamphetamine use increased in certain areas of the western continental United States and Hawaii. According to the International Drug Use Statistics (2009), marijuana is the most widely used illicit drug in six of the major cities in Canada. Heroin use/abuse is also an escalating dilemma in a number of these cities. Cocaine is seen as a public health matter in at least half of the six cities. Marijuana was the most regularly reported

primary drug of abuse by patients receiving rehabilitation treatment in 16 cities in Mexico. A substantial number of these patients also reported cocaine as the primary drug of choice. Heroin is the dominant drug of abuse in eleven cities in East and South Asia and marijuana was reported to be the second most widely abused substance. Australia reported marijuana as the most popular substance abused. The predominant drug of abuse by treatment patients in most of 19 cities across Europe was reported to be heroin and other opiates (International Drug Use Statistics, 2009).

In South Africa, marijuana and methaqualone (central nervous system depressants) were reported to be regularly abused substances in Cape Town and Durban. Furthermore, the abuse of cocaine and heroin was reported to be rising (Epidemiologic Trends in Drug Abuse: Reports of the Community Epidemiology Work Group available on the World Wide Web at: <http://www.drugabuse.gov/cewg/cewghome.html>).

Not only illicit substances, but alcohol abuse also poses a further hazard to the international public's health. The World Health Organisation (WHO, 2010) reports that alcohol consumption increased in developing countries. Seventy-six (76.3) million persons worldwide suffer from alcohol use disorders and fifteen (15.3) million persons present with drug use disorders ([http://www.who.int/substance\\_abuse/facts/en/index.html](http://www.who.int/substance_abuse/facts/en/index.html)).

In summary, according to the WHO, cannabis remains the most widely cultivated, trafficked and abused substance. Cocaine addiction has become an extensive public health concern and contributes to a significant number of medical, psychological and social problems. The use of heroin causes widespread health and social problems in numerous countries. Excessive availability and inadequate regulatory controls can lead to the development of new patterns of drug abuse. Pain, psychological, psychiatric and social pathology may result from illnesses related to dependence on psychoactive substances ([http://www.who.int/substance\\_abuse/facts/others/en/index.html](http://www.who.int/substance_abuse/facts/others/en/index.html)).

The assumption can thus be made that substance dependence poses certain risks to public health internationally. Chemical substance dependence alters the brain's structures and

functionality. These changes occur in the same areas related to other mental disorders, such as depression, anxiety or schizophrenia (Sue, Sue & Sue, 2003: 128,236,264,266,353 & 422). According to Smith (<http://alcoholismabout.com/es/dual/a/aa981209.htm>), a substance abuse problem can imitate, disguise or worsen a variety of mental health disorders. Substance abusers could fail to fulfil role responsibility, present a hazard to the self and others, experience legal problems and continue to use despite interpersonal problems (Rosdahl et al., 2008: 1504).

The above section having presented the nature and extent of international substance abuse and dependence, the researcher will now investigate the local trends in chemical substance abuse and dependence.

### **1.2.2 A summary of two reports on substance abuse and dependence in South Africa**

The South African Community Epidemiology Network Drug Use (SACENDU) and the Medical Research Council of South Africa conducted research on substance abuse trends in South Africa and this contributed to defining the context for the research project. Research was conducted in a rehabilitation centre for substance dependent persons in Pretoria and the researcher wanted to create a context with regard to the local nature of substance dependence and abuse.

In illuminating the substance abuse and dependence trends in South Africa, for the purpose of this study, the researcher summarised SACENDU's Research Brief authored by Plüddemann, Dada, Parry, Bhana, Perreira, Nel, Mncwabe, Gerber and Aboagye (2010). The report states that alcohol is the most common primary substance of abuse among patients seen at specialist treatment centres that focus on the rehabilitation of substance dependent persons nationally. Alcohol is generally the most common primary substance of abuse amongst patients who additionally use cocaine as a secondary substance. Cannabis was the most widespread primary substance of abuse among patients seen at specialist treatment facilities. The proportion of patients with mandrax (methaqualone, a sedative) as primary substance of abuse remains very

low, but mandrax is still fairly common as a secondary substance of abuse in the Western Cape.

Methamphetamine (tik) was the most general substance of abuse for patients younger than twenty years of age in the Western Cape from 2004. Crack cocaine or cocaine powder is reported to be mostly used as secondary substance of choice. A large portion of patients in specialist treatment centres had heroin as their primary drug of abuse. Between one and nine percent of patients seen at specialist treatment centres in the Eastern Cape from July to December 2009 had over-the-counter medicine (OTC) or prescribed medication (PRE) listed as their primary substance of abuse. Abused substances included benzodiazepines, analgesics, codeine products and sleeping pills (SACENDU Report, 2010: 5).

The use of ecstasy, methamphetamine (tik), methcathinone (CAT), and LSD of persons nationally in specialist treatment services, with ecstasy as a primary drug of abuse, remains very low. A total of five percent reported 'CAT' as either their primary or secondary drug of choice in Gauteng. Fewer patients reported using this drug nationally.

The SACENDU Report for June 2011 (Phase 29) focuses on data from treatment admissions of the 8407 patients seen across the 58 centres/programmes in the second half of 2010. Alcohol remains the dominant substance of abuse across all sites except the Western Cape and the Northern Region and treatment admissions for alcohol related problems in persons younger than 20 years of age are generally less common. The proportion of treatment admissions with cannabis as a primary drug increased slightly in the Northern Region, decreased in KwaZulu-Natal (KZN) and remained stable in other sites when compared with the previous SACENDU report. In the Central Region cannabis is reported as primary substance of abuse by 69% of patients who are younger than twenty years. Treatment for Mandrax remains fairly low in all sites. Treatment admissions for cocaine-related problems indicated a decrease over the past few reporting periods in a number of sites, but remain stable as in the previous period, with a slight increase in KZN and Eastern Cape.

Treatment admissions for heroin as a primary drug of choice remained stable in the Western Cape, Gauteng and Northern Region, but increased slightly in KZN compared with the previous period. Club drugs and methamphetamine (MA) admissions for Ecstasy, LSD or MA as primary drugs of abuse are low except in Cape Town. Across sites only one to four percent of patients had Ecstasy as a primary or secondary drug of abuse. MA ('Tik') remained the most common primary drug reported by patients in Cape Town. The abuse of over-the-counter (OTC) and prescription medicines such as slimming tablets, analgesics, and benzodiazepines continues to be problematic across all sites. Inhalant/solvent use among young people also continues to be increasing, although the number of patients reporting inhalants as their primary drug is low (SACENDU Report: June 2011, Phase 29).

Methcathinone ('CAT') use was noted in most sites, especially in Gauteng where eight percent of patients presented 'CAT' as a primary or secondary drug of choice. Poly-substance abuse remains high, with between 32 (Eastern Cape) and 60 percent (KZN) of patients indicating more than one substance of use (SACENDU: June 2011, Phase 29).

The information above is relevant to this study as interviews for data collection were conducted at a specialist treatment centre for substance dependence or abuse in Gauteng. The identified centre is the Stabilis Treatment Centre, Pretoria, which also contributes to the data SACENDU uses in an effort to analyse the situation regarding chemical substance abuse and dependence in South Africa. The data in the above mentioned regard are correlated in the Stabilis Treatment Centre's Annual Report (1 April 2009 to 31 March 2010: 19-23) and now presented as the second summarised report.

This report refers to the following trends in chemical substance dependence and abuse amongst the patients receiving treatment at this centre for the period from 1 April 2009 to 31 March 2010 (Stabilis Annual Report: 1 April 2009 to 31 March 2010: 19-23):

According to the Stabilis Annual Report (2010: 19-23), alcohol remains the dominant substance of abuse and/or dependence in all nine provinces of South Africa, with 27% to 70% of all patients admitted at treatment centres. It is estimated that six percent (1.97 million) of

the citizens in South Africa are problem drinkers, followed by 3.2 million risky drinkers and 4, 9 million (15%) low risk drinkers. The 10.1 million alcohol users consumed close to 20L alcohol per adult per year, which places South Africa among the ten highest consumers of alcohol in the world. South Africa is currently one of the countries where the consumers of alcohol exhibit the most hazardous patterns of drinking. Both qualitative and quantitative studies conducted among adolescents and young adults in Gauteng Province point to strong links between drinking and engagement in sexual risk behaviours (Stabilis Annual Report: 1 April 2009 to 31 March 2010: 19-23).

The Stabilis Annual Report also mentions that the number of sexual partners a person has had and later regretted is significantly associated with the frequency of alcohol use, quantities consumed and problem drinking. According to the World Health Organisation (WHO), South Africa is currently facing an alarming increase of 20% in drug abuse per year (WHO Research Report, 2009). Almost three (2.7) million citizens of South Africa use drugs regularly and it is estimated that a quarter of them are drug dependents. In comparison with the world norm, South Africans used twice as much dagga, cocaine and other drugs. The use of *Nayope* (a mixture of dagga and a very bad quality of heroin) amongst children and the youth increased in Gauteng and more than half of youth admissions at Stabilis in the last year were *Nayope* dependent.

The Stabilis Treatment Centre's next Annual Report (1 April 2011 to 31 March 2012) does not differ much with regard to substances of choice and trends of abuse, but reports extensively on the implications of substance dependence and specifically on the human brain: "The increase of drug dependence and changes within the substance dependent person's behaviour led to the development of various international research studies. The current research broadened our knowledge regarding substances of abuse, their effect on the human brain and the biochemistry of addiction". According to van Eeden (2000, 13-14), "Drugs modulate the activity of a variety of brain chemicals, each of which intersects with many others" (Drugs: Facts, Arguments and Practical Advice. Doctors for Life, 13-14). The National Institute on Drug Abuse (NIDA) "believes adolescents who use or abuse drugs while the brain is still developing may have profound and long lasting consequences". Recent research done by

Dr. M. Ashtari and his colleagues at Philadelphia Children's Hospital in the USA, agrees with NIDA's above mentioned beliefs when they found that significant dagga use during adolescence hampers the brain's development (BEELD, 4 February 2009: 3).

The Stabilis Treatment Centre's next Annual Report (1 April 2011 to 31 March 2012) then continues to focus on dual diagnosis/co-morbidity which refers to substance dependence and a psychiatric disorder simultaneously or sequentially occurring within the same person. According to the Stabilis report, the one influences the other: "causality cannot always be determined, but certain mental disorders are established risk factors for subsequent drug abuse and vice versa"

(NIDA, <http://www.nida.nih.gov/researchreports/comorbidity/index.htm>/7January 2009).

The previous report (Stabilis Annual Report: 1 April 2009 to 31 March 2010: 24-25) further indicated that substance dependence increased to such an extent in the past century that the abuse of substances, such as alcohol, drugs and medication, has become a serious threat to many individuals, family systems and even certain countries: "Substance dependence shows no respect for the so-called 'civilized norms and standards' as is clear from the fact that it affects everyone, directly or indirectly, regardless of social status, race, belief, sex or age".

The authors of the National Drug Master Plan (accepted in February 1999 by the South African Parliament) warned that: "South Africa is experiencing an unacceptable increase in substance abuse (the age of experimentation has also dropped) and its associated problems". The summary of the trends associated with substance abuse indicates the need for strategies and approaches with regard to treatment and prevention that will result in improvements in the general welfare of individuals, families, communities and our country.

The above reports categorised different substances by name. However, chemical substances can further be classified and described according to the effects they have on the central nervous system (CNS) (Sue et al., 2003: 266):

- Alcohol, barbiturates and benzodiazepines are also referred to as “depressants” or “sedatives” which are central nervous system depressants as they induce sleep and facilitate relief from anxiety.
- Amphetamines, caffeine, nicotine and cocaine are classified as “stimulants” as they energise the CNS and create euphoria and alertness.
- Marijuana, LSD and PCP are labelled as “hallucinogens” and these substances have the ability to induce hallucinations, heighten sensory awareness and result in “good/bad trips”. Users are believed to have experienced increased awareness and insight.

Depressants, hallucinogens and stimulants can be used in combination with each other. Poly-substance dependence indicates the use of three or more substances for a 12-month period (Sue et al., 2003: 266). Now that the trends in chemical substance abuse and dependence in South Africa and internationally have been illuminated, the implications of chemical substance dependence and abuse will become the focus of attention in the next section of the chapter. These implications would affect the behaviour of persons in general, which could include sexual behaviour.

In facilitating the formulation of the problem or question to be studied, the researcher investigated the international and national context of chemical substance abuse and dependence. The relationship between chemical substance abuse and dependence and that of mental health implications was also presented. To contribute to the process of problem formulation, the researcher will continue to investigate the implications of chemical substance abuse and dependence more closely.

### **1.3 IMPLICATIONS OF CHEMICAL SUBSTANCE DEPENDENCE AND ABUSE**

This section offers an investigation into the implications of chemical substance abuse and dependence for the human being as an organism in its wholeness. In this study regular differentiation has been made between abuse and dependence. Chemical substance abuse refers to a maladaptive pattern over a period of time of twelve months, where recurrent use continues despite social, occupational, psychological, and physical or safety discomforts (Sue

et al., 2003: 266). Chemical dependence indicates unsuccessful efforts to control use despite knowledge of harmful effects; taking more of the substance than intended; tolerance or withdrawal and where this maladaptive pattern of use extends over a twelve-month period (Sue et al., 2003: 266).

Chemical substances directly affect the human central nervous system and result, amongst various other effects, in a euphoric state of awareness (Rosdahl & Kowalski, 2008: 1505; Van Eeden, 2000: 9). According to Stevens-Smith and Smith (in Erlank, 2002: 54), chemical substances affect the central nervous system (CNS) and especially the human brain. Chemical substances have the ability to change the brain's structure and its performance: "drugs modulate the activity of a variety of brain chemicals, each of which intersects with many others" (Van Eeden, 2000: 13-14). Neurotransmitters play a role in dependence and it is found that the neurotransmitters dopamine and serotonin seem to be of importance in this change (Van Eeden, 2000: 13-14). Maisto, Galizio and Connors (in Erlank, 2002: 54) state that substances change the chemical phase of nerve transmission and create changes in the brain and therefore alter the state of mind and behaviour. As previously mentioned, the National Institute on Drug Abuse (NIDA) argues that adolescents who use or abuse drugs while the brain is still developing may suffer profound and long lasting consequences.

Mood altering practices such as gambling, sex or even eating carbohydrates trigger the release of dopamine, serotonin and/or endorphins in areas of the brain which manage experiences of pleasure and reward. These mechanisms activate the same neurotransmitters on which chemical substances would have an effect. Keane (2004: 194,195) indicates that a support group, like Alcoholics Anonymous, articulated that sex could be as addictive as other mood altering substances. Dopaminergic systems and the control thereof in sexual behaviour has been a subject of study for the past forty years (Keane, 2004: 194,195). In a study on the physiological role of dopamine in sexual behaviour, it was found that both areas in the brain innervated by the incertohypothalamic dopamine system, influence male ejaculatory mechanisms as well as playing a stimulatory role in the regulation of female sexual behaviour (Paredes & Agmo, 2004: 211,214). The study however concluded that there is no compelling indication that dopamine is of any particular significance in sexual motivation or reward.

Certain mental disorders are recognised as risk factors for subsequent substance abuse and vice versa (Sue et al., 2003:128,236,264,266,353,422). According to Smith, a substance abuse problem can mimic, mask or aggravate various mental health disorders (<http://alcoholismabout.com/es/dual/a/aa981209.htm>). Smith's statement implies that persons could present with a mental health disorder, but that the symptoms are actually caused by chemical substance abuse (mimicking), persons could manage a mental health disorder with chemical substances (masking) or that mental health disorders are the result of substance abuse and dependence (aggravating). Chemical substance abuse can thus present symptoms that could represent certain mental health disorders, hide or manage underlying psychiatric conditions or result in mental health implications. The most common mental disorders, in relation to substance dependence and dual diagnosis, are bipolar disorders, borderline personality disorders, depression, obsessive compulsive disorders, panic anxiety disorders, post-traumatic stress syndrome, eating disorders and schizophrenia (Sue et al., 2003: 128,236,264,266,353,422). Numerous international researches have proved that co-morbidity occurrences among substance dependent persons are very high according to the following findings:

- At least 50% of the above mentioned Americans with severe mental illness abused illicit drugs or alcohol, compared with 15% of the general population;
- Fifty-three percent (53%) of drug abusers and 37% of alcohol abusers have at least one serious mental illness;
- The eight most common mental disorders found in dual diagnosis are bipolar disorders, borderline personality disorders, depression, obsessive compulsive disorders, panic anxiety disorders, post-traumatic stress syndrome, eating disorders and schizophrenia.
- Researchers at the Institute for Neuro Science at the University of Granada, Spain, recently found that dagga use may lead to the development of schizophrenia (BEELD, 27 March 2009: 3). The above considerations emphasize the importance of an integrated approach to treatment (Stabilis Annual Report: 1 April 2011to 31 March 2012: 23-24).

It is clear from the above that the abuse of chemical substances does indeed affect the chemical functioning of the brain and such changes are the cause of mental and behavioural changes. Mental health is affected negatively and this has implications relating to the user and his/her environment. Furthermore pleasure seeking behaviour, such as sexual intercourse or gambling, also stimulates the release of neurotransmitters in brain areas which manage experiences of pleasure and reward, the same areas that chemical substances affect. There is a close relation between substance abuse and dependence and damage caused to the central nervous system by chemical substances. The sexual person would therefore also be affected by chemical substances as sexual behaviour forms part of the whole person (Rosdahl, 2008: 46). It can thus be indicated that the wholeness of the person is affected by chemical substance use or abuse. The following section will reflect on the whole person affected by chemical substance dependence or abuse.

#### **1.4 THE WHOLENESS OF PERSONS AFFECTED BY SUBSTANCE DEPENDENCE OR ABUSE**

Certain aspects such as mental health, functioning of the central nervous system and human sexuality were indicated in the previous section to be affected by chemical substance abuse and dependence. The implication is that once the biological person is affected, the psychological person also suffers. It has previously been stated that chemical substances also affect the behaviour and the environment/context of the substance abuser. The researcher thus argued that the person in his/her wholeness is affected. Rogers (1987: 486) states that the person or group, as an organism, reacts as a structured whole to the phenomenal field of experiences. The bio-psychosocial theory views chemical substance abuse or dependence as having biological, psychological and social components and as a complex and progressive state of behaviour that affects all facets of the person's being (Maisto, Galizio & Connors in Erlank, 2002: 51).

Throughout history people have swallowed, sniffed, smoked or injected a variety of chemical substances with the purpose of altering their mood, levels of consciousness or behaviour.

Society, however, becomes less accommodating and more concerned when a person's substance dependence or use results in the following (Sue et al., 2003: 265):

- Impairment of social or occupational functioning,
- The inability to abstain from using the substance despite its harmful effects on the body,
- The user becoming a danger to others,
- Presenting criminal behaviour such as drunken driving, the selling of illegal drugs or robbery to support a drug habit.

From the above, the assumption can be made that the abuse of substances such as alcohol, drugs and medication have become a serious threat to many individuals, the system of significant others, community or even certain countries. Chemical substance dependence and abuse does not discriminate against any person (directly or indirectly) and does not regard income, social standing, race, religious belief, sex or age.

Between 40% and 50% of all the persons who passed away due to unnatural deaths in Durban and Cape Town respectively (in 2003) had more blood alcohol content (BAC) than the accepted norm of 0,05g/100ml. Motor vehicle accidents and murders are also linked to BACs. Fifty-one percent of homicides and 53% of transport-related deaths in Cape Town, as well as 40% and 47% respectively in Durban were also linked to a raised BAC. Nationally, driving under the influence leads to a total of 7000 road deaths annually. The yearly financial costs involved due to alcohol and alcohol related problems are more than R17 billion to the South African community and the financial costs involved with drugs and drug related problems are R10 billion to South Africa (Stabilis Treatment Centre, 2010: 25). The aforementioned clearly indicates that it is not only the person abusing the chemical substances that is negatively affected, but the environment as well. As it is not only the abuser or the substance dependent person affected by the negative implications of this phenomenon, government has also reacted in order to protect society from the negative effects of abuse and dependence (Stabilis Report: 2012).

Not only do the individual, the relevant systems and the environment react to the effects of chemical substances. Grobler, Schenck and Du Toit (2003: 54-55) further state that the individual responds to the experiential world and these responses are organised as a whole. It can thus be assumed that substance abuse will distort this organised whole and implies harmful consequences for the individual self, groups and community. Despite the negative effects and in light of the harmful consequences of substance dependence and abuse, the researcher was intrigued as to the reason for the continuous increase in the use and abuse of drugs. Chemical substances might be functional towards possible positive experiences by the user and these possible functions could motivate use or abuse, despite the negative implications.

The above section focused on the wholeness of the person affected by chemical substances. A further assumption was made that chemical substances could have possible positive functions for the person. In the next section the researcher investigated whether particular function(s) of the chemical substance could serve as a motivator for certain behaviours and practices regarding use or abuse thereof.

## **1.5 THE FUNCTIONS OF CHEMICAL SUBSTANCES**

The researcher asked the question why persons would continue to abuse chemical substances regardless of the negative effects discussed previously in this chapter. If the whole person is negatively affected, the researcher argues that there might be possible positive effects and functions the person associates with the use of chemical substances.

In general it is said that alcohol is used for relaxation, socialisation and as a means of escapism. Adams (cited in Erasmus, 2000: 16) concurs and mentions that alcohol serves as a means of socialising and helps one to relax, but when consumed in greater volumes it has the same effect as a depressant which alters behaviour, reflexes, self-control and judgement. Nace (in Erlank, 2002: 61) states that substance use is associated with experiences of relief, relaxation, escape, euphoria and sedation; the changes of affect are a further motivation for

future substance use. The chemical substance user can escape negative emotional affect and create positive experiences.

The function could also be to avoid the effect of withdrawal symptoms which can be emotionally, physically and psychologically unbearable (Erlank, 2002: 60). In some cases, it is argued that cultural and environmental factors such as life events, economic or political situations could aggravate substance abuse. This argument is not seen as substantial by Erasmus (2000: 12) who is of the view that a person still has a choice and that environmental factors are therefore not to blame. Erlank (2002: 61) argues that the effect experienced socially and emotionally at first use of the substance creates an expectancy of future euphoric experiences and the future use of the substance is thus motivated. Erasmus (2000: 13) mentions that substances are functional regarding interpersonal factors and intrapersonal factors, as well as social influences:

- Interpersonal refers to the interaction between two or more individuals, and this interaction can imply both social and family situations,
- Intrapersonal factors indicate factors inside the person, the focus being on feelings, needs and cognitions and psychological dependence may be related to intrapersonal factors due to the person's experience of a continuous need for stimulation or pleasure which is obtained from drug use, while
- Social factors focus on the interaction among many persons, an example of which being peer pressure, especially in adolescents and young adults. A person will yield to substance use to be accepted as part of the group. Bandura (1977) accentuated that behaviour can be learned in social settings.
- The view that the self is constructed in relation to the environment and significant others is further supported by Rogers where he states that the person might be under tension arising as a result of conflict between personal desires and social demands set by significant others, but most of the ways in which the individual behaves would be adopted from others (Rogers, 1951: 228,507).

The organism (individual) is in a constant relationship with the self and the environment. The individual's behaviour (aware or unaware) is directed to enhance and maintain the self. Needs on an interpersonal and intrapersonal level will thus also facilitate behaviour such as substance use (Grobler et al., 2003: 44, 49, 54, 59,65).

Erlank (2002: 61) further adds to the above mentioned that substance use:

- enhances social interaction and relieves interpersonal stressors,
- alters the emotional state the person is experiencing, and
- facilitates relief, escape, euphoria, relaxation and sedation.

If chemical substance dependence is viewed from the “disease model perspective” (views substance dependence as a disease gradually developing through phases), the function of substance dependence seems to differ in each of the phases of disease progression as indicated by Visser (in Erlank, 2002: 61-62):

- The social phase: the person is experimenting with the substance through occasional social use. The substance is used in small quantities without any losses or damage to the individual. The positive function of use is discovered in this phase, the person discovers relief from e.g. stress, loneliness, depression, tension or even shyness,
- The pattern phase: occasions for use are created, larger quantities of the substance are used more regularly. The function of the substance is to assist the person to adapt more easily to situations than without the use of the substance, even though the person could be experiencing problematic social functioning in the pattern phase, and
- The physical dependence phase: the functioning of the person is substance centred. Once contact has been made with the chemical substance, there is a loss of control where the person seems to have lost a sense of control over quantity or regularity of use. The loss of a sense of control, which is partly driven by withdrawal symptoms, relates to the use (or not using) of the chemical substance in the physical dependence

phase. Withdrawal symptoms are experienced and the function of use would be to relieve physical and emotional/ psychological discomfort.

Erlank (2002: 62) concludes that the function of substance use should be viewed from different perspectives and this particular study aims to discover the functions that chemical substance use/ abuse fulfil in relation to the substance consumer's sexual behaviour. Persons using substances to socialise (first phase) could use substances only for their recreational value. In a study done at three dance clubs regarding high risk sexual behaviour surveyed in New York City, it was found that the following chemicals were used (Klitsman, Pope & Hudson, 2000: 1163):

- MDMA (Ecstasy)
- Alcohol
- Marijuana
- Cocaine or crack cocaine
- Inhaled nitrates
- Hallucinogens
- Methamphetamine
- Other stimulants (*uppers*)
- Ketamine

Other chemical substances reported in the above mentioned study were sedatives such as heroin, other opiates and phencyclidine. The above further correlates with the information presented earlier in this section, which assumes that such chemical substances do indeed have a function. It was also implied that certain substances might have a function in the sexual behaviour of persons. The function of chemical substances in the sexual behaviour of persons will be discussed in the next section.

## 1.6 CHEMICAL SUBSTANCES AND SEXUAL BEHAVIOUR

Thus far this chapter has presented the reader with the negative implications of substance abuse for the mental health and wholeness of the person. Certain functions of chemical substances have been identified, some of which could be experienced as positive by the substance dependent person. This section will investigate the relationship between chemical substance use and sexual behaviour.

In relation to chemical substances, sexual behaviour, activity and performance Shakespeare wrote, "...it provokes the desire, but it takes away the performance: therefore much drink may be said to be an equivocator with lechery: it makes him and it mars him; it sets him on and it makes him off; it persuades him and disheartens him; makes him stand to and not stand to; in conclusion, equivocates him in a sleep, and giving him the lie, leaves him" – William Shakespeare (*Macbeth*, II, iii, 29).

The use of substances (such as beer and wine) dates back to 6400 BC. Opium was (in 5 000 BC) referred to as a plant that creates "joy" and marijuana was used in tea by the Chinese in 2700 BC (Maisto et al. in Erlank, 2002: 1). The tendency of a suppressant to reduce the effect of internal inhibitors and inhibitions could have a facilitative function in sexual enjoyment, but in the case of alcohol use a history of undesired effects is reported from 2000 years ago. In the Deuterocanonical *Testament of Judah* verse 14 it is written: ... "for wine turneth the mind away from the truth, and kindleth in it the passion of lust... for the spirit of fornication hath wine as a minister to give pleasures to the mind; for these two take away the power from a man" (Holcombe, 2006: 990).

Freud introduced the term "sexual instinct" as the form of energy that drives libido and a far wider range of activity ordinarily understood by sexual behaviour. In his later classification he introduced the term "Eros" (life instincts) that included sexual instinct (Colman, 2003: 672). Breger (in Heller, 2005: 200) suggested that due to Freud's lifelong addiction to smoking and early addiction to cocaine, he experienced sexuality as a lure similar to that of an addictive substance. Both are always tempting and giving in to them could take one over. Thus sexuality

has to be controlled, mastered, sublimated and channelled into socially acceptable practices. In *Sexuality in the Aetiology of the Neuroses* (1898) Freud comments on the relationship between addiction and sexuality. It appears as if he is describing his own experience (Heller, 2005: 200) when he wrote: “Left to himself, the masturbator is accustomed, whenever something happens that depresses him, to turn to his convenient form of satisfaction... For sexual need, when once it has been aroused and has been satisfied for any length of time, can no longer be silenced; it can only be displaced along another path... Not everyone who has occasion to morphia, cocaine, chloral-hydrate... acquires in this way an “addiction” to them. Closer inquiry shows that these narcotics are meant to serve – directly or indirectly – as a substitute for a lack of sexual satisfaction”.

Views exist that addiction is grounded in the conflict between pleasure and release and therefore demands to be productive or disciplined. Therefore addictive desire can also be projected on practices as exercise and work; a person could seem to be “addicted” to running marathons or be known as a “workaholic” (Keane, 2004: 191). Keane (2004: 191) further argues that humans need intimacy to make connections with substances, things and other humans. Chemical substances as well as sexual acts can both provide pleasure and create release or escape from internal discomfort as a way of regulating one’s feelings and sense of self (Keane, 2004: 193).

In light of the above, the researcher further speculated whether sexual intercourse can be addictive. The DSM – IV criteria do not recognise the existence of a *sex addiction* disorder and being *over sexed* is also not classified as a sexual desire disorder (Sue et al., 2003: 303). To discriminate between a disorder and dysfunction: sexual dysfunctions (mental disorders) are listed as interruptions in the sexual response cycle associated with sexual intercourse. Symptoms include female orgasmic disorder, sexual arousal disorder, hypoactive sexual desire disorder, male erectile disorder, male orgasmic disorder, premature ejaculation, sexual aversion disorder and vaginismus (Colman, 2003: 672). Further DSM – IV classifications under *Sexual and Gender Identity Disorders* include paraphilias which include behaviours such as fetishism, transvestic fetishism, exhibitionism, voyeurism, frotteurism, paedophilia, sadism and masochism (Sue et al., 2003: 329). To be considered as a disorder, the mentioned

state must have presented for at least six months, and the person must have acted on the urges or experienced severe distress because of them (Sue et al., 2003: 328). No disorders were documented where sexual behaviour and substance abuse are combined. A further literature search on the proposed topic of investigation resulted in publications with specific reference to the following:

- Substance Abuse and Human Sexuality (Thombs, 2006); serves as an introduction to addictive behaviours of persons.
- Substance Abuse and Sexual Crimes (Karch, 2008); gives an overview of the pathology, toxicogenics and criminalistics of drug abuse.
- Substance Related Disorders (Ekleberry, 2009); focus is placed on integrated treatment of co-occurring disorders and personality disorders with regard to addiction.
- Substance Abuse and HIV and Aids (Treisman, 2004; Shannon, Kerr, Bright, Gibson & Tyndall, 2008); topics of articles range from the psychiatry of AIDS, risk factors connected to substance use to drug sharing with clients as a risk for violence and sex related harms among sex workers.

The above mentioned articles, as well as numerous other sources consulted, lacked specifically the focus on the *functions of chemical substances in sexual behaviour*. The present study rather sought to explore the functions of chemical substances within the behaviour of persons and not the behaviour itself. Thus the focus of this research was not on the behaviour itself, such as risky sexual behaviour or group sex, but on the functions of chemical substances in the sexual behaviour. Certain literature draws the focus to high risk behaviours when persons, especially women, tend to be under the influence of chemical substances (Sobczak, 2009: 71-85). In a literature review done on alcohol use and sexual functioning in women, it is said that substance use has a facilitative function toward engaging in sexual encounters. Alcohol use may contribute to unpredictable sexual behaviour (Sobczak, 2009: 71-85), but suppressants (i.e. alcohol or cannabis) suppress the testosterone levels which appears to decrease sexual desire in men. Conversely, the administration of androgens is reported to have an increase in sexual desire both in males and females (Sue et al., 2003: 318). Medications, hypertensive drugs and alcohol have been noted to affect sexual desire. However, for certain people the lack

of sexual desire may be psychological. In one study it was discovered that there was a group of women who reported anxiety regarding or an aversion to sexual intercourse (Sue et al., 2003: 318).

Previously mentioned studies also described the links between decreased condom use and drug use among partners. Though information is limited about the predictors of drug sharing among female sex workers and their clients the focus of studies remains on transmission of HIV/Aids (Shannon, Kerr, Bright, Gibson & Tyndall, 2008: 228). A study on MDMA (Ecstasy) abuse and high risk sexual behaviours among gay and bisexual men found that a significant link existed between MDMA use and unprotected anal intercourse (Klitsman et al., 2000: 1162). This association remained equally strong after controlling all other forms of substance use, including alcohol. The study concluded that MDMA abuse is linked to high risk sexual behaviours, such as unprotected sexual intercourse and unexpected public health problems amongst some gay and bisexual men (Klitsman et al., 2000: 1162).

In 2009 Syn, an author of Afrikaans erotic literature, published a reflection on his international sexual encounters and how chemical substances were functional in these experiences (Syn, 2009). When the researcher interviewed Syn personally, in October 2010, he was planning to enhance his sexual functioning by taking Viagra® in order to enable sexual performance during a six-day orgy in France which was planned for June 2011 with three females. In reflecting on his experiences in his book *Dagtaak*, Syn (2009) reports the following experiences where chemical substances were part of sexual encounters:

- In Finland a female sexual partner stole marijuana from her husband and then engaged in the drinking of alcohol after smoking the marijuana cigarette, Syn and his partner then engaged in extraordinary sexual interactions;
- In Estonia alcohol was continuously used during foreplay and as part of the sexual acts during which the sexual partner gave Syn red wine, and
- Sexual encounters with an American female were characterised by champagne use and in Amsterdam she was further introduced to marijuana by Syn as part of sexual play.

Syn reported mainly the use of marijuana and alcohol and these main chemical substances did not play an important role in foreplay or the sexual acts themselves (Syn, 2009).

In South African research done by the Institute for Security Studies and the Sex Worker Education and Advocacy Taskforce on Sex Work and Human Trafficking (cited in Gould & Flick, 2008: 34-45), a strong tendency was found where clients insisted on using substances in the presence of sex workers. The most commonly used drugs were tik, cannabis, crack cocaine and ecstasy. Heroin and powder cocaine were used in smaller numbers (Gould & Fick, 2008: 34-35). It is reported that clients wanted to take drugs once they were in the room with the sex worker and these substances were provided by the clients and stimulants like crack cocaine were preferred above marijuana, which is a depressant. It was further discovered that clients could not perform physically after the substance use and thus used the premises of the sex worker merely as a venue for use of substances or purely for the company while under the influence of chemical substances (Gould & Flick, 2008: 36-37).

Levin (2005: 29-30) describes his journey with HIV and Aids in the form of a diary in his book *Aidsafari: A Memoir of My Journey with Aids*. Here he refers to ample amounts of alcohol consumed in bars and seeking out men for one-night stands (Levin, 2005: 29-30): “There was always something thrilling about “meeting” a stranger, dicing a daring short cut through the standard protracted courtship rituals, and leaping instantly into intimate territories”. Levin (2005: 9, 40) refers to himself as a “dedicated marijuana smoker” and refers to experiences where the smoking of marijuana eased the process of meeting strangers for casual sex in parks. Marijuana also helped him with pain relief and nausea when he was bed ridden after falling ill.

In the light of the above it became clear that chemical substance abuse not only affects the sexual behaviour of persons, but also the practices of the individual. What remained unanswered, however, was what the functions of chemical substances in the sexual behaviour of persons were. The researcher has presented the statement of the problem (phenomenon) that was under investigation during the processes of this study.

## 1.7 PROBLEM STATEMENT

In the search for whether chemical substances had certain functions and affected the sexual behaviour of individuals as well as the meaning associated with experiences by the users of such substances, the researcher adopted the principles of qualitative research methodology as set out further in this chapter. This section renders the problem statement as the heart of this study.

The consulted literature indicated the international and national trends of substance abuse as well as dealing with the implications for the general and mental health of persons. It was further understood that chemical substance use can alter the functioning, behaviour and state of mind of the person involved. The researcher therefore assumed that chemical substance abuse, in whatever way, might alter sexual experiences and that substances could have specific functions in sexual behaviour. It was asserted that little research could be found on this topic. The researcher identified the need to conduct further research using an electronic topic and key word search done by the Unisa library.

The researcher further realised that colleagues would shy away when service users presented the need to discover the meanings they might attach to sexual experiences when they were abusing chemical substances. The researcher, as a person-centred social worker, wanted to discover the wholeness of the person and therefore searched for the functions of chemical substances in a person's sexual behaviour and practices. The researcher was aware that the wholeness of the person is to be understood from the client's own frame of reference (Rogers, 1987: 494). Not understanding the person in totality, could result in a treatment intervention that might not be complete or even responsible professional conduct.

Substance misusing service users have rights and should be treated with respect that is free from judgement or direction from a morally correct frame of reference of the service provider (Trathen, 2003: 7). A generalisation of human experiences could be problematic in the client's process of change and growth (Rogers, 1987: 483). Psychotherapists could not enter the experiential world with uninformed perceptions constructed because of a lack of knowledge.

Trathen (2003:7-8), from a psychiatric point of departure, states that the total person should be understood and further that chemical substance misusing service users should:

- be treated in a non-punitive and non-judgemental environment that is the foundation of good practice,
- experience the relationship with the service provider as supportive and further that the relationship between client and professional should be grounded in honesty and congruence, and
- be allowed to take the lead in their treatment intervention.

Trathen (2003: 7) further states that imposed and unwanted interventions are likely to lead to resistance and poor compliance, resulting in no or limited change and growth within the person in treatment. Trathen's statements resonate with the person centred approach's facilitation of a person's experiences in a psychologically safe environment where the process is followed according to the client's self-determination (Rogers, 1987: 488). Persons will continue to grow and evolve (Sternberg, 2001: 491) in conditions where there is no threat to the self-structure. Experiences which are conflicting should be examined as they could include experiences that are perceived as threatening (Rogers, 1987: 517). Clinicians thus need to develop a base of knowledge that would facilitate non-judgemental frames of reference with regard to their clients. The researcher identified the lack of available research on the functions of chemical substances as a problematic possibility in therapeutic interventions. The problem can be stated that the function of chemical substances in the sexual behaviour of persons needs to be explored in order to facilitate service delivery to persons in recovery from substance dependence.

The aim of this study was thus to discover the function of chemical substances in the sexual behaviour of persons and the meaning persons assign to substance use or abuse during sexual experiences. The following section will present the reader with the rationale for this study.

## 1.8 RATIONALE FOR THE RESEARCH

In the previous section the researcher constructed the problem statement. The researcher will continue in this section to present a reason or reasons for the study at hand.

A rationale for the study can be put forward in the light of the fact that data indicated that:

- chemical substance abuse is internationally and nationally on the increase,
- chemical substance abuse has a definite effect on mental health and human behaviour,
- there is a link between substance use and certain sexual behaviours that has been reported,
- the function of substances in sexual behaviour needed to be investigated,
- a great deal of study has been done on substance use/abuse and how behaviour is affected, however,
- little literature could be found with regard to the specific functions of the substance use on sexual behaviour.

By examining the phenomenon the researcher endeavoured to inform interventions through the findings and contribute to the improvement of therapeutic services rendered to service users undergoing treatment programmes.

According to Paul (2011), there is a definite element of chemical substances having a function in the sexual behaviour of certain individuals being treated for substance dependence or abuse. He further argued that therapists might want to ignore this seemingly uncomfortable arena because of the social worker or psychologist's own frame of reference, bias or even ignorance on the topic (Interview with Berno Paul on 24 March 2011).

The reported trends related to substance abuse show the necessity for strategies and approaches to treatment and prevention that will result in improvements in the general wellbeing of individuals, family systems and the community. The approach of this research endeavour was from the onset experienced by the researcher as a process of discovery. Yalom

and Leszcz (2005:143) propose that process refers to: “the nature of the relationship between interacting individuals – members and therapists”. They suggest that a full understanding of the process includes in-depth insight into the worlds of each individual, interpersonal interactions, people as a whole and the environment of individuals. By possibly understanding the function of chemical substances in sexual behaviour the study could contribute to the therapeutic interventions of service providers.

The researcher has presented arguments as motivation for this study and further demonstrated the essence of the question this study aimed to answer.

## **1.9 RESEARCH QUESTION**

Research questions evolve from the title of the study and are a statement about what the researcher wants to find out and so provide a focus for data collection (Yegidis & Weinbach, 1996: 53). In this study the researcher was guided by the title of this study.

Qualitative researchers do not make clear-cut distinctions between the different phases of research, but may reformulate the research question as a result of new material collected, or after changes in sampling strategy in response to new findings (Terre Blanche, Durrheim & Painter, 2006: 286). Relatively broad questions are posed in qualitative studies, in comparison with specific hypotheses that have to be tested and further facilitate the identification of the focus on the phenomenon that has to be studied (Fossey, Harvey, McDermott & Davidson, 2002: 723). Questions are the most popular form for qualitative projects as well as in qualitative research. The concept ‘hypothesis’ is not to be used (Creswell, 1994: 78). According to Brink and Wood (as cited in Holloway & Wheeler, 1998: 20), the essence of a research question is the explicit enquiry concerning a problem or topic that could be challenged, examined and analysed and that will yield functional fresh information. As advised by Creswell (1994: 70-72; 2003: 106-107), a morally closed question was avoided in this study.

The researcher rather paid attention to finding a broader question to ask in the study that was possible to answer. The researcher presented a question that did not exercise non-directional language. The question described and tried to use exploratory verbs that conveyed the language of the rising research design. The research question to initially focus the study was formulated as: *What are the functions of chemical substance use/abuse in relation to individuals' sexual behaviour?*

In an endeavour to answer the research question, the researcher set a goal and objectives that would facilitate the process of answering the research question. The importance of designing a research goal and objectives will be discussed in the following section.

### **1.10 RESEARCH GOAL AND OBJECTIVES**

The set goal and objectives guided the researcher through the qualitative research process in endeavouring to answer the research question. The setting of a goal as well as objectives will be presented in this section.

The concept “goal” implies and reflects a clear statement of the researcher’s intentions and should therefore be set very clearly (Holloway & Wheeler, 1998: 27). Ambitions of this project were directed towards the abstract understanding of the phenomenon in its totality (De Vos et al., 2005: 104). The researcher aimed to explore the functions of chemical substances in the sexual behaviour of persons. The goal of this research project was achieved by accomplishing certain objectives. More specifically, objectives were set as steps in the process to answer the research question (Holloway & Wheeler, 1998: 27). These objectives were:

- to explore the functions of chemical substance use/abuse in relation to individuals’ sexual behaviour,
- to describe the functions of chemical substance use/abuse in relation to individuals’ sexual behaviour,
- to draw conclusions and make recommendations informing social work interventions about the function of chemical substances in the sexual behaviour of persons.

In execution of the above objectives to reach the goal of the study, the researcher searched for an appropriate approach to execute his study. The approach with regard to research will be discussed in the next section.

### **1.11 RESEARCH APPROACH**

The preceding section stated that the researcher was guided by an appropriate research question and that objectives were set to reach the goal of this study. The researcher will now continue to discuss the necessity of a fitting approach in conducting research on the topic of this study.

In this research project a qualitative research approach was followed. The point of departure here was to study human beings or their behaviour within contexts which had significant meaning to the person(s) or their interactions. Research was mostly generated through observation and was not based on rigid rules, but rather facilitated the process of strategies to organise research, collect and interpret data (Neser, Joubert & Sonnekus, 1995: 55). Qualitative research is an objective way of studying the subjective human experience using non-statistical methods of analysis. Throughout the qualitative research process the focus of the researcher is to learn from the participants about the meaning that is held regarding a problem or issue and not the meaning that is constructed by the researcher or authors of literature (Creswell in De Vos, Strydom, Fouché & Delpont, 2011: 65). Qualitative researchers might seek to examine individual's lives and their stories and behaviour, organisations and their functioning, role relationships and intercommunications or cultures and their conduct, interactions and social movement (Langford, 2001: 139).

The topic under investigation could be sensitive in nature so that pre-planned structures might not be conducive to the process. Mouton and Marais (1989: 175) describe qualitative research as an approach where procedures are not distinctly formalised, the borders are not clear and they are more philosophical in nature. Creswell (in De Vos et al., 2011: 65) states that qualitative research is a form of inquiry where researchers make an interpretation of what they observe and understand. The researcher's interpretation would also be influenced by own

frames of reference. A complex and holistic view of social phenomena is aimed to be developed by qualitative researchers (Creswell in De Vos et al., 2011: 65).

An interpretive paradigm involves seeing subjective experiences as the essence of what is important to people. Inductive exploration and an open-ended approach are needed in situations where it is difficult to determine beforehand what the variables are, which of these will be important and how these variables will be measured (Terre Blanche, Durrheim & Painter, 2006: 272). Viewed from a common-sense (positivist) perspective, qualitative research might confirm what the boundaries are between the diverse perspectives, like constructionist research and other paradigms, which may be present (Terre Blanche et al., 2006: 273).

In the study the focus was on persons, their experiences and their understanding/narratives of those experiences. It is, however, worth bearing in mind that the limitations between paradigms are not as clear-cut as it might have been argued in the past. In particular, interpretive and constructionist approaches often transform into each other (Terre Blanche et al., 2006: 272-276,283). Everybody has the skills to conduct interpretive research, but to do it well one needs to turn to specialised research skills. Qualitative research is considered as a process rather than a set of distinct procedures (Terre Blanche et al., 2006: 276-286). According to Terre Blanche et al. (2006: 276), the interpretive paradigm involves human experiences which are taken respectfully as the essence of what is real for the being (ontology) on that particular occasion, making sense of what the researcher is hearing by interacting with the human being (epistemology) and using qualitative research techniques in order to gather and explore the information provided by the person. Neser et al. (1995: 54-55) argue that qualitative research gives preference to the following techniques:

- human behaviour, persons' interactions and their contexts are captured in concepts aiming to understand the meaning for the person(s) being observed,
- open and unstructured questionnaires and interviews,
- participatory processes of observation, ethnographic studies and case studies,
- documenting of life stories as well as the use of autobiographies and diaries and

- interpreting data gathered by non-quantitative frames of reference.

According to Merriam (2009: 13), qualitative research is concerned with understanding the meaning persons have constructed, and the focus is on the process, understanding and meaning. Merriam (2009: 14-16) identified the following as characteristics inherent in qualitative research:

- focus on meaning and understanding of how people interpret the world and what they experience,
- the researcher serves as the primary instrument for data collection and analysis,
- an inductive process whereby the researcher gathers data to build concepts, hypotheses or theories,
- the product is richly descriptive; quotations and excerpts contribute to the descriptive nature of qualitative research.

In addition to the above, Borg and Gall (in Collins, Du Plooy, Grobbelaar, Puttergill, Terre Blanche, Van Eeden, Van Rensburg & Wigston, 2003: 91-92) list the following general characteristics of qualitative research:

- Qualitative research is concerned with a holistic investigation in a natural setting. The researcher aims to study all elements that might be present in order to understand phenomena in their wholeness within social, cultural and historical contexts.
- Human beings are the main data-gathering instrument, as opposed to a set measuring instrument the researcher can adapt to difficult situations that could arise. Additional data can be obtained from more objective instruments such as documents and questionnaires.
- Focus is placed on the use of qualitative methods, and a wide variety of subjects are selected for observation.
- Inductive data analysis is implemented to reveal unexpected results therefore data are first gathered and then interpreted in order to make assumptions.

- The argument that is developed from the gathered data is seen as more significant than the original theory initially developed.
- The research design develops as the research process unfolds. A tentative subject of study can be set and could change together with the research design in order to take new variables into consideration for inclusion as they arise.
- The subjects participate in interpreting results. Qualitative researchers aim to reconstruct experiences from the subject's frame of reference. In qualitative research the object of study is rather known as a *participant* and not as a *respondent* (as in quantitative research).

Importance is placed on knowledge gained from the participant's experience(s) of a situation. The meaning that human beings attach to social interactions and processes is significant to the qualitative researcher.

In addition to the above Kumar, as cited in De Vos et al. (2011: 65), states that the qualitative approach can be classified as unstructured because of the flexibility present in all aspects of the process. The unstructured nature is appropriate in the study of a phenomenon where insight is sought rather than quantification of the event or phenomenon. The explorative nature of qualitative research is of importance, so are the participants' contexts and frames of reference. Mouton and Marais (1989: 165) identified the following characteristics of the qualitative approach regarding data gathering:

- Research is not conducted according to a set planned system, e.g. structured interview schedules or questionnaires, no planned structure is forced on participants which means that the process is directed by the self-determination of the participants.
- The researcher respects the phenomena to speak for themselves. As they present and are observed, the researcher will document the process.
- Observations are not made from a distance, but the process is rather recognised as participatory where the researcher has contact with the participants and could accommodate any changes in variables.

- The researcher could be closely involved with the process and phenomena and, in certain instances, report on own experiences and demonstrate the openness to observe certain phenomena closely in order to report accurately on experiences.

In this section the researcher has presented the literature discussing the qualitative research approach that was found to be fitting for the purpose of this study. In studying the sexual behaviour of persons, the researcher required a design that was flexible, open to possible change and that could be adapted when qualitative research was conducted. The research design within the chosen approach will be discussed in the following section.

## **1.12 RESEARCH DESIGN**

Research differs from daily observations in the sense that information is collected and processed scientifically. It is in the scientific nature that the research design facilitates a responsible research process.

The researcher had to identify some means of executing the intended process that would answer the research question set out in this study. According to Durrheim (in Terre Blanche et al., 2006: 33), a research design is a strategic framework for action that serves as a bridge between the research question and execution or implementation of the research. It can be explained as the plan the researcher is following in order to conduct and complete the research. Designing the research should provide a plan that specifies how the planned research will be conducted in order to successfully explore the research question.

Quantitative research aims to make sense of situations in which we know in advance what the significant variables may be and where the researcher is capable of formulating practical ways of managing the capacity of these variables. Researchers should strive to eliminate or control sources of subjective bias in the same way as do quantitative researchers and to the extent that qualitative research by its very nature is less susceptible. Qualitative research could be classified as less scientific, but we still remain with the reality that every individual perceives experiences in their own unique way (Terre Blanche et al., 2006: 272,278). The focus of this study was the meaning persons attach to experiences, how people interpret these experiences,

how they construct realities and meanings attributed to a certain phenomenon (Merriam, 2009: 14).

Studying the sexual behaviour of persons required a design that was flexible and an openness to adaptation and change (on the part of the researcher) was needed when the qualitative research was being conducted. This means that the researcher could change the design if a valid reason could be motivated. According to Durrheim (1999: 31), it could even be necessary to change the research question during the course of the research and the explorative nature of the design is ideal for qualitative research methodology. Durrheim (1999: 33) comes to the conclusion that: “Far from being an easy way out, fluid and pragmatic research designs make for very demanding research, as the researcher must continually reflect on the research process; and by making difficult decisions, refine and develop the research design throughout the research process to ensure valid conclusions”.

In this research project the researcher used **an explorative, descriptive, contextual and phenomenological research design.**

Qualitative research aims to explore and describe human phenomena from and against a specific context (Terre Blanche et al., 2006: 44). An explorative, descriptive and contextual design is a means of exploring and understanding the meaning persons or groups attribute to social or human experiences and occurrences. The process of qualitative research involves and incorporates the unfolding of new observations, unexpected developments and questions that might change. Procedures should fit the evolving nature and direction of the research undertaking. Collection of data was done in the participant’s environment through the inductive analysis of data. New or general themes that evolved in the process were used to create meaning or understanding of the data (Creswell, 2009: 4). The publication of research findings is regarded as an explicit intervention. It alters the way a phenomenon is understood and also the manner in which social practices embrace the phenomenon and how it could be acted upon in future (Terre Blanche et al., 2006: 11). Research is rather about creating new social realities and understanding of a phenomenon, not just studying outdated perspectives (Terre Blanche et al., 2006: 10).

This study attempted to look for new insights into phenomena and therefore an **exploratory strategy** of inquiry was decided upon as part of the research design for the study. Exploratory research was undertaken to make preliminary investigations into relatively unknown areas and consisted of an open, flexible, and inductive approach to research (Terre Blanche et al., 2006: 44). The aim of incorporating the explorative research design was to facilitate the start of a process of knowledge generation regarding the functions of chemical substances in relation to the sexual behaviour and practices of individuals.

The aim of a **descriptive research design** is to describe phenomena, whereas exploratory research rather aims to generate speculative insights, new questions and hypotheses (Terre Blanche et al., 2006: 44). A descriptive design was used and provided a complete picture of what was observed and explored in order to accommodate efforts to create insight with regard to the phenomenon that was being studied (Terre Blanche et al., 2006: 44). Explorative and descriptive research can be viewed as standing in a process and product relationship where one begins with a process of exploration and ends with a product, i.e. a description of that which was explored (Alpaslan, 2010: 20). According to Durrheim in Terre Blanche et al. (2006: 44-45), cognisance should be taken of the following:

- Descriptive studies entail accurate observations, and the research design should focus on the validity (accuracy) and reliability (consistency) of observations made by the researcher.
- Interpretive and constructionist researchers contend that qualitative research can be used to formulate rich descriptions and explanations of human phenomena and not only for exploratory purposes.

According to Ritchie and Lewis (in Alpaslan, 2010: 21), **contextual research** strives to discover what exists in the social world and the manner in which it is manifested. Researchers not only aim to discover the meaning behind the narrator's words, but also to understand the context of the person and the context in which an experience was lived (Terre Blanche et al., 2006: 275). A major feature of qualitative methods is the ability to reflect phenomena truthfully as experienced by participants and discover the meaning attached to these

experiences in a specific context (Alpaslan, 2010: 21). To understand human experiences in context can also be referred to as “empathetic reliving or, simply, empathy” (Terre Blanche et al., 2006: 275). Explorative and descriptive research designs together with a contextual research design need to be incorporated as elements of the inquiry strategy. Data are context-bound information that explains the phenomenon under study and analysis is more subjective in nature (De Vos et al., 2011: 64).

Qualitative researchers endeavour to understand people, behaviour and phenomena and the final result of the study aims to give a general description of phenomena as experienced by persons first hand (De Vos et al., 2011: 305).

**The phenomenological research approach** seeks to understand the experiences of persons in everyday life and social action. The researcher strives to describe the phenomena as accurately as possible while staying true to the facts presented (De Vos et al., 2011: 316). Phenomenological approaches aim to explore, describe and analyse the meaning persons attach to experiences: *how they perceive it, describe it, feel about it, judge it, remember it, make sense of it and talk to others about it* (Marchall & Rossman, 2011: 19). A phenomenological study is regarded as research that aims to describe the meaning of perceived experiences by several individuals (Creswell in De Vos et al., 2011: 316). The assumption is made that there is an essence to a person’s experiences, experiences are then analysed as unique expressions and then compared to identify the essence (Marshall et al., 2011: 20).

This section has provided the reader with the researcher’s motivation of adopting an explorative, descriptive, contextual and phenomenological research design for the purposes of this study. In this research project the researcher followed a specific method of executing the research process that will be discussed in the next section.

## **1.13 RESEARCH METHODOLOGY**

In this section the researcher describes the qualitative research methodology theory with regard to population, sampling, data collection, data analysis and the verification of data.

### **1.13.1 Population**

Population refers to the sum of all possible cases that the researcher is ultimately interested in studying. Choosing the population of interest is fundamental to the design of the study and serves as a guide to the researcher when identifying a suitable site where research can be conducted (Marchall et al., 2011: 99-100). The word “population” is derived from the Latin words *populus* and *ation* indicating the process or condition of a certain group of people (Colman, 2003: 568). Researchers aim to have results that are relevant to a certain group of people of which the description could be broad or narrow (Whitley, 2001: 390). However it is not always possible for a researcher to have access to a whole population and he/she must focus research on a reachable study population and the estimation of population parameters should be determined by the characteristics of a population (Whitley, 2001: 344; Brink, 1996: 132). According to Colman (2003: 568), it is quite legitimate to refer to the population of patients diagnosed as schizophrenic, for example, and they need not represent all the persons in a country. A sample is drawn from the population in order to study the phenomena the researcher is interested in. Sampling is a logical and practical method to make generalised assumptions about the population through information learned from the smaller group or subset (Brink, 1996: 133; Whitley, 2001: 344). The population from which a sample was drawn for this study will be described in the next chapter of this dissertation.

### **1.13.2 Sampling**

Qualitative researchers look for a sample that will provide adequate insight into the persons’ experience of the world, people who offer richness to the researcher’s explanations and who represent a breadth of human experience that will provide data revealing aspects of the human condition (Nicholls, 2009: 639). Data is often derived from one or two case studies in

qualitative research. The researcher studies groups, settings or individuals where the phenomenon under study is most likely to occur (De Vos et al., 2011: 391). Research participants are selected from the identified population using a method known as “sampling”. Specific sampling techniques are applied to obtain a specific sample, and as previously reported a sample is a portion or subset of the bigger population, that is selected for inclusion and participation in the research project (Yegidis & Weinbach, 1996: 115). Persons and the phenomenon must be studied against the background of universal social experiences and processes and the aim is to collect the richest data from the sample. Denzin and Lincoln (in De Vos et al., 2011: 391) state: “Thus to study the particular is to study the general”.

In qualitative research the most used form of sampling is known as “purposive sampling” (Merriam, 2009: 77). Rubin and Babbie (as cited in De Vos et al., 2011: 392) assert that purposive sampling could also be seen as judgemental sampling and the type of sample is based on the judgement of the researcher. Purposeful sampling is based on the assumption that the researcher seeks to discover and gain understanding of a certain phenomenon and therefore should select a sample from which most can be learned, or the ones who are most informed or information rich about the topic under investigation (Merriam, 2009: 77). Creswell suggests that purposive sampling is used in qualitative research and that participants are selected that would purposefully facilitate an understanding of the research problem of the study (De Vos et al., 2011: 392).

### **1.13.3 Data collection**

Qualitative research adopts an interactive research approach and process. Qualitative researchers typically work with material that is richly related to its context and would lose its meaning if broken up into discrete bits (Terre Blanche et al., 2006: 286). In order for valuable data to be collected in context and with minimal disturbance to the natural setting, it is desirable that the researcher enters the context without disturbing it unduly, but rather becomes part of the environment where the phenomenon occurs. This can be done by approaching participants with the necessary care and engaging with them in an open and empathic manner (Terre Blanche et al., 2006: 287). Qualitative researchers extensively rely on

in-depth interviewing which can be described as a construction site of knowledge where two or more individuals converse on themes of interest that are mutual (Marshall et al., 2011: 142). The interview (as one of the common modes of data collection in qualitative research) should not pose any threat to the participant as is suggested by Rogers' Person-Centred Approach. Person-centred therapy is a technique of psychotherapy developed by the American psychologist Carl Rogers where the therapist aims to convey an attitude of unconditional positive regard in the context of a permissive, accepting, non-threatening relationship and rephrasing and reflecting back the feelings or emotions that lie behind the clients' words and behaviour. The assumption is that people are capable of identifying the sources of their own emotional struggle and of working out solutions for themselves once they are freed from feelings of anxiety and insecurity [this is also called non-directive therapy] (Colman, 2003: 135).

The skills and values of the person-centred approach were employed during interviews conducted as the means of data collection for this study. Bulpitt and Martin (2010: 7-9) propose that reflective methodologies during the interview add to the transparency of the study when added to the data. The authors further report on similarities between the therapeutic interview where psychological contact (Rogers, 1951) is made, but also point out that the interview is conducted as researcher rather than therapist (Bulpitt & Martin, 2010: 8-9).

The participants' characteristics are of significance when they share personal experiences of a phenomenon, and the following is particularly important (Terre Blanche et al., 2006: 293):

- Personal experience of what is being researched,
- Communication skills, the ability to describe what was experienced in detail,
- Openness and non-defensiveness, and
- Willingness and interest in participating, as well as the perception that it may be of some value to participate.

As human beings and their experiences are the primary focus of this study, persons needed to be adequately prepared for participation. Terre Blanche et al. (2006: 269) describe the importance of participant preparation and explain that persons should be informed as to

exactly why the research is being done, what they can expect during the interview, the ethical policy and that they should know from the start about what can be expected. In the execution of this planned research project, the researcher verbally explained the aim of this project and participants were further provided with written consent forms and a letter in which all relevant information was given. The formality of consent forms and written information may have raised concerns with participants as most of them enquired whether their names or signatures would be made known. After verbal explanation and interpersonal contact, persons were less reluctant to take part in the research process.

Phenomenological interviewing is a form of in-depth interviewing that aims to study lived experiences by which persons construct a worldview (Marchall & Rossman, 2011: 148). A semi-structured in-depth interview, with the aid of an interview guide, was employed as a method of data collection. According to Terre Blanche et al. (2006: 297-298), semi-structured interviews are the most popular form of data gathering in qualitative data collection. Semi-structured interviews are conducted face-to-face and allow participants to give spontaneous responses in the absence of a structured questionnaire. Interviews focus on the deeper and perceived meanings that phenomena have for individuals. The assumption is also made that these meanings would guide actions and interactions (Marchall & Rossman., 2011: 148). In-depth interviews aim to gain detailed information and discover reasons behind answers, opinions or emotions (Pitout, 1995: 112). Due to the fact that human experiences of a sensitive nature were the focus of the interviews, the researcher was aware that structured questioning would not contribute to a facilitative environment to the investigation and rather approached the interviews as conversations with participants. Merriam (2009: 89) suggests that an interview guide should consist of a combination of less structured questions. Questions were flexible and had no fixed or predetermined order.

Terre Blanche et al. (2006: 298) note that while researchers develop an interview schedule (which is a list of topics and sub-topics articulated as questions and requests) in advance, researchers should be aware that the interview is a skilled performance of data collection. A truthfulness and genuine interest in people facilitate the interview process and thus a researcher must guard against manipulating the interview and be aware that openness during

the interview may seduce participants to disclose information and regret it later (Bulpitt & Martin, 2010: 14).

Constructionist approaches aim to create a facilitative environment where participants feel safe to share their narratives and give expression to their feelings authentically. Furthermore, this approach presupposes that what is experienced during the interview is treated as a co-constructed encounter between the interviewer and interviewee (Terre Blanche et al., 2006: 297).

Narrative inquiry requires an open and trusting relationship between the researcher and the narrator where an in-depth interview is conducted in a sincere non-threatening environment (Marchall & Rossman, 2011: 153).

Narratives allow persons to reflect on their experiences. According to Williams (1988), the interview is taken a step further by the interviewer when constructive narratives are used as a tool. It is assumed that individuals construct reality through the narration of their life stories and this requires a great deal of mutual and sincere collaboration in storytelling, retelling and revisiting personal experiences (Marchall and Rossman, 2011: 152). Through narratives the participants remain the specialist on their own experiences, perceptions and life. Space is made for creative sharing of information but it should always be evaluated against ethical and professional standards (Howes, 2006: 42). According to Marchall (2011: 153) signs, symbols and expression of feelings in language are valued as the means through which the narrator constructs meaning.

#### **1.13.4 Method of data analysis**

In a qualitative study no clear distinction is made between when data collecting ends and analysis begins. It is rather a matter of the one fading out while the other is fading in (Terre Blanche et al., 2006: 321). Qualitative data analysis represents an approach where information is built from the bottom upwards and can be described as an interactive process where steps are interconnected and not an arranged linear hierarchal step-wise process (Creswell, 2009: 185). Data analysis is a process where the researcher makes sense out of the data and aims to

answer the research question (Merriam, 2009: 175-176). Babbie (2007: 378) refers to qualitative analysis as a “non-numerical process of examining and interpreting data” in order to extract meaning from the information, achieve an understanding and construct empirical knowledge. Tesch (in Creswell, 1994: 154) explains that qualitative data analysis is a process of taking apart or de-contextualising, sifting, and sorting the information gathered during the process of data collection. By “dissecting” the data themes, categories and interpretations emerging from this process the research question formulated at the start of the research project is addressed and the final goal is the emergence of a larger, consolidated picture.

Authors advise on different processes of data analysis. Tesch (in Creswell, 1994: 153) states that the process of data analysis is diverse and that there is no right or purely correct way. The practical goal of finding answers to the research question develops during a process where categories or findings emerge (Merriam, 2009: 176). According to Manning (in De Vos et al., 1998: 287), analytical induction is aimed at developing universal statements containing the essential features of the phenomenon; or the variables to cause, or might be unsymbolised behind the existence of a social occurrence. Interpretive analysis and social constructionism is another method of data analysis that involves repetitive reading through the data, breaking the data down (thematising and categorising) and then the process of building the data up again in unique ways (elaborating and interpreting). The following steps are suggested when utilising interpretive data analysis (Terre Blanche et al., 2006: 321-326):

- Step 1: Familiarisation, immersion and developing ideas and theories
- Step 2: Inducing themes where themes naturally arise from the data
- Step 3: Coding by breaking up data in analytically relevant ways
- Step 4: Elaboration by exploring themes more closely
- Step 5: Interpreting and verifying from other perspectives.

The researcher identified the above mentioned steps as appropriate for the purpose of the study at hand. Social constructionist analysis is where the researcher is interested in which narratives of persons are used to manufacture experiences, feelings, meanings and other social facts (Terre Blanche et al., 2006: 328).

A linear procedure is not followed in a qualitative data analysis. Instead data analysis tends to occur in several cyclical, overlapping phases where the researcher moves back and forth between different levels (Leedy, 1997: 165). This cyclical process or the moving back and forth during the process of qualitative data analysis prolongs the process which could also result in a procedure which seems disorganised (Leedy, 1997: 165). Making sense of the data generated by qualitative research methods can become a time consuming process as it could involve huge quantities of paperwork, notes, transcriptions and field notes (Creswell, 1994: 153).

Researchers should extend analysis to the development of categories, themes or classes that interpret the meaning of the data. These categories become the findings of the study (Merriam, 2009: 193). Dey (in Merriam, 2009: 193) compares qualitative data analysis to climbing a mountain to be able to see the view: “Progress may be slow and laborious, but it can be rewarded with some breathtaking revelations”.

### **1.13.5 Data verification**

Phenomenological analysis is a process whereby a reasonable account of experiences is written after it has been broken down into meaningful units and themes. The degree to which analysis is situated will determine the extent to which the account is given in terms of the contextual details (Terre Blanche et al., 2006: 364).

Data verification involves checking for the most common biases that could affect the process of drawing conclusions from findings. Some of the regular shortcomings could include the following (De Vos et al., 1998: 351):

- Data overload in the field which could be overwhelming and skew the analysis.
- Saliency towards first impressions and observations of concrete or dramatic experiences.
- In regard to certain data an overconfidence or collectiveness could be placed when the need is to confirm a central finding.
- Causal relationships and correlations could be taken as co-occurrences.

- Proportions that are false based–rate, extrapolation in regard to the number of total experiences from those observed.
- Information from some sources could be unreliable.
- The tentative hypothesis could be challenged by information that questions it overwhelmingly.

In the search for a generic framework when assessing the quality of qualitative research it is suggested by Rolfe (2006: 309) that studies should be judged according to the uniqueness and individuality of each study. Trustworthiness and judgement of quality poses demands on the reader's expertise in the process of research, subjective "reading" of the research text rather than placing the responsibility of research trustworthiness purely on the researcher alone (Rolfe, 2006: 309).

It is argued by De Vos et al. (1998: 351) that an approach known as Guba's model ensures trustworthiness and addresses ways to ward off biases in the results of qualitative analysis.

In this research project Guba's Model, as espoused in Kreftling (1991), was used for the assessment of trustworthiness or merit in the qualitative research. According to Agar, as quoted by Kreftling (1991: 214), reliability and validity are relative to qualitative research where the study is on the empirical world from the viewpoint of the person(s) under study.

The primary objective of qualitative research is rather to generate hypotheses for further investigation and in such situations external validity is of no relevance (Sandelowski in Kreftling 1991: 215). According to Agar (in Kreftling 1991: 215), it is suggested that reliability and validity be replaced with terms such as "credibility", "accuracy of representation" and "authority of the writer".

This particular study adopted the terms "credibility, accuracy of representation and authority of the writer" as a method for data verification also known as Guba's model.

In view of the former, Guba's model (as reported by Kreftling, 1991: 215-221) was proposed for assessing the trustworthiness of qualitative data and could be based on four aspects of trustworthiness: (a) truth value, (b) applicability, (c) consistency, and (d) neutrality:

- Truth value established whether the researcher had confidence in the truth of the findings related to the subjects or participants in whom the study was undertaken and reflected trust in the research design, participants and context. It was obtained from the discovery of human experiences as they were lived and experienced by informants based on the credibility and validity of these persons. The researcher needed to test findings against various groups of persons who were familiar with the phenomenon being studied. For this reason the researcher planned to interview different participants.
- Applicability refers to the degree in which the findings can be applied to other contexts, settings or groups. Two perspectives were suggested; firstly the ability to generalise is not relevant in certain qualitative research projects. Generalisation could not be applied in this study as it was in naturalistic settings with few controlling variables where each situation was less amenable. Secondly, where fittingness or transferability in research is set as criterion against the applicability of data being measured, research findings would fit situations outside the study situation.
- Consistency questions whether the findings would be consistent or correlate when replicated. Qualitative research accentuates the uniqueness of the human condition which emphasises that variability is sought and although persons might not be completely represented, it is the experience(s) that is communicated that is of importance. When one assumes that there is not one reality but multiple realities, the notion of reliability is no longer valid as the qualitative environment could be complicated by extraneous and unexpected variables.
- Neutrality in trustworthiness relates to the freedom from bias in research procedures and results and refers to the degree to which findings are functional. External context and biases were excluded. Objectivity was essential to neutrality and was achieved through rigorous methodology, through which reliability of methodology was

established. The distance between the researcher and participants was decreased in this qualitative research, but focus was rather placed on the neutrality of data.

- Further it was suggested that confirmability be the criterion of neutrality and this was assured when truth value and applicability were established.

Truth value, applicability, consistency, neutrality and the inclusion of a clear differentiation of criteria used to assess the value of findings, facilitated the evaluation of data verification (Kreftling, 1991: 222).

Qualitative research methodology has been presented according to an existing body of relevant theory on population, sampling, methods of collecting and analysing data as well as data verification. In the next section the researcher will present the qualitative research approach followed by this study with regard to the relevant ethical considerations.

#### **1.14 ETHICAL CONSIDERATIONS**

*Our prime purpose in this life is to help others. And if you can't help them, at least don't hurt them. – Dalai Lama*

Central to this study were persons undergoing rehabilitation treatment in a specialist treatment centre for chemical substance dependence. As a person-centred trained [humanistic] social worker, the researcher would not have continued with the study if any harm would be imposed on the participants. Therefore the researcher will discuss the ethical considerations that were regarded in the process of investigation.

The essential purpose of research ethics is to take into consideration and preserve the welfare of research participants. Research ethics should be a fundamental concern of all social science researchers in planning, designing, implementing and reporting on research with participants (Terre Balance et al., 2006: 61). In this research project the research plan was to adhere to the following ethical considerations: obtaining informed consent, treating the information confidentially and managing information in a responsible manner.

It should be kept in mind that the method of data collection with this research project was by means of conducting in-depth interviews where the narratives of participants were recorded. Marchall et al. (2011: 154) draw attention to the following:

- The researcher should be sensitive about disclosing more information than the narrator is comfortable with,
- A more collaborative approach is identified as the researcher and participant co-construct the interviews and this stance could facilitate the avoidance of ethical problems, and
- The participant's full identity and facts relating to his/her private life should be protected.

As part of participant preparation, the above also formed part of discussions between the researcher and possible participants.

#### **1.14.1 Informed consent**

There is no formula to guard against harm, but it should be the objective of the researcher to first avoid all harm or emotional stress to participants. The concept of harm or harmless remains a complicated phenomenon (Silverman, 2011: 431-432). Participants may not legally consent to research that may cause them harm without accruing benefits. The prerequisites for consent include providing appropriate information, voluntariness in participating, freedom to decline or withdraw during the study and formalisation of consent in writing (Terre Blanche et al., 2006: 72). Where case studies are presented in this report informed consent was obtained by signing an Informed Consent agreement (see ADDENDUM A). With reference to the administration of information the following questions had to be clearly answered by the researcher and academic advisors: Where will unedited tapes, notes and transcripts be stored? Who will have access to these unedited tapes, notes and transcripts? What will happen to them when the research is concluded? What will happen with correspondence received from participants? (Tutty, Rothery and Grinnell, 1996: 40).

### **1.14.2 Confidentiality**

Yegidis and Weinbach (1996: 34) postulate that the ethical principle of confidentiality seeks to safeguard participants from harm, hurt, injury, unfairness or injustice that might be caused if identities are consciously or by accident connected with any part of the research study.

### **1.14.3 Management of information**

Ethical thought about managing information is closely linked to confidentiality (Merriam, 2009: 233). The main issues frequently raised in ethical research guidelines can be briefly summarised as: Codes of Consent, Confidentiality and Trust (Silverman, 2011: 418). With regard to managing information, Holloway and Wheeler (in Alpaslan, 2010: 40-41) suggest that tapes, notes and transcripts of recordings should be kept secure at all times and should be locked away in a cabinet to which only the researcher has access. In this study the audio recordings were electronically erased after transcription; only hard copy transcriptions without any identifying particulars were used for further coding and research purposes. This promise was made to the participants and it was duly honoured.

This section presented the ethical considerations regarding informed consent, confidentiality and management of information. Qualitative research involves human beings, their experiences and the meaning they attach to these experiences. As the researcher approached human beings from a person-centred perspective, ethical considerations were given as high priority in this research process. In the next section of this first chapter the researcher clarifies key concepts related to this study.

## **1.15 CLARIFICATION OF KEY CONCEPTS**

The researcher will provide clarifications of key concepts related to this study. Firstly certain concepts will be discussed from one specific source (Colman: 2003) and then the researcher will provide further interpretations from various other sources. The reader should note that

chemical dependence and chemical substance dependence are recognised as one and the same and used interchangeably in this study.

The following clarifications are provided according to definitions by Colman (2003: 221, 716, 717, 671,83):

- **Chemical substance:** Any chemical substance that can have an effect on the structure or function of the human body and also referred to as a drug. Chemical substances are often used as medication or in the making of medications. Chemical substances are also taken for their gratifying or enjoyable effects. This study focused on the use and abuse of illicit drugs as well as legal substances such as medication and alcohol.
- **Substance abuse:** A maladaptive use of substances resulting in impairment of performance or suffering. Manifestations consist of a failure to execute responsibilities, drug use under hazardous conditions and repeated conflict with police and the law. Other problematic situations are reported to be interpersonal complications, marital trouble and mental substance-related disorders. The researcher did not want to focus on the problematic implications of substance abuse, but rather on what the positive function of use could be, despite the negative effects of abuse.
- **Substance dependence:** “A major substance use disorder that is characterised by a maladaptive pattern of substance use leading to clinically significant impairment or distress. Withdrawal, frequently taking larger quantities of the substance over a larger period than intended, excessive time spent to use the substance and a desire for effects present as symptoms. Often the person abandons social, occupational or recreational practices in order to continuously use the substance. This behaviour continues despite the person’s knowledge of all the dangers involved”. In this research both persons who abuse chemical substances and those who are dependent on these substances were included in the study.
- **Sex (ual):** Refers in short to sexual interaction or any actions or practices typically associated with sexual intercourse. This research project focused on actions and practices related to behaviour of a sexual nature. Other kinds of behaviour such as

criminal, risky and negligent actions have thus been excluded as they have no bearing on sexual behaviour.

- Behaviour: “The physical activity of an organism that includes bodily movements, internal glandular and other physiological processes. These processes constitute the organism’s responses to the environment. The term also denotes the responses of the organism to particular stimuli or classes of stimuli”. Chemical substance use as “particular stimuli” could have a bearing on the behaviour of persons. The researcher aimed to discover what the function of this stimulation was in the sexual behaviour of certain human beings.
- Chemically dependent: See substance dependence.

Key concepts explained by other resources are as follows:

- Function: The effect of the substance in chemical substance use or abuse serves a different benefit than the euphoric effect. The substance performs a useful purpose which enables the user to deliver certain outcomes (Interview with Tobie Visser on 27 October 2010; Visser is the Executive Director of the Stabilis Treatment Centre). Erlank (2002: 62) concludes that the function of substance use should be viewed from different perspectives. This particular study aimed to discover the functions that chemical substance use/abuse fulfils in relation to the sexual behaviour of the consumer of such substances. According to Paul (2011), there is a definite indication of chemical substances having a function in the sexual behaviour of certain individuals being treated for substance dependence or abuse.
- Chemical substances and sexual acts: Keane argues that humans need intimacy to make connections with substances, things and other humans. Chemical substances as well as sexual acts can provide pleasure and create a release or escape from internal discomfort as a way of regulating one’s feelings and sense of self (Keane, 2004: 191,193).
- Chemical substances: Have the ability to change the brain’s structure and its performance. Drugs modulate the activity of a variety of brain chemicals, each intersecting with many others (Van Eeden, 2000: 13-14). “What is a drug? A drug is

any substance, other than food, which alters the functioning of the body and the mind” (Van Eeden, 2000: 9).

- Chemical substance abuse: Refers to a maladaptive pattern over a period of 12 months, where recurrent use continues despite social, occupational, psychological, physical or safety discomforts (Sue et al., 2003: 266). Any form of chemical substance can be abused. Substances can range from alcohol, marijuana, cocaine to even medication prescribed by a physician (Rosdahl and Kowalski, 2008:1505).
- Chemical dependence: Indicates unsuccessful efforts to control use despite knowledge of harmful effects, taking more of the substance than intended, a tolerance to or withdrawal from a substance where this maladaptive pattern of use extends over a 12 month period (Sue et al., 2003: 266). Use could either be daily or episodic and be considered as dependence and the person spends an increasing amount of personal or family finances on the substance (Rosdahl et al., 2008: 1505).
- Chemical substance dependence: Alters the brain’s structures and functionality and these changes occur in the same areas that are disrupted in various other mental disorders such as depression, anxiety or schizophrenia. Certain mental disorders are recognised as risk factors for subsequent substance abuse and vice versa (Sue et al., 2003:128,236,264,266,353,422). According to Smith (<http://alcoholismabout.com/es/dual/a/aa981209.htm>) a substance abuse problem can mimic, mask or aggravate various mental health disorders. The person could fail to fulfil role obligations, present a danger to him or herself and others and the use could lead to legal ramifications. Despite the above consequences and other interpersonal problems the person continues to use the substance (Rosdahl et al., 2008: 1504).
- Sexual behaviour: To act or react sexually in a specific way of behaviour. An analysis can be made of the stimulus and response (Branford, 1989: 63,703). Human beings experience sexual behaviour and gratification as important, and even though it is not vital for the survival of the individual, it is vital for survival of the species (Rosdahl, 2008: 46). This study focused on the sexual behaviour persons encounter when using or abusing chemical substances.
- Substance dependence or abuse for the purpose of this dissertation will be defined as a disease as first recognised by the medical community in the 1950s. It was described as

being potentially fatal and a condition that would be exacerbated without intervention (Rosdahl, 2008: 1505). Chemical substance dependence is a compulsive search for a specific chemical substance and the behaviour is characterised by an abnormal pattern of substance use. The abuse and use cause considerable harm, impairment and destruction as well as an increase towards a chronic state of dependence. Following an occurrence of abstinence, without the improvement of substitution with an integrated lifestyle, a rapid pattern of substance abuse takes place. For the duration of substance dependency, substance users become substance orientated in their functioning and present an urge or desire to misuse substances despite the consequences. Substance dependence and abuse are thus characterised by an increased tolerance and mismanagement of substances. Physical and psychological withdrawal signs and symptoms increase. Substance use is characterised by an increase in use of the same substance and other substances could be added to decrease withdrawal symptoms. The important dangers that occur in the progress of dependence include serious physical, brain, psychological, emotional, social (interpersonal) and spiritual dysfunctions or disturbances (Sadock & Sadock, 2007: 382; Trathen, 2003: 6; Eberlein, 2010: 5-8; Rosdahl, 2008: 1504-1505). Considering the aforementioned, substance dependence and abuse can, in summary, be defined as a bio-psycho-social-spiritual disease which affects the substance dependent persons, their context and the wholeness of the person.

- Service users: In this study the term referred to the clients/patients admitted to a treatment centre for substance dependence. The term can also refer to patients admitted to other nursing/treatment environments. Service users are referred to as *consumers* in the newly implemented (1 April 2011) Consumer Protection Act, 68 of 2008.

This section provided the reader with a clarification of key concepts that will be discussed in the following chapters of this study. Most of the above concepts have already been referred to earlier in this chapter. The researcher aimed to clarify the differentiation between substance dependence and substance abuse. This study will through the findings indicate that abuse led participants into a process of developing chemical substance dependence, and that abuse then later occurred within the state of dependence. The researcher wishes to state that during this

study no major obstacles were encountered but certain limitations to the study were identified and will be presented in the following section.

### **1.16 LIMITATIONS OF THE STUDY**

The facilitative conditions created by the researcher's person-centred values contributed greatly to the ease with which the qualitative process unfolded during this study. However in reflecting on the study in its totality, the researcher identified certain limitations.

A literature study and search indicated that little research has been conducted on the function of chemical substances with regard to the sexual behaviour of persons. South African research and literature on the function of chemical substances on human sexual behaviour was thus limited.

The population and sample were limited to persons in one rehabilitation centre and further limited by the voluntary invitation to participate in this research project. Conclusions and recommendations were thus made on the basis of this limited sample.

Due to the sensitive nature of the research topic the researcher experienced difficulty in making contact with a broader sample of suitable participants. Furthermore, time constraints due to the treatment programme at the treatment centre created difficulty in conducting further follow-up interviews.

Persons were interviewed in a rehabilitation centre and findings could differ if interviews were to be conducted in an environment where persons were still using chemical substances and making sexual contact with others. It should be remembered that the interviewees had already made the decision to undergo rehabilitation treatment and the interviews were conducted when the brain was functioning without chemical substances, so that findings might differ in a study conducted with persons intoxicated by chemical substances.

The researcher regarded it as entirely possible that other conditions could exist that are not described in this dissertation. On reading the transcripts of the conversations with participants

repeatedly, the question arose that some themes may have been excluded. The reason for the exclusion was that of relevance to the study and the research question. More attention, for instance, could have been given to the impact of significant others on the self of the participant, but the focus would then have been diverted away from the function of the chemical substance on the person's sexual behaviour.

The limitations according to the researcher's frame of reference have been outlined above and the following section will provide the reader with the format in which this dissertation is laid out.

### **1.17 FORMAT OF THIS REPORT**

The reader will now be presented with the chosen format of reporting on this study. This research report has been divided into the following chapters:

In Chapter One a general introduction and background to the study has been provided. Detailed information was included in the problem formulation where international trends of substance dependence and abuse, as well as the data, were discussed on the basis of several reports. The nature of the problem being studied was further explored with specific reference to the consequences of chemical substance dependence and abuse, the wholeness of the person affected by substance dependence and abuse, the function of chemical substances and the relationship between chemical substances and sexual behaviour. The researcher then continued by discussing aspects of research such as the problem statement, rationale for the study, research question, goal and objectives, research approach and design. Population, sampling, data collection, methods of analysing data as well as data verification were investigated in the section on research methodology. Ethical considerations, limitations of the research, clarification of key concepts and the content plan of the research report concluded the first chapter.

Chapter Two will focus on the researcher's application of the qualitative research methodology and the process followed in exploring the functions of chemical substances in a

person's sexual behaviour. The reader will be provided with an introduction to the chapter and the researcher will provide a theoretical orientation to the study. By presenting the theoretical orientation the researcher aims to provide the reader with a person-centred "lens" through which this study should be read. The formulation of the research question and establishment of a goal and objectives, as well as the objectives of this study, are presented. The researcher will further continue to explain the research methodology followed in the study. Ethical considerations such as informed consent, confidentiality and the management of information will be further discussed.

In Chapter Three the research findings will be presented, discussed, compared and contrasted with existing literature related to the subject matter of this study. The researcher approached the semi-structured in-depth interviews as conversations with the persons and provided details of these persons. The reader will further be presented with an overview and discussion of the seven themes that emerged as a result of the data analysis in the process of this study. The seven themes that emerged will be concluded as seven functions of chemical substances in the sexual behaviour of persons were discovered and explored.

Chapter Four will provide a summary of the research report and outline the overall conclusions that this research project arrived at. Conclusions and recommendations based on the research process will be presented by the researcher. The conclusions are specifically related to the research process as well as the findings that resulted from the research. The reader will further be furnished with a summary of conclusions arising from the research findings according to the seven identified themes. Conclusions from a person-centred perspective will be provided. Recommendations pertaining to qualitative research, findings, practice and future research follow the conclusions. Further recommendations pertaining to future and further research will also be provided. As a conclusion to this study the researcher will make a final note.

In this section the reader was introduced to the chosen format of this dissertation. The contents of the four chapters were briefly discussed. The researcher will conclude Chapter One in the following section.

## 1.18 CONCLUSION OF THE CHAPTER

Chapter One presented an introduction and general orientation to this research report. The problem formulation created a context as motivation for the study.

Literature was provided on the occurrence of substance dependency and abuse and the disease progression of substance dependency. Attention was also given to human sexual behaviour relating to substance use. The researcher constructed a context of international and national chemical substance abuse and dependence in an effort to facilitate the formulation of the problem. The relationship between chemical substance abuse and dependence and the mental health implications were presented. The abuse of chemical substances affecting the chemical functioning of the brain and mental and behavioural changes caused were described. The researcher further argued that mental health is affected negatively and has implications relating to the chemical substance abuser and his/her environment. It was further shown that pleasure seeking behaviour such as sexual intercourse or gambling also stimulate the release of neurotransmitters in areas of the brain which manage experiences of pleasure and reward, the same areas that chemical substances affect. The reader was presented with the correlation between substance abuse [and dependence] and the damage caused to the central nervous system by chemical substances. It was further argued that the wholeness of the persons is affected by chemical substance use or abuse. A further assumption was made that chemical substances could have positive functions for persons.

Contributing to the process of problem formulation, the researcher continued to investigate the implications of chemical substance abuse and dependence more closely. The effects of chemical substance use or abuse on the whole person were discussed. Particular function(s) of a chemical substance(s) serving as a motivator for certain behaviours and practices regarding use or abuse of substances were investigated. The function of chemical substances in the sexual behaviour of persons was presented by the existing available literature. What remained unanswered in the available literature, is what the functions of chemical substances in the sexual behaviour of persons may be.

Furthermore a description of the research question, primary goal and objectives(s) for the research that was undertaken were provided. The researcher presented the statement of the problem (phenomenon) that was under investigation during the process of this study. The aim presented in this study was to discover the function of chemical substances in the sexual behaviour of persons and the meaning persons relate to substance use or abuse during sexual experiences. The researcher presented arguments as motivations for this study and demonstrated the fundamental nature of the question this study aimed to answer. The research question, goal and objectives that would facilitate the process of answering the research question were presented as well as the importance of designing a research goal and objectives. In execution of objectives to reach the goal of the study, the researcher presented an appropriate approach to execute this study. The approach with regard to research was discussed.

The researcher presented literature discussing the qualitative research approach that was found to be fitting for the purpose of this study. The researcher explained why this study required a design that was flexible, open to possible change and could be adapted when qualitative research was conducted. The research design within the chosen approach was discussed and provided the reader with the researcher's motivation for adopting an explorative, descriptive, contextual and phenomenological research design.

The research methodology was proposed as well as the philosophy underlying the researcher's approach to qualitative research. In this research project the researcher followed a specific method of executing the research process that was discussed. Qualitative research methodology was presented according to an existing body of relevant theory. Population, sampling, methods of collecting and analysing data as well as data verification were introduced to the reader.

This chapter also provided the research design, methods used and ethical considerations that were relevant to this study. Ethical considerations with regard to the qualitative research approach followed by this study were discussed. It was explained that the researcher's

approach towards human beings is from a person-centred perspective and that ethical considerations were placed as a high priority in this research process.

A description of how the researcher applied the research methodology will be provided in the following chapter.

## **CHAPTER TWO**

# **A DESCRIPTION OF THE QUALITATIVE RESEARCH PROCESS FOLLOWED AND ITS APPLICATION FOR EXPLORING THE FUNCTIONS OF CHEMICAL SUBSTANCES IN THE SEXUAL BEHAVIOUR OF PERSONS**

### **2.1 INTRODUCTION**

Chapter One provided the context of the phenomenon being studied. It further provided the plan to be followed in this research project as well as the methodology employed to investigate the phenomenon under discussion. The aim of this study was to develop an in-depth understanding of the function that chemical substances might have in the sexual behaviour of persons.

In an effort to answer the research question and address the purpose of the research, the researcher decided on a suitable method to approach and realise the aim and goal(s) of the investigation. The researcher selected qualitative research methodology to address “how” the phenomenon would be studied, this relating mainly to the method of data collection and analysis (Silverman, 2004: 4).

This research project followed an explorative, descriptive, contextual and phenomenological research design that aimed to explore and describe a human phenomenon from and within a specific context. With the explorative, descriptive and contextual design the researcher sought to explore and understand the meaning persons or groups attributed to their experiences. New understanding of the phenomenon was sought and therefore an exploratory strategy of inquiry was decided upon as an attempt to seek and explore the function of chemical substances in a person’s sexual behaviour. Exploratory research was undertaken in order to have an open, flexible and inductive approach to the investigation.

The researcher wished to describe the phenomenon by means of a descriptive research design and further to discover what the function of chemical substances in sexual behaviour would be, and to understanding the experiences in the context (contextual research) as lived by the individual (Terre Blanche et al., 2006: 275). The phenomenological research approach that was followed aimed to assist in understanding the experiences of the participants and to accurately describe the phenomenon. This phenomenological approach sought to explore actual experiences of participants and the meaning they attach to their experiences.

The researcher approached this study with the awareness that the project is an inquiry into a person's perceptions of his or herself, the construction of his/her reality through experiences and the meanings attached to the process of construction (Green & Thorogood, 2009: 15). The interpretation of the interviews with the participants, however, remained the perceptions of the researcher and two independent coders. The qualitative research approach adopted for this study supported and guided the process of discovery in attaining the set goal of the study and further facilitated the process of discovery towards understanding and describing the meanings people attached to their experiences.

In an endeavour to answer the research question, the researcher was guided by the design of the research. This design guided the researcher in the most appropriate process to find answers to the question that seemed to be a relatively unknown or ill-researched topic (Yegidis & Weinbach, 1996: 89,92-93).

In this process of discovery the researcher approached the sample not only as mere participants that were instrumental in achieving the research aim and goals, but from a person-centred theoretical orientation as fellow human beings with unique qualities and experiences.

## **2.2 THEORETICAL ORIENTATION OF THE STUDY**

*Another attitude we have which has influenced our work is that outcome, personal or group, does not have a high priority for us. We are focused – “creatively invested” is a better term - in facilitating a certain process over which we have no fundamental control. We know from experience that in this process, certain classes of outcomes may in general be expected, but we also know there will be*

*outcomes we could never have predicted. These may result in changes in individual participants, in the whole group, and in ourselves as well (Rogers, 1980:325).*

A theoretical orientation (lens) through which the approach towards participants should be understood and this dissertation should be read is provided. In Chapter Three the researcher will report on the individual perceptions and experiences of the persons interviewed and now hope that this theoretical discussion will assist the reader in understanding the unique individual experiences of the participants of this study. The lens the researcher is referring to is one of a very definite approach based on respect for self-powered persons who are emerging from therapy (Rogers, 1989: xiii). It is the aim of this study to render informed, humanistic, ethical and morally responsible recommendations and truthfully present the experiences of human beings. The theoretical departure of the researcher aimed to provide the reader with a person-centred lens with regard to each person participating and the context in which the person functions in relation to the context surrounding substance dependence or abuse.

In an attempt to comprehend the person in his or her wholeness a theoretical approach is essential to comprehend a human being who has experienced conditions of suffering. The context against which the document must be understood is that of the Person-Centred Approach (PCA) of Carl Rogers. Rogers was probably the most influential person with regard to humanistic psychotherapy whose approach was based on a positive regard for his clients (Whitton, 2003: 10). The approach, though not easy to master, was found to be so rewarding in practice that it not only swept the field of psychology but also other professions and contributed to the demystification of psychotherapy (Evans, 1975: xxx). Emphasis is placed on the self and the person's perception of this unique self, the self is defined according to the person's own perception which begins in infancy and continues throughout their life span, while the organism strives towards the fulfilment of their human potential (Sternberg, 2001: 490). Rogers stated that persons could not be treated from an expert stance and, through considerable research, learnt that persons would symbolise what they need to learn once they are trusted to discover for themselves in an atmosphere of unconditional positive regard (Whitton, 2003: 10). The client's life is guided by him or herself and the philosophy underlying the PCA is an effort to strengthen the person in *a way of being* where the organism

is in charge of its own change (Evans, 1975: 26). Assumptions confirmed by Rogers' research that would apply in the approach to participants in this study include (Rogers, 1989: 287):

- The human organism is basically trustworthy and elements contributing to psychological development can be defined. The troubled person could actually make progress without the guidance of a wise psychotherapist. What is needed are facilitative conditions where the person can engage in the exploration of the self and become wisely self-directive.
- Pathology or state of mind, such as psychosis, is not dangerous to approach by means of the person-centred approach when the pathology is assimilated as part of the self on a journey of change and growth. It was found by Rogers (1989: 288) that when the power is left with the individuals, and they experience the facilitator as real, understanding and caring, constructive behaviour changes occur and further that persons would exhibit increased personal strength and responsibility.
- Shared control where facilitative conditions are created would construct vital, enriching, sound and growing relationships with the self and others. In all persons the power of self-government is present within a safe environment where people are genuine in their relationships.
- People will learn, from a wide variety of experiences and options, what they need and want to know and that authentic relationships foster a learning environment superior in its effects to the "common sense" methods of learning. Persons who experienced the self as powerless, when treated in a person-centred way, discovered their own sense of personal power and self-determination.
- People change, grow and develop different values and they are capable of living and being in ways that break with the past. Organisms and the environment are constantly changing and moving us forward into a *more human, more person-centred world* (Rogers, 1989: 290).

This research project endeavoured to closely and carefully listen to the wholeness of the persons who made themselves available as participants and who were approached through a process that respected their individual experiences. The researcher's approach (PCA) includes

person-centered-values of respect, individualisation, self-determination and confidentiality. With this approach the study was done as an interaction with fellow human beings and not merely with substance dependent patients. The researcher aimed to be genuine in conversations during the collection of data and construct quality interpersonal encounters which contributed to determining the effectiveness and significance of the contact (Rogers & Stevens, 1967: 89).

In the conclusions and recommendations of this study the researcher will argue for further research into the phenomenon. The researcher further particularly recommended the non-judgemental approach towards substance dependent persons. Rogers (1980: 356) advocated a more human and personal approach to others in the future: “The winds of scientific, social, and cultural change are blowing strongly. They will envelop us in this new world of tomorrow... Central to this new world will be persons, the persons of tomorrow. This is the person-centred scenario of the future. We may choose it or not, it appears that to some degree it is inexorably moving to change our culture. And the changes will be in the direction of more humanness”. In the light of the humanistic approach the researcher approached this study, the participants, data and conclusions with congruence, genuineness, empathy and unconditional positive regard for the participants’ perceptions and respect for the human experience (Rogers et al., 1967: 90-96).

This research report must thus not be seen as an explanation, a labelling or a diagnosis of human experiences, but rather as an approach. The humanistic approach [underlying this study] towards persons experiencing unique needs could be summarised in the following principles introduced by Whitton (2003: 37-44):

- All persons have essential worth, everyone has the tendency to do what is best, to change, grow and prefer harmony. Unique human beings are facilitated to restore belief in themselves as intrinsically worthy.
- Human beings possess the potential to be good or bad. Generally speaking, in conducive circumstances, persons will move towards good for themselves and others. By changing and constructing the present self, people can also change their

current perception of the past. Rogers stated that whatever difficulties persons currently experience, they would always discover paths of development according to their own self-determination.

- People have the ability to choose their direction of growth. Whitton (2003: 40) cites Victor Frankl (1959) where he concluded that even if all familiar goals are taken away from a person what remains is the “last of the human freedoms” and the ability to choose “one’s attitude in a given set of circumstances”. Humanistic approaches respect the ability of persons to make choices and acknowledge that if one or more options are available, people are free from the impositions of others.
- Humanistic psychology recognises that people are responsible for themselves and their lives. A person does not have control over experiences that are presented by the environment, but does have a choice with regard to the reaction to the impulse. The humanistic premise is that when persons take responsibility, they will have greater personal power to grow through whatever experience befalls them.
- The human being has the innate power to change and grow towards actualising the self and is related to what people currently experience (affect) as their own process of growth. The direction of growth will be determined by the personal choice of the organism.
- People are who they are in relation to the context of the world they currently experience. Persons are whole entities within the total sum of the environment. Individuals are all part of humanity, the natural and the material world. A person is one with the environment, but also has a body, emotions, thoughts, sensations and aspirations and these are constantly interacting with each other.
- Human nature is multifaceted and persons have diverse views and perceptions of the world. People may seem predictable, but there is always more than the brain, chemistry, biology and physiology. People are more than the sum of their parts and each individual experience holds its own truth for the organism.

The above humanistic principles resonate closely with the approach followed in this research project. Interviews focused on past experiences, but it is asserted that people will live fully in the present rather than dwell on the past or live in the future (Sternberg, 2001: 491). However,

the past experiences have admittedly contributed to the construction of the current self of the participants. The person of the interviewees will be presented from a theoretical framework that would include their environmental and internal experiences of the self as construct. The theoretical propositions that will be presented as the themes in this study are:

**Human experiences:** Individuals exist in a recurrently changing world of occurrences of which he or she is the midpoint of all experiences. The world of experience happens around the person (Rogers, 1987: 483).

**Perceptions:** Organisms react to the context as it is experienced and perceived. This perceptual field is perceived as reality for the person (Rogers, 1987: 484). Persons will be open to experiencing and will accept experiences as opportunities for learning and growth (Sternberg, 2001: 491).

**Wholeness:** The person or group as an organism reacts as a structured whole to a broad field of experiences (Rogers, 1987: 486).

**Self-determination:** The organism has one fundamental inclination and striving – to actualize, safeguard, and develop the experiencing self (Rogers, 1987: 488). Persons will continue to grow and evolve (Sternberg, 2001: 491).

**Behaviour and needs:** Behaviour is on the whole a goal-directed effort of the organism to gratify its requirements and needs as experienced in the field as it is perceived (Rogers, 1987: 491).

**Emotions:** Emotion accompanies, and in general facilitates, such goal-directed activities. The kind of emotion being associated with need satisfaction, versus the consummatory aspects of the actions, and the intensity of the emotion are related to the perceived meaning of the behaviour for the preservation and improvement of the organism (Rogers, 1987: 492).

**Frames of reference:** The ideal vantage point for appreciative understanding of behaviour is from the inner frame of reference of the individual (Rogers, 1987: 494).

**The Self:** Segments of the entire perceptual field become increasingly differentiated as the self as an ordered, fluid, but constant intangible pattern of perceptions, characteristics and relations of the 'I' or the 'me' (Rogers, 1987: 497-498).

**Significant others:** As a result of dealings with the environment or context, and particularly as a consequence of evaluational contact with others, the construction of the self is shaped

jointly with the values attached to these concepts of others (Rogers, 1987: 498). Persons will have harmonious relations with others, but could also learn that they do not need to be well liked by everyone and conditional acceptance from significant others will compromise not being liked by all (Sternberg, 2001: 491).

**Values:** The values or even morals attached to experiences from the context, and the values which are part of the self-concept in some instances, are values experienced directly by the organism. In other instances values could be introjected or adopted from significant others. The values adopted from others are perceived in a deformed manner as if they had been experienced directly by the organism (Rogers, 1987: 498).

**Experiences at a conscious and unconscious level:** Experiences that take place in the life of the individual are either symbolised, perceived and organized into various relationships with the self or ignored because there is no perceived association with the self-structure (Rogers, 1987: 503). Experiences could further be denied symbolisation or integrated in a distorted manner as the experience is not consistent with the arrangement of the self (Rogers, 1987: 503).

**The self and behaviour:** For the most part the behaviour which is adopted by the organism is that which is consistent with the concept of self and fits with the person (Rogers, 1987: 507).

**Behaviour and unconscious experiences:** Behaviour could, in various instances, be as a result of organic experiences and needs. The organism might not have symbolised these needs to date. The behaviour will be experienced as inconsistent with the structure of the self but in such instances will not be 'owned' by the individual (Rogers, 1987: 509).

**Psychological tension:** Psychological maladjustment will be present when the organism refuses to consciously recognise noteworthy sensory and instinctive experiences. These experiences are thus not symbolised and organised into the Gestalt of the self. This circumstance will result in basic or possible psychological tension (Rogers, 1987: 510).

**Reconstruction of the self:** Psychological change occurs when the concept of the self is such that all the sensory and instinctive experiences of the organism are incorporated on a level of awareness and constant association with the concept of self (Rogers, 1987: 513).

**Defence of the self:** Experiences that are conflicting with the organisation or self-structure will be perceived as intimidating. The more these experiences are present, the more strictly the self-structure will be organised in an effort to maintain itself (Rogers, 1987: 515).

**Facilitating climate for change:** In conditions where there is no threat to the self-structure experiences which are conflicting are examined and the structure of self adjusts to assimilate and include experiences that could be experienced as threatening (Rogers, 1987: 517).

**Acceptance of the self and others:** When the organism perceives and allows all sensory and instinctive experiences into one consistent and integrated system the person is more accepting towards others. The individual is aware of its own needs and is more accepting of others as separate individuals (Rogers, 1987: 520).

**Development of own value system:** The individual perceives and accepts more owned organic experiences into the self-structure and discovers that he or she reinstates his or her own value system. The development of an own value system is no longer based upon introjections which have been distortedly symbolised, but rather on a continuing organism(ic) valuing process (Rogers, 1987: 522). Persons will trust themselves and make their own decisions rather than following what others suggest (Sternberg, 2001: 491).

Rogers' (1967:108) propositions can be summarised as the individual's efforts to knowingly and unknowingly become himself [herself]. Where a person is afforded the opportunity to really experience and discover feelings, the elements of self-discovery will be present. The self is discovered through experiencing and being open and honest to experiences (Rogers, 1967: 111-115). Every effort has been made to present this report truthfully and it has been substantiated with experiences of participants presented to the researcher. Data were gathered by means of interviewing the participants with regard to personal experiences and allowing the experiences to be recalled and relived in a humanistic safe manner.

This study further recognises the realness in which the participants presented their experiences. While processing the interviews, the researcher would be reminded of the following: "Thus to an increasing degree he [she] becomes himself [herself] – not a facade of conformity to others, not a cynical denial of all feeling, nor a front of intellectual rationality, but a living, breathing, feeling, fluctuating process – in short, he [she] becomes a person" (Rogers, 1967: 114).

The researcher endeavoured to be congruent with the aim of the research project as well as the person, of the participants, and their experiences. Congruence is described by Tolan (2003: 44) as the 'you' in which there is no disagreement between your [researcher's] self-structure and your own experiences. The author further suggests that learning to be yourself involves developing trust in your own perceptions and working out your own values. The researcher was thus aware of own values with regard to certain forms of human behaviour as well as the importance of approaching the data in a congruent manner and in an atmosphere of unconditional positive regard that was free from any external interference.

Participants voluntarily reported themselves as possible candidates for interviews after they enquired with regard to the researcher's own frame of reference and whether they would be judged. Grobler and Schenck (2009: 169) assert that the self of others is constructed around certain values, concerns and shared realities. It was firstly necessary for the researcher to prepare the participants during informal interviews where the person-centred approach was explained together with the values of respect, individualisation, self-determination and confidentiality (Grobler & Schenck, 2010: 126,126,130,131). The researcher endeavoured to listen to whatever the participants were frightened, angry, worried, fearful and hopeful about. The needs of participants were important as their behaviour reflected the goal-directed efforts of gratifying their wants as experienced in the context as perceived by the person (Rogers, 1987: 491). Participants' enquiry [behaviour] would thus be concerned with deliberate actions to satisfy certain needs that they might have been aware of or even needs on un-symbolised level (Grobler & Schenck, 2009: 24).

The person-centred approach is based on "necessary and sufficient" conditions which determine the relationship as defined by Carl Rogers (Gillon, 2007: 43). The importance of the interpersonal conditions should be understood in relation to an understanding of the person-centred approach (Tolan, 2003: 8). The authenticity of the relationship would further contribute to the validity of the research findings after analysis of the data collected. Gillon (2007: 43) points out that Carl Rogers consistently highlighted the role of the relationship between the client and the facilitator as the most significant aspect of interpersonal contact. In 1957 the conditions of the interpersonal relationship were further highlighted in Rogers'

published paper entitled: “The Necessary and Sufficient Conditions of Therapeutic Personality Change”. Gillon (2007: 43) points out that this paper was intended to be relevant to all psychotherapy as it drew on research and analysis from a range of psychological approaches. The researcher was aware that the interview as conducted for research purposes is not intended to be therapeutic in nature. It would rather aim to be truthful and congruent with the persons involved in this study.

People are meaning-generating beings and meanings are created during interaction or in conversation between people (Gergen & Gergen, 2004: 8). Furthermore Gergen and Gergen (2004: 14-17) state that language is the means [vehicle] through which construction of meaning takes place. The researcher utilised the skill of person-centred communication to truly grasp the participants’ perceptions and meanings, in order to learn from them. The findings of this qualitative study had to entail listening to human beings and resonating with a humanistic approach as Jimmy Jen’s credo suggests: “Go to the people, learn from the people” (Grobler & Schenck, 2009: 237). The researcher had to refrain from judging, diagnosing and moralising (Thompson & Henderson, 2007: 166) but instead focus on human experiences and the meanings attached to these experiences.

The purpose of encounters with participants was firstly to create a safe, accepting and trusting relationship where persons could explore their experiences. A basic technique in the repertoire of the person-centred approach is adopting a positive attitude towards people. Rogers (cited by Thompson & Henderson, 2007: 164) believed that the goal of person-centred encounters is to assist people in becoming more autonomous, spontaneous and confident. Utilising the basic skills of listening and attentiveness, together with advanced skills, facilitated the process of revisiting experiences and it furthermore created conditions where participants could explore symbolised and un-symbolised experiences. Grobler and Schenck (2009: 101) state that people become well-adjusted when all or most of their experiences have been symbolised congruently with their own self-perception. The task of the person-centred researcher was to provide a non-threatening environment to the self-structure, so that the persons were able to gradually recognise and name experiences they have denied from their consciousness (Tolan, 2006: 7, 8).

The purpose of interviews was thus to make contact with human beings in the here and now and to follow their process in the safety of connection with the researcher. This facilitated a process where the researcher could communicate his understanding of the person's un-symbolised experiences and possible meanings they might attach to the phenomenon under investigation.

Complementary to this qualitative study, the researcher approached the study as a process of discovery. Yalom and Leszcz (2005: 143) propose that the term 'process' refers to the nature of the relationship between individuals interacting with each other, such as the participants and researcher. These authors suggest that a full understanding of the process includes insight into the worlds of each individual person's interpersonal interactions. For the researcher focusing on the process entailed attending to the richness of experience (vast resources of information) people have within themselves (Rogers, 1980: 115). These resources were experienced as being important when a definable climate of facilitative psychological attitudes was offered. Communicating implied messages to a participant by listening to the hidden meaning behind the explicit words the participants were saying (Grobler & Schenk, 2009: 82), and the implied message could be related to the perceptions, needs, emotions, the self and the values of the individual interviewee. Exploring distortions were used very cautiously in a warm and safe environment as they could have been formed as part of the participant's defences and could have jeopardised the outcome and themes by limited participation (Grobler & Schenck, 2009: 90). According to Egan (2002: 190), there can be discrepancies between what persons think or feel and what they say, what they say and what they do, their views of themselves and the views others have of them, what they are and what they wish to be as well as their expressed values and their actual behaviour. The participant could have thus experienced inner conflict during interviews. It should therefore to be noted that if persons were experiencing a discrepancy, the researcher communicated his understanding of the discrepancy to the interviewee in order to facilitate symbolisation of the possible un-symbolised or distorted experience (Rogers, 1987: 503; Grobler & Schenck, 2009: 93).

Reflecting on "what" the researcher experienced through the encounters with the persons involved in this project, how theory shaped thinking about participants, how the researcher

was able to use professional values and communication skills with participants added to the researcher's personal evaluation of the interviews. Reflection on these processes enabled the researcher to be accountable for how he viewed the participants and what he did in his professional [research] dealings.

In conclusion the researcher wanted to allow Carl Rogers' words to harmonise and resonate with the underlying approach of this dissertation and the research methodology followed: "I speak as a person, from a context of personal experience and personal learning" (Rogers, 1995: 1)... "I have found that the more that I can be genuine in the relationship, the more helpful it will be. This means that I need to be aware of my own feelings, in so far as possible... Being genuine also involves the willingness to be and to express, in my words and my behaviour, the various feelings and attitudes which exist in me. It is only in this way that the relationship can have reality" (Rogers, 1995: 33).

In this section the researcher discussed the literature with regard to the person-centred approach. By presenting the literature the researcher endeavoured to explain his approach towards the persons who took part in this study. The nature and conditions of the relationship with participants were underlined. The main aim of this section was to provide the reader with a "person-centred lens" through which this study should be read and understood. In the next section the research question will be presented.

### **2.3 RESEARCH QUESTION**

In qualitative research, the researcher should ask one or two grand-tour questions and restrict sub-questions to the minimum (Creswell, 1994: 70, 2003: 106). De Vos, Strydom, Fouché, Poggenpoel and Schurink (1998: 243) argue that the qualitative researcher is more concerned with understanding than explaining and should rather use naturalistic observation and the subjective exploration from the perspective of a human experience related to the phenomenon. Qualitative researchers are interested in persons' interpretation of their experiences, how their worlds are constructed and the meaning attributed to these experiences (Merriam, 2009: 3). In

order to understand the meaning attributed to certain sexual experiences when abusing chemical substances, the following question was formulated in view of the study:

*What are the functions of chemical substance use/abuse in relation to individuals' sexual behaviour?*

By endeavouring to answer the above question, the researcher as a qualitative and person-centred researcher, who is interested in persons' interpretations of their experiences, how persons construct their worlds and the meaning persons attributed to these experiences (Merriam, 2009: 3), sought to set a goal for the study. The goal of the study will be stated in the following section.

## **2.4 GOAL OF THE STUDY**

In order to answer the question under investigation, the researcher had to establish a goal for this study. The goal clearly indicated the intentions of the study and the researcher therefore presented a clear statement for the study (Holloway & Wheeler, 1998: 27). Ambitions of the researcher were directed towards the abstract understanding of the phenomenon in totality (De Vos et al., 2005: 104). In this study and in an attempt to answer the research question, the goal was set as an active effort, as follows:

*To discover the functions of chemical substance use in relation to individuals' sexual behaviour.*

This study did not focus on the misuse of chemical substances or chemical substance dependence, but rather on the “functions” served by the chemical substances in the sexual behaviour of persons. It might be rightfully argued that differences do exist between the different effects of misuse or dependence on the brain, but for the purpose of this study the researcher focussed on the function the chemical substance(s) served for each participant. The researcher aimed to explore the totality of the phenomenon and to be more specific: the functions of chemical substances in the sexual behaviour of persons. The goal of this research

project was achieved by accomplishing certain objectives that will be presented to the reader in the next section.

## 2.5 OBJECTIVES

The above mentioned goal of this research project was achieved by accomplishing certain objectives. The objectives were set as a guide to the researcher through the process of discovering and exploring the phenomenon. The steps ranged from qualitative discovery to exploration to describing the phenomenon of data generated through the processes of data analysis. Recommendations were then drawn from the conclusions of this study. More specifically, the researcher set objectives that facilitated the process to answer the research question (Holloway & Wheeler, 1998: 27). The following process was implemented to achieve set objectives:

- A sample of persons was obtained from a population of service users who were admitted for in-patient treatment at the Stabilis Treatment Centre in Pretoria. The centre is a specialist treatment centre for substance dependence,
- In-depth semi-structured face-to-face interviews were conducted with participants. The interviews aimed **to explore the functions of chemical substance use in relation to the person's experiences and more specifically his/her sexual behaviour,**
- The conversations with participants were transcribed and the data sorted and analysed. The data were generated according to the eight steps of qualitative data analysis constructed by Tesch (in Creswell, 2009),
- From the generated data, the researcher was able **to describe the functions of chemical substance use in relation to individuals' sexual behaviour,**
- The researcher then interpreted and analysed the generated data, identified seven major themes and conducted a literature control in order to verify the data, and
- **Conclusions and recommendations were made.** The recommendations were aimed at informing social workers and other psychotherapeutic interventions about the function of chemical substances in the sexual behaviour of persons.

The above objectives were aimed at the discovery of the function chemical substances have in the sexual behaviour of substance dependent persons. The discovery was intended to be made in the narratives reported by individuals during their treatment at a rehabilitation centre. The research question of this proposal was a clear inquiry into the phenomenon that was examined, analysed and, by drawing conclusions, yielded useful new information.

The researcher followed a qualitative research approach and thereby achieved the aim of answering the research question. This was also achieved by setting objectives. Methods of executing the study were required and the next section will present the research methodology followed in this study.

## **2.6 RESEARCH METHODOLOGY**

In this section the researcher will present the approach followed in this study, the design within the chosen approach and the methods followed. The population, sample, method of data collection and analysis will be discussed. Processing and verification of data will be explained and followed by a section where the ethical considerations applicable to this study will be discussed.

### **2.6.1 Research approach**

The qualitative research approach is, according to Creswell (in De Vos et al., 2011: 65), characterised by its inductive features, openness to change and interest in the wholeness of human nature. The qualitative research laboratory would be the natural environment of the participant, the researcher is the main data collecting instrument, and achieves this by observing behaviour or interviewing participants as an alternative to relying on a distinct data source, and data are gathered from various sources. In this study data were gathered by means of semi-structured face-to-face interviews with participants. These participants were interviewed in a rehabilitation centre for substance dependent persons that could, at the time of the study, be considered as the participant's natural environment.

Data analysis was an inductive process where themes and categories arose during the development of the research process and data were organised into increasingly more abstract units of information. The researcher employed two independent coders who both were experienced in qualitative research methodology, the reports correlated with the findings of these coders. This qualitative study was holistic in nature as the researcher endeavoured to develop an understanding of the phenomena or participant(s) that were being studied from various perspectives. Multiple perspectives were developed and identifying factors that influenced the organism within context and the wholeness of the human being were investigated. The significance attached to the phenomenon under investigation by the participants was of importance to the qualitative researcher and human experience remained of more importance than is generally reported by literature.

The study as qualitative research is recognised by its interpretive nature and an interpretative investigation in which the researcher observed, experienced and understood. The research design was developed with the changes the process presented and according to the changing nature of the phenomena. This means that the original topic or question that was to be researched was not set without flexibility for change, as data were collected. The method of research was shaped within the process, and in harmony with the shape the research took, was altered accordingly (Creswell, 2003: 179-183 & 2009: 175-176).

In order to discover the functions of chemical substances in relation to the sexual behaviour and practices of the individuals using these substances the researcher, as observer, had to empathetically listen to the internal reality of subjective experiences during an interactional process.

In view of this, together with the illuminated nature and characteristics inherent in qualitative research, the researcher opted to approach this investigation qualitatively as it afforded him the opportunity to discover, explore and describe the meaning the individuals attributed to the phenomenon under study. The qualitative research approach allowed for the unfolding and incorporation of new observations, unexpected developments and questions that may have changed. Procedures had to fit the evolving nature and direction of the research undertaking.

Data were collected in the participant's setting which was the Stabilis Treatment Centre. The information was then analysed and inductively developed from particulars to general themes where the research endeavoured to make interpretations regarding the meaning of the data (Creswell, 2009: 4).

### **2.6.2 Research design within the chosen approach**

Phenomenology advises researchers to respect the uniqueness of individuals, their experiences, particular world-view and self-determination to interpret the world in their own unique way (Nicholls, 2009: 587). A careful description of conscious human experiences and social actions served as the product of phenomenological research and the researcher therefore turned from objects or actions to their meaning and data were presented in their raw form to demonstrate their authenticity (De Vos et al., 2011: 316). Fully transcribed interviews are attached to this report (see ADDENDUM C).

Paramount to this study was experiences of persons and the meanings they attached to their experiences. Todres and Galvin (in Marshall et al., 2011: 20) suggest that recent developments in phenomenological approaches call for more evocative and poetic forms to represent studies. It is claimed by De Vos et al. (2011: 305) that a phenomenological strategy expects a researcher to adopt a philosophical point of departure before data collection and that a literature review serves more as a control of literature after the collection of data. The researcher has therefore, in addition, provided a person-centred theoretical discussion on the study's approach towards the persons involved in the research process. The study of the "meaning of reality" demanded an exhaustive journey of exploration into the meaning participants attached to certain facets of the reality they owned (Nicholls, 2009: 588).

### **2.6.3 Research method**

A sample was drawn from the population in a registered treatment centre for substance dependence. The population consisted of all service users in the Stabilis Treatment Centre admitted for in-patient treatment during August 2011 to September 2011. The criteria for

inclusion were thus persons with a history of using, abusing and dependence on chemical substances and persons using chemical substances to fulfil or complement sexual functioning. The question may arise as to how the researcher determined which persons used chemical substances to complement sexual functioning? This question will be addressed by the method of sampling discussed later in this chapter.

#### **2.6.4 Population**

The population refers to the possible group of persons appropriate for the purpose of the research project whose characteristics would be relevant to the intended study (Monette, Sullivan & De Jong, 2008: 136). The proposed population for this study was persons undergoing treatment programmes for chemical dependence at the Stabilis Treatment Centre in Pretoria. The population thus consisted of persons attending in-patient treatment during the data collection phase (August to September 2011) of this research project. It was not blindly assumed that all persons forming the population of the centre would use substances to fulfil certain functions in sexual behaviour, but rather that a sample from the population may have had experiences that would have contributed to the significance of this study.

#### **2.6.5 Sampling**

The method utilised in selection of a certain number of people from the intended population would be sampling. In qualitative research the sample of persons could be a smaller group of persons (Orme & Shemmings, 2010: 118). Patients admitted to the Stabilis Treatment Centre were divided into smaller therapeutic groups, these groups were then addressed by the researcher and individuals were invited to participate voluntarily in the research project. The researcher approached therapy groups that had been admitted for in-patient treatment at Stabilis Treatment Centre during the period of August 2011 and September 2011. Spontaneous conversations in the group allowed the researcher to verbally explain the research topic and the aim of the project to groups of in-patients. Patients were invited to discuss participation and ethical implications with the researcher by visiting the researcher's office as they saw fit.

Potential participants that reported for participation were further formally informed with regard to the research aim and process as stipulated in ADDENDUM A.

Apart from purposefully selecting the participants, the researcher also planned to use convenience sampling for the purpose of this study. The convenience sampling technique involves inviting the most available and willing participants. Convenience or opportunity sampling was found to be ideal where persons were admitted to an institution on an in-patient basis (Colman, 2003: 513). The following criteria were used for the inclusion of participants in the sample:

- The population constituted all service users in the Stabilis Treatment Centre from which a convenience sample was drawn. A criterion for participation was thus admission to the Stabilis Treatment Centre as an in-patient/service user,
- The person would have presented a history of using, abusing or manifesting dependence on chemical substances,
- Persons who had a history of using, abusing or being dependent on chemical substances, and in who knew these influenced their sexual behaviour, would be included once they had voluntarily agreed to participate after being comprehensively informed about the goal and the nature of the study. Participants presented, after the process of presenting all information with regard to the research process, expressing their willingness to participate. It could for this reason be stated that participants selected and presented themselves for the purposes of this research project (Polit & Beck, 2006:190).

Langford (2001: 152) points out that the sample size in qualitative research is smaller than in quantitative research. In qualitative research it is preferable not to determine the sample size during the planning of the research, and it should rather be determined by the principle of data saturation. Data saturation is suggested by Lincoln and Guba (in Merriam, 2009) where saturation or redundancy of data implies that the researcher will continue with the compilation of data to a point where the data becomes recurring and a broad perceptive of the phenomena is achieved. Data saturation was achieved in this study after the completion of analysing nine

interviews. Often sample size is determined by variables such as how many persons the researcher has access to and the time available for the study or budgeting (Terre Blanche et al., 2006: 49). The characteristics of the population determined the sample size and the sample size was determined by the persons who voluntarily reported to take part in the study.

The themes of this study were developed from interviews conducted with a minimum sample size. Patton (in Merriam, 2009: 80) suggests the specification of a minimum sample size is based on the reasonable expected coverage of the phenomenon in relation to the purpose of the study. The researcher questioned whether the minimum sample size would render adequate data, but Terre Blanche et al. (2006: 49) argue that qualitative researchers should not insist on representative samples and the researcher further aimed to ensure that the findings were facilitative in the understanding of other contexts or groups similar to those studied.

Persons were invited to participate in the research and reported themselves to the researcher, this process can be described as self-selection sampling (Polit & Beck, 2006: 190). Self-selection sampling is practical when persons select themselves and take part in research on their own accord. The researcher thus advertised the need for participants to the population and they were not directly approached by the researcher (Polit & Beck, 2006: 190).

### **2.6.6 Method of data collecting**

In conducting interviews in this study the Rogerian principles of empathetic listening and reflection were employed together with an interview schedule. The interview schedule served only as a guide and not as a set formula that needed to be followed as the significance was in the human contact during the interview. In the interview schedule, the following questions or requests served to assist during the actual interview:

- Tell me a bit more about yourself...
- What are the reasons for your being here?
- How do you experience your being here at a rehabilitation centre?
- Tell me more about your substance abuse/dependence history...

- As explained earlier; I am interested in the role the chemical substances played in your sexual behaviour and practices (activities). Please describe...
- What functions did the chemical substance(s) you used fulfil in relation to your sexual behaviour and practices (activities)?
- How would you describe the relationship between the substance and your sexual experiences?
- What kind of thoughts do you have with regard to your sex life without substances?
- What information do you think is needed by social workers (members of the multi-professional team) when it comes to chemical substances and their relation to the sexual behaviour and activities (practices) of the users of such substances?

Observation was employed as an interviewing skill for observing the non-verbal behaviour of participants. In the research report the method of data collection used, questions that were posed to the participants and behaviours observed were described. A description with regard to the pilot interview of how participants were prepared for the process of data collection and the interviewing skills used during the process of data collection is included in the report as ADDENDUM A.

### **2.6.7 Method of data analysis and processing data**

Once data had been gathered, by means of the semi-structured face-to-face interviews, the researcher engaged in a process of analysing and processing these data. Tutty et al. (1996: 97) and Creswell (1994: 154) propose that researchers establish a plan on how to approach the process of analysing data. The researcher wishes to classify the procedure that was used for coding, in order to organise the information into themes or categories. Tesch (in Creswell, 1994: 154-155, 2009: 186) established a step-wise plan which comprises eight steps for qualitative data analysis. This study adopted and followed the following eight steps for qualitative data analysis:

- The tape-recorded interviews were transcribed word-for-word. Following this the researcher read the transcripts, to obtain a sense of the data, and notes were made on

any ideas or themes that might arise.

- The researcher then selected one document (interview) which seemed to be the shortest and carefully studied the document with an open mind and not only focused on information read but on the underlying meaning, and documented thoughts in the margin of the document.
- Step 2 was repeated and on the basis of all the transcripts a list of all topics that arose from the interviews was created. Similar topics were grouped together and then organised into columns that were labelled as “major topics”, “unique topics” and “leftovers”.
- The researcher then found a fitting abbreviation for each of the identified topics and wrote these abbreviations next to the segments of information belonging to a specific topic.
- Hereafter the researcher searched for the most explanatory wording for topics and turned them into themes or categories. Only seven major relevant themes were developed.
- A final decision was made on the abbreviations for themes and these were then placed in alphabetical order.
- The researcher assembled the data material belonging to each theme in one place and executed a preliminary analysis. An independent coder was consulted and the themes identified by the researcher corresponded with those of the independent coder. As a measure of control the transcripts were given to a second independent coder who confirmed that the themes correlated with those of the first independent coder and the researcher.
- The researcher then began reporting on research findings. Reporting and presentation of the research findings together with confirming or contrasting findings with suitable literature forms a chapter on its own in this research report.

### **2.6.8 Method of data verification**

In this study truth value, applicability, consistency and neutrality (Guba's model in Krefting, 1991: 219-221) of the findings were ensured by the following strategies relating to credibility, transferability, dependability and confirmability:

- Credibility was measured through peer examination which was based on member checks, but where the researcher discussed the process of research and findings with impartial colleagues who are experienced in qualitative research methods. Peer examination further kept the research process alive by its changing and evolving nature due to input(s) from others,
- Transferability was ensured by focusing on the data and not the participants. The researcher determined whether the content of the interviews, the behaviours and observed events were typical or atypical of participants' lives,
- Dependability related to the consistency of findings. In this study the exact methods of data gathering, analysis and interpretation of data are described which will enable other researchers to clearly follow the decision trail used. Dependability was further ensured through peer examination of the research plan and implementation process.
- Confirmability of this study was ensured by submitting all material relating to the research process, together with the findings and recommendations, to an auditor at the end of the project.

The reader has been presented in this section with the approach followed in this study, the design within the chosen approach as well as the methodology followed. The population, sample, method of data collection and analysis were discussed. Processing and verification of data were explained and the researcher will now continue by discussing the ethical considerations applicable to this study.

## **2.7 ETHICAL CONSIDERATIONS**

### **2.7.1 Introduction**

*Primum non nocere* is the Latin phrase that means “First, do no harm”. Research should pose no danger, distress or harm to the participants (Monette et al., 2008:61). This study involved human beings and their narratives which were sensitive to each individual in a unique way. It was of essential importance to the researcher that no harm be done to persons participating in this study. The researcher thus considered whether any action had the potential to do harm to persons. Human beings and their behaviour were the objects of this study and this brought unique ethical considerations to the fore. Research was thus based on mutual trust, acceptance, cooperation, assurance and well-accepted conventions and expectations between all parties involved (De Vos et al., 2011: 113).

This research study departed from the basis of a Person-Centred Approach (PCA) where the values of respect, individualisation, self-determination and confidentiality form the foundation of the approach towards human beings. The philosophy underlying PCA continuously supports ethical conduct and it became apparent that ethics could be utilised as useful instruments to direct professional and responsible contact with persons (Gray & Lovat, 2006: 42).

The essential purpose of research ethics is to take into consideration and preserve the welfare of research participants. Research ethics should be a fundamental concern of all social science researchers in planning, designing, implementing and reporting on research with participants (Terre Balance et al., 2006: 61). In this study the research plan was to adhere to the following ethical considerations: obtaining informed consent, treating the information with confidentiality and the management of information in a responsible manner. It should be kept in mind that the method of data collection with this research project was by means of conducting in-depth interviews where the narratives of participants were recorded. Marchall et al. (2011: 154) draw attention to the following:

- The researcher should be sensitive about disclosing more information than the narrator is comfortable with,
- A more collaborative approach is identified as the researcher and participant co-construct the interviews and this stance could facilitate the avoidance of ethical problems, and
- The participant's full identity and facts relating to his/her private life should be protected.

The above considerations were verbally discussed with all possible participants and contracted into an agreement presented as in ADDENDUM A.

### **2.7.2 Informed consent**

The researcher informed persons with regard to what the research process entailed before they considered participation. From their own self-determination persons decided to participate or not (Silverman, 2004: 271). Participants may not legally consent to research that might cause the person harm without accruing benefits. The prerequisites of consent provided appropriate information, voluntariness in participating, freedom to decline or withdraw after the study and formalisation of consent in writing (Terre Blanche et al., 2006: 72). Where case studies were presented in the report, informed consent was obtained by signing an Informed Consent agreement (see ADDENDUM A). With reference to the administration of information the following questions had to be clearly answered by the researcher and academic advisors: Where will unedited tapes, notes and transcripts be stored? Who will have access to these unedited tapes, notes and transcripts? What will happen to them when the research has concluded? What will happen to correspondence received from participants? (Tutty, Rothery & Grinnell, 1996: 40). The electronic recorded interviews used in this study were secured in a safe and after transcribing the interviews, the researcher electronically destroyed all recordings.

Where case studies were electronically recorded, informed consent was obtained so as to provide verbal proof that participation was voluntary. Further, participants were adequately

informed about the goal of the research, the procedures and process of the research and about recourses available should psychologically sensitive needs be uncovered and the accessibility of resources (i.e. psychotherapy) for debriefing and/or therapy should a need become apparent (Strydom cited in De Vos et al., 2005: 66-67). Participants were also informed of the probability of any discomfort or inconvenience, as well as any recognised or suspected short and long-term risk linked with participation. Participants understood their rights and could withdraw from the study and ask for an explanation or more information during the study. They could contact the relevant persons if they had any questions concerning the demeanour of the research team. Any questions or concerns could thus also be discussed with the Research and Ethics Committee at the University of South Africa.

(An example of a letter drafted requesting individuals' participation and where informed consent was obtained is attached as ADDENDUM A).

### **2.7.3 Confidentiality**

All possible participants who intended to participate in the study enquired with regard to the procedures that would guarantee their confidentiality. Yegidis and Weinbach (1996: 34) assert that the ethical principle of confidentiality aims to prevent participants from any harm, hurt, injury, unfairness or injustice that may be caused if identities are consciously or accidentally connected with any part of the research study. The obligation to change informants' details so that they could not be recognised was adhered to at all times. Participants were not provided with pseudonyms, but with codes (i.e. TXCF 0012) that related to this study. Only the researcher was able to link participants' identities with the codes on the tape relaying their narratives. The researcher, as a registered social worker, was further bound to ethical values such as confidentiality as a professional person.

### **2.7.4 Management of information**

Managing information ethically is closely linked to confidentiality (Merriam, 2009: 233; Silverman, 2011: 418). With regard to managing information the researcher discussed issues related to electronic recordings with the chairperson of the Research and Ethics Committee,

Professor A. H. Alpaslan. Holloway and Wheeler (in Alpaslan, 2010: 40-41) suggest that tapes, notes and transcripts of recordings should be kept secure at all times. Recordings and transcripts were locked away in a cabinet to which only the researcher had access. Participants enquired with regard to recognition of their voices on the electronic recordings. It must be kept in mind that this research project involved information shared by participants of a highly sensitive nature. The promise was made to the participants that recordings would be electronically destroyed after the transcription of the interviews. This commitment by the researcher was duly honoured and in this study the audio recordings were electronically erased after transcription and only hard copy transcriptions without any identifying particulars were used for further coding and research purposes.

To further ensure confidentiality, the names of participants were not written on recordings, notes and transcripts, and instead a code was allocated to each participant to hide their identity. Lists containing the real names and pseudonyms/numbers allocated to the participants were not made. Names were not disclosed under any circumstances and the participants' identities were concealed at all times. Electronic recordings and transcripts of the recordings were erased and destroyed on completion of the research. Furthermore the researcher invited participants to be present when audio recordings were destroyed, participants were also aware that they could at any stage withdraw their consent to participate.

The sample, as mentioned earlier, was self-selected from the population of patients undergoing in-patient treatment at the Stabilis Treatment Centre during August and September 2011. The patients were all assigned to a specific psychologist or social worker. If it were to occur that the research interviews could impact, in whatever way, on the participant, the person would immediately be referred to the assigned therapist. This type of referral, however, was never necessary. Participants indicated that they experienced the conversations as relief and therapeutically beneficial as they were not willing to disclose the information to their therapist. It was made clear to the participants that the sessions would not be therapeutic sessions and clear boundaries would be drawn. Participants were well aware that the therapeutic responsibility was that of the therapist assigned to them in the treatment programme. If future psychological tension was created as a result of the research, participants were clearly aware

of how to contact the researcher for referral with regard to debriefing.

The researcher, in this section, discussed ethical considerations relating to the execution of this study. The reader was informed with regard to the informed consent gained from participants, how confidentiality was ensured, as well as the proper management of not only sensitive information, but all information relating to participants.

## **2.8 SUMMARY OF CHAPTER**

This chapter presented the reader with a description of the application of the research process followed that aimed to discover the functions of chemical substances in the sexual behaviour of persons. The qualitative approach and person-centred nature of this study afforded the researcher the opportunity to gain an in-depth understanding of the topic being studied. The explorative, descriptive, contextual and phenomenological strategy of inquiry was utilised within the approach of this research endeavour.

The researcher's approach to participants was discussed as theoretical orientation from a person-centred approach to others. The researcher provided literature with regard to the person-centred approach and by presenting this literature the researcher endeavoured to explain the nature and conditions of the relationship with participants. The main aim was to provide the reader with a "person-centred lens" through which this study should be read and understood. This theoretical orientation and approach will also be highly applicable when discussing the findings in Chapter Three of this dissertation.

This chapter further presented the research question as well as research methodology followed. In endeavouring to answer the research question, the researcher presented the goal for the study.

The goal of this research project and the objectives accomplished by the researcher were presented to the reader. The reader was further introduced to the qualitative research approach that answered the research question and achieved the aim of the study in order to answer the

question. Particular methods that were followed in executing the study as well as the general research methodology followed by this study were discussed.

The researcher, in this chapter, presented the approach followed in this study, the design within the chosen approach as well as the methodology followed. Ethical considerations related to the execution of this study were discussed, the reader was informed with regard to the informed consent gained from participants, and how confidentiality was maintained, as well as how the information was managed.

The research findings together with the literature control will be presented in the following chapter. Themes that emerged from the data analysis process will be discussed in relation to the Person-Centred Approach and other relevant theory.

## CHAPTER THREE

### THE PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS COMPLEMENTED BY A LITERATURE CONTROL ON THE FUNCTIONS OF CHEMICAL SUBSTANCES IN THE SEXUAL BEHAVIOUR OF PERSONS

#### 3.1 INTRODUCTION

*I trust that you will see in these experiences some of the elements of growth-promoting interpersonal communication that have had meaning for me. A sensitive ability to hear, a deep satisfaction in being heard; an ability to be more real, which in turn brings forth more realness from others; and consequently a greater freedom to give and receive love – these, in my experience, are the elements that make interpersonal communication enriching and enhancing (Rogers, 1980: 26).*

The researcher dubbed the working title for Chapter Three: “My brain, my behaviour and me” From the onset of data analysis and processing the researcher became aware that the wholeness of persons was implicated in the information gathered in the interviews. Literature that was considered will thus not only address the psychological and social person, but also the biological and psychiatric person. It will become evident from the identified themes that human needs and experiences are related to all dimensions of the organism (Rogers, 1987: 486).

This study, at its onset, was focused by the formulation of the research question:

*What are the functions of chemical substance use/abuse in relation to individuals’ sexual behaviour?* The aim and goal(s) of this study were thus to discover an in-depth understanding of the functions of chemical substances in the sexual behaviour of participants. A qualitative research approach was employed by means of an explorative, descriptive, contextual and phenomenological strategy of inquiry. Data was collected by means of semi-structured face-

to-face conversations recognised by the person-centred nature of these interviews. The participants consisted of persons that formed the sample drawn from the population of patients undergoing in-patient treatment at a rehabilitation centre for substance dependent persons. The themes discussed in this chapter were derived from the analysis of these conversations according to Tesch's eight steps of data analysis (in Creswell, 2009: 186). The data included in this chapter were independently validated by two different independent coders. The independent coders' findings resonated with each other's as well as the identified themes found by the researcher. The independent coders functioned independently from each other as well as separately from the researcher. They were employed as external auditors in the process of validating the overall validity of the data that was qualitatively generated (Creswell, 2009: 192). Themes that emerged that were not relevant to the topic of investigation were excluded. The exclusion of data was done through discussion and consultations with both independent coders. Further confirmation of themes was facilitated through consolidation and comparative discussions with the coders as well with the researcher's supervisor.

The identified themes presented the findings of this study and will be supported by participant's quotations from the transcribed interviews. This presentation of direct quotations is found to be common to the qualitative research process and will clearly illustrate the themes described (Neuman, 2006: 181). Further trustworthiness and credibility will be established by a literature control that would form part of triangulation by obtaining data from different sources (Yegidis & Weinbach, 1996: 218).

Research findings will be presented and discussed and compared and contrasted with existing literature related to the topic. Seven identified themes will be presented and discussed and this introduction will serve as a background for the identified themes. The overall theme identified was that the need existed in participants to manoeuvre chemical internal processes as part of manipulating the concept of self.

It was found that the person-centred approach to interviewing participants seemed to be effective in facilitating the communication research process and gathering of data which led to the identification of relevant themes that emerged during data analysis. The researcher created

a safe environment that was the significant factor in setting congruent interviewing conditions and where the interviewee co-constructed the quality of the relationship (Rogers et al., 1967: 99). The researcher aimed to be consistent in the level of attitudinal conditions offered to each participant, but found that each relationship and encounter was unique. The interviews will demonstrate the human experiences that constructed the self and in which manner persons reflected on those experiences.

A personal observation of the researcher, that could add to the validity of the project, is that being experienced in person-centred interviewing contributed to the authenticity of the interviewing relationship and thus may have been perceived as offering understanding and empathy with regard to sensitive past experiences. The facilitative conditions that were created allowed participants to explore their experiences in depth, and some even symbolised change and growth over the course of the interviews (Rogers et al., 1967: 100).

## **3.2 FROM OUR CONVERSATIONS**

### **3.2.1 The persons that participated**

As stated in the previous chapter the researcher decided to draw a sample of the population of persons undergoing in-patient treatment at the Stabilis Treatment Centre. The persons voluntarily and from their self-determination decided to participate in the research project after the aim, purpose and process of the research had been explained to the entire population of the treatment centre. This was done by the researcher visiting different therapeutic groups and rendering detailed explanations and open invitations to all.

In-depth interviews were conducted with a total of seven participants. Two interviews were repeated as additional themes, which needed to be explored, developed from the previous interviews. The sample comprised four male and three female participants. One male and female had never been married, another male had been divorced for eight months and the other four participants were all married. Their ages ranged from 22 to 47, making the average age 38. Chemical substances of choice included cocaine, alcohol and cat.

Table 3.1 below provides a summary on participant details (all of whom were undergoing in-patient treatment at the Stabilis Treatment Centre at the time of the data collection).

Participant number	Chemical substance of choice	Gender	Marital status	Age
1	Alcohol	Female	Married	39
2	Alcohol	Male	Married	43
3	Cocaine	Male	Married	27
4	Alcohol	Female	Married	43
5	Alcohol	Male	Divorced	37
6	Cat	Male	Unmarried	32
7	Cat	Female	Unmarried	22

No decisions on inclusion or exclusion of participants according to race, culture, gender, marital status, age or substance of choice were made. As seen in Table 3.1, it can firstly be calculated that 57.1% of the sample preferred depressants (alcohol) and secondly that 42% preferred stimulants (cocaine and cat) as substances of choice. For the purpose of this study the kind of substance was not of importance, as the focus was on the functions of *chemical substances* in the sexual behaviour of persons. With regard to the person-centred nature of this study, the marital status and gender of the person was also not significant, as human experiences were the focus of interest and deductions can also not be made from such a small sample.

This section focused on the details of the persons that participated in this study. The following section of this chapter will present the themes that emerged from the data analysis process. The themes were further established through consultation and discussion between the researcher, two independent coders and the study supervisor.

### 3.3 AN OVERVIEW OF THEMES THAT EMERGED

*...moerse awesome... daar is no orgasm like a orgasm on cat... Ek belowe jou, dit is incredible, tien keer lekkerder, meer intens as wat jy dit normaal sou gedoen het... dis ongelooflik* (Participant).

Through the data gathering and analysing methods that were followed by this study, seven themes emerged. The following themes became evident from conversations held with the participants:

- Theme 1: Persons developed substance dependence through the three identified phases
- Theme 2: Relief of psychological tension was experienced within the person and environment
- Theme 3: Chemical substances in combination with sexual behaviour would serve a variety of unique functions for individuals
- Theme 4: Chemical substances enabled participants to act out sexual fantasies
- Theme 5: Enhancement of sexual pleasure as a result of chemical substance use
- Theme 6: A collective tendency to avoid the present state of awareness
- Theme 7: The effect of chemical substances constructed a sense of control over the internal and external environments.

The following is a discussion of the identified themes that will be presented. They are illustrated and confirmed by providing direct quotations from the face-to-face semi-structured conversations with participants. The excerpts from the transcripts will be presented as directly as possible and no effort has been made to correct the participants' language, sentence construction or grammar.

### **Theme 1: Persons developed substance dependence through the three identified phases**

Substance dependence develops through three phases and is implemented in approaches of understanding dependence by the personnel of the clinic's treatment personnel (Erlank, 2000: 61). Over the years, the Stabilis Treatment Centre has developed a document on the positive functions and characteristics of substance dependence as well as phases of the disease progression. The document is entitled *The Development of Substance Dependence, 2011*. Sadock and Sadock (2007: 382), cited in the document, describe the multi-dimensional nature of substance dependence where the physical/biological, emotional/psychological, interpersonal/social and religious /spiritual aspects of users are affected. All four dimensions

of the participants interviewed, for the purpose of this study, were affected. This is an indication that all aspects of the organism react as a whole and that the personal world of the person is in a constant process of change (Grobler & Schenck, 2009: 5). The biological person as well as the social and psychological person will be affected by chemical substance use. The person as an organism reacts as a structured whole and will react to the phenomenal environment of experiences (Rogers, 1987: 486). The Development of Substance Abuse, 2011 (adapted from NIDA, 2008) provides the following as the reasons persons consume substances:

- To feel good
- To feel better
- To enhance performance
- To control well-being
- To satisfy curiosity – Peer group, and
- To balance relationships.

The above mentioned reasons were all presented in some way or another by participants in this study. Discussion on the identified themes in this report further demonstrated that the reasons for substance use were not necessarily symbolised/known to the person.

The Development of Substance Abuse (Stabilis: 2011: 2), adapted from Johnson (1973: 8-26), a variety of Basic Emotional Social State(s), argues that the organism attempts to escape from pain to euphoria throughout the different phases of disease progression. Substance dependence development is described as passing through the following phases: social phase, pattern phase and dependence phase (Visser, Stabilis 2011: 3; Erlank, 2000: 61). The Basic Emotional Social State(s) implies that the organism reacts as a whole to experiences and that the substance abuse does not develop in isolation, but that the person is in constant transactions with the environment and that certain emotions accompany behaviour, needs and experiences (Rogers, 1951: 483,489,491,493).

From the interviews the different positive functions of substance use/abuse could clearly be identified. When the use of chemical substances and sexual acts were combined a sense of worth, meaning and intense euphoria was created and experienced for each individual. Although experiences and certain behaviours may appear to be similar throughout the phases, each individual's unique experiences of the self are exceptional to the reality of that individual (Rogers, 1951: 483,484,497). According to Lawson and Lawson (in Erlank, 2000: 45), there is no typical substance dependent person and it can therefore be argued that any person could be a victim to substance dependence. The person with unique experiences will throughout the identified phases still have only one kind of experiences belonging to his/her own reality (Rogers, 1987: 483).

All participants presented a pattern of substance use that led to substance dependence. Firstly they made contact with chemical substances at a young age where social, psychological and physical functions of use were discovered. Persons also experimented with effects of different substances and multiple drug use was reported. This phase of experimenting with the chemical substance is referred to as the **Social Phase** in the disease progression. A female participant being treated for cat dependence explained that she first started to use cocaine with her fiancé:

*Ek het eers coke begin met my eks verloofde het ons coke gebruik so twee jaar terug en toe ontmoet ons vriende van ons wat hulle cat gebruik het... en toe het ons cat begin gebruik. Want die trip is vir my... En met cat vir elke lyn wat jy vat kom daai trip lekkerder.*

*(I first experimented with coke with my ex fiancé about two years ago and then we met friends who used ... and we started using cat. Because the trip is ... and with cat after every line the trip is better.)*

The participant was introduced socially to cat and discriminated between the effects of cat and cocaine. She had learnt that the effects of cat had a positive effect on the self. The experimentation with different substances in the social phase became clear as the same participant explained:

*... kyk my boetie was op dwelms...hy was op heroine...en toe't ek die een keer met hom heroine probeer maar dit was niks ernstig nie... en toe't ek 'n vriend gehad, hy was heavy op die goed. En hy het die een aand gesê ek moet dit probeer...toe probeer ek dit. Dit het my nie rerig gepla nie...*

*(... see my brother was on drugs... he used heroin ... and then I tried heroin with him once but it wasn't serious ... and then I had a friend who used heroin heavily. And he said we should try it one night ... so I tried it. It didn't really bother me...)*

The above indicates that the participant did not experience heroin as having a positive function on herself. As cat is a stimulant and heroin is a depressant, it indicates that she prefers central nervous system stimulants to depressants (Trathen, 2003: 23). She experimented with and discriminated between different types of substances. The participant further learnt that different substances have several functions on the organism:

*En obviously as jy 'n paar doppies in het en later in die aand, soos jy wil party, en dan raak die dop min en jy's gesuip, dan koop jy maar die coke. En dan bly jy wakker...en...dis nou 'n Saterdag middag, jy wil nie ...jy kan nie slaap nie... dan hou jy maar aan, en dan koop jy dop en jy hou jouself maar aan die gang...dit het met die dop begin.*

*(And obviously if you have had a few drinks late in the evening, like you in a party mood, and you're drunk and the alcohol gets less, then you buy coke. And you stay awake ... and ... it's suddenly Saturday afternoon, you don't want to ... you can't sleep ... so you carry on, and you then buy alcohol and you keep yourself going ... it started with alcohol.)*

The participant clearly indicated that alcohol would stimulate the need for cocaine. Once she experienced the desire to socialise, she changed the substance of choice from alcohol (depressant) to a stimulant (cocaine). The stimulant enabled her to stay awake and have the vitality to continue socialising. The function of the cocaine was thus to energise her and add vitality to the context. A single male participant discovered that the substance had certain positive functions and clearly symbolised that a certain progression of dependence developed:

*Toe het ek besluit ek wil graag voel hoe voel dit, ek wil dit graag try... Toe het ek gedink ek sal orraait wees daarmee en daar het so drie maande verby gegaan na ek die eerste keer gebruik het, by 'n partytjie het ek weer gebruik en besluit ek wil graag my eie koop, my eie gram koop. Dit was awesome! Ja, en toe het ek al meer begin gebruik en toe dit met my sleg begin gaan... toe het dit heeltemaal hande begin uitruk...*

*(Then I decided I wanted to feel what it felt like, I wanted to try it ... Then I thought it would be okay and about three months after the first time I used it I was at a party where I used again I and decided I wanted to buy my own gram. It was awesome! So then I started using more and it went badly ... and then it got totally out of control...)*

From the above it is clear that the participant made contact with the substance of choice in a social context. He could refrain from using cat for long periods, but the abuse then escalated and he lost control over the substance use. The common age of experimenting with chemical substance is reported to be in early teenage years and the function of use was to be accepted by others and the self. The positive function of substance use for the self and in others was observed by all participants from an early age:

*So, 'n meisie van 16/17 kon die som maak, as ek alkohol in my lyf sit, word ek aanvaarbaar... (So, even a girl of 16 / 17 could do the math, if I put alcohol in my body, I became acceptable ...)*

For one participant, social experimentation with alcohol and marijuana as a teenager seemed to hold little danger to the self, and she later discovered, at the age of 39, that substance use had increased dramatically:

*Standard ten... girly nights, university, X [her husband] and I also met through partying, marriage, kids... ag its been part of our lives... braais, the affairs I had... I did use dagga occasionally, but it didn't really bother me... but alcohol, any time... especially on Fridays after a hard week, I enjoyed my drink. We usually started at the office on a Friday afternoon and then everybody went home, but me and some of the girls could continue...ons is nie bang nie... I guess that's where the trouble got worse...*

This participant further indicated that the substance use progressed from social use to a phase she experienced as troublesome and use increased for the worse, thus causing danger to the self. Male participants confirmed that chemical substance use started in adolescence and developed into dependence over a period of time:

*Uh... dit het in matriek gebeur wat ek begin drink het en ek het hierna toe gekom op 43.  
(uh ... I started drinking in matric and I came here when I was 43.)*

All participants reported that alcohol facilitated social interaction and relaxation. Substances were used in groups and could even be behaviour that was adopted from others such as significant others. For these young men, alcohol use became the norm over weekends and was even behaviour modelled by their parents (Rogers, 1951: 484,494,498):

*Ons het dan lekker gedrink en ontspan, die plaas was altyd 'n plek waar ons lekker kon ontspan, my pa ook, hy kon ook lekker drink en die plaas was ook sy ontspanningsplek. Ek dink dis maar hoe dit begin het.  
(We enjoyed drinking and could relax, the farm was always a nice place to relax, my dad too, he also enjoyed drinking and the farm was also his place of relaxation. I think that's how it started.)*

In the Social Phase, the organism experiments with a substance or different chemical substances and experiences a range of effects that are pleasurable. Chemical substances are used in small amounts and the person still has control over the substance use and a relief from stress, loneliness, depression or anxiety is experienced (Erlank, 2000: 62). The organism learns that mood can be altered to a positive state of mind and the degree of mood alteration can be controlled by discriminating between different types of substances as well as the quantity of these substances. In this phase there is no emotional cost experienced and pleasurable experiences are integrated by the organism at a conscious level (learning process). The organism discovers various advantages and positive results on intra- and interpersonal levels (Visser, Stabilis, 2011: 3 and Eberlein, 2010: 5-8). The person has certain interactions with the chemical substance and the internal and external environment. As a result of

evaluating own experiences, while interacting with others, a perception of self is formed and values are attached to the relationship with the self and others (Rogers, 1951: 498; Keane, 2004: 191,193).

The Social Phase developed to a stage where substance use or abuse became a pattern for all participants. In the **Pattern Phase** more opportunities are created to make contact with the substance more regularly:

*... hoe dit begin is mos maar social, in my geval het dit social begin en net meer en meer begin raak tot dit nou net hand uit geruk het... en dis nou maar die geskiedenis... dis nie 'n lang storie nie.*

*(... it started socially, in my case it started socially and it just became more and more until it got out of control ... and that's the history ... it's not a long story.)*

Participants experienced difficulties with the self and others that were caused by the use or abuse of chemical substances. Use of chemical substances could either be daily or episodic and the person spent an increasing amount of personal or family finances on the substance (Rosdahl et al., 2008: 1505). The positive experiences related to substance use/abuse overshadowed the negative experiences related to substance use/abuse in the Pattern Phase:

*...dis so vyf jaar wat ek Cat gebruik, ek het in Johannesburg gaan bly en dis daar waar ek vir die eerste keer met dit te doen gekry het, dis die laaste twee jaar waar ek meer en meer begin gebruik het, dit het "bad" begin gaan... ek het skielik van baie hoog na baie laag begin val... en dis in daai tyd wat dit vir my half baie erger begin raak het, ek het al hoe meer Cat begin gebruik... dis 'n groot coping meganisme... dit maak gevoelens dood en... caring en daai goed, ek worry nie as ek daarop is nie.*

*(... I have been using cat for about five years, I went to live in Johannesburg and that's where I was first exposed to it, in the last two years I started using it more and more, it started going badly ... I suddenly started going from extreme highs to extreme lows ... and it is in this time that it got even worse for me, I started using cat more ... it's a big coping mechanism ... it numbs emotions and ... caring and that type of thing, I don't worry when I am using.)*

The above participant also indicated the need to numb emotions and awareness of self; this was then the positive function of the substance. The need to numb the self and alter awareness was also identified as themes during the data analysis process and will be discussed later in this chapter. Persons developed the need to make contact with the chemical substance of choice more regularly (Rosdahl & Kowalski, 2008: 1505). Contact with the substance of choice became a pattern for all interviewees:

*Nou met die cat, naderhand begin dit soos 'n roetine raak... van jy drink 'n paar doppies en dan's dit jou dwelms. Dan weet jy, jy moet plan maak vir jou cat. En dit is hoe...naderhand het jy nou maar...die drank weggestoot...en net cat gebruik....nie eers nodig gehad vir drank nie.*

*(With cat, it eventually becomes a routine ... you drink a few drinks and then your drugs. Then you know that you must make a plan for cat. And that is how ... you eventually ... you push the drink away and only use cat ... didn't need the drink anymore.)*

Again the participant above demonstrated that cat became the first substance of choice and that alcohol became the secondary substance of choice. It could therefore be accepted that stimulants had a positive function for the participant (Erlank, 2002: 62). This married female participant symbolised her regular use as being the norm over weekends:

*...it is now a rule that I'm drunk on Fridays... I drink more than usual over weekends... I got home later and later every day and apparently drunker and drunker.*

This study also noted that persons created opportunities to make contact with chemical substances (Sue et al., 2003: 266). Regular opportunities to make contact with the substance of choice were explained as follows by another participant who initiated the opportunities for making contact:

*Ek was maar altyd die voorloper wat almal gebel het en gesê het ons gaan kuier, kom ons gaan die naweek plaas toe... ons het almal maar saam gekuier en ek het dit altyd ge – organize.*

*(I was always the initiator that would phone everyone and say let's out go out, let's go to the farm this weekend... we all visited together and I always organised it.)*

In the Pattern Phase recreational use was also more frequently observed. Socialising and recreation of the user is focused around the substance use/abuse and the person may experience sporadic difficulties in his/her social functioning (Erlank, 2000: 62). Biological tolerance is now developed against the chemical substance and the person now has to use larger quantities of the substance more regularly to achieve the desired euphoric effect as well as positive internal and external psychological experiences. The method of substance use/abuse still produces reliable results for the organism and maintenance of learnt method(s) becomes part of the person's behaviour. It can be said that there are particular values attached to experiences with regard to substance use/abuse, and these values are now integrated as part of the self-structure (Rogers, 1987: 494,491,498). The experiences or values are directly experienced by the organism or introverted by others, perceived in a distorted manner as if they have been perceived directly (Rogers, 1951: 498). In turn an increase in emotional costs with excessive use/abuse is more regularly experienced (Rosdahl et al., 2008: 1505). Furthermore the onset of deterioration in interpersonal relationships and self-esteem is presented in the Pattern Phase of substance use/abuse and substance orientated functioning increases. An increase in depressive states and inner, as well as external conflict, is experienced by the substance abuser (Visser, Stabilis 2011: 3). The person thus experiences more internal psychological tension as well as conflict with significant others or even institutions such as the employer or the law.

Participants were interviewed in a rehabilitation centre for substance dependence and had thus progressed to the last phase of disease development, known as the **Dependence Phase** (Trathen, 2003: 6). Participants had attempted to control their substance use, but had lost control over the ability to regulate dosages or regularity of use:

*... Mens gaan mos maar aan en aan en dink jy is okay, maar later kom jy agter jy kan nie die system beat nie. Ek het gedink as mens wil kan 'n ou aanhou social drink... jy weet... getry,*

*getry, nie reg gekry nie en maar gekom vir behandeling...en so het 'n ou se oë oop gekom en 'n ou het agter gekom daar is genuine iets soos verslawing. Dis nie net stories nie.*

*(... One always carries on and thinks you're okay, but later on you realise you can't beat the system. I thought that if you wanted to you could keep drinking socially ... you know ... tried, tried, did get it right and eventually sought help ... and so my eyes were opened and I realised that there is genuinely something like addiction. It's not just a story.)*

What the participant also indicated was that he believed that he had control over his substance use and aimed to manage alcohol use on a social level, but failed to do so. It is only in retrospect that he realised that he actually was physically dependent on the chemical substance. Behaviour and the self are now centred on regular and often continued use of chemical substances (Sadock & Sadock, 2007: 382):

*Jy voel niks nie, jy gee nie om nie, dis net jy op die pad vorentoe na jou volgende lyn, jy sien niks om jou nie... jy bly net aan die gang vir die volgende lyne... jy voel niks nie.*

*(You feel nothing, you don't care, it's just you on the road ahead to your next line, you see nothing around you ... you just carry on until the next line ... you don't feel anything.)*

The above participant had no other motivation for any other activities, but to use the chemical substance and further confirmed that nothing else mattered or was of significance to the self. The person is now in danger of harm to the wholeness of the organism, chemical substance use now becomes potentially fatal and will worsen without intervention (Rosdahl, 2008: 1505). Chemical substance dependence is a compulsive search for chemical substance and behaviour characterised by an abnormal pattern of substance use. All participants presented an awareness that the self was in a process of self-damage and subsequently sought treatment:

*Toe het ek rerig erig baie, baie, baie gesuip. Jy weet, ek was gevoelloos ek het fokkol gevoel, net gesuip en toe sien almal ek ruk regtig hand uit... Fok moodswings en ons het besluit om te skei en toe kom ek maar Stabilis toe... in die twee maande wat ek terug was by die huis het ons elkgeval besluit om eerder maar te skei, my koppie het my gelos en hier is ek weer, ek het besef ek gaan myself dood maak, die einde vir my is in sig...*

*(Then I started drinking a great deal. You know, was emotionless and felt fuck-all, we just drank and then people started seeing that I was out of control ... fuck mood swings and we decided to get divorce and then I came to Stabilis ... in the two months that I was back at home we decided to get rather get a divorce, I lost my mind and here I am again, I realised that I am going to kill myself, the end was in sight for me ...)*

The dependency on chemical substances seemed to be incongruent with persons and the need to preserve the self was symbolised. It should be kept in mind that the interviews were conducted in a rehabilitation treatment centre where persons demonstrated the self-determination towards preservation of the self by voluntarily being admitted for treatment. Persons further reacted on the external environment where significant others had reported concerns with regard to the mental and physical well-being of the individual (Sternberg, 2001: 491):

*As ek drink maak ek rerig my mense en die mense om my seer, vieslik seer... en as ek weet ek het kak aan gejaag soek ek net meer drank en meer seks... voor ek moet face dat ek my mense seer gemaak het.*

*(When I drink I hurt the people around me very badly ... and when I knew I had caused shit then I just wanted more alcohol and more sex .. before I would face the fact that I had hurt people.)*

The dangers that occur in the progress of dependence include serious physical, brain, psychological, emotional and social (interpersonal) dysfunctions or disturbances (Sadock & Sadock, 2007: 382; Trathen, 2003: 6; Eberlein, 2010: 5-8; Rosdahl, 2008: 1504-1505). Substance use is no longer determined by the needs that the self is not aware of or adopted values of others, but a chemical induced depression, anxiety and various other negative effects with withdrawal are presented:

*My abuse het heeltemaal hand uit geruk en ek het elke dag begin gebruik... dis al manier hoe ek daar deur (referring to depressive state) kon kom...*

*(My abuse was totally out of control and I started using everyday ... it's the only way that I could get through it - referring to depressive state...)*

Participants symbolised that chemical substance use no longer only had a positive function on the self, but negative experiences increased. It is further confirmed that certain mental disorders are recognised as risk factors for subsequent substance abuse and vice versa (Sue et al., 2003: 128,236,264,266,353,422). With the increase of physical and psychological harm, the need to continually use the substance of choice increases as well. The **Physical Dependence Phase** is where the organism needs to make excessive use of the substance in order to function and feel normal:

*I couldn't carry on the way I was living. It became worse by the day. I later started to drink in the mornings and then stayed away from work... especially on Mondays... it got bad. I had to do something...*

The person seems to lose a sense of contact with reality, and also loses a sense of control with regard to substance use, severe withdrawal symptoms are present and the person's general well-being and functioning are negatively affected (Erlank, 2000: 62). Prominent in this phase is the progressive emotional and interpersonal costs that develop:

*It is if I need to numb myself... Ek cope nie lekker met my self en die lewe soos dit nou is nie... nie altyd met my self nie... net jy weet nou van die "fantasies" waarmee ek ook nog moet cope... Dis 'n fokkop...*

*(It is if I need to numb myself ... I don't cope well with myself with life as it is now ... not always with myself ... only you know about the fantasies that you have to cope with ... it's a fuckup ...)*

The decrease in ego strength, vitality and physical health increasingly becomes a chronic condition. As chemical substance orientated functioning develops there is a deterioration of self-image, behaviour and interpersonal relationships and the organism is functioning in a negative spiral of destruction of the self (Visser, Stabilis 2011: 4). The organism as a whole is

in danger and behaviour could be brought about by organic experiences as well as needs that are not symbolised to a conscious level (Rogers, 1987: 503). It may be that behaviour is not consistent with the structure of self and the behaviour will further not be consistent with the self (Grobler & Schenck, 2009: 5-6; Sternberg, 2001: 491).

Through all three phases of substance dependence development certain advantages are gained by the organism (Barlow & Durand, 2005:403). The initial experiences and effects associated with substance use create certain expectations with regard to the effect on the user and specific experiences in social and emotional dimensions are associated with the chemical substance (Nace in Erlank, 2000: 61). Intra- and inter-psychological functions have certain advantages with regard to substance use. Intra-psychological functions seem to be the facilitation of heightened self-esteem, sense of meaning, acceptance and control. Inter-psychological effects seem to have the theme of control, with a strong element of fantasy as observed in the interviews. Sigmund Freud developed a hypothesis regarding seduction by which he argued that fantasies are created and should be taken into account alongside reality. There are thus two aspects to the mind: objective reality that is external and a subjective internal reality. Both these realities are real for the person when guiding his/her behaviour (Heller, 2005: 196). From a postmodernistic perspective, theory agrees that the organism is in constant reaction with the internal and external environment, it forms perceptions and frames of reference according to these experiences. The aforementioned perceptions are real to the organism (Rogers, 1951: 483-486,494).

The elements of control are not as much focused on the sexual act or other people, but an ability to control the state of mind. The perception is created that persons have learnt to control the biochemistry of the brain (Barlow & Durand, 2005:402):

*...en dan is dit net so rukkie, dan voel jy dis nie so erg nie. Jy sal dit dalk weer doen... jy dink jy sien die goed... dit wat jy gedoen het, meer in perspektief as jy 'n dop in het... en nie lank nie, hier gaat ons weer. Wat maak jy? Jy gebruik maar weer alkohol om weer terug te kom op die plek waar jy nie so skuldig gevoel het nie.*

*(... and then it's just a while, then you feel as if it's not so bad. You'll maybe do it again ... you think you see it ... that which you have done, more perspective once you have had a drink ... and not to long afterwards ... and you start again. What do you do? You're using alcohol again to get back to that place where you didn't feel so guilty.)*

It was also presented in the interviews that persons could create a sense of belonging and feeling wanted (acceptance) through substance use. The inter- and intra-psychological functions could thus be manipulated and controlled. The internal functions such as affect, psychological awareness, belonging, questioning of self and self-esteem could be manoeuvred to desire. The person experienced the self as being wanted, useful and desirable. The external environment was further manipulated by the substance use and the organism could even bring internal fantasies into the reality of the external world. The value levels of the function/s of the chemical substance were increased when sexual acts were added to the process of interaction with the inner and external worlds of the organism. From the experiences of participants it became evident that the advantages of substance abuse combined with sexual acts addressed all three levels (physical, psychological and spiritual) of the organism.

The first identified theme confirmed that persons develop substance dependence through three identified phases. It became clear that social interaction with chemical substances had various functions for participants. The social phase was followed by a phase where chemical substance use became a pattern in their behaviour and developed into physical dependence on the substance of choice. In all three phases the function of chemical substances would change and vary with regard to the biological and psychological needs of the unique individual.

## **Theme 2: Relief of psychological tension experienced within the person and environment**

Participants all presented the need to relieve psychological tension. This tension was experienced within the structure of the self or from the environment. Organisms reacted to the context as it was experienced and perceived by the person. These experiences are, for the person, perceived as reality (Rogers, 1987: 484). Psychological maladjustment will be present when the organism refuses to consciously recognise experiences. These experiences are thus

not symbolised and organised into the Gestalt of the self. This circumstance will result in basic or possible psychological tension (Rogers, 1987: 510). Psychological tension (Grobler et al., 2009: 74, 119) developed in participants and they had learnt that chemical substance use/abuse facilitated relief from emotional discomfort. The psychological tension originated from a tension between the organism and the external world as well as the incongruence between the self as it was being experienced and the ideal self:

*Ja, hy (his father) het dit (sexual orientation) vermoed en toe het hy uit gevind, hy was woedend en gesê hy sal dit uit my uit bliksem, hy het nie 'n moffie groot gemaak nie, so... ja, dit alles maak dit net erger, want jy sit met dit in jou kop... toe ek so 25/26 was, was ek verloof aan 'n meisie, ek het regtig probeer... alles daarin gestort, my hart en siel alles daarin gestort... maar ek weet ek is anders, ek is gay van ek in graad twee is, maar nou ja, jy verstaan? ... en ek het 'n groot geheim, diep geheim waarmee ek al vir jare geloop het... ek het 'n vriendekring in Johannesburg gekry wat my half aanvaar het... want ek is gay...*

*(Yes, my father suspected my sexual orientation and when he found out, he was furious and said he was going to beat it out of me, he said he didn't raise a pansy, so ... yes, this made it all worse because you sit with this in your head ... when I was about 25 / 26 I was engaged to a girl ... I gave it my all, my heart and soul ... but I know I am different, I have been gay since I was in grade two, but oh well, you understand? ... and I have a big secret, one which I have carried with me for years ... I found a group of friends in Johannesburg who sort of accepted me ... because I am gay ...)*

The participant strived to be congruent with the needs of his father, but the incongruence with regard to his authentic self led to psychological tension within the structure of self. The substance use not only served as a relief from the emotional tension, but brought acceptance of others (friends) as an added valuable function (Rogers, 1987: 510,515). It was further reported that chemical substances were used to relieve emotional discomfort and alter the person's state of mind:

*...dit maak gevoelens dood en uhh... caring en daai goed, ek worry nie as ek daarop (referring to the drugs) is nie.*

*(... it numbs emotions and uhh... caring and that stuff, and I don't worry when I am using.)*

Persons experienced the need to protect the self against emotional discomfort and this protection of self could be facilitated by chemical substance use/abuse. Experiences that were conflicting with the organisation of self-structure were perceived as intimidating. The more these experiences were present, the more strictly the self-structure was organised in an effort to maintain and protect itself (Rogers, 1987: 515). Substances were also used to relieve experiences of guilt and/or shame, in other words, inconsistency with the self, behaviour and context:

*...Ook toe ek so erg begin gebruik het het ek ook nie meer kerk toe gegaan nie, ek's skande in die oë van die Here...*

*(... Also when I started using so much I stopped going to church, it's shameful in the eyes of God...)*

A male participant in treatment for alcohol dependence stated:

*Jy dink baie keer... hoe kon ek dit gedoen het? Jy kom op 'n stadium tot die besef, jou verlede kan jy nie verander nie, wel ek het vrede daarmee gemaak... en dan gaan jy maar met die lewe, met die toekoms aan. Drink weer aan... Dis in my geval so...*

*(You often think ... how could I have done this? You eventually realise, you can't change the past, and well I have made peace with that ... and then you just carry on with life and your future. Carry on drinking ... it was like that in my case ...)*

Participants abused chemical substances in order to avoid a state of emotional discomfort that was present at the time and then utilised the substance and its effects as a means to further defend the self (Grobler et al., 2009: 76) against experiences or affect that was not congruent with the structure of the self:

*Ja, heeltemaal...ek is 'n druggie, 'n gay druggie... (Cries and weeps) ...Ja, soos ek vir jou vertel het... die enigste tyd wat ek myself kon wees en uit gaan en mense leer ken is wanneer ek*

*gebruik het, as ek op Cat was.*

*(Yes, totally ... I am a druggie, a gay druggie ... (Cries and weeps) ... Yes, as I have told you before ... the only time that I could be myself and go out and get to know people was when I was using, when I was on cat.)*

Being under the influence of chemical substances was used by some as a “licence” to allow certain behaviours by the self:

*Dis asof ek... Niemand...ek het gevoel vir myself, ek het geen verantwoordlik gehad toe ek daarop was nie ...ek dink dit is omdat jou brein verdoof is, jy funksioneer nie reg nie, jy gee nie om nie. Ek dink nie jy het die respek vir jou liggaam soos jy normaalweg sou gehad het nie, jy voel niks. Jy gee net nie om nie, of daar nou mense om jou sit, jy worry nie.*

*(It's as if I ... no-one ... I only considered myself, I had not responsibility when I was using ... I think it's because your brain is numbed, you don't function, you don't care. I don't think you have respect for you body as you would normally have, you feel nothing. You just don't care, if there are people around you, you don't care ...)*

From the above excerpt it is clear that the person was aware that the organism could chemically protect the self by numbing the central nervous system (brain) and thus numbed the concept of self (Barlow & Durand, 2005: 402). The numbing of the self further facilitated the person's ability to present behaviour that would otherwise be inhibited when sober. Persons may have attempted in the past to unsuccessfully act on certain thoughts, behaviours or experiences with regard to sexual acts, but discovered that chemical substances facilitated these actions:

*Dis of mens leef met 'n ander klomp reëls en moets en moenies wanneer jy nugter is. Jy het dan guts... en ek kan my “fantasy” uitleef, want ek mag as ek gesuip is... Dit voel dan ook nie of iemand jou gaan oordeel omdat jy “kinky” dinge wil doen nie... dis anders, lekkerder om jouself te wees.*

*(It's as if people live according to a different set of rules and do's and don'ts when you're sober. You have guts ... and I can live out my fantasy, because I may if I am drunk ... It also*

*feels as if nobody is going to judge you because you want to do kinky things ... it's different, more enjoyable to be yourself.)*

The participant could act upon thoughts and sexual fantasies when the central nervous system was numbed. The theme of acting out sexual fantasies developed as a predominant theme and will be discussed as Theme Four. As stated earlier, an important function of substance use/abuse seemed to be the social contact with others and the fact that these interpersonal contacts created a sense of belonging with persons. Behaviour could, in various instances, have been as a result of needs the persons may not have symbolised and the behaviour may have been experienced as inconsistent with the structure of the self and therefore not 'owned' by the individual (Rogers, 1987: 509). The tension of interpersonal contact could be chemically altered and facilitated by being part of a group that shared similar needs. With most participants chemical substances created a sense of belonging and meaning:

*Ja... Ja... Dis dit... ek weet dit al lankal... lankal, maar dis makliker met die dop om te voel ek hoort êrens... ek is ook okay....*

*(Yes ... yes... That's it ... I have known it for a long time ... for a long time, but it's easier to feel like I belong when I have a drink ... I am also okay ...)*

Risky sexual behaviour was not congruent with the self if the person was sober and the feelings of "guilt" (psychological tension) were eased (protection of self) with repeated substance use:

*Never, no, that is... I guess more difficult when I am sober, I won't go there... I guess...no. More embarrassed... thinking back... Why did I do it? I guess... guys do screw around when pissed, but what happened the last two years... Wow, I did not for a moment even thought I could...*

The participant above indicates that the behaviour did not fit with the concept of the self, the following participant acknowledges that chemical substances relieved emotional discomfort:

*Jy, jy sus jou gewete en jy skakel so bietjie af van dit af (sober), (when using again) dan voel jy okay dit was nou nie regtig so erg nie. Jy bullshit jouself met die alkohol... hy help jou... hy help jou om jou self te kan bullshit.*

*(You, you soothe your conscience and you switch off a little (sober), (when using again) then you feel okay it wasn't really that bad. You bullshit yourself with the alcohol... it helps you... it helps you to bullshit yourself.)*

One participant was “disciplined” by her husband by means of him forcing her to have anal sex and she protected herself by numbing her physical and emotional self by means of substance abuse:

*He (husband) is Italian, I don't know if other men does it, but he punishes me by insisting on anal sex... he knows I hate it, so he says it is my punishment if I do wrong. So being passed out helped, I guess to not get punished, but when I get sober he wanted sex which included the punishment anal session... It was bearable... My other sexual relationships... But I wanted it and it was good, but I first had a couple to give me the courage... I could figure that when I didn't drink, out the window goes the sex drive... I become very boring and frustrated up to a day and then I just go crazy again...*

For the participant the function of the substance was to remove her from the pain the environment presented. She protected the self and did not perceive or allow sensory and instinctive experiences into her concept of the self. She was however aware of her own needs, but they were not congruent with the needs of her husband (Rogers, 1987: 520). The individual experienced the need to protect the self and could therefore not accept certain experiences into the self-structure and discovered that she was not able to reinstate her own value system. The development of her own value system was hampered by distortedly symbolised introjections (Rogers, 1987: 522). She trusted herself and made her own decisions rather than following what others suggested (Sternberg, 2001: 491). Emotional numbness would erase the perception that “there is something wrong with me, people don't accept me”, or even, “I'm not attractive enough, I'm not acceptable”. Acceptance of self was questioned by all participants when they compared themselves with others and the environment:

*Jou te laat voel jy is aanvaarbaar. Om aanvaarbaar te wees... hulle bel jou om te sê kom ons gaan drink 'n dop, hulle bel jóú... flippit jy voel wanted... Weet jy, ek dink dit het my laat voel dat ek meer aanvaarbaar is, daai tyd... mens het geweet dit is belangrik om jou te omring met goeie mense en nie slegtes nie. Mens se ouers het dit ook vir jou gesê, maar my kringe op daai stadium was regtig nie goeie kringe nie en ek is bitter spyt daaroor. Toe was drank... as jy 'n doppie saam met die outjies gedrink het of skelm saam met hulle gedrink het, was jy aanvaarbaar... jy was dalk nie vir almal aanvaarbaar nie, maar net vir die outjie saam met wie jy gedrink het en jou pelle. Dan was jy vir jou self aanvaarbaar... jy kyk om jou rond en jy sien mos die ander meisies lyk dalk anders, mooier as jy... dit is wanneer hulle dieetpille begin gebruik en so aan om hul meer aanvaarbaar vir die seuns te maak, in my geval was dit nou net alkohol...*

*(To help you feel acceptable. To be acceptable ... they phone you to say let's go have a drink, they phone you ... flip you feel wanted ... You know, I think it made feel more acceptable, then ... You knew it was important to surround yourself with good people and not bad ones. Your parents told you so as well, but at that stage my circle of friends was really not good and I regret it. Then liquor was ... if you went to have a drink with the guys or secretly had a drink with them, you were accepted ... maybe not to everyone, but to the guy you were drinking with and your friends. Then you were acceptable to yourself ... you look around and you see the other girls maybe look a bit different, prettier than you ... that's when they started using diet pills etc to make themselves more acceptable for the boys, in my case it was just alcohol...)*

Participants would not accept risky sexual behaviours as part of the construct of self when sober and could not assimilate behaviour with the own self (Grobler & Schenck, 2009: 73):

*Dit het ook al gebeur, ek en 'n ander pel van my en sy vrou... onder die invloed, dat ons haar saam sal betrek het, wat 'n ou normaalweg nie sou gedoen het nie. Ek sou byvoorbeeld nie wou sien dat 'n tjom saam met my bed toe gaan saam met my vrou nie, maar nou is jy onder die invloed, die inhibisies is daarmee heen... so let's do it...*

*(It has also happened, my buddy and his wife and I ... under the influence, we involved her, and something we wouldn't normally have done. I would for instance not want to see that a buddy goes to bed with me and my wife, but now you are under the influence, the inhibitions*

*are gone... so let's do it ...)*

Further presented was the need to protect the self against needs that the person may not have been aware of or even the need to numb inhibitions that seemed to control the organism and thus did not allow the self to explore own fantasies or needs.

*Dit het my altyd gepla as ek uit wou gaan, maar as ek 'n paar lyne in het, het ek die guts en dan is ek die leader of the pack... Kom ons gaan dit gaan lekker wees, en as jy daar binne is, is jy net "free", jy kan wees wie jy is... dis orraait...*

*(It always used to bother me, but when I had a few lines in, I had the guts and I was leader of pack ... Come let's go it will be fun, and when you are inside, you are free, you can be who you are... it's alright ...)*

Levenson and Sher (in Erlank, 2000: 46 and Maisto, Galizio & Connors, 1995: 98) found that persons presenting characteristics such as aggression, impulsivity and extroverted behaviour would be more sensitive to the effects of chemical substances and stress relief by abusing substances. From the above it becomes clear that persons want to alter their state of consciousness. A person may aim to relieve pain by "self-medicating" according to their own self-determination (Rogers, 1987: 487).

Theme Two demonstrated that persons could learn how to utilise chemical substances to escape and relieve emotional discomfort. Persons may not be consciously aware that awareness could be altered by altering the brain chemicals, but did symbolise that chemical substance use did bring relief from internal and external factors that created psychological tension (Barlow & Durand, 2005: 204; Rogers, 1987: 510,515).

### **Theme 3: Chemical substances in combination with sexual behaviour would serve a variety of unique functions for individuals**

In the previous two themes it became evident that chemical substance use served multiple and unique functions for each participant. People differ and are unique in every aspect of their

wholeness, no two beings are the same (Rogers, 1987: 497-498). Human nature is multifaceted and persons have diverse views and perceptions of the world. We may seem predictable, but there is more to persons than the brain, chemistry, biology and physiology. Human beings are more than the sum of their parts and each individual experience holds its own truth for the organism (Whitton, 2003: 37-44). Chemical substances had different functions for each participant in this study and for each person chemical substance use had a different function and meaning attached to experiences. Acceptance, acting out fantasies, enhancement of sexual experiences, being out of control, acceptance of the physical self, escape, belonging, positive perception of self and a feeling of euphoria were all identified as functions by all interviewees. As discussed in the previous theme, significant others had an influence on the self-structure and almost all participants displayed the need to break down inhibiting factors or values adopted from others:

*Ek was “accepted” gewees, dit was “awesome”... die cat het my selfvertroue gegee... ek was “fine” en energiek en voor op die wa, maar in ‘n “good way”, almal het my “gelike... gelove”, ek het ‘n “personality” gehad...*

*...ek hoef nie so skuldig te voel oor wie ek is nie... (Smiles) ... ek het net nie ‘n fok omgee nie... oor my bedonnerde pa nie... askies ek praat so lelik...*

*(I was accepted, it was awesome ... the cat gave me self confidence ... I was fine and energetic and confident, but in a good way, everyone liked me... they loved me, I had a personailty ...*

*... I don’t have to feel guilty about who I am (smiles)... I just didn’t give a fuck ... about my moody father ... sorry for the language...)*

Experiences could further be denied symbolisation or be integrated distortedly if they were not consistent with the arrangement of the self (Rogers, 1987: 503). One participant experienced the self as a loving and dedicated wife, but with substance use the self was enabled to practise oral sex with married men. She was not aware of un-symbolised needs that could be addressed by presenting behaviour when she was under the influence of alcohol (Rogers, 1987: 491). Another male participant also enjoyed oral sex with other males. He was also only able to present the behaviour when intoxicated. For the most part, the behaviour which is adopted by the organism is that which is consistent with the concept of self (Rogers, 1987: 507), but the

study identified the need to alter awareness in order to present certain behaviours. Oral sex with married men was enjoyed by male and female participants who would not act on these needs if they were sober:

*I guess... I was more relaxed, had the guts to do things I normally would not, it is hectic to be horny for a certain kind of sex and you can't get... to actually feed that lust it wants... I really sucked a couple of good married men in that time...*

Behaviour would seem to be incongruent with the person when they were sober. The function was thus to alter the awareness of self and the environment. All participants confirmed that they would not present the same behaviour when they were sober:

*Dis of jy te skaam is om dit te doen as jy nugter is, maar jy sal dit doen as jy op die Cat is... Want jy dink nie die ou gaan dit die volgende dag agter kom nie, want hy is net so "out of it" soos wat jy is...*

*(It is as if I am to do these things if i am sober, but I will do it when i am on Cat... You think the guy won't remember the next day, because he was just as out of it as me...)*

It could thus be accepted that the substance use functioned as a facilitator of certain behaviour with regard to interacting with the self, needs and others. Participants also seemed to have constructed the self according to experiences related to chemical substance use. Substances were also functional in numbing the physical and psychological self:

*... as mens alkohol gebruik kom die ware jy uit... of 'n ou dit nou wil erken of nie. Al daai goed wat jy oor fantaseer en onderdruk, as jy alkohol gebruik dan gaan daai inhibisies... jy gooi dit oorboord en jy... die ware jy kom tot voorskyn... en dis wat gebeur, dis wat ek met ondervinding geleer het.*

*(... if a person uses alcohol the real you comes out ... whether you want to admit it or not. All those things that you fantasize about and suppress, when you use alcohol those inhibitions disappear ... you throw it overboard and you ... the real you appears ... and that's what happens, that's what I learn from experience.)*

A female participant also agrees that inhibitions would be lowered by chemical substance use:

*Dit is seker snaaks, maar drank laat jou beheer verloor, maar dan voel dit of ek beheer het... soos ek gesê het, ek hou van seks, maar dan kan ek dit regtig geniet en het beheer oor die man en oor wat ek alles met hom wil doen... Ja, met my man is dit anders, ons maak liefde, maar ek kan nie alles doen wat ek wil nie...*

*(It's probably funny, but alcohol makes you lose control, but then it feels as if I have control ... as I have said, I like sex, but then I can really enjoy and have control over the man and everything that I want to do to him... Yes, with my husband it was different, we made love, but I can't do everything that I want to...)*

A symbolised function was that of losing control over the self and enabling behaviour by altering inhibiting factors within the self. In contradiction, persons also experienced having control over others once they were not responsible for their own behaviour. Substance use thus had positive rewards for the individual that could also serve as reinforcement for substance abuse (Barlow & Durand, 2005: 205). Although males are physically affected negatively with regard to sexual performance, the reward of certain other functions of abuse was adequate reward to the self. Disconnectedness to the sexual act and current experiences were also presented as a function related to substance abuse:

*Ja, wel as ek onder die invloed is, voel ek, ek kan enige iets doen... bereik... Ek het geweet ek hoef net te wag tot almal onder die invloed was, dan het die paartie regtig begin... dit het al gebeur waar ek en my beste pel saam girls gedoen het en geruil het, maar dan was ons almal lekker voor... dan voel ek fokkol en doen wat ek wil...*

*(Yes, well if I am under the influence I feel as if I can do anything ... achieve... I knew I just had to wait until everyone was under the influence, then the party really began ... it's already happened me and my best friend did girls together and swapped, but then we were all nicely intoxicated ... then I feel fuck-all and I do what I want ...)*

Sexual arousal, according to own perception, was facilitated by substance abuse, especially amongst female candidates. Shame and perceptions of the self not being acceptable to others

(Rogers, 1987: 483) would change and the person would feel accepted (with inhibiting resistance being broken down) and display behaviour that the person normally would not have acted out:

*Of die ander persoon jou gaan judge, sê jy is dik of die selluliet op jou bene sien, maar met cat worry dit jou nie, jy voel so sexy en die gevoel is so nice, jy is net jags en die ouens ook. Op daai stadium dink jy nie eers hoe die persoon lyk nie. Is hy groot of maer dit maak nie saak nie.... maar op daai stadium maak dit nie saak die persoon lyk nie, jy wil dit net doen, jy is so oor jags, omdat dit jou so control...*

*(As if the other person is going to judge you, say you are fat or see the cellulite on your legs, but with cat is doesn't worry you, you feel so sexy and the feeling is so nice, you are just horny and the guys too. At that stage, you don't even think about what the person looks like. Whether he is big or thin doesn't matter ... but at that stage it doesn't matter what the person looks like, you just want to do it, you are so over-horny because it controls you...)*

Where cat facilitated the process with the previous participant, alcohol also facilitated psychological processes with the next female participant:

*Ja, dit het gehelp met die ding dat ek altyd bietjie dikker as die ander girls was... ek het beter oor myself... my lyf gevoel, saam met dit, stoot die drank gewoonlik my hormone die hoogte in... ek is 'n baie seksuele mens soos dit is... ek hou van seks, dis vir my lekker. Die drank het gemaak dat ek nie skaam is oor hoe ek lyk nie, as outjies saam met jou drink... wel jy is net meer aanvaarbaar...*

*(Yes, it helped with the fact that I was always a bit fatter than the other girls ... I felt better about myself ... my body, together with this, the alcohol usually made me feel very hormonal ... I am a very sexual person as it is ... I like sex, it is nice. The alcohol caused me not to be shy about how I look, if guys drink with you ... well you are just more acceptable...)*

Substances were also associated with being functional in altering values adopted from others (Rogers, 1987: 498) and the self would experience positive feedback from the environment. Alcohol facilitated acceptance and the construction of self and was integrated as part of how

the self was viewed when intoxicated. Participants could by means of substance abuse address the need to accept the self and approve of the self. When sober their recollections revealed that they experienced a “false sense of accepting the self”:

*Partykeer wil jy net mooi, seksy, “horny” wees en dit enjoy... jou self “enjoy” vir wat jy is... Wie wil nie? Jy wil ok nie regtig voor iemand gooi nie, jy wil ook op daai punt kom waar jy vir jou self aanvaarbaar is... So jy create hierdie goed in jou eie kop en... Die cat vat dit weg... dit vat dit heeltemaal weg... As hulle vir jou sê jy’s die mooiste girl of jy het die mooiste borste, sal jy dit glo, maar as jy dit nou vir my sê gaan ek dink jy maak ‘n grap of praat kak. Ek sal dit nie glo nie... dis maar mens, ons almal soek fout met ons self... dis eintlik maar die groot fout met my. Jy judge jou self ook teen ander, daar is “beautiful” girls...*

*(Sometimes you just want to pretty, horny and enjoy it ... enjoy yourself for who you are... Who doesn’t want to? You also don’t want to flaunt yourself, you want to reach the point where you are acceptable for yourself ... so you create this stuff in your own head and ... the cat takes that away ... it takes it away completely ... if they say to you that you are the prettiest girl or has the prettiest breasts, you will believe it, but if you say that to me now I will think you are making a joke or you are talking shit. I won’t believe it ... it’s human, we all look for faults in ourselves ... it’s actually my big flaw. You judge yourself against others, there are beautiful girls...)*

Most participants’ chemical substance use was functional in creating the perception of the self as being powerful and meaningful.

*...Dit is wel makliker om vroue op te tel onder die invloed van cocaine...*

*(... It is easier to pick up women under the influence of cocaine ...)*

All reported that substance use facilitated communication and socialisation:

*Of jy sal sit en jy is op ‘n high en die ou sit so voor jou... dan fantasise jy jou so jags in die ding in met die ou of twee ouens op een slag, ja, dit het al baie gebeur dat ek vir ‘n ou vertel wat ek alles met hom wil doen, of twee ouens op een slag, dan doen ek met elkeen iets anders.*

*As ek nou hier sit en ek dink, dink ek hoe op aarde kon ek dit reg kry... Hoe kon ek dit doen? Ek het dit so baie geniet.... sê nou maar ek sit nou hier en is jags vir jou, ek is nou te skaam, maar dan het ek cat gevat, dan sal ek jou vry dat jy weet jy is gevry... ek sal jou dan straight kan vertel wat ek wil doen ook. Ek sal jou presies vertel hoe ek voel en vir jou sê kom ons gaan kamer toe, maar nou soos ek hier sit, nooit nie...*

*(Or you will sit and if you're high and the guy sits in front of you ... then you fantasize yourself horny into something with the guy or two guys at once, yes, it has happened before that I told a guy everything that I wanted to do him, or two guys at once, then I do something different with each. If I sit here and think back, I wonder how on earth I could do it... how could do it? I enjoyed it so much ... imagine I was sitting here and I am horny for you, I am too shy now, but back then I took cat, then I would have kissed that you had been kissed ... I would have been able to tell you straight what I wanted to do with you as well. I would have been able to tell you exactly how I felt and said we should go to the room, but as I sit here now, never...)*

Chemical substance abuse would also enable persons to take part in group sex. Being part of a group performing sexual acts further facilitated the perception of belonging to a particular group sharing similar experiences and behaviour. In relation to the group behaviour, the self is constructed and experienced as meaningful. Numbness, no inhibition and control over emotion can now be experienced in an accepting and shared context:

*Ek dink ek het in daai tyd meer my persoonlikheid gesien, as ek drank in het is my tong gladder, ek kan makliker om die hoeke praat en in 'n vrou se kop in kom en as sy gekoring is, nou ja, dan is dit net nog makliker. Ons kon lekker kommunikeer, gooi 'n musiekie in en dan lekker dans... ag nee wat lekker. Jy "bond" net makliker as albei 'n paar doppe in het...*

*(I think I saw my personality more back then, if I had alcohol in me I had a smoother tongue, I could talk my way around things easier and get into woman's head and if she was intoxicated, well then, then it was even easier. We could communicate nicely, put some music on and dance ... oh yes how lovely. You bond easier if both have had a few drinks...)*

Another participant relays her experiences when using chemical substances (cat):

*Ja, jy voel aanvaarbaar, dis baie meer real op cat, as jy nugter is kan dit voel of die ou aan sit, maar op cat is dit real en jy focus op jou eie lekker... sonder die cat sal ek... ek sal bang wees op 'n manier... ek sal dink ek is nie goed genoeg sonder die cat nie, tot ek gewoon raak aan die persoon en ek sien hulle aanvaar my soos ek is. Party mans sal dit vir jou sê, maar jy sal sien hulle is nie convincing nie en dan is daar mans wat jy kan sien hulle gee regtig nie om hoe jy lyk en wat jy doen nie. Op die cat sou dit my glad nie gepla het nie as hulle my aanvaar het of niks nie... op die cat het ek meer op my gefocus en my jagsheid, ek is lus en wil dit geniet en daai jagsheid weg kry... Maar nou weet ek, ek sal eers voor die ou moet staan en hy moet my nie judge nie... ek moet eers heeltemaal gemaklik voel, ek kan nou nie eers daaraan dink nie...*

*(Yes, you feel acceptable, it's more real with cat, if you are sober it can feel as if the guy is just pretending, but with cat it is real and you focus on your own pleasure ... without the cat I would ... I would be scared in a way ... I would feel as if I was not good enough without the cat, until I am more comfortable with the person and I see that they accept me as I am. Some men will tell you, but you will see they are not convincing and then there are men who you can see who don't really care what you look like and what you do. With cat it wouldn't worry me if they accept me or anything ... with cat I focused more on my hornyness, I want it and want to enjoy it and get rid of the hornyness... but now I know, I must first stand in front of the guy and he mustn't judge me ... I must first feel completely comfortable, I can't even think about it now.)*

Construction and perception of self is facilitated in an environment where the organism experiences that needs are shared and addressed. Participants constructed experiences in a recurrently changing world of occurrences and experienced the self as the centre of experiences. The world of experience happens around the person (Rogers, 1987: 483) and these experiences and their meaning could be altered by chemical substance use/abuse. Persons reacted to the context as it was experienced and perceived as reality (Rogers, 1987: 484). Persons could subconsciously learn the positive functions of substance abuse and accepted experiences as opportunities for learning and growth in the process of self-construction (Sternberg, 2001: 491). The participants reacted as a structured whole (organism) to the perceived experiences (Rogers, 1987: 486). Segments of these experiences and the

meanings they attached to the experiences became increasingly differentiated as the self. The self was constructed as an ordered, fluid, but constant pattern of perceptions and relations of the 'I' or the 'me' at the time of substance use (Rogers, 1987: 497-498). Persons further experienced psychological tension the day after a substance abuse episode. Psychological tension was also experienced due to acting out certain sexual fantasies and the emotional discomfort would then be relieved by means of repeated substance use:

*... en wat eintlik vir my lekker was... dit het my net nog aanvaarbaarder laat voel, in die sin... party keer gooi jy mos alles net oor boord en dan doen jy dinge wat jy nooit gedink het jy sal kan doen nie... of by uit sal kom nie, so dit het heeltemaal jou inhibisies oor boord gegooi. Of dit 'n aand fling is of nie... wat seker nie 'n goeie ding is nie.*

*( ...and what was actually nice for me ... it still made me feel even more acceptable, in the sense ... sometimes you throw caution to the wind and do you do things that you never thought you could ... or get to, it totally rids you of all inhibitions. Whether it is a one night stand or not ... which is probably not a good thing.)*

The previous participant confirms that chemical substances facilitated the process of getting rid of inhibitions, a male participant abused alcohol to be able to present behaviour that was not consistent with his self:

*...baie mense sê ook hulle kan niks onthou nie en baie mense lieg daaroor... ek weet, ek het baie dinge gedoen, nou nie kriminele dinge nie, maar wat nou nie so reg was nie, dan onthou ek kammistag nou nie, maar ek lieg. Gebruik dit net as 'n verskoning. Ek was gesuip, jy lieg, maar hier in jou agterkop weet jy baie goed wat jy gedoen het. So... dis maar feite...*

*(...many people say they can't remember anything and many people lie about it ... I know, I did many things, not criminal things, but that weren't really right, then I apparently don't remember it, but I lied. I used it as an excuse. I was drunk, you lie, but in the back of you mind you know very well what you did. So ... it's the facts...)*

With all participants the need to be accepted was symbolised. Chemical substance abuse facilitated the person's ability to be able to act on sexual fantasies. When engaging in sexual

acts the chemical substance enhanced the experience. Not being in control and responsible was also experienced as pleasurable and the need for physical acceptance, escape and belonging was presented. The behaviour indicated that the person do not have to “own” the behaviour as congruent with the self-structure. Collectively, persons shared the need to be positively perceived by the self and others, this acceptance was further brought to the experiential level by the euphoric effect. Euphoric experiences enabled participants to break down inhibiting factors such as values adopted from others.

Overall, in the above theme, participants created effects of the euphoric state in order to present behaviour that would otherwise not be congruent with the self. It could be assumed that people are aware that the administration of chemical substances to the body would have a positive function for the self-concept. The organism perceives the environment in an altered perception and allowed sensory and instinctive experiences into the self and was then more accepting towards others (Rogers, 1987: 520). Substance abuse enabled individuals to perceive and accept into the self-structure experiences which were not congruent with the self, once the person was sober. Chemical substance abuse further facilitated the development of a temporary own value system that, for the moment of intoxication, was not based upon introjections which had been distortedly adopted from others (Rogers, 1987: 522).

Chemical substances, when combined with sexual behaviour, as presented in this theme, served a variety of unique functions for individuals. Persons discovered that effects of sexual acts in combination with chemical substances facilitated an experience of the self and thus had a heightened positive effect. Persons who used substances to gain control over others or gave themselves permission to present behaviour when intoxicated indicated that people would trust themselves to make their own decisions rather than follow what significant others suggested (Sternberg, 2001: 491). Persons further indicated that they did not have to take responsibility for behaviour when they were intoxicated. The theme of control over others and the own self will further be presented in Theme Seven.

#### **Theme 4: Chemical substances enabled participants to act out sexual fantasies**

Through the three phases of disease progression of substance dependence as discussed in the first theme, people learnt that chemical substance use renders certain positive functions to the organism. The previous two themes also discussed the functions as uniquely experienced by individuals. Some participants reported that they could act upon thoughts that they would not have been able to if sober. The function of chemical substances to enable persons to act out sexual fantasies became a prominent theme during the process of data analysis. Persons experienced sexual fantasies and were more likely to act upon these fantasies once the euphoric effect of substance abuse was experienced. Most could not experience the self as being congruent with acting out these fantasies when they were not intoxicated:

*... maar ja ek fantaseer oor goed, ek sal... ek wonder... daar is baie waaroor ek “fantasies” het wat my man nie sal doen nie... soos twee ouens weer gelyk, maar nou ja, dis dalk beter ek is nugter... dit sal beslis laat my man my los...*

*(...but I fantasize about stuff, I will ... I wonder ... there are things that I fantasize about that my husband won't do ... like two guys at the same time, but oh well, it's probably better that I am sober ... my husband will definitely leave me...)*

The fantasies represented needs that the person was aware of as well as those that they were unaware of. By numbing the central nervous system the person could act upon needs and present behaviour that he/she would not have done when in a sober aware state:

*Nie sou doen as ek nugter was nie, ja. Dan het ek mos nou, soos hulle dit noem, die “dutch courage” om te doen wat ek aan gedink het, wat ek nie normaalweg sou doen nie. Dis nou wat ek by my agter gekom het en by baie mense gesien het...*

*(Wouldn't have done if I was sober, yeah. Then I would have, as they say, dutch courage to do whatever I think of, what I normally would not have done. That's what I realised about myself and saw with many other people ...)*

Chemical substance abuse created the opportunity for participants to interact with persons who shared the same erotic fantasies as they did. For some, sex was often a difficult subject to talk about but chemical substance use mostly eased the communication and interaction processes. During substance abuse persons did not hesitate to talk about sex. Individuals experienced that they could be free, spontaneous and daring. Persons experienced that they were desirable, attractive and sexy. These substances eliminated shyness, inhibitions and values adopted from others so that participants could approach others in order to make contact. Persons were willing to indulge in sexual experiences that they previously had only fantasised about. At the moment of use, little consideration was given to the guilt that may be experienced as a result of inconsistent behaviour that did not fit with the organism. Behaviour was rather aimed towards need satisfaction within the moment:

*...and he looked like one of those fucker men that would do it good and hard and leave... no attachment; exactly what I wanted and he made me so horny...*

A male participant confirms that he would act on sexual fantasies when under the influence of alcohol:

*... hier en daar bietjie Teazers toe of what ever, wat jy nie sou doen as jy nou nugter was nie...  
...En dit doen (acting on sexual fantasy), nie net dink nie, maar die moed het om dit actually te gaan doen... want dan is jy mannemoed, jy het moed, jy kan dit gaan doen. En vrouens ook, ek het al baie gesien, hulle is prim en proper, maar net soos wat hulle dop in het, dan is hulle warm papa... by so gekuiery, dan is al daai wiledoppies af, ag nee wat, dan is die prim en proper weg.*

*(... here and there went to Teazers or whatever, what you wouldn't do if you were sober ... And do, not just think, but have the courage to actually go and do it... cause then you are brave, you have courage, you can go do it. And women, I have seen it a lot, they are prim and proper, but as soon as they have alcohol in, then they are horny ... when we visit, then the wheels come off, then there is no more primness.)*

The need was thus to control awareness to a point where the self could explore inner processes as well as the reaction from others in an altered state of being. The self could be experienced in an environment that was facilitative to the organism and protected the self against possible harmful experiences such as self-blame, fear of judgement, physical shortfalls and/or psychological tension (Rogers, 1987: 494,498,491,510,515). Without the need to protect the structure of the self, the person experienced a freedom to allow the self certain experiences without perceiving these behaviours as incongruent with the self:

*As ek gedrink het, was dit vir my 'n uitdaging, dit was vir my lekker om die ander man die plesier te gee en hom dit te sien geniet.*

*(If I was intoxicated, it was a challenge for me, it was nice to give the man pleasure and see him enjoy it.)*

For a majority of participants the fantasies included a theme of control over others and indirectly represented a need for control over the self as well as acceptance by others. The control over others, when not being in control (intoxicated), seems to be represented in all the identified themes, but could not be presented as a theme on its own, as the nature of control differed according to the unique circumstances of each participant. For one participant, the fantasy was having sexual experiences with married men. The behaviour and fantasy was only allowed when the self was numbed by means of substance abuse. The resistance of present awareness could be manipulated and controlled where the self would rather experience enjoyment and acceptance than being incongruent towards the self:

*Dammit, I can really get kinky when I am pissed... I like guys with nice cocks... big... I guess... can't believe I said that... Well it is said... I'm not gay, but... when you are horny... a couple of drinks I then start thinking what a guy drinking with me... what... if he has a nice bulge in his pants, what it looks like... how big he is... If I am pissed, I guess I always had fantasies about men... being pissed makes me then bi at times...*

Participants acted on needs that they were not even aware of. Behaviour, on the whole, is the goal-directed efforts of the person to gratify his/her requirements and needs (Rogers, 1987:

491). Human beings have one fundamental inclination and that is to actualize, safeguard, and develop the experiencing self of the organism. According to the person's self-determination this safeguarding of the self will be achieved (Rogers, 1987: 488). Persons will continue to grow and evolve, even as participants endeavoured to do through substance use (Sternberg, 2001:491). It is further presented that persons, according to own self-determination, knew that substance abuse would enable them to act out sexual fantasies and allow certain experiences to the concept of self:

*... I think the alcohol helped me to try and do what otherwise would have remained fantasies... I am embarrassed and have a lot of guilt towards my ex-wife, but it was good at the time...*

Chemical substance use allowed persons to act upon suppressed needs, experience control and gave them the freedom to act upon desired experiences that would not be condoned where certain perceptions and values were adopted from significant others such as the parents, church or community (Rogers, 1987: 491,498):

*Ja... Ek het altyd hierdie... dit raak nou baie intens... maar ek gaan nou maar sê... ek het altyd hierdie fantasy gehad om 'n vreemdeling langs die pad op te tel en dan met hom te speel terwyl ek bestuur... (Laughs)... toe het ek dit eendag gedoen, ek het hierdie ou opgetel langs die pad... en toe, ja, toe speel ons... die hele game: is hy straight is hy nie? ... ek sal nooit 'n vreemdeling optel nie, ek glo hulle sal jou kop afkap met 'n byl... ek het daai vrees... verstaan jy? Jou bangheid, jy is vreesloos, jy gaan net... Dit was goed, dit was baie goed gewees, ek sal dit nie weer doen nie... (Laughs) ...maar dit was baie goed gewees.*

*(Yeah ... I always had this ... it's getting intense ... but I am going to say it ... I always had this fantasy to pick up a stranger next to the road and then to play him while I drive ... (laughs) ... then I did it one day, I picked up this guy next to the road ... and then, yeah, we played .. the whole game: he is straight isn't he? ... I would never pick up a stranger, I believed they would chop my head off with an axe ... I have that fear ... you understand? Your fear, you are fearless, you just do ... It was good, dit was very good, I won't do it again (laughs) ... but it was very good.*

The above participant reported earlier, in Theme Two, that his father could never know about his sexual preference for men. As a result of his dealings with the environment and particularly as a consequence of evaluational contact with others, the construction of the self is shaped by the values attached to these concepts of others (Rogers, 1987: 498). Participants reported to have had harmonious relations with others, but also learnt that they had to adopt the values or even morals attached to experiences from significant others. Values which are part of the self-concept, in some instances, could be values experienced directly by the participants, but a strong tendency to adopt values from significant others was presented. The values adopted from others were perceived in a deformed manner, as if they had been experienced by the person him/herself (Rogers, 1987: 498). Internal feelings and perceptions of being inhibited and undesirable to others were manipulated and altered into a sense of freedom and allowance of the self to act upon experiences that were not allowed by the self or the environment. Again persons presented the ability to have control over the internal and external environment:

*... I guess I would feel scared, cancelled the date then... or... have a drink... regmaker you know... and then sms the guy to come over...*

By manipulating awareness through substance use, persons enabled themselves to act out sexual fantasies. Persons thus presented having control over their own behaviour and others and chemical substances would be functional in gaining this power or control. An in-depth discussion on the theme of control will be presented in Theme Seven of this section. Persons reported that they did not take ownership of their behaviour when intoxicated, but the altered awareness, on the other hand, gave them control in relationships with others. Need satisfaction in the moment was further evident as reported by participants.

Theme Four clearly indicated that chemical substances enabled participants to act out sexual fantasies. Persons would not have acted on these suppressed needs (fantasies) when they were sober. The needs or experiences that were not symbolised could be acted upon when the person manoeuvred awareness, by suppressing the central nervous system, and behaviour that was not congruent with the self was presented (Rogers, 1951: 491,503-507,509).

### **Theme 5: Enhancement of sexual pleasure as a result of chemical substance use**

The previous themes all represented an underlying subtheme of control. Through the methods followed in analysing the data generated by this study it further became evident that persons could control and enhance the intensity of their sexual experiences. The enhancement of sexual pleasure/experiences by means of substance abuse was presented in participant responses. The chemical alteration of central nervous system processes (Barlow & Durand, 2005:202-203) allowed biological enhancement of sensory perception and impulses from the environment:

*...moerse awesome... daar is no orgasm like a orgasm on cat... Ek belowe jou, dit is incredible, tien keer lekkerder, meer intens as wat jy dit normaal sou gedoen het... dis ongelooflik.*

*(...totally awesome ... there is no orgasm like an orgasm on cat ... I promise you, it is incredible, ten times better, more intense compared to normal ... it is unbelievable.)*

The same participant continues:

*... dit gaan net oor jou en wat vir jou lekker is, you want sex and you want it now, dis vir jou lekker in die einde, want... hoe kan ek sê, die effek wat jy kry terwyl jy besig is, dit is beter as wat jy anders dit sou doen en dis langer, jy kry meer satisfaksie vir langer as jy op cat is.*

*(... it is purely about you and what is pleasurable to you, you want sex and you want it now, its good for you in the end, because ... how can I say this, the effect that you have while you are busy, it's better than you would normally do it, you get more satisfaction for a longer period when you are on cat.)*

Persons could prolong the duration of sexual experiences as well as the pleasure associated with these sexual acts. Actions and experiences related to sexual experiences could thus be controlled by the substance abuser. The individual thus could control internal and external experiences. Chemical substances would further enhance the sexual experience to be more

pleasurable and allowed the organism to experience heightened pleasure without internal or external constraint:

*Ek sou nie sê ek het weird fantasies nie, ek het meer my self gepicture saam met 'n ou, wat ek alles saam met hom sal doen en hoe ek hom sal doen, ek het meer oor my gefantaseer en wat ek kan doen... sal kan reg kry. Ek het nooit oor groepseks of twee meisies en 'n man of oor twee mans gedink nie, maar as dit gebeur, het dit gebeur. Vriende van my, die man wou, maar as sy vrou nugter is, was sy 'n bitch, maar op cat, ons het een Sondag voor die TV gelê en was hoog, toe het sy aan my begin vat en dit was lekker... soos ek sê, as dit gebeur het dit gebeur, ons het toe 'n "threesome" gehad, maar andersins wou sy niks weet nie. Dit gebeur net, ja, ek sal fantaseer oor hoe dit met iemand sal wees en of die ou goeie seks is en hoe goed ek gaan wees... maar nie iets spesifiek nie. (Researcher: Jy sal fantaseer oor jou performance...) En sy performance, hoe sal die ou wees... hoe gaan hy jou laat kom en so aan...*

*(I would say that I have weird fantasies, I pictured myself more with a guy and what I would do with him and how I would do him, I fantasized more about what I would do ... could do. I never thought about group sex of two girls and a guy or two guys, but if it happened, it happened. Friend of mine, the man wanted to, but when his wife was sober, she was a bitch, but on cat, we sat in front of the TV one Sunday and was high, then she started touching me and it was nice ... like I said, if it happens, it happens, we had a threesome, but otherwise she didn't want to know anything. It just happens, yeah, I will fantasize about how it would be with someone and if the guy is good in bed and how good it could be ... but nothing specific. [Researcher: You fantasise about your performance...] And his performance, how the guy will be ... how he will make you cum and so on...)*

Persons reported that they felt more confident about their physical appearance and less concerned that they would be unattractive to others. Internally (chemically), substance use altered the awareness, numbed inhibitions and eliminated adopted values from others and, in so doing, facilitated pleasurable experiences for the organism (Rogers, 1987: 491,497-498):

*uuuh... Dis seker die manier hoe hulle aan jou vat en jou langer vat om... die satisfaksie is lekkerder, dis langer, waar jy gewoonlik seks het, dis gou oor, maar dan as jy op die cat is kan*

*jy vir ure aan die gang wees, jy vat 'n breek, rook 'n sigaret en gaan weer aan. Jy is ook nie skaam om te doen wat lekker is nie of jou lyf nie...*

*(uuuh... It's probably the way in which they touch you and touch you for longer ... the satisfaction is better, its longer, where you normally have sex, its over quickly, but if you are on cat you can carry on for hours, you take a break, smoke a cigarette and carry on. You are also not shy to do what is good and of your body...)*

Psychological tension, that is rooted in the inconsistency between adopted values and unsymbolised needs of the self, could inhibit the individual from experiencing certain sexual experiences as pleasurable (Rogers, 1987: 491,510):

*So jy kan skaamteloos die genot verleng... Ja, jy extend it, jy maak dit nog lekkerder en onthou jy voel klaar so lekker...*

*(So you can shamelessly prolong the pleasure ... yeah, you extend it, you make it even better and remember you feel so good already...)*

The numbing/elimination of inhibiting factors, combined with biological enhancement, created a euphoric perception of experiences for the organism. Participants using stimulants such as cat reported heightened sensory awareness and perception:

*...jou vel... alles is meer sensitief... dit is awesome as iemand net aan jou vat...*

*Jy is baie sensitief... sjoe, as iemand net verby jou loop en jou op jou gat slaan, gewoonlik pla dit jou nie of jy dink dat hulle 'n grap maak of as iemand sy hand op jou been sit... dit doen, dit doen, jou sex drive gaan heeltemaal bos...*

*(...your skin ... everything is more sensitive ... it is awesome if someone just touches you ... You are very sensitive... wow, if someone just walks past you and slaps your bum, it normally doesn't bother you or you think they are joking if someone puts their hand on your leg ... it does, it does, your sex drive goes berserk...)*

The same participant explains further on the euphoric experiences while using cat:

*... Jy sien, jou hele lyf'ie voel ook anderste, as iemand aan jou vat kry jy hoendervleis, ooh as iemand jou druk, dis so tantalising gevoel wat oor jou hele lyf gaan, dis amazing. Die fisieke gevoel daarvan, dis lekker... awesome, dis seksueel en sensueel... ek dink die eerste stap is dat dit die goetters weg vat en file vir jou en dan kom die chemiese enhancement en enjoyment by, maar Cat enhance defenitief alles... Fisies op jou vel ook, as iemand met hulle vingers so oor jou streel, oe, dit is verskriklik lekker... jy slaan oral van die hoendervleis uit. Jou hele lyf voel lekker.*

*(...You see, you whole body feels different, if someone touches you, you get goosepimples, ooo if someone hugs you, it is such a tantalising feeling that you feel over your whole body, its amazing. The physical sensation of it, its good ... awesome, its sexual and sensual ... I think the first step is that it takes away all your stuff and it files it away then comes the added chemical enhancement and enjoyment, but the cat definitely enhances everything ... Physically your skin everywhere, if someone gently tickles you, oh, it is very nice ... you get goosebumps everywhere. Your whole body feels good.)*

Chemical substances enhanced the sensory stimulation up to a euphoric level of extraordinary experience. Touch and feel were explained as super sexual and sexual experiences. The enhanced euphoric experience held further facilitative functions for the individual and the rewards experienced included heightened self-esteem, personal power to control the self and external environment, acceptance by others, recognition of the self as well as the temporary reconstruction of the self as being acceptable and attractive to one's self and others:

*...dan doen jy waaroor jy gefantaseer het, jy gaan ook baie keer kry dat liefde volle mense gaan baie meer intensief liefdevol wees, aggressiewe mense gaan baie meer intensief aggressief wees en vriendelike mense baie meer vriendelik, ook emosionele mense gaan baie meer intensief emosioneel wees. Mense wat 'n baie sterk seksdrang het, gaan 'n baie meer sterker seksdrang het en baie meer intensief daarvoor wees as hy alkohol gebruik, want dan het hy die... moed om dit te doen.*

*(...you do what you fantasized about, you also find that lovable people are more lovable, aggressive people are going to be more aggressive and friendly people more friendly, also emotional people are going to more intensely emotional. People that have a strong sex drive,*

*are going to have a stronger sex drive and be more intense when they use alcohol, cause then... they they have the courage to do it.)*

A female participant admitted for alcohol dependence relates her perception:

*I have lived that fantasy now ...but it is too late to cry now. No, I won't be able to get that high without the drinking...*

Above, the participant indicated that the fantasies were brought to the experiential level, but the implication was that the organism would not be able to experience the same euphoric pleasure without the abuse of chemical substances. In the literature review conducted on alcohol use and sexual functioning in women, it was found that substance use has a facilitative function towards engaging in sexual encounters. Alcohol use contributed to unpredictable sexual behaviour in women (Sobczak, 2009: 71-85). But suppressants (i.e. alcohol or cannabis), on the other hand, suppress the testosterone levels, which appears to decrease sexual desire in men. Conversely, the administration of androgens is reported to increase sexual desire in both males and females (Sue et al., 2003: 318). In this study female participants, especially, indicated that alcohol would enhance sexual arousal and would then facilitate pleasurable sexual experiences:

*Weet jy, ek dink dit gaan ook in fases, as jy nou begin... in die begin stadium van drink, dan wakker dit jou aan... jou, jou hormone skiet die lug in. Dan daal dit weer, ek meen die hoeveelheid wat jy drink en aanhoudende drinkery... jou hormone kan jy nie elke dag van die dak gaan afkrap nie. Maar oor die algemeen, doen jy... jy... die ander geslag lyk vir jou aanvaarbaar en dit maak jou meer... en as hulle nog aandag aan jou gee dan voel jy dadelik aangetrokke tot die ou. Maar reg deur my lewe kan ek sien dit (alcohol) het iets in my wakker gemaak...*

*(You know, I think it also goes in phases, if you start ... in the beginning phase of drinking, then it turns you on ... you, your hormones go through the roof. Then it decreases again, I mean the amount that you drink and the constant drinking ... you can't go scrape your hormones off the ceiling every day. But in general, you do... the opposite sex looks more*

*acceptable to you and it makes you more ... and if they still give you attention then you suddenly feel attracted to the guy. But right throughout my life I can see (alcohol) awaken something in me...)*

The participant presented internal and external factors associated with substance use as facilitative to sexual arousal to the point where she feels it would *hit the ceiling*. Certain literature draws the focus to unexpected or unpredictable sexual behaviour when persons, especially women, are under the influence of chemical substances (Sobczak, 2009: 71-85). In the literature review conducted on alcohol use and sexual functioning in women mentioned above, it is said that substance use has a facilitative function toward engaging in sexual encounters (Sobczak, 2009: 71-85). It could be assumed that, due to the chemical and biological differences between males and females, persons would react differently to either stimulants or suppressants. An American study done on men at gay and bisexual clubs concluded that MDMA (stimulant) abuse was connected with high risk sexual behaviour [such as unprotected sexual intercourse] amongst some gay and bisexual men (Klitsman et al., 2000:1162). Whether the substance user's drugs of choice were stimulants or suppressants, the substance use was found to be facilitative towards the satisfaction of the organism's needs. The substance abuse was facilitative in satisfying needs that the person was not aware of and, in this way, allowed the organism to strive, by means of certain sexual behaviours, to satisfy those needs:

*...van die girls het 'n lyn of twee gemaak, ek het na die tyd, wat natuurlik die high van die seks net nog hoër maak...*

*(...some of the girls did a line or two, I did afterwards, which naturally made the high of sex even more ...)*

Participants were aware of certain needs that were satisfied by means of combining sexual acts with chemical substance abuse, but most were not aware that there were deeper underlying unsymbolised needs. The self [for some] was perceived as powerless and unattractive when sober, but participants presented that they had learnt how to chemically manipulate the psychological perception of the self:

*.. Jy raak so desperaat, ek was nooit 'n werkende meisie nie (Prostitute), maar jy crave die drugs, op jou downer (CNS suppressant), nee... ek het soms net om geld vir die cat te kry en dan maak die cat jou weer jags... jy voel niks...*

*(...You get so desperate, I was never a 'working girl', but if you crave the drugs, on your downer... I sometimes just to get money for the cat and then the cat makes you horny again... you don't feel anything.)*

The central nervous system's chemical functioning was manipulated to bring persons in closer contact with basic needs and almost automated need satisfaction, where the chemical substance could be held responsible by the person for behaviours that could not be owned by the organism. Participants were aware of and symbolised the effect of enhanced sexual experiences on the self, as well as the reward for the organism as a whole by being able to construct and control these experiences:

*...ek kry 'n "kick" daaruit om 'n vreemde vrou op te tel, ek weet nie... eerlik, ek moet vir jou sê, al is alles 100% reg tussen my en M (wife) het ek al as ek gesuip is ander girls "opgechat"... ek kry 'n kick daar uit, ek kan dit nie verduidelik nie, dit sit my op 'n natural high en die coke maak dit net nog meer hoër... ek dink nie reg as ek gesuip is nie, ek raak regtig soos 'n dier... ek kry 'n "kick" en soek net nog 'n verdere "high".*

*(... I get a kick out of it to pick up a woman who is stranger, I don't know ... honestly, I must tell you, even if everything is 100% alright between me and my wife (M) I still would chat up other girls ... I get a kick out of it, I can't explain it, it puts me on a natural high and the coke makes it even higher... I can't think straight when I am drunk, I really become like an animal ... I get this kick and just need a further high.)*

The following female participant confirms that sexual pleasure would be an extraordinary experience when abusing chemical substances:

*Onder die invloed... Oh ja, die seks was absoluut... die seks het verseker hoër punte bereik as wat dit nugter sou gewees het...*

*(When I was intoxicated... The sex was absolutely... the sex would definitely reach higher points compared to when I was sober...)*

And another participant agrees:

*... get drunk and then had the most amazing sex...*

Persons further symbolised the need to “discover the true self” by numbing their current awareness. This allowed enhanced sexual interaction with others and new experiences into the concept of self. When persons were not in control (intoxicated), they paradoxically experienced being in control of the self:

*Dis of die Cat iets in jou breinfunksie doen, dit maak jou half maklik, dit is, dit beïnvloed daai morele waardes wat jy het, dit beïnvloed dit baie beslis. Dit maak dit net, ja, jy voel half sletterig, jy sê net ja vir enige ding wat lekker is, natuurlik kyk jy eers hoe lyk die ou... jy gaan nou nie saam met ene gaan as dit nou nie lekker lyk nie.*

*(It is as if the cat does something to your brain function, it makes you easy, it does, it influences the moral values you have, and it influences it definitely. It just makes it, yeah, you feel sluttish, you just say yes to anything that feels good, and naturally you still look at how the guy looks ... you aren't going with anyone if it doesn't look good.)*

The same participant continues to confirm that the sexual pleasure would be enhanced by chemical substance abuse as well as the elimination of moral values adopted from others (Rogers, 1987: 498,507; Sternberg, 2001: 491)

*...die Cat lig jou “sex drive” geweldig, “incredibly”... ek het nooit ‘n baie hoë “sex drive” gehad nie, dalk omdat dit so taboe onderwerp vir my was, maar op Cat is dit ‘n ander storie, dit “sexually charge you”, jy is “opgecharge”... ek sou baie meer “relaxed” en oop wees in ‘n club ook, ek het moerse “issues” oor my lyf, maar as daar ‘n outjie is en hy, hy maak, hy “lead jou aan”, dan sal ek sommer saam met hom gaan, geen probleem nie... dit was “okay, fine en ek het actually ‘n drive gehad”...*

*(...the cat lifts your sex drive enormously, incredibly ... I never had a very high sex drive, maybe because it was always such a taboo subject for me, but on cat it was a different story, it sexually charges you, you are charged up... I would be far more relaxed and open in a club also, I had huge issues about my body, but if there was a guy and he, he leads you on, then I would just go with him, no problem... it was okay, fine and I did actually have a drive...)*

Inhibitions, values and the whole self could thus be controlled to allow sexual experiences that were enhanced, removed the person from emotional as well as physical pain and heightened the euphoric state of mind:

*...weer sal wil en party wil 'n derde rondte hê... party sal badkamer toe gaan en met hulle self speel... van my vriende het al gesit en kyk as ek dit met iemand doen en dan met hulle self speel... as ek nou daaraan dink weet ek nie hoe ek dit kon gedoen het nie... aanhoudend of die jagsheid glad nie weg gaan nie. Jy is rerig, jy is jags, jy bly jags op die goed [cat]. Die drugs het regtig 'n rol gespeel in jou sekslewe, dit doen regtig, jy gee nie om nie... en dit hou langer, jou seks drive hou langer as wat dit sou as jy nugter was...*

*(...will again and party and go for a third round ... some will go to the bathroom and play with themselves... some of my friends have sat and watched when I have did it with someone and played with themselves... if I think about it now I don't know how I did it ... consistently the horniness didn't go away. You are really honestly very horny, you stay horny on the stuff. The drugs really played a role in your sex life, it really does, you don't care ... and it lasts longer, your sex drive lasts longer than when you were sober.)*

Another participant further explains that there was a definite link between chemical substance abuse and sexual arousal:

*...I am trying to figure out for myself whether I first get horny or drunk, or does the drink make me horny? Bit of both I guess... Well I definitely have the best sex when I'm pissed...I then can get real kinky too (Laughs)... I should just start to get hold of my life, of me... this demon driving me... it really is a bad cycle, I drink, become very naughty, have fun and then drink to get away from the guilt and X (husband) ... guess I have it all worked out... I should actually*

*decide what I want from life... (Long pause) Hard to think of a sober life at the moment... I needed to say that to somebody.*

The social learning theory of Albert Bandura postulates that cognitive, genetic and social cultural factors influence persons to experiment with chemical substances (Erlank, 2000: 50). From the Person-Centred perspective, every person exists in a world of continuously changing experiences and reacts to these experiences. The organism is thus in constant transaction with the context and part of the self is constructed according to these transactions between the internal and external world(s) (Rogers, 1951: 483-486,497,498). If the organism has now firstly learnt that the sex act naturally raises the dopamine level, which creates a feel-good state of mind (euphoria), and secondly that chemical substances create a euphoric experience as well, the assumption can then be made that a combination of natural (biological) enhancers, together with chemical enhancement, would create a heightened and intensely euphoric experience. In other words, euphoria is biologically created by the sex act and to enhance the euphoric state, the CNS is chemically stimulated to release even more dopamine. It could also happen the other way around where the chemical euphoric state is improved by adding sex to the formula. The above assumption can be stated in the following short form:

Chemical substance = Euphoria (++)

Sex = Euphoria (++)

Chemical substance + Sex = Euphoria (++++)

In other words, the organism has now experimented and reached the conclusion that substances create ++ euphoria and by adding sex the ++ can be increased to a ++++ heightened euphoric state.

Sigmund Freud argued that with persons, who are driven by the pleasure principle, the Id enforces the need for satisfaction and the Ego struggles to control the Id's need for gratification. If the force of the Id dominates the mind in such a way that it overpowers the Ego, for example a chemical substance can become the sole purpose of life, and even a therapist can do little to help the substance dependent person (Heller, 2005: 93). Carl Rogers (1987: 40-41) proposes that if the therapeutic environment creates an experience where the person sees his/her own attitudes, confusion, ambivalence, feelings and perceptions accurately

expressed by another, this experience will facilitate experiences to be more clearly perceived. Reorganisation of the self and even additional incorporated functioning could thus be facilitated (Rogers, 1987: 40-41).

The fifth theme discovered that persons have learnt that they could add value to their sexual experiences by using/abusing chemical substances. Enhancement of sexual pleasure as a result of chemical substance use was experienced by participants. It was further shown that the organism has learnt to heighten the euphoric state. A chemical substance induced euphoric state could thus be heightened by adding sexual pleasures or vice versa.

### **Theme 6: A collective tendency to avoid the present state of awareness**

The previous themes identified an underlying theme that persons experienced various forms of control over the self and environment when abusing chemical substances. This study further identified participants' ability to execute control over their current state of awareness and experiences. Participants collectively presented the tendency and behaviour to alter understanding of the self and the direct environment by adding chemical substances to the biological self in order to enhance the current moment or even avoid being aware of the context or others:

*...jy het meer respek vir jou self... ek sal nie sê respek nie, jy gee nie om wat ander van jou dink nie. Waar ek vandag nou hier sit en ek weet iemand praat van my, dit sal my pla, maar op cat gee jy nie om nie ... iemand kan reguit in jou gesig vir jou kom sê jy is dik of jy is so, dit pla jou nie. Jy gee glad nie om wat mense van jou dink of sê nie. Jy kan in die huis wees waar iemand is wat jou haat, dit pla jou nie. Dis of jou emotions en alles dood geslaan is, jy gee nie om nie. En die Cat het dit verdoof... die spanning beheer... Heeltemaal, heeltemaal dood gemaak... Ek kon asem haal, ek kon breathe... ek is fine... Ja... Eers het ek mense se approval gewen deur baie geld te hê en toe ek nie meer baie geld het nie, was ek okay as ek Cat gevat het...dis wat ek bedoel, dit verdoof die skuldgevoel en ... dis hoe dit gebeur.*

*(...you have more respect for yourself... I wouldn't say respect, you don't care what other think of you. Sitting here today and knowing that someone is talking about me, it would bother me,*

*but on cat you don't care ... someone can come and tell you to your face you are fat or something, it doesn't bother you. You don't care what anyone thinks of you. You can be at home in a place where someone hates you, it wouldn't bother you. It is as if your emotions and everything is deadened ... you don't care. And the cat numbed it ... controlled the tension... Completely, completely numbed... I could breathe, I could breathe ... I am fine ... Yeah ... first I needed to win people's approval by having lots of money and when I didn't have lots of money anymore, I was fine when I took cat ... that's what I mean, it numbs the guilt and ... that is how it happens.)*

The ability to manage and alter the organism's awareness of internal and external experiences as well as state of being became evident. Participants have learnt that chemical substances have the ability to alter the functioning of the body and the mind (Van Eeden, 2000: 9). The positive functions of substances, as well as, the pleasurable experiences are facilitated by the neurobiological effects of the substances on the organism (Barlow & Durand, 2005: 402). Participants became aware that they were able to manage internal psychological experiences as well as the environment and so altered the perception of self, others and experiences that included both internal and external worlds:

*Ja, wanneer jy alkohol gebruik, daai... daai wat jy skuldig voel val weg, dis regtig... dan voel jy nie meer skuldig nie, dan, dis... "let it be"... dis regtig 'n feit, dis nie net by myself wat ek dit agter gekom het nie, ek het dit by ander mense ook ge-ondervind... dat as die alkohol ingetree het, dan, die skuldgevoellens staan bietjie eenkant toe.*

*(Yes, when you use alcohol, that ... that guilt falls away, it's really ... you don't feel guilt anymore, then, its... let it be... its really a fact, I just didn't notice it just with me I saw it with other people too... that when the alcohol kicks in, then, the experience of guilt would be pushed aside.)*

These experiences created a sense of ability to be in control of the self and environment. Persons seemed to have created an expectancy on the effect of the substance. The expectancy effect relates to how people anticipate they will react once the substance is used (Barlow & Durand, 2005:404). The individual developed and discovered a process that enabled the

organism to disconnect from the self and numb awareness. The self was enabled to strive towards the satisfaction of certain needs, relieve pain and enhance the positive perception of self:

*The experience here [in the treatment centre] is actually a good one... being connected with myself again. While drinking... I really was not in contact with myself or anyone else.*

A female participant confirms that experiences when intoxicated were pleasurable:

*...maar as ek sober was het dit my gewalg, maar as ek dronk was ... dis of jy guts het, jy weet dis verkeerd maar die alkohol... die duiwel... noem dit net wat jy wil, gee jou die guts om dit te doen en te geniet. Ja, ek kan sê ek het dit geniet.*

*(...but if I was sober it repulsed me, but if I was drunk ... it is as if you have the guts, you know it is wrong but the alcohol... the devil... name it what you will, it gives you the guts to do it and to enjoy it. Yeah, I can say I enjoyed it.)*

Despite the physical harm involved in chemical substance abuse, the participant still enjoyed the experience of having the courage to act on needs (Branford, 1989: 63,703). Persons using chemical substances may not be able to comprehend or evaluate the risks involved in continuous substance abuse (Barlow & Durand, 2005: 404). The self could successfully be defended against various internal and external threats. It may, at the time, not even be aware that certain experiences posed a potential threat to the self:

*Ek het baie stress by die werk gehad en ek dink al die stress van verskillende kante het bygedra tot die drank misbruik... en van verlede jaar November het alles net heeltemaal hand uit geruk.*

*...en toe, toe is my pa mos toe oorlede na 'n galblaas operasie. Ja, toe ek my pa verloor het was dit vir my die cherry op die koek, ek het nog nooit in my lewe iemand so naby aan my verloor nie. Dit was hel gewees, dit was verskriklik... ek kon dit nie vat nie.*

*(I had a great deal of stress at work and I think the stress from all sides contributed to the alcohol abuse ... and from last year November everything just got out hand ... and then, then*

*my dad passed away after a gall bladder operation. Yeah, when I lost my dad it was the last straw, I have never had never lost anyone that close to me before. It was hell, it was terrible... I couldn't take it.)*

Need satisfaction at times was not experienced as congruent with the self, but the self was defended by transferring motivation for behaviour to chemical substance use. Persons were more likely to explain actions due to lack of awareness caused by intoxication. The symbolised need for substance abuse, with all participants, was the alteration of mood/relief of psychological discomfort, pleasure seeking, numbing of self/awareness and enhancement of experiences (Rogers, 1987: 507; Barlow & Durand, 2005: 402):

*I feel sometimes it is a demon that needs to be fed with wizza (whiskey) and good sex and then I go on a spree again... usually stopped by my thoughts of my kids and X's (husband's) bitching and moaning... I don't know... I guess it is first the horniness driving me to drink... I can't figure having an exciting sex life without the drink... I really need to relax at times, the demon... be myself and I enjoy...*

Internal as well as external psychological discomfort that was created due to substance abuse was in return relieved by continued abuse. Persons increasingly abused chemical substances in an attempt to relieve psychological and physical discomfort that was internally and externally created by behaviours that were not consistent with the self-concept. The self and context (life) were experienced by all participants as a “stressful event” and chemical substances in combination with sexual fantasies, as well as behaviours, constructed a means to escape from discomfort to euphoric experiences and thereby temporarily eased different experiences of pain. Participants reported that they had learnt how to alter the being of self in order to facilitate alteration of awareness. Chemical substances were “self-administered” to “set the stage” for behaviour that would be facilitative towards need satisfaction. The behaviour further could be an attempt to protect the self against experiences that were not consistent with the self, to maintain and enhance the experiencing self, and thus present behaviour as a goal-directed attempt to satisfy symbolised or unsymbolised needs (Rogers, 1951: 515,516,487,488,491,503-506).

Persons displayed the ability to escape or alter the self and environment as they were currently experienced. Chemical substances were thus functional in the alteration of inner processes as well as inter-personal processes. A collective tendency to avoid the present state of awareness was presented by all participants and it can thus be accepted that control over the internal and external worlds of experience was gained.

From the previous six themes the underlying theme of control over the self and others was noted. Theme Seven will further investigate the functions of chemical substances when control, with regard to the internal and external context, is needed.

### **Theme 7: The effect of chemical substances constructed a sense of control over the internal and external environments**

Themes were identified according to processes of data analysis as described at the onset of this study. The preceding six themes presented various functions of chemical substances as experienced by participants. An underlying topic to the previous themes was the control persons experienced over the internal and external worlds. Persons formed the structure of self as a result of interaction with others as a part of the environment (Rogers, 1987: 483,491). Certain participants adopted values in relation to these significant others that were not consistent with the own self (Grobler & Schenck, 2010: 5). This inconsistency within the self resulted in psychological tension which could be controlled (relieved) by means of substance abuse (Rogers, 1987: 510,492):

*...dis vir my 'n "huge" storie want... ek het 'n goeie vriend gekry wat ook gebruik het, maar nie so hande uit geruk het soos ek nie en ek het die heel eerste keer in my lewe na 'n "gay club" toe gegaan en dit was okay om daar te wees, want ek het hierdie heilige vrees dat ek in iemand van die huis... raak sou loop... ek het een keer, maar was op Cat, toe was ek net vrolik en gesê Haaai! (Laughs and waves hand) Ek het geworry iemand sien my en bel my pa en vertel waar hulle my gesien het. Daai self vertrou...*

*(...it was a huge issue because... I got a friend who also used, but didn't get out of hand like I did and I went to a gay club for the first time in my life and it was okay to be there, because I*

*have this ungodly fear that I am going to bump into someone from home... I did once, but I was on cat, I was jovial and just said Hi! [Laughs and waves hand]. I worried that someone would see me and phone my dad and tell him where they saw me. That self-confidence...)*

Psychological tension was ascribed by most participants to adopted values from others, such as parents, and an inconsistency with the manner in which the self was experienced. The need of the organism was to develop a sense of belonging and purposeful meaning for the self and others (Rogers, 1987: 507,510). Participants reported that they were able to execute control over their psychological discomfort. Lack of consistency between these needs, that were internally and externally experienced, created psychological discomfort and in turn called for various behaviours towards protecting the self from painful events (inter and intra psychological):

*...moraliteit, morele waardes... baie konserwatief groot geword en voorbeeldig... die hoofseun... dit wees dat die Cat die eng grootword, reëls... pa se stem wat sê ek het nie 'n moffie groot gemaak nie... dat alles stil word, and you can enjoy it for what it is... sex... sonder al die geraas in jou kop... Absoluut, ja... alles is gefile en weg, "gefile in file 48", toegesluit vir die aand. Tussen al my vriende ook, mens sal nog altyd probeer ordentlik wees, dan sal iemand sê: Skaap dink jy ek moet saam met hom gaan? Dan sê ek ja, dis net seks, niks belangrik nie... it is just sex... dan sal ek die selfde met hulle ook doen, dan sal hulle ook sê dis net seks, geniet net die oomblik en bly in die oomblik, dis al en dis verby. Daar is nie "emotional connectations" nie, dis net do it and enjoy it, moennie "worry" nie...*

*(...morality, moral values... grew up very conservatively and was a good example ... the headboy... it causes that the cat silences the conservative upbringing... dad's voice saying that he didn't raise a pansy... and you can enjoy it for what it is... sex... without all the noise in your head... Absolutely yeah... everything is filed and gone, filed in file 48, locked away for the evening. With all my friends too, people will always try and be decent, then someone will say: Sheep do you think I should go with him? Then I say yes, its just sex, nothing important... it is just sex... then I will do the same to them too, then they will also just say its just sex, enjoy the moment and stay in the moment, that's all and it's over. There are no emotional connectations, its just do it and enjoy it, don't worry...)*

Control over internal conflict between morality and values was gained and facilitated by the effects of the chemical substance. All participants strove towards recognition from significant others, although the needs and values of others may be contradictory to the organism's own needs and values:

*Daar was 'n tyd, ek dink so tussen 18 en 19 was my en my pa se verhouding nie baie lekker nie, jy weet. Daar was 'n keer, kyk hy het nie my kak gevat nie. Hy sou my sommer op die dorp voor ander mense op my plek sit... dit was vir my baie erg, maar ek hou vandag niks teen hom nie, niks nie. Ek was nog 'n laaitie, maar daai tyd kon ek dit nie verstaan nie, ek het rof groot geword.*

*(There was a time, I think between 18 and 19 my relationship with my dad was not good, you know. There was, look he didn't take my shit. He would reprimand me in front of other people in town... it was terrible for me, but I don't hold it against him, not at all. I was still a quite young, but at the time I didn't understand it, I grew up rough.)*

The participant explained the impact and effect his father had had on his concept of self. He learnt to control this effect through substance use in order to create a sense of congruency with the self (Rogers, 1987: 509). The person may further not have been aware of his/her authentic needs and values, but participants' behaviours were aimed at addressing own needs and gaining the acceptance of significant others:

*'n Mens het dan mos weerstand... 'n Mens het mos daai dinge waarmee jy groot geword het.. uuh, daar is mos as jy nugter is die ding van reg en verkeerd... wat, wat die ou mense gesê het... wat nie altyd reg is nie, ek weet... Die rebelsheid waarmee mens groot word en die vrouens wat groot word met die idee dis sonde en so aan... dis verkeerd, dis nie reg nie, maak dat vrouens by die huis ook terug hou en dit maak dat mans dan rond loop. Dis wat ek maar dink, dis maar waar probleme baie keer by die huis ook ontstaan... die vrouens hou terug en dan gaan soek die manne ander groen velde. En drank speel 'n groot rol daarin, want dan het jy mos maar die mannemoed om dit te gaan soek en te doen.*

*(You develop resistance... you carry all that stuff you grew up with you... uuh, if you are sober you have a concept of right and wrong... that the older people called... I know it wasn't always*

*right... You grow up with this rebel feeling inside you and the women that grow up with the idea that sex is sin... it is wrong, it is not decent behaviour, that causes woman to be cold at home as well and forces their men to seek greener pastures. That is what I think, that is where problems start at home... the woman is holding back and then the men wander off. Alcohol plays a huge role in this, because then you have the courage to go and seek and actually act.)*

Persons could control their perceptions of own value systems and frames of reference (Rogers, 1987: 484,494). Mostly certain sexual acts were experienced as pleasurable and even euphoric when combined with chemical substances. When sober, however, they described experiences as “works of the devil” and not accepted or allowed to the concept of self:

*...jy verloor maar bietjie inhibisies... so 'n ou jaag maar hier en daar bietjie kak aan wat jy nie normaalweg sou doen nie as jy nou nie onder die invloed was nie...  
(...you lose you inhibitions a bit ... so a guy causes shit here and there in a way you wouldn't normally have if you were not under the influence...)*

The following female participant clearly presents the conflict between the intoxicated self and the sober self:

*I want to be a good mommy, my kids are everything... if X (her husband) kicks me out I lose them and the house... all we gathered is on his name... and my mom is living with us... sometimes I feel so ashamed... If I kick the booze I probably give up on the exciting moments in life too... my life is a mess... no I can't imagine fucking around without the wizzas (whiskey)...*

Persons' sexual behaviour was also influenced by perceptions of the self and the perceptions of others and they could also perform control over these perceptions. Chemical substances as well as sexual acts can both provide pleasure and create a release or escape from internal discomfort as a way of regulating and controlling one's feelings and sense of self (Keane, 2004: 191,193).

Sexual behaviour was measured by participants against values set by their societal context, such as marriage or heterosexual encounters. The need for meaningful sexual relations within relationships such as marriage indicates the constant measuring of own needs against the values of the external environment such as significant others (Rogers, 1987: 498; Sternberg, 2001: 491). Preservation and enhancement of the self is measured against the values of the external environment and created further frustration regarding a relationship with the self. This inhibition of the authentic self constructed further psychological tension within individuals, which in turn called for increased relief from discomfort. The organism had to discover methods to protect the self against harmful experiences such as guilt and shame. "Guilt" can be explained as internal experiences of discomfort and shame and, on the other hand, as external perceptions that are reflected as not acceptable to the self. The adopted values from others would inhibit/frustrate the individual and only once participants could alter the state of being by chemically managing the central nervous system could sexual acts be experienced that would otherwise not be allowed or even be enhanced to further euphoric states by the organism. Persons experienced incongruence between their own values and adopted/ imposed values of significant others and had to escape from the tension that was caused by this inconsistency:

A female participant could execute control over the values adopted from others (Rogers, 1987: 498):

*... wanneer jy groot word as kind, dan, dan wat aan jou gesê word deur jou ouers... dan, dit is nogal baie belangrik, want jy sien hulle as 'n voorbeeld van jou, hulle wys die pad vir jou, dis hoe dinge werk. En sekere goed waaroor hulle weer skuldig voel, print hulle weer op die kinders af... Julle mag dit nie doen nie, want dit is nou verskriklik verkeerd en al wat gebeur is... terwyl baie goed is nie eers nodig om oor skuldig te voel nie, ek dink byvoorbeeld seks is nie iets om oor skuldig te voel nie en veral nie in die regte verband nie, ek meen... dis dit, geniet dit, dis natuurlik, dis daar... Maar dan word daar altyd vir jou gesê dis sies, dis lelik, dis waar die probleme intree, baie, baie van die probleme tree daar in... is daai waarmee jy groot geword het en dan kry jy die vryheid en die moed as jy die drank in het... vra my, veral as jy drank in het, ek weet.*

*(...when you are growing up, then, what you are told your parents... then, it is quite important, because you see them as examples, they show you the way, it's how things work. And some things that they feel guilty about that they imprint upon their children... You may not do it, because it is so very wrong and all that happens is... there is some stuff that there is no need to feel guilt about, for example I think sex is not something you should feel guilty about and especially withing the right context... I mean... that's it, enjoy it, it's natural, its there... But then you are always told its disgusting, its ugly, that is where the problems start, many many problems begin with that ... the way you were raised and then you get the freedom and the courage when you use alcohol... ask me, especially when you have alcohol in you, I know.)*

A male participant from childhood developed certain perceptions related to sexual experiences (Sternberg, 2001: 491):

*My ma het altyd gesê as jy draadtrek gaan jy blind word... en toe moes ek op laerskool bril kry... en ek was altyd so skuldig as ek draad getrek het, wat 'n natuurlike ding is, maar my ma het my skuldig laat voel daaroor. Soos 'n mens nou groot word kom jy agter dis 'n natuurlike ding en dan kan jy soms nou oorboord gaan as jy gedrink is... jy voel jy het verloor as gevolg van die agtergrond wat jy gehad het en jy voel jy moet nou inhaal en dan haal 'n ou in op 'n... verkeerde manier, maar "okay"... 'n ou doen dit.*

*(My mother always said if you masturbate you will go blind... and when I had to get glasses in primary school... I always suffered guilt and when I masturbated, which is a natural thing to do, my mother always made me feel guilty about it. Like when you grow up you realise it is a natural thing and then you can go overboard when you are drunk... you feel you have lost out because of the upbringing that you had and you feel that you now have much to make up for... in an incorrect way, but okay... you do it.)*

The organism had already experienced that chemical substances would be functional in facilitating relief and this could be controlled by the person (Barlow & Durand, 2005: 394). Persons would minimise sexual acts that were presented when intoxicated and described behaviour that was not owned by the self (Rogers, 1987: 509). It should be kept in mind that the interviews were conducted when the participants were sober and undergoing rehabilitation

treatment. Will the behaviour then not be accepted because it is at the time of the interview again measured against the values of others? From the interviews it could be concluded that the individual remained subject to the values and needs of others in order to satisfy their own need for the self to be accepted and positively perceived by the context as the one participant explained:

*Ek wil nie altyd die regte ding gedoen het soos my ma gesê het dogterjies moes wees nie... ek is seker nie die perfekte kind vandag nie, hier sit ek in die rehab... Ag. Fok tog... dit is seker so... ek sal nooit die perfekte mens wees nie... Hoekom is ek net goed genoeg as ek gedrink is? Dis 'n fokkop, dis al wanneer ek voel ek is "okay"... vry om te doen wat ek wil... dis "okay", my ma gaan nie vir my vertel hoe ek my moet gedra nie, ek voel sexy, my lyf is "okay"... Ek is goed, ek kan 'n man genot gee en lekker laat kom... Ek is net goed genoeg as ek gedrink is... (I don't always want to do the right thing like my mom said little girls should be... I am probably not the perfect daughter today, here I sit in rehab... oh. Fuck it... it is probably true... I will never be perfect... Why am I only good enough when I drink? It is fuckup, it is the only time I feel okay... free to do what I want... it's okay, my mother isn't going to tell me how I should behave, I feel sexy, my body is fine... I am good, I can give a man pleasure and cum enjoyably... I am only good enough when I drink...)*

The following participant knew that alcohol would allow him to act on needs:

*You know there is no manual... you don't get born... here, follow these steps and you will be happy... You know, are taught what not to do to disappoint the old folks... I guess if they are happy then I should also be happy, but no manual... (Researcher: Do you think there is a perception of men playing with men is a taboo... wrong?) Certainly if you are married. But now that I'm divorced... I don't know... never thought about it as right or wrong... guess if it gets out it would hurt my parents... people you know... I guess people pretend to be open minded, but will still judge you if you are gay or bi... Today... I guess... I think the alcohol helped me to try and do what otherwise would have remained fantasies... I am embarrassed and have a lot of guilt towards my ex-wife, but it was good at the time...*

Participants presented that they mostly knew the exact “dosage” of chemical substances to administer to the organism that would enable them to address symbolised or un-symbolised needs by numbing/altering the central nervous system. They also adopted values in order to be able to present sexual behaviours that would otherwise not be presented. Participants thus confirmed in the interviews that they experienced control with regard to internal and external experiences. Psychological tension associated with social and internal interaction is usually relieved by substance use. Substances facilitated change of emotion and relief, escape, euphoria, relaxation and sedation were experienced. These emotional changes served as further motivation for future chemical substance use (Nace in Erlank, 2000: 61). As said earlier, the central nervous system is directly affected by chemical substances. The frontal lobe of the human brain (central nervous system) is the largest lobe and is housed in the anterior fossa of the brain. It receives information from the limbic system that affects the organism’s behaviour, understanding of consequences and thought motivation (Kniesl & Trigoboff, 2009: 85; Barlow & Durand, 2005: 40). The frontal lobe is further associated with higher thought processes such as reasoning that is abstract and motor processing. The prefrontal cortex, the region towards the front of the frontal lobe, is responsible for complex motor control and tasks where information is integrated over time (Sternberg, 2006: 51).

What further became apparent from the interviews was that the self of the organism was constructed according to values adopted from others (parents or community). Participants reported (*...dat alles stil word, and you can enjoy it for what it is... sex... sonder al die geraas in jou kop...*) that they were able to control these adopted values through substance abuse (Rogers, 1987: 498). The organism evaluates experiences and reactions from the external environment and the structure of the self is formed accordingly (Rogers, 1951: 498). These adopted values are not necessarily congruent with the organism. The need arises to suppress these values (“morals”) without experiences of guilt or shame (psychological tension). The need to suppress most sexual fantasies was also presented in the interviews. Rogers refers to psychological tension as psychological maladjustment that occurs when significant sensory and visceral experiences are denied and not symbolised and integrated into the gestalt of the self (Rogers, 1951: 510). Morality, awareness, discriminating between conducive and dangerous behaviour, inhibitions, decision making, assessment, thinking about one’s own

thinking and other cognitive processes are mostly situated in the pre-frontal lobe. The pre-frontal lobe is concerned with the modifying and verifying of behaviour as well as intellectual processes and canalisation of emotion (Jordaan & Jordaan, 2004: 175). Damage to the pre-frontal lobe creates personality difficulties, disintegration of behaviour, incapability to plan goal orientated behaviour, loss of inhibitions, apathy and even hyperactivity (Jordaan & Jordaan, 2004: 175).

The pre-frontal lobe of the brain is firstly numbed by chemical substances and then the “moral” super-ego is anaesthetized and unable to control the “pleasure seeking” ego effectively. Sensation seeking behaviour can be defined as the need to find a variety of complex and unusual sensations and the willingness to take physical and social risks in order to experience these sensations. There is a found relationship between sensation-seeking behaviour and substance abuse (Erlank, 2000: 45). Freud suggested that the primitive Id is completely submerged in the unconscious and houses the instinctual impulses such as sex, aggression and primal wishes. The Ego may be called the voice of reason or common sense and facilitates human survival by obeying the reality principle and weighing the consequences of actions and then the Superego judges, condemns, rewards and punishes as control between the Ego and Id (Heller, 2005: 91-93).

The need to anesthetize the Freudian super-ego, which is constructed by adopting values from the external environment, indicated that these “morals” were not congruent with the needs of the individual. The organism now has the freedom to act on suppressed fantasies. Every candidate presented a “morally correct” response when asked how they see their sex lives without chemical substances. It must be remembered that the interviews were conducted in a rehabilitation centre and that the central nervous system was then not affected by any chemical interference. The sober person thus seemed to remain the “slave” of others and adopted values, but it must be kept in mind that the individual knew the formula and the advantages of being able to control the brain, the added bonus.

With regard to participants rendering a “morally” correct response, Kohlberg’s theory on moral reasoning describes a person’s response to a moral dilemma in three stages that indicate

moral development and are closely related to brain development at certain ages (Papalia, Olds & Feldman, 2004: 407- 408):

- Preconventional Morality is the first level where persons act under external controls and obey rules to avoid punishment, reap rewards or act out of self-interest. This level is typical of children aged 4 to 10.
- The second level is identified as Conventional Morality where people have internalised the standards of authority figures, they are concerned with being pleasurable to significant others and being “good” and by doing so maintaining the social order. This stage is usually reached after the age of 10. It might seem that some persons never move beyond this stage, even in adulthood.
- The third level presented by Kohlberg is Postconventional Morality (or morality of autonomous moral principles) where persons have the ability to recognise moral standards and make judgements on the basis of right, fairness and justice. This level is reached at least in early adolescence or young adulthood.

Later Kohlberg added a transitional phase between the first and second level where people no longer make judgements according to the standards of others, but have not yet developed rationally derived principles of justice. Instead, moral decisions will be based then on personal feelings. The individual thus perceives and accepts, into the self-structure, more owned experiences and discovers that he or she can reinstate his/her own value system. The development of their own value system is no longer based upon experiences which have been distortedly symbolised, but rather a continuing own valuing process (Rogers, 1987: 522). Persons will trust themselves and make their own decisions in the process of self-construction (Sternberg, 2001: 491).

The seventh theme demonstrated that persons could execute control over the self and the environment. The effect of chemical substances constructed a sense of control over the internal and external environments. The function of the chemical substance would thus be to render the experiencing of control over the own self and others to the chemical substance

abuser. Control related to various aspects of the self and context was on an un-symbolised level experienced as a positive function towards the structure and experiencing of the self.

### 3.4 CONCLUSION

Most of the candidates played an active role in the sexual acts when chemical substances were abused. None of the participants was forced to take part in sexual acts, but rather initiated and actively participated in sexual experiences. All presented sex as a form of pleasure seeking behaviour and none presented any form of intimacy as element of sexual intercourse. Sometimes risky behaviour was found where individuals needed to:

- belong to a group,
- be rebellious/irresponsible,
- be accepted, and
- avoid blaming and shame.

Persons also presented with impaired judgement and could not relate meaning to relationships and insight into the consequences of their behaviour. The need for intimate meaningful relationships was only presented at the end of the interviews when asked how their future sex lives would be affected by sobriety. It became clear from candidates that during substance use sexual acts were only experienced as a physiological act without intimacy that constructed a sense of control and relief of psychological tension (Rogers, 1987: 510). The sexual acts and substance use were romanticised by all the candidates as experiences with high levels of gratification and pleasure. Persons in most case studies seemed to not always be aware of the motivation behind their behaviour, the needs were still un-symbolised. Behaviour is goal directed (Rogers, 1987: 509) at satisfying certain needs, but the organism could not be aware of the specific need as motivator for the behaviour, in other words experiences could be at conscious or unconscious level (Grobler & Schenck, 2009: 4-5). Sigmund Freud argued that some aspects of the human mind are not subject to the person's will, but are subjected to hidden primal wishes of which the conscious mind is not aware and proceed independently down their own irrational path (Heller, 2005: 197).

Emotional health is a combination of attitudes, personality, support systems and the brain's neurotransmitter levels. An attitude that is positive and a healthy personality help us through the difficulties of life and a steady support system (significant others) of family and friends add to our personal value and esteem through difficult times. Despite the above mentioned resources, there are events that change the human neurotransmitter status and functioning is then affected negatively (Barlow & Durand, 2005:401; Sternberg, 2001: 186-188; *Neurotransmitters and mental health problems [Page 3]. Joseph M Carver. www.drjoecarver.com*). The chemical function of the brain (central nervous system), the external world, the systems that influence construction of the self and inner experiences of the self are involved in an intimate dance with each other. According to the organism's self-determination, it will strive to be better and escape pain in order to preserve the self. For this reason, if the organism has learnt ways to chemically manipulate the defence of the self, it will be utilised for the stated purpose (Rogers, 1987: 515).

The human organism is at risk of changes in the brain chemistry and will most commonly experience depression, anxiety and psychological tension or stress reactions. When neurotransmitters change additional symptoms, behaviours, strategies to maintain the self and sensations are presented and add to the organism's on-going difficulties. Recognising these changes is important in the treatment of mental health and functionality (Sternberg, 2001: 186-188; Barlow & Durand, 2005: 401-402; *Neurotransmitters and mental health problems [Page 3]. Joseph M Carver. www.drjoecarver.com*).

A study by the National Institute for Mental Health in the USA, in which 20 000 persons participated, showed that 83% of psychiatric disorders could be contributed in the case of the dual-diagnosis to substance dependence. The same study indicated that 32% of participants presented with substance dependence and mood disorders, 24% with anxiety disorders and substance dependence and 47% presented with a relation between schizophrenia and substance dependence (Dodgen & Shea, 2000: 104).

According to Erlank (2000: 42), substance dependence is complex and the psychopathological symptoms affect the individual as well as the rest of the system/external world. The

professional facilitating the process of change with regard to substance dependent persons will always have to keep this complexity in mind. Therapists are likely to be trained in one form of intervention, but the multi-professional intervention of psycho-therapy and psychiatry is of the utmost importance when facilitating the therapeutic process with substance dependent service users (Erlank, 2000: 42).

### **3.5 SUMMARY OF THE CHAPTER**

The researcher presented the research findings in this chapter. Data on the participants in this study were given, the persons that made up the sample were all substance dependent persons that were part of an in-patient treatment programme at a rehabilitation centre. They voluntarily and self-selected themselves as a sample of the population to be included in the research and represented dependence on stimulants and depressants as substances of choice. Seven identified themes were discussed and supported by excerpts from transcripts of the face-to-face in-depth conversations with the participants. Themes were thus substantiated, illuminated and underscored by direct quotations from the transcribed data source and subjected to a literature control. From the approach that created the context for this study, the findings were controlled against literature from the person-centred approach. The first theme identified that persons developed substance dependence through three phases of disease progression. The second theme focused on persons' need to relieve psychological tension by means of chemical substance use. The finding the chemical substances in combination with sexual behaviour would serve various different functions for individuals was presented as the third theme; this theme further indicated that functions of substance use in combination with sexual acts would differ from person to person. The fourth theme established that chemical substances enabled participants to act out their sexual fantasies. Theme five discussed a person's ability to enhance sexual pleasure by means of chemical substance use. Theme six focused on the shared need of participants to avoid the present state of awareness. Persons having adopted values from significant others was the focus of the seventh theme, these adopted values were integrated in a distorted manner into the concept of self and persons had the need to be relieved from the tension created by the values not being congruent with the self.

Chapter Four will present the conclusions and recommendations in relation to the research findings and the research process.

## CHAPTER FOUR

### CONCLUSIONS AND RECOMMENDATIONS

#### 4.1 INTRODUCTION

*I find that the more accepting and liking I feel toward this individual, the more I will be creating a relationship which he [she] can use... The relationship is significant to the extent that I feel a continuing desire to understand – a sensitive empathy with each of the client's feelings and communications as they seem to him [her] at that moment (Rogers, 1995: 34).*

Social work practice, as suggested by Zastrow (2012: 29), relates to the professional application of social work values, principles, and techniques. One of these professional applications is providing counselling and psychotherapy for individuals, families, groups and also helping communities or groups provide or improve social and health services. The practice of social work requires knowledge of human development and behaviour (Zastrow, 2012: 29). This study aimed to understand and discover the experiences as perceived by the persons themselves in order to draw conclusions, make recommendations for practice and, by understanding the person from his/her frame of reference, bring other perspectives to the therapeutic process. The research could possibly inform psychotherapists who might have had different frames of reference with regard to substance dependent persons.

The introductory quotation by Rogers (1995: 34) serves metaphorically as an emblem or credo aiming to communicate the researcher's understanding of carefully and respectfully entering into the experiential and private worlds of human beings in the process of discovering the meaning they attach to the world. The researcher was open to the "many truths" that persons could attach to their experiences. Through the qualitative research process followed and the person-centred nature of this study, the main focus remained on human beings and their unique experiences. The researcher was intrigued by the relationship between sexual behaviour, chemical substance abuse and what the functions of the chemical substances might be and this was the motivation behind this research project. The literature described the effect

of substance use or abuse on human behaviour and further introduced the implications of chemical substances for the human mind. The researcher searched for the function(s) of chemical substances in human sexual behaviour as motivation for persons to combine sexual acts with substance use. Through the research findings, this study also attempted to inform social work interventions and stimulate further research.

The researcher's understanding and application of the qualitative research process was provided in Chapters One and Two of this report. Research findings were presented in Chapter Three as found in the seven themes discussed that had developed from the data analysis process. The reader was presented in the three chapters with the following:

- Chapter One gave an introduction and general orientation to the study by formulating the problem as motivation for this study. The research question, goal and objective(s) were presented and facilitated clarifying the focus of the study. The qualitative research process was discussed and an overview of the research design and methods used was provided. Ethical considerations relevant to this study and a clarification of key concepts were presented and followed by an outline of the chapters contained in this dissertation.
- Chapter Two demonstrated the application of the qualitative research process that was followed to discover the functions of chemical substances in the sexual behaviour of persons. A theoretical orientation from Carl Rogers' Person-Centred Approach was provided as a guide to the researcher's approach to the people (and their experiences) involved in this study.
- The third chapter proceeded with the findings of this study. The findings were presented according to themes that developed as a result of data analysis. These findings were supported by direct quotations from the transcribed conversations with the participants and were then complemented by a literature control. The literature control served as a means of comparing the findings with the existing theory.

This concluding, and final chapter, will illustrate how the goal of the study was achieved. This study attempted to answer the research question and the goal was set as an active endeavour:

*To discover the functions of chemical substance use/abuse in relation to individuals' sexual behaviour.* This chapter will first discuss the findings related to the qualitative research process employed by the researcher. The researcher will also reflect on the limitations of the study and the conclusions that emerged, through the seven themes, will be discussed. This chapter will be concluded with specific recommendations regarding practice and future research.

## **4.2 CONCLUSIONS BASED ON THE RESEARCH PROCESS**

This section will summarise the qualitative research methodology followed by the researcher and also present conclusions and recommendations with regard to the qualitative process that was undertaken in an effort to answer the research question. The researcher will deliberate on the usefulness and appropriateness of the qualitative methodology, as well as the methods and ethical considerations followed in this study. The researcher will further deliberate on the limitations of the study.

### **4.2.1 Problem statement, rationale, research question and aim of research**

The World Health Organisation (WHO, 2010) describes substance abuse and dependence as an international (including South African) phenomenon that is on the increase ([http://www.who.int/substance\\_abuse/facts/others/en/index.html](http://www.who.int/substance_abuse/facts/others/en/index.html) and SACENDU Report, 2010: 5). Implications of chemical substance dependence and abuse and the negative effects on the person and his/her environment are presented in the literature (Sue et al., 2003: 266), and further confirmed by this study as a complex and progressive state of behaviour that affects all facets of the person (Maisto, Galizio & Connors in Erlank, 2002: 51). The study confirmed that particular function(s) of the chemical substance could serve as a motivator for certain behaviours and practices regarding use/abuse of substances. Literature suggests that the function of chemical substances is associated with experiences of relief, relaxation, escape, euphoria and sedation. The changes of affect are a further motivation for future substance use (Nace in Erlank, 2002: 61).

The identified themes resonate with the finding that the function for participants was the relief, escape from the self as construct, control over others and own psychological and neurological processes. Participants could escape negative emotional affect and create positive experiences. Findings of the study corresponded with chemical substance dependence viewed from the “disease model perspective” and with all participants dependence gradually developed through three identified phases. The function of substance abuse differed in each of the phases of disease progression as was indicated by Visser (in Erlank, 2002: 61-62).

A rationale for the study was presented as chemical substances have a definite effect on mental health and human behaviour and there is a link between substance use and certain sexual behaviours that was reported by the literature as well as findings of this study (Rosdahl & Kowalski, 2008:1505). The functions of substances in sexual behaviour were investigated. A great deal of study has been done on substance use/abuse and how behaviour in general is affected. Most literature that was consulted at the onset of this study was related to the effects of chemical substances as well as human sexual behaviour affected by chemical substance abuse. However, very little literature could be found with regard to the specific function of the substance use on sexual behaviour. This study confirmed that there is a definite relationship between substance use and sexual behaviour and that the combination of sexual act and substance use served different functions for persons as set out in the seven identified themes.

In order to discover the meaning attributed to certain sexual experiences when abusing chemical substances, the following question was posed:

*What are the functions of chemical substance use/abuse in relation to individuals' sexual behaviour?*

As a qualitative researcher, the researcher was interested in a person's understanding of their experiences and the meaning attributed to these experiences related to substance abuse and sexual behaviour (Merriam, 2009: 3). This study discovered new insights into this phenomenon and therefore an exploratory strategy of inquiry was successfully employed as part of the research design for the study.

Answers to the research question were discovered and the goal was achieved:

*To discover the functions of chemical substance use in relation to individuals' sexual behaviour.*

The goal of this project was directed towards the abstract understanding of the phenomenon and its totality (De Vos et al., 2005: 104). The goal of this research project was ultimately achieved by accomplishing the set objectives (Holloway & Wheeler, 1998: 27). Seven themes were identified through a process of data analysis and then were contrasted against the existing literature.

#### **4.2.2 Research approach**

The researcher concluded that a qualitative study complemented by the Person-Centred Approach as a theoretical framework and point of departure, facilitated an ideal environment for this study to discover the functions of chemical substances in the sexual behaviour of persons as perceived by the participants. The qualitative approach created a framework for the methods to follow during the process of understanding, discovering and exploring the topic being studied. The approach directed the researcher towards the exploration of the multiple meanings persons attach to their experiences. The meanings attached were those of the participants, and were not presented as a permanent faculty of knowledge, but rather as an event or series of events experienced by persons (Foucault in Irvin, 1999: 38). Language was used to discover the meanings persons attached to experiences and knowledge of these experiences was thus constructed amongst the researcher, participants, independent coders and supervisor of the study (Freedman & Combs, 1996:1, 28-29).

The researcher was aware that the in-depth semi-structured interviews were relationships and conversations with fellow human beings in the process of discovery. Here social constructivism would argue that neither science, knowledge, nor “reality” could be described as an absolute. The qualitative research process enabled the researcher to study experiences as people’s interpretation of their own worlds (Freedman & Combs, 1996: 33). Language was the

vehicle used by this study to co-construct and agree with perceptions of “realities”. Language however did not reflect the world as it may have been, but rather how it was perceived as being metaphorically in nature. All persons in this study (the researcher, participants, independent coders, study supervisor and even the reader) could therefore be considered as being participants that use language to “create” or co-construct the world as they perceive it at the current moment (Freedman & Combs, 1996:1, 28-29). Vygotsky (1978: 19-24) agrees that we all construct our models of reality as a meaning-making process with tools and symbols that we develop and negotiate through cooperative activities, discourse and debate.

The qualitative research approach allowed for a process of discovering “realities” as constructed by persons and was not limited by a desire of the researcher to test a single hypothesis. The researcher further did not aim to find a consistent or predominant meaning or function of chemical substances in a person’s sexual behaviour, but to hear the meanings from people with regard to their experiences. The qualitative research approach enabled the researcher not to enter the process with contaminated pre-conceived theories, but rather to experience persons in this process of constructing meaning and understanding.

The researcher wanted to be sure that the qualitative research and Person-Centred Approach fitted with the nature of this study. As suggested by Creswell (2009: 175), the process of reflecting the discovery of in-depth meanings of persons is a cooperative endeavour and not purely the interpretation of the researcher. The researcher was able to explore and discover the functions of chemical substances in the sexual behaviour of persons through the “what, how and why” questions asked during the process of investigating the topic of this study (Green & Thorogood, 2009: 5). The researcher recommends that future research in this regard should be conducted through a person-centred and qualitative approach as a theoretical framework in discovering the meanings persons attach to experiences in relation to a certain phenomenon.

#### **4.2.3 Design of the study**

An explorative, descriptive, contextual and phenomenological strategy of inquiry was used to guide this research project and the construction of data was logically guided by the design

(Green & Thorogood, 2009: 42). Methods such as collection of data, inclusion of participants, where the research would be executed, analysing of the data, and presentation of the data and ethical compliance of the study were all facilitated by the design.

Little was known of the topic being studied and therefore the researcher chose an explorative research design. The explorative research design allowed the researcher to describe what was being explored by this study (Neuman, 2006: 33-34; Yegidis & Weinbach, 1996: 92-93). After exploring and describing the seven themes that emerged as a result of data analysis, the researcher further concluded that the contextual design provided an opportunity to gain understanding of the meaning persons attach to their experiences within a certain context.

The phenomenological research design enabled the researcher to gather data according to the experiences of the participants. Participants and the researcher were able to explore and describe experiences as well as the meanings people attached to their experiences with regard to a phenomenon in a certain context.

The researcher concluded that an explorative, descriptive, contextual and phenomenological design can be recommended as fitting and ideal to explore and describe experiences people relate to a specific phenomenon as experienced against a certain context.

#### **4.2.4 Methodology**

The following discussion on the research method will provide conclusions and recommendations regarding the population, sampling, data collection, data analysis and verification of data.

A sample of persons (7), who were service users at the Stabilis Treatment Centre, was interviewed by means of in-depth semi-structured face-to-face contact. Conversations explored the function(s) of chemical substance use/abuse in relation to individual's sexual behaviour. Interviews were then transcribed, sorted and analysed according to the eight steps of qualitative data analysis introduced by Tesch (in Creswell, 2009). Participants described the

function(s) of chemical substance use in relation to their individual sexual experiences. The data were interpreted, analysed and then subjected to a literature control in order to verify them. The methodology proved appropriate for the researcher's attempts to answer the research inquiry and achieved the desired outcomes with regard to the aim of this project.

This qualitative research project explored and described human phenomena from and within a specific context (Terre Blanche et al., 2006: 44) and, for this reason, the researcher used an explorative, descriptive, contextual and phenomenological research design. Objectives were achieved as the researcher listened to the internal reality of subjective experiences during the interviews as an interactional process. By approaching this investigation from a qualitative point of view the opportunity was utilised to learn, explore and describe the meaning the participants attributed to the phenomenon. Throughout this qualitative research project the unfolding and incorporation of observations, unexpected developments and questions that changed were taken into account. Themes evolved, were analysed and inductively developed from particulars to general themes. The researcher made interpretations regarding the meaning of data as they unfolded and were presented during the process (Creswell, 2009: 4).

The quality of this qualitative study should be judged according to the uniqueness and individuality of the research project (Rolfe, 2006: 309). Considerations of trustworthiness and judgement of quality have posed demands on you as reader with regard to expertise in the process of research, and your subjective "reading" of the research text has formed part of constructing the trustworthiness of this study (Rolfe, 2006: 309). Validity and reliability in this qualitative study could not be addressed in the same manner as in naturalistic studies (Shenton, 2004:63). The researcher therefore suggested that the terms reliability and validity be replaced with terms such as "credibility", "accuracy of representation" and "authority of the writer" (Agar in Kreftling, 1991: 215; Shenton, 2004: 68). The assessment of the trustworthiness of qualitative data gained in this study was based on four aspects of trustworthiness, namely truth value, applicability, consistency and neutrality as stated in Guba's model (as reported by Kreftling, 1991: 215-221). Truth value was obtained from the discovery of human experiences as they were lived and experienced by informants based on the credibility and validity of the participants. Findings were tested against various groups of

professional persons who were familiar with the phenomenon being studied. Generalisations could not be made in this study as it was conducted in naturalistic settings with few controlling variables and since fittingness or transferability in research is a set criterion against the applicability of data being measured, research findings may possibly fit situations outside this research study position.

At all times it was assumed that there is not one reality but numerous realities, and in doing so the qualitative approach discovered unexpected variables. Irrelevant variables were not considered for inclusion. Neutrality in trustworthiness could be assured with ease by freedom from external bias in research procedures. Results and findings proved to be well-designed as regards eliciting the information concerned. Essential to neutrality was objectivity and this was achieved through the methodology followed. The distance between the researcher and participants was decreased with ease in this qualitative research and focus was placed on the neutrality of data. Confirmability as a criterion for neutrality was assured when truth value and applicability were established. Truth value, applicability, consistency, neutrality and the inclusion of a clear differentiation of criteria facilitated assessment of the value of findings as well as the evaluation of data verification (Krefting, 1991: 222).

In this study truth value, applicability, consistency and neutrality (Guba's model in Krefting, 1991: 219-221) of the findings are ensured by strategies related to credibility, transferability, dependability and confirmability. The researcher measured credibility by means of peer examination and discussing the process of research and findings with impartial professionals who are experienced in qualitative research methods as well as an educational specialist. Peer examination kept the research process alive due to its changing and evolving nature and the further questions that evolved. The researcher determined that the behaviours and observed events were representative of each participant's experiential world. This study gained confirmability by the submission of all material relating to the research process, together with the findings and recommendations, to a rehabilitation specialist and the promoter as auditors of the project.

The production of knowledge comes with a moral and ethical responsibility towards research participants (Silverman, 2011: 432). The researcher answered potential participants' questions about confidentiality and anonymity according to the ethical considerations contained in the research proposal for this study that was laid before the Research and Ethics Committee. Certain participants did not agree to sign consent and other documents as they feared that the documentation would later expose their signature. Verbal agreements were made where persons refused to sign documentation. All efforts were made by the researcher to protect the identity of participants at all times to prevent any harm caused by participation. Presentation and discussion of ethical considerations contributed to creating a psychologically facilitative environment for participants. The safe environment contributed to more open and spontaneous participant participation. It is recommended by the researcher that ethical considerations be discussed with participants and further adhered to under all circumstances in order to create a safe and trusting context for qualitative research studies (Merriam, 2009: 233; Silverman, 2011: 418).

Persons admitted for in-patient treatment at the Stabilis Treatment Centre during the time period of August to September 2012 were invited to take part in the research. The researcher advertised the need for participants to the population in the treatment centre by making contact with therapy groups and introducing information with regard to the study (Polit and Beck, 2006: 190). Participants reported themselves to the researcher, this process was described as self-selection sampling (Polit and Beck, 2006: 190). Self-selection sampling proved to be practical for the purposes of this study. Persons select themselves participate in research on their own accord and were thus fully motivated to explore experiences during the in-depth face-to-face interviews.

When reflecting on the research methodology followed, the sample consisted of 20.5% of the total population of in-patients at the Stabilis Treatment Centre at the time of the study. The participants voluntarily reported for participation and met the criteria for inclusion. The researcher concludes that the methods followed to gain a sample were sufficient with regard to information rich contributions that led to repetition of data (Fossey et al., 2002: 726). The methods followed with collection of data, verification of data and analysis of data proved to

contribute to the process of discovering the human experiences and meanings the study aimed to explore. The researcher would recommend the methodology followed in discovering the functions of chemical substances in the sexual behaviour of persons.

#### **4.2.5 Limitations of the qualitative research process applied in this study**

The researcher came to the conclusion that the chosen approach, design and methodology followed facilitated the researcher's endeavours to reach the objectives and goal of the research in order to answer the set question. The Person-Centred Approach, in combination with the qualitative methodology, in no way hampered or limited the study. The methods of data collection, analysis and verification proved to be effective.

Limitations that were identified by the researcher include:

- Findings could differ when interviews are conducted in an environment where persons are still using chemical substances and making sexual contact with others.
- The population and sample were limited to persons at one rehabilitation centre and further limited by the invitation to participate voluntarily in this research project.
- The population and sample was limited by the specific time period of the study and therefore only describes the experiences of the particular participants of this study. It could for this reason be accepted that the findings could not be generalised with regards to all persons abusing chemical substances.
- Further research could be conducted in a wider range of treatment centres or alternatively in social clubs where persons gather for sexual purposes.
- Due to the sensitive nature of the research topic the researcher experienced difficulty in making contact with a broader sample of suitable participants and had to rely on self-selection.
- Little research has been conducted on the functions of chemical substances in the sexual behaviour of persons. The literature was thus limited to a study on chemical substance abuse on the one hand and then human sexual behaviour in combination with substance use on the other.

- South African research and literature on the functions of chemical substances and human behaviour were limited.
- Time constraints due to the treatment programme of the treatment centre created difficulty in conducting further follow-up interviews.

Other findings and conditions that are not described in this dissertation may exist. By repeatedly revisiting the transcripts of the conversations with participants, it was realised by the researcher that some themes could have been excluded. The reasoning for the exclusions was that the topic focused the study on particular criteria. Attention could for example be given to the impact of significant others on the self of the participant. However, the focus would then have been diverted away from the functions of the chemical substances in the person's sexual behaviour.

In this section the researcher presented the reader with conclusions and recommendations based on the research process. Focus was placed on the problem statement, rationale, research question and aim of the study. Further the research approach, design, methodology and limitations of the study were discussed. The following section will present a summary of the conclusions on the research findings and make recommendations.

#### **4.3 SUMMARY AND CONCLUSIONS ARISING FROM THE RESEARCH FINDINGS**

This section will present a summary of the conclusions drawn from the research findings with regard to the seven themes that developed as a result of the data analysis processes followed in this study. The seven themes are a result of the data, from transcripts from face-to-face semi-structured interviews which were independently analysed by the researcher and two independent coders. This was followed by several consensus discussions between the researcher, independent coders and the supervisor of the study.

The seven identified themes all related to the research question posed, that was to discover and explore the functions of chemical substances in the sexual behaviour of persons. The data

were gathered from seven in-patients at a rehabilitation centre and the seven themes identified during the research process were:

- Theme 1: Persons developed substance dependence through the three identified phases
- Theme 2: Relief of psychological tension was experienced within the person and environment
- Theme 3: Chemical substances in combination with sexual behaviour would serve a variety of unique functions for individuals
- Theme 4: Chemical substances enabled participants to act out sexual fantasies
- Theme 5: Enhancement of sexual pleasure as a result of chemical substance use
- Theme 6: A collective tendency to avoid the present state of awareness
- Theme 7: The effect of chemical substances constructed a sense of control over the internal and external environments.

The first theme identified confirmed that persons developed substance dependence through three identified phases. It became clear that social interaction with chemical substances had various functions for participants. This social phase was, for all, followed by a phase where chemical substance use became a pattern in their behaviour and developed into physical dependence on the substance of choice. In all three phases the functions of chemical substances would change and vary with regard to the biological and psychological needs of the individual. Theme Two demonstrated that persons could learn how to utilise chemical substances to escape from and relieve emotional discomfort. Persons may not be conscious that awareness could be altered by modifying the brain chemicals, but they did symbolise that chemical substance use brought relief from internal and external factors that created psychological tension (Barlow & Durand, 2005: 204; Rogers, 1987: 510,515). Chemical substances, when combined with sexual behaviour as presented in the second theme, would serve a variety of unique functions for individuals. Persons discovered that the effects of sexual acts in combination with chemical substances would be facilitative in experiencing the self and thus have a heightened positive effect. Theme Four clearly indicated that chemical substances enabled participants to act out sexual fantasies. Persons would not have acted out these suppressed fantasies when they were sober. The needs or experiences that were not

symbolised could be acted on when the person manoeuvred awareness by suppressing the central nervous system and behaviour that was not congruent with the self was presented (Rogers, 1951: 491,503-507,509). The fifth theme discovered that persons have learnt that they could add value to their sexual experiences by abusing chemical substances. Enhancement of sexual pleasure as a result of chemical substance use was experienced by participants and further it is shown that the organism has learnt to heighten the euphoric state. A chemical substance induced euphoric state could thus be heightened by adding sexual pleasures or vice versa. Persons displayed the ability to escape or alter the self and environment as it was experienced at the time. Chemical substances were thus functional in the alteration of inner processes as well as inter-personal processes. A collective tendency to avoid the present state of awareness was presented by all participants and it can thus be accepted that control over the internal and external worlds of experience was gained. The seventh theme demonstrated that persons could execute control over the self and the environment. The effect of chemical substances constructed a sense of control over the internal and external environments. The function of the chemical substance would thus be to render the experience of being in control over the self and others. Control related to various aspects of the self and context and was further (on an un-symbolised level) experienced as a positive function towards the structuring and experiencing of self.

This report's intention is to draw conclusions and make recommendations in order to inform social work and other psychotherapeutic interventions with regard to the functions of chemical substances in the sexual behaviour of persons. The process and methodology followed discovered themes that became evident throughout all the conversations conducted with participants. The study came to the following conclusions regarding the seven themes:

- Chemical substances in combination with sexual behaviour would serve different functions for individuals. Functions varied from the biological to psychological needs of the organism.
- Chemical substances enabled participants to act out sexual fantasies. The function of the chemical substances would thus be to enable the organism to act out suppressed needs.

- Persons symbolised that they could enhance sexual experience by means of substance use and the function was to enhance the euphoric state.
- Chemical substances proved to be functional in the alteration of awareness.
- Psychological tension could be managed and substance abuse facilitated relief from internal discomfort by heightening the euphoric experience.
- A significant discovery from the interviews is that persons have learnt to control the chemical brain processes that would alter internal and external experiences, behaviour and perception of the self. It further became evident that persons not only learnt to control their state of awareness, but also interpersonal relationships. Persons could also alter the intensity of closeness in relationships as well as during sexual acts. The value levels on the functions of the chemical substance were improved when sexual acts were added to interaction with the internal and external worlds.
- The advantages of substance abuse combined with sexual acts addressed the physical as well as the psychological dimensions of all participants. The need to be accepted, for example, could be satisfied through chemical substance abuse.
- When engaging in sexual acts, the chemical substance enhanced the experience for the person and not being in control was experienced as pleasurable. Persons desired to experience being intoxicated or out of control and not being concerned with regard to the outcomes of their behaviour. In contradiction, this experience of not being in control constructed a sense of being in control of the self.
- Additionally the need for physical acceptance was shared. A sense of escape and belonging was facilitated by chemical substances for individuals.
- Collectively persons experienced being acceptable to others, confidently perceived by the self and others. A sense of acceptance was further brought about by the euphoric achievement.
- Euphoric experiences enabled participants to rid themselves of inhibiting factors such as morals adopted from the external context. Inner perceptions of being inhibited and undesirable were manipulated and transformed into a sense of freedom, allowing the self to take action on experiences that would not otherwise be allowed by the concept of self or upbringing.
- Chemical neurological processes facilitated a positive state of mood and the same

could be achieved with substance use. Interviewees discovered that even chemically enhanced experiences could be increased by adding sexual experiences to the equation.

- Chemical substances were functional in numbing/altering the central nervous system and enabled persons to present sexual behaviours that otherwise would not be presented.
- Participants experimented and made the subconscious conclusion that substances create ++ euphoria and by adding sex the ++ euphoric state can be increased to a ++++ euphoric state. It was reported that participants had learnt how to alter the being of self and as a result facilitate an alteration of consciousness. “Self administration” of chemical substances allowed the person to “set the stage” and enabled behaviour that contributed towards the fulfilment of needs. The exact “dosage” of chemical substance to administer was learnt by participants, they were then able to attend to their symbolised or unsymbolised needs.

The manipulation of internal experiences and state of mind relies on the fine balance of chemicals in the human brain. Any chemical substance will alter the organism’s state of mind by working directly on the central nervous system. Emotion can thus be altered by chemical manipulation of the limbic system. The limbic system is not a specifically located area in the brain, but a functional system consisting of neuron networks and it mediates emotional responses and memory as well as social behaviour (Kniesl & Trigoboff, 2009: 85-86). Limbic functioning evaluates experiences as pleasant (rewarding) or unpleasant (painful) and the retention of memory with related experiences can serve as a control in future situations that are similar to previous experiences (Jordaan & Jordaan, 2004: 174). Further processing of emotion and memories will be found in processes located in the basal ganglia where a high concentration of dopamine is present (Kniesl et al., 2009: 88). On the other hand, prolactin is a hormone responsible in reproductive functions and is closely related to dopamine levels. Absence of dopamine facilitates the release of prolactin and the organism presenting with hyper-prolactin will experience depression, stress intolerance, anxiety, decrease in libido and increased irritability (Sadock & Sadock, 2007: 124).

It must be kept in mind that the organism has now learnt that the above mentioned discomfort can be chemically manipulated. Changes in the neurotransmitter levels are indicated by behavioural or mood changes such as increased sadness, worry, anxiety, pessimism, sexual interest changes or sleeping patterns amongst others (Sternberg, 2001: 188-191; Carver, 2011: 2). Neurotransmitters excite or inhibit neurons or nerve cells and include acetylcholine, norepinephrine, dopamine, serotonin and gamma aminobutyric acid (GABA) (Sternberg, 2001:70,184; Barlow & Durand, 2005: 402-403).

The neurotransmitters that will primarily be affected by chemical substance use will be dopamine and serotonin (Sternberg, 2001: 70). Both these neurotransmitters, especially dopamine, are also naturally enhanced by pleasant acts such as sex or even eating chocolate. Dopamine is functional in the mediation of most mood and anxiety disorders, how the organism interacts with the external environment and is associated with feelings of pleasure and reward (Kniesel et al., 2009: 96-97). Chemical substances that increase dopamine will enhance pleasant emotional effects (Maisto, Galizio & Connors, 1995: 53 in Erlank, 2000: 40). Serotonin is known to facilitate bodily processes such as sleep, temperature and libido and low serotonin levels can lead to a depressive mood, fatigue, sleep disturbance and other behavioural disturbances (Sternberg, 2001: 186-188; Barlow & Durand, 2005: 402; Carver, 2011:6). Chemical substance use facilitated multi-dimensional positive functions for the organism. The euphoric feelings resulting from substance use are pleasurable and persons would aim to recapture such pleasures (Barlow & Durand, 2005: 403).

Mental health is continuously studied according to the role of the synapses and neurotransmitters. Psychiatric disorders are based on dysfunctions with regard to neural networks and, in particular, the synapses. Dopamine and glutamatergic synapses are relevant to substance dependence, and where depression is present, serotonin and norepinephrine will be of importance (Barlow & Durand, 2005: 402; Department of Psychiatry, 2009, University of Munich, 5<sup>th</sup> International Workshop on Computational Neuropsychiatry, Medicalcybernetics, <http://www.medical-cybernetics.de/documents/sysbioprogram.pdf>: Accessed on 03 April 2010). This study found that persons discovered how to control the neurological processes through substance use, sexual behaviour or a combination of both.

The researcher provided literature that relates to the findings from a biological perspective. In the following section the findings will be discussed from a Person-Centred Approach to human experiences.

#### **4.4 CONCLUSIONS FROM A PERSON-CENTRED PERSPECTIVE**

The researcher aimed to qualitatively discover and explore the meanings persons attached to their experiences and the world(s) they perceived as reality. In this section the researcher will discuss the findings of this study from a Person-Centred Perspective. Persons need to be understood in their wholeness. Their contexts are part of their being and this requires knowledge of human development and behaviour, social, economic and cultural institutions and of the interaction of all the mentioned factors (Zastrow, 2012: 29).

The previous section presented a bio-neurological perspective in drawing conclusions from the seven identified themes generated by the data analysis processes followed in this study. The ancient Greek philosopher, Hippocrates, was particularly interested in discovering the source of the human mind. He described the mind as a distinct separate entity that controlled the body. This notion to describe the view that the mind was qualitatively different from the body is termed mind-body dualism (Sternberg, 2001: 6). Aristotle differed and set the stage for “monism” that argued that the mind does not exist in its own right, but is merely an illusory by-product of physiological and anatomical processes (Sternberg, 2001: 7). Sigmund Freud aimed to break down a construct such as personality into its constituent components and a host of conflicting unconscious impulses (Sternberg, 2001: 22).

The understanding of a person in his/her wholeness was fundamental to the Gestalt psychology that viewed psychological phenomena as a structured, organised whole that is holistically approached and not analysed into a myriad of component elements (Sternberg, 2001:18). A new view was brought about by the human potential movement in the 1960s where humanistic psychology was approached as non-authoritarian, positive and personally empowering (Whitton, 2003: xi). Humanistic psychology promotes free will, the importance of human potential as well as a holistic approach to the wholeness of human beings, rather

than breaking the organism into analytical parts (Sternberg, 2001: 22; Whitton, 2003: 39-42). Carl Rogers (1987: 486) argued that the person or group as an organism reacts as a structured whole to the phenomenal field of experiences. This study adopted the humanistic view that human beings are not only biological or purely psychological beings, but indeed an organised whole that is in constant transaction with the internal experiences and the context (Rogers, 1987: 483,486, 497-498).

During the semi-structured in-depth interviews, the researcher enquired with regard to the history of substance use and it became clear that each individual developed a specific and unique frame of reference with regard to their own experiences (Rogers, 1987: 494) related to chemical substance abuse. Therefore the function of chemical substances as regards each participant's unique needs would differ. General themes were identified, but for each individual the need differed. These interviews should be understood individually in order to enhance the effort to understand the person from his/her own frame of reference for new learning is maximised when we approach the person without preconceived ideas of the researcher's own perception (Rogers, 1951: 495,497). Therefore the semi-structured in-depth nature of the interviews was characterised by openness to the experiences and meanings presented by the participants. It has previously been said that the three phases of dependence development were identified in all of the participants' dependence progression, but they still differed in their symbolised and un-symbolised needs, behaviour, and construction of self and remained unique within the processes of substance dependence development. Although they shared some similar experiences, different commonalities were identified with regard to the functions of the chemical substances. The fact that the process of data analysis produced seven themes does not imply that human experiences were generalised. Experiences were respected as unique to each individual and what became evident to the researcher was how closely related the medical (neuro-biological) view and Person-Centred Approach are, especially once the person is viewed in his or her wholeness (Rogers, 1987: 486).

From the interviews it became clear that individuals created their own unique experiences, perceptions and observations with regard to the external world (Rogers, 1987: 484) and behaviours were directed according to these experiences. This study discovered that persons

adapted to the internal and external environment through the three identified phases of disease progression. When perceptions of the internal and external world changed, the reaction of the individual also changed (Rogers, 1951: 486). Persons discovered how to manoeuvre and change experiences by abusing chemical substances. These experiences were central and personal to each participant and through the phases of dependence development there was a constant present change of the self to be observed. Further, these experiences were either conscious or unconscious (Rogers, 1987: 483). The world of experiences, which is private to the individual, can also be called the phenomenal field and was only known to the individual in its genuine or complete sense (Rogers, 1951: 483). It can thus be argued that each participant unknowingly discovered the positive functions of substance abuse in his or her unique way and these functions differed from person to person. It can thus be argued that the function(s) that the chemical substance fulfils contributes to the process towards physical dependence on the chemical substance of choice.

Throughout substance abuse and dependence the whole organism was affected. Family members were not interviewed, but participants reported on the reactions and experiences of family members. The individual, family structure and the neurological/psychiatric self responded as a whole to experiences related to substance use (Rogers, 1987: 486). The organism (the person in his/her wholeness) was at all times an organised whole that reacted as a unit in which change in one part would lead to adaptation in other parts (Rogers, 1951: 487). Participants would adapt behaviour according to the needs of physical dependence to make regular contact with the substance as needed by the organism. Physical and emotional needs were addressed through substance abuse. Persons reported that their emotional state decreased as substance use increased and that the relation between physical and mental degeneration was evident from the interviewees' perceptions.

Individuals were aware of certain needs, but un-symbolised needs that directed substance focused behaviour were also presented by all participants. The substance use could be seen as facilitating the process of defence against un-symbolised experiences and thus maintaining the organism (Rogers, 1987: 487). Intentional behaviours were accompanied by emotions and rewarding experiences (Rogers, 1987: 492). The organic and psychological needs of a person

can be described as partial needs of an organism's fundamental need. Substance abuse would address a need that the person was aware of, but the interviews allowed persons to discover that there were other needs connected to the symbolised needs. Persons could, for example, abuse chemical substances to relieve psychological tension that was created within themselves and their environment, and their internal experiences and external world could be altered. The relief of psychological tension by means of chemical substance abuse would serve then as temporary needs satisfaction, but not a significant maintenance of the self. In goal directed efforts to satisfy needs, need satisfaction (behaviour) could be rewarded or frustrated which in turn created internal experiences such as emotion (Rogers, 1951: 488,494). Feelings of guilt and shame were also experienced and were a result of behaviour that was presented when the person was intoxicated. The person had thus not taken ownership of the behaviour presented during periods of substance abuse. Uncomfortable emotional affect could be chemically altered to a euphoric state of being and participants could even heighten the euphoric affect by adding sexual pleasures to the context. For the purpose of change in affect, all candidates confirmed that they had used chemical substances in order to alter the mood they experienced. It can thus be argued that to escape from the self (internal experiences as well as interactions with the environment) would be the function of chemical substance abuse.

During the process of development to the phase of substance dependence, the self of all participants was constructed where the chemical substance as part of the external world as well as creating internal experiences and changes was integrated as part of self (Rogers, 1987: 497). As a result of interaction with others, the structure of the self was formed and the organisms attached certain values to these experiences (Rogers, 1987: 498). Persons thus started to construct the self in relation to the chemical substance and experiences related to substance use became part of the self as well as the functioning of the organism. Participants reported that they anticipated themselves to react in a certain manner once chemical substances were used. The expectancy was constructed that unwanted experiences could be altered to being pleasurable. Persons shaped personal values according to their own experiences and some values were even adopted from others, such as parents, as if these values were experienced by themselves (Rogers, 1987: 498). As a young boy one participant would observe his father socialising with alcohol while others were influenced by friends.

Two male participants could live out their homosexual selves when intoxicated. These values (homosexuality) were not congruent with those of their parents. Values that are adopted and not experienced directly are just as real as if experienced directly and were integrated into the concept of self. In the interviews it became clear that participants valued the perceptions with regard to the self and had adopted values from these significant others (Rogers, 1951: 500-503). Where internal psychological tension was experienced as a result of conflicting values, persons reported that such psychological tension could be relieved by means of substance abuse. Persons could now “be themselves” with ease rather than acting according to the needs of the “adopted self”. Participants reported that they could act on needs without the “little voice in their head” of their parents or even the church and enjoy the experiences they wished to indulge in. The chemical substance abuse was functional in numbing values that were not congruent with the organism.

The above indicates that persons would have different selves before they started taking substances. For example, wanting to be a good friend, yet not believing that he/she as a person (self) is capable unless he/she joins in drinking or drug use; a self of not being a homosexual person and/ or being loyal children to their parents. There could be others, such as not being able to manage without help (chemical substance) and even “I have to be in control” and therefore must be able to control substance use. The chemical substances would therefore serve different functions for different aspects of the person.

Certain aspects of behaviour were on a symbolised level for all participants, but it was clear that only a part of the needs that motivated behaviour were on a conscious level (Rogers, 1987: 491). Other experiences were ignored as if there was no perceived relationship with the self. Experiences were mostly denied and this could be because they were not consistent with the organism’s self-structure (Rogers, 1987: 503,144,145) and most participants ignored experiences including behaviour that was presented when they were intoxicated. Behaviours would be minimalised by not taking ownership of their deeds by transferring “blame” to the chemical substance abused. Participants reported, for example, that they could only act out fantasies or perform acts such as oral sex or sexual acts with the same sex when they were intoxicated. The contradicting factor here is that the behaviour was ignored when the person

was sober, but sought when the awareness of self was physically numbed. Experiences that are of no importance to the self will be ignored, experiences that satisfy conscious needs will be assimilated with the gestalt of the self and symbolised or allowed to the self in a distorted manner when posing a threat to the self on a conscious level (Rogers, 1951: 504-506). Persons could thus, at the time of the interviews, not identify the self with the behaviour that was presented when they abused chemical substances. The current self was thus not experienced in relation to chemical substance abuse. At the time of substance abuse certain sexual acts in combination with substance abuse seemed to be consistent with the concept of the self at the specific phase of substance dependence development (Rogers, 1987: 507).

Persons strove to meet their needs in the experiential world and these efforts needed to be consistent with the self. The only channels through which the needs could be satisfied were those that were consistent with the organised concept of the self (Rogers, 1951: 506-507) at the time of abuse. The behaviour at a specific stage of dependence development could be related to the organism's inconsistency with experiences that were not brought to a conscious level and the behaviour was not owned by the self (Rogers, 1987: 509). The disbelief of participants with regard to sexual behaviour when under the influence of chemical substances points to un-symbolised needs that were not satisfied through the behaviour presented during substance abuse. The behaviour was thus inconsistent with the self and not owned by the individual. Experiences that led to behaviour were motivated by unconscious needs and could not be incorporated into the structure of the self and the result was psychological tension in the organism. The behaviour to relieve the psychological tension through chemical substance utilisation was motivated by these un-symbolised internal needs (Rogers, 1987: 510). The organism can experience some experiences as consistent with the self by adopting some behaviour and values from others but, as previously indicated, adopting values that are incongruent with the organism will cause tension and the person could feel that he/she is a marionette in the hands of other's needs (Rogers, 1951: 512). During substance use the self, behaviour, needs and experiences seemed to be congruent with the person, but it is important to keep in mind that the organism seemingly functioned while the brain was not functioning naturally, but chemically affected and altered.

Where the person experienced that the self is threatened, participants presented the need to defend the self in various ways (Rogers, 1987: 515). The chemical alteration of self-awareness, external and internal environments as well as psychological tension held specific functions for persons. These functions would range from being more acceptable to the own self, relief of psychological tension to even being more acceptable to others. As identified in Theme Seven, persons learnt to control the internal as well as external worlds of experience. Experiences that pose a threat by not being consistent with the organism and the more these perceptions exist, the more intensely the self will be organised in order to maintain itself (Rogers, 1987: 515). One participant could, through substance abuse, defend the self against the sexual and physical abuse by her husband or others and could protect the self against incongruent perception of the self. The self could thus be successfully defended by substance use, but eventually the substance abuse affected the person negatively in all dimensions of the organism (Rogers, 1987: 515). Persons now needed to protect the psychological and biological self against the torture of withdrawal symptoms. The negative behaviour and consequences motivated all participants to be admitted for substance dependence treatment as an effort to preserve the self. Prior behaviour to preserve the self through substance abuse was now perceived as a threat to the organism by the individual (Rogers, 1987: 491).

Service users that participated in the research and in therapy at the centre seemed to be in the process of reconstructing the self by bringing un-symbolised needs to a conscious level (Rogers, 1987: 513). Earlier it was stated that the individual may experience being a marionette manipulated by the needs of others. However, when their own congruent needs were symbolised, the individual would be more accepting of their needs and the needs of others, who would then be experienced as unique separate individuals. Most experiences are to be integrated into the concept of self, perceived and examined as a process to revise behaviour and the self in understanding the self as a unique individual (Rogers, 1987: 520). All participants responded that they wanted to find more pleasure in the intimacy and love in sex and intimate relationships. This could be because un-symbolised needs are now brought to awareness. Integration of experiences into the gestalt of the self and the value system is no longer based primarily on distorted symbolisation but the organism's own unique value system (Rogers, 1987: 522). The person perceives and also accepts organic experiences into the

gestalt of the self, replacing un-symbolised experiences with a continual process known as organismic valuing (Rogers, 1987: 522).

The research findings have been discussed from the humanistic Person-Centred perspective. The researcher will in the next section commence with recommendations in light of the findings of this study.

#### **4.5 RECOMMENDATIONS PERTAINING TO THE RESEARCH FINDINGS, PRACTICE AND FUTURE RESEARCH**

*The person-centred approach is about emotional intimacy; it becomes increasingly transformative as emotional contact deepens. Understanding with the head is important, but not as important as understanding with the heart (Tolan, 2003:100).*

As a result of the research findings and conclusions arrived at, the researcher will now make recommendations pertaining to the findings, practice and future research. From the outset of this study the researcher became aware that future research would be required due to the lack of literature on the functions of chemical substances in the sexual behaviour of persons. The research findings indicated that further research could be stimulated and intervention programmes could be developed based on the acquired understanding of the functionality of chemical substances in the sexual behaviour of persons.

People's stories unfold over time, so assessment of the data in this study is not limited to a one-time event but is a process that is continuous throughout (Egan, 2002: 103). The discovery of the meaning(s) persons attach to their experiences became a complex and intimate experience on its own. Grobler and Schenck (2009: 22) recognize that *like experience, perception [observation and creation of meaning] of the world [reality] is an individual matter*. Both the researcher's and the reader's definition and meaning are also shaped by their theoretical approach (Rolfe, 2006: 305). Heylighen (1993: 2) explains that social constructivism "sees consensus between different subjects as the ultimate criterion to judge knowledge". Truth or reality will be accorded only to those constructions on which most

people in a social group agree. Due to the observation of life [experiences] and any meaning we ascribe to it[them], this is an exceptionally personal matter and it could be accepted that each of the participants would have a different view as to what their experiences meant to them.

People may have preconceived frames of reference with regard to the meaning(s) others attach to their experiences (Rogers, 1987: 484,494; Sternberg, 2001: 491), and these preconceived frames of reference or perceptions do not exclude those of the psychotherapist. Rogers (1995: 74-75) referred to an attitude of deep respect and full acceptance for the person wrapped in a warmth, which transforms them in the most profound way of liking or affection for the core of the person. This study aimed towards a level of communication which allowed the person to perceive the researcher as understanding of their experiences. According to Tolan (2003: 67), this respect would mean an unconditional positive regard for the participant which was rooted in the ethics, approach and congruence of the researcher.

#### **4.5.1 First recommendation for practice**

Service providers should be well aware of their own perceptions and frames of reference with regard to service users. The service provider should guard against interventions which promote a self-perception of the service user as a "victim". Durant and Kowalski (1990: 67) argue that therapy should not promote a less helpful self-definition or perception of the self but rather that therapy should aim to enhance a person's self-definition. They further state that in the therapeutic relationship it should never be that the therapist is an expert, who has special knowledge regarding the client, to which the client needs to submit. People should not be viewed as damaged or broken and the professional should therefore not purely aim to "fix" the client, but rather seek to gain insight into the dynamics of the person (Durant & Kowalski, 1990: 67). In this study the researcher discovered that accurate empathy and a willingness to "hear" the person in his/her totality/wholeness contributed in empowering the participant to fully discover experiences and the meanings attached to these experiences. Rogers (1975) describes accurate empathic understanding as follows: "If I am truly open to the way life is experienced by another person...if I can take his or her world into mine, then I risk seeing life

in his or her way...and of being changed myself, and we all resist change. Since we all resist change, we tend to view the other person's world only in our terms, not in his or hers. Then we analyse and evaluate it. We do not understand their world. But, when the therapist does understand how it truly feels to be in another person's world, without wanting or trying to analyze or judge it, then the therapist and the client can truly blossom and grow in that climate.” The release of the person’s growth relies on certain relational conditions. Rogers (1957: 96) referred to psychological conditions that should be present in a relationship that promotes constructive personality development. These conditions all presume that the individual’s opportunity and tendency to develop constructively are based on his/her own self-determination and also being given “the freedom of a fostering psychological climate” (Bozarth, 1998: 4). Three paramount conditions that became evident to the researcher during the data gathering process were: congruence, unconditional positive regard and empathic understanding of the person. The researcher wishes to make the recommendation to therapists to empower these core conditions in order to promote the actualising and self-determination of the service user.

#### **4.5.2 Second recommendation for practice**

Conditions for change that Rogers considered necessary are that two people should be in psychological contact with each other and that, to some degree, a minimal relationship should exist (Tolan, 2003: 87). The purpose of facilitation, according to the Person-Centred Approach, is to create conditions within the therapeutic relationship that would facilitate growth and produce psychological change for the client (Gillon, 2007: 44). The relationship a therapist has with his/her client is of importance to the therapeutic process if certain conditions are met (Gillon, 2007: 44). Rogers (1957: 96) states these facilitative conditions as:

- Two persons should make psychological contact
- One of them, who could be termed the client, experiences a state of incongruence, being vulnerable or is even anxious
- The other person, the therapist, is congruent and involved in the relationship
- The therapist should experience unconditional positive regard for the client

- An empathetic understanding of the client's internal frame of reference is experienced by the therapist, who endeavours to communicate this experience to the client
- Empathetic understanding of these experiences should be communicated to the client by the therapist, and this should be achieved through a facilitative environment of unconditional positive regard.

In the above conditions, the emphasis is placed on the relationship within the therapy (Gillon, 2007: 44). Rogers (1957: 102) describes the above conditions as being necessary and sufficient for the commencement of a process of constructive personality change. The researcher thus emphasises the importance of the service provider's attitude towards others and their experiences, and that these conditions should create the non-threatening climate in which a person can begin to integrate experiences into his/her awareness. Gillon (2007: 44) further adds that conditions have two basic components: those linked to the facilitator's actions and experiences [way of being] and those related to the client's experiences regarding the therapeutic relationship. The condition of psychological contact is a mutual and co-constructed experience by both client and facilitator. The purpose of the therapeutic contact will thus be to remain in psychological contact with the client. Rogers (1957: 96) explains that a minimal relationship and a psychological contact must exist. Furthermore it is stated by Tolan (2003: 93) that it is within the relationship that the therapist understands the way in which the client constructs meaning, understands perceptions and points of view and enters the client's frame of reference. Tolan (2003: 93) further explains that psychological contact applies to both client and facilitator as available to this contact. It would therefore be impossible to enter meaningfully into the relationship with external perceptions or frames of reference with regard to the client or his/her experiences/behaviour. According to Rogers (in Gillon, 2007: 45), therapeutic work is a naturally personal undertaking and its success is reliant on the ability of the therapist to enter into a relationship of experiencing with another person. The therapist should not hide behind professional masks or scholarly proficiency.

### 4.5.3. Third recommendation for practice

The researcher experienced that empathy, unconditional positive regard and congruence are not mere skills (Gillon, 2007: 44) but rather a ‘way of being’. Rogers (1980: 160) considers three attitudinal elements most important for a growth-promoting relationship: empathy, unconditional positive regard and congruence. The researcher would recommend that treatment interventions be evaluated against the conditions as discussed in this section. Rogers (1980: 139) describes empathy as the most persuasive factor in bringing about change. Grobler and Schenck (2009: 80) describe empathy as understanding the client fully (symbolised and unsymbolised experiences) and further that empathy (basic and advanced) is essential to the facilitative relationship. The researcher recommends that the paramount purpose of interventions should be to empathetically understand the client, and that the client should experience this understanding together with unconditional positive regard. Therapists should be congruent with their self and the self of the client. Rogers (1980: 160) explains congruence as “a basis for living together in a climate of realness”. This allows the client to experience a truly real and accepting therapeutic relationship. Ultimately, the purpose of facilitation is to allow a client to experience realness and change, and this is allowed by creating conditions within the facilitative relationship which are growth-promoting and free from external factors. Rogers (1950: 442-443) explains this change as follows:

- There is a change in the client’s attitude towards himself, negative attitudes giving way to positive attitudes, particularly in the attitude towards self as it is currently perceived, in the present
- There is a change from non-acceptance of the self to a greater degree of acceptance of the self as a person of worth, a person who can perceive his own experiences without distortion or denial, who can base his standards and values upon his own experiences rather than upon the attitudes and desires of others
- The client comes to perceive himself with more objectivity, with less emotion. He [she] experiences himself [herself] as more spontaneous, genuine, integrated and independent
- There is a decrease in psychological tension as verbally expressed

- There is a decrease in physiological tensions in frustrating situations
- There is an increase in the degree of acceptance of, and respect for, others and in positive attitudes toward others
- There is an increase in the maturity of reported behaviour
- There seems to be a significant alteration in personality structure, this change being in the direction of lessened anxiety, greater integration, greater emotional stability and control and increased sociability and self-confidence.

The purpose of the therapeutic relationship is thus to provide conditions in which a client can change. These conditions, as indicated above, are both essential and adequate for change and to promote change in a client. This environment, as well as experiencing the therapist's unconditional positive regard, acceptance, respect and empathy, allows the client to consider this change and to move in a self-determined direction.

Service providers should be clear and congruent with regard to their own attitudes, perceptions and frames of reference as these may block psychological contact if the therapist feels uncomfortable, angry or even threatened, instead of co-constructing psychological contact with the client (Tolan, 2003: 89).

The Person-Centred Approach requires emotional intimacy and becomes progressively more transformative as affecting contact deepens. When the therapist is willing to be open to, and about, his/her own feelings he/she will be emotionally receptive and responsive, able to sense the client's feelings and respond to them in a sensitive manner and his/her willingness to make deeper psychological contact will be communicated (Tolan, 2003: 100). Professionals should aim to be able to understand the client and be understood by the client (Tolan, 2003: 93).

Rogers (1956: 994) believed that the goal of person-centred therapy is to assist people to become more autonomous, spontaneous and confident. He further posed the following question with regard to a therapeutic process with a client: "How can I provide a relationship which this person may use for his own personal growth?" Once a service provider has constructed this relationship of growth and change, the therapist should then learn to *trust the process* (Tolan, 2003: 118).

The researcher recommends that therapists should evaluate their own thinking and approach to service users in order to become congruent with the self and others. They should care for the client and exhibit empathy towards the internal processes (Cooper, O'Hara, Schmid & Wyatt, 2011: 2). The process of the individual should be trusted to direct the self towards growth and change. Mearns and Thorne (2007: 12) state that Carl Rogers believed that there was one motivational force that determined the development of personality. He referred to the actualising tendency and that it was this actualising tendency which would ensure that the individuals strive for and grow in the direction of the fulfilment of potential. Therapists should seek to understand the totality of the organism, as a directional trend is evident in all persons that urges them to "extend, expand, develop and mature, as well as the tendency to express and activate" all the capacities of the self (Rogers, 1961: 351). The basic hypothesis is that therapists should provide a growth-promoting psychological atmosphere where the person can progress towards symbolised understanding of the self, consider significant choices, behaviour changes or a change in the concept of the self (Cooper et al., 2011: 2). In a relationship where growth is facilitated, as it may exist at any given moment, the aim will be to understand. If the therapist understands what it feels like to be the client at this moment [the here and now], if he/she can understand what a human being is trying to communicate without knowing it and if the therapist can convey to the client something of this understanding that is felt, then Rogers (1952: 343) states that "therapy will occur". Rogers (1956: 997) explains:

If I can create a relationship characterised on my part:

By a genuineness and transparency, in which I am my real feelings,

By a warm acceptance of and liking for the other person as a separate individual,

By a sensitive ability to see his world and himself as he sees them,

Then the other individual in the relationship:

Will experience and understand aspects of himself which previously he has repressed,

Will find himself becoming better integrated, better able to function effectively,

Will become more similar to the person he would like to be,

Will be more self-directing and self-confident,

Will become more of a person, more nearly unique, and more self-expressive,

Will be able to cope with the problems of life more adequately and more comfortably (Rogers, 1956: 997).

The functions of substance use can be viewed from different perspectives (Erlank, 2002: 62). This particular study identified that chemical substance abuse would fulfil varying functions and that they would differ from person to person within sexual behaviour.

#### **4.5.4 Recommendation for future research**

This study demonstrated a definite element of chemical substances having a function in the sexual behaviour of certain individuals. From the multi-dimensional nature presented in themes derived from this study, it is argued that, due to the service provider's own frame of reference, this seemingly uncomfortable arena may be ignored. Bias, or even ignorance, regarding the topic may result in the whole person not being acknowledged while undergoing treatment programmes.

Ample research has been conducted on the biological, social and psychological impact of chemical substance use and abuse on the individual and his/her relevant systems. However, it became evident that human beings have experienced several functions of chemical substance abuse within their sexual behaviour that requires further investigation. The functions of chemical substances need to be explored in various contexts. Internal and external worlds could be altered by improving the euphoric state as the organism requires. This enhanced and improved euphoric state is stored in the brain as unique experience(s). The added value of chemical substances and sex was directly experienced by the organism and the organism knew the advantages of this formula. Was the gain in this "added value" higher than the traditionally accepted inter- and intra-psychological advantages? A further question that can be raised is, where does it leave the psychotherapist and/or social worker when communicating with the brain? This question needs to be explored further by future research.

#### **4.5.5 Further recommendations for future research**

Some treatment programmes may focus solely or mostly on sobriety and the person abstaining from chemical substance use and their experiences would not be acknowledged. This study also confirmed that persons attached certain meanings to substance abuse and that the effect of the substance use had a variety of functions for persons. Sexual acts would add to the experience and persons would experience a sense of power and even indulge in intimacy without any responsibility or sense of risk to the concept of the self. Control over the self, others, the environment and neurobiological processes could be executed without any responsibility, embarrassment, guilt, shame or explanation. These experiences constructed a distorted perception of the self, at the time of substance use, and were facilitative to the constructed self and perceived positively by the organism. Persons were able to escape themselves and many negative emotions through chemical substance use and create a temporarily acceptable self.

This study further confirmed that substance abuse and the dependent person negatively affect significant others and society. The reported themes related to substance abuse and sexual behaviour demonstrates the necessity for strategies and approaches to treatment that will address the general well-being of individuals, family systems and the community.

Further multi-disciplinary research aiming to understand the functions of chemical substances in sexual behaviour is required and it is suggested that the study could contribute to therapeutic interventions by service providers. A multi-disciplinary approach where social work, bio-chemistry, nursing and psychiatry are integrated might provide helpful conclusions with regard to the person as a whole being.

#### **4.5.6 Recommendations for Continuous Professional Development (CPD)**

The United Kingdom Mental Health Foundation's "Pull Yourself Together" report states that (Baker & Read, 1996): "People who experience mental health problems are heavily discriminated against and stigmatised in society, and often feel excluded". In a survey done by

the Mental Health Foundation, it was found that 47% of people surveyed experienced physical or verbal abuse from the public. Twenty-four percent experienced hostility from others such as neighbours and their local community. The discrimination against persons currently suffering from some sort of mental difficulty seems to be a phenomenon that could be motivation for further study. Substance dependent persons may easily be stereotyped by others who conform to stringent socially acceptable value systems or frames of reference (Rogers, 1987: 498,494). This study discovered that participants were vulnerable to the perceptions of significant others. Their sense of self "shattered" into little disconnected pieces as experiences were integrated into the concept of the self in a distorted fashion (Rogers, 1987: 503). Behaviour was inconsistent and, at times, could be experienced as "bizarre" by others. To the observer, behaviour may have appeared senseless, emotions may have seemed inappropriate and the person displayed difficulty in differentiating the self (Rogers, 1987: 497-498). Further lack of understanding from the service provider would thus not contribute to any process of creating a facilitative context towards change and growth of the client (Rogers, 1987: 517,513). Rogers (1987: 515) refers to this as psychological tension and a threat to the self. Any experience which is inconsistent with the organisation of the structure of the self may be perceived as a threat and the more of these perceptions there are, the more rigidly the self-structure is organised towards self-defence. The above mentioned figures from the United Kingdom's Mental Health Foundation report caused the researcher to speculate on the ways in which perceptions and frames of reference, on the part of the service provider, would hamper the process of recovery of the client.

By discovering the functions of chemical substances in the sexual behaviour of persons, this study gained information that would generate a more congruent understanding of substance dependent persons. Rogers (Whitton, 2003: 48) treated his clients as people of unconditional worth that should be valued no matter what their condition, feelings or behaviour. The aforementioned implies that the therapist should be genuine, not hiding behind a defensive façade, but meeting the person as experiencing the self. The therapist should thus be comfortable in congruently entering into a relationship with the client and providing a climate which will permit the client the utmost freedom to explore experiences and the structure of self (Rogers, 1987: 483,486,497-498). Service providers should guard against personal

perceptions that could inhibit them from allowing service users to further explore sexual experiences.

Unconditional positive regard (Whitton, 2003: 48) could be facilitated by understanding the wholeness of the person to the extent that the therapist finds him/herself experiencing a warm recognition of each feature of the client's practice as being a part of the person's self-structure. The researcher aimed to assume an unconditional positive regard during the process of data gathering so that the participants could discover their own experiences, in conjunction with the researcher, without fear of condemnation or judgement. The experience throughout the semi-structured face-to-face conversations proved to be a particularly enlightening process to the researcher as well as the participants. This study would thus recommend that unconditional positive regard and understanding of the total person should be primary in the caring process of substance dependent persons. Therapists should adopt a way of being that promotes caring for the client as a separate person in agreement with his/her own feelings and experiences.

It is the responsibility of the service providers to render an informed, humanistic and morally responsible recommendation with regard to treatment. Continuous Professional Development (CPD) training in the theoretical departure of a person-centred lens, to understand the person and the way in which he/she functions contextually, is recommended by this study.

#### **4.5.7. Recommendations pertaining to practice, future research and CPD**

If there is an authentic dedication to the real anguish of persons it is essential that social workers are open to the meaning attributed to the framework in the lives of those suffering (Sacco, 1994: 161). In an attempt to comprehend the person in his/her wholeness, a definite academic and multi-professional approach is necessary to comprehend a human being in conditions of suffering.

When the person-centred philosophy is used as a point of departure in rendering social work interventions to service users, the wholeness of the person should be approached through a psycho-therapeutic process that facilitates change and growth of individuals, groups and

communities.

The approach to and the value system informing engagements with persons and the goal of interventions, resonate with Rogers' view (1980: xvii) when he states:

*I am no longer talking simply about psychotherapy, but about a point of view, a philosophy, an approach to life, a way of being, which fits any situation in which growth – of a person, a group, or a community – is part of the goal.*

Rogers (1980: 356) furthermore advocated a more human/personal future approach to others: “The winds of scientific, social, and cultural change are blowing strongly. They will envelop us in this new world of tomorrow... Central to this new world will be persons, the persons of tomorrow. This is the person-centred scenario of the future. We may choose it or not, it appears that to some degree it is inexorably moving to change our culture. And the changes will be in the direction of more humanness.”

Service providers are challenged to understand the dynamics of how service users perceive the self of the person and deal with the organisation and functioning of the organism (Rogers, 1987: 40). This study indicated that there are multiple elements that threaten the self and that the person is not at all times able to significantly view the self as experienced. The therapeutic relationship should aim towards the client's accurate view of own thoughts, uncertainties, ambivalence, beliefs and perceptions as reflected by the service provider (Rogers, 1951: 40-41). Service providers should be sensitively aware that the person is in a process of symbolising un-symbolised experiences and that the person may not be aware of the meaning he/she attaches to experiences (Rogers, 1987: 503,484). The need to be valued and respected is of paramount importance to persons as well as the development and maintenance of the self-structure (Tolan, 2006: 4). Experiences that are not congruent with the self will be denied or distorted to an unsymbolised level of awareness. Once experiences are symbolised and accepted into the structure of the self, reorganisation of self-structure and an integrated functioning of the self can be facilitated (Grobler & Schenck, 2010: 4). The client should thus be able to grow and change in a facilitative environment free from threat to the self. Rogers

(1951:48) states that all a person can do is to describe their own experience and the evidence which grows out of it. Professionals should thus perceive the client in his/her wholeness with all dimensions taken into consideration.

It should be kept in mind that substance abuse in combination with sexual acts had various functions for persons as set out in the themes of this study. Persons developed substance dependence through the identified three phases and they discovered the advantages of substance use/abuse through these phases that developed into substance dependence. The psychological tension that was created within the person and the environment was relieved and added to the euphoric effect of the substance when combined with sexual behaviour. Chemical substances enabled participants to act out sexual fantasies and this added to the enhancement of sexual pleasure. People collectively presented with the tendency to avoid the present state of awareness where chemical substances constructed a sense of control over the internal and external environments.

Taking the above into consideration, it is important that service providers should have a clear and empathetic understanding of the function of chemical substances for the person. The researcher recommends that training of service providers should include the clinical and psychiatric effects of chemical substances on the person. The psychiatric implications for the person should also be understood by service providers in order to create a comprehensive understanding of the person in his/her totality. The researcher further recommends that Continuous Professional Development (CPD) should be designed that focuses on understanding all aspects of the substance dependent person from a psychiatric and person-centred approach. As this study found, there may be general identified themes, but the functions are unique to the individual's experiences and require further exploration through research. The question should also be raised why the person would avoid substance orientated behaviour when it holds multiple positive functions for the organism. Participants symbolised that the sober self presents the need for in-depth relationships that could be experienced as real and meaningful. The therapist facilitating change with the person should also be well aware that the organism has now experienced euphoric states and has learnt how to heighten euphoric experiences by combining chemical substances and sexual behaviour. Would

sobriety and meaningful relationships be able to live up to the memory of these heightened euphoric experiences? What would be able to replace the need to relive these euphoric experiences? Change and meaningful experiences could possibly be experienced in the therapeutic relationship where the client could congruently address needs and fears with regard to the self-construct.

The researcher would suggest to psychotherapists that they seek to discover the experiences of substance dependent person [persons], in the sometimes disorderly as well as tidy unity which seems to be inherent in the subtle and complex issue of constructing interpersonal relationships in the therapeutic environment (Rogers, 1957: 95). This study discovered that the researcher could make the climate safe for a participant and that this facilitative environment enabled persons to discuss experiences and explore the meanings that were attached to these experiences. Some participants disclosed that they would never divulge the data to their psychologist or social worker responsible for their treatment at the Centre. They reported [off the record] that they feared judgement or discrimination. The researcher understood that interviewees could not be made safe from the pain of new insight or the pain of honest feedback from the researcher. Persons reacted positively to reflections from the researcher and allowed the process to further discover and understand their experiences. Therapeutic processes should thus be used by the service user as an intimate process wherein the individual experiences that whatever happens to him/her, the service provider will psychologically “be” with the person in “moments of pain or joy, or the combination of the two which is such a frequent mark of growth” (Rogers, 1971: 276). Being psychologically available to and making psychological contact with persons in treatment may seem difficult to apply in the research setting, but it is highly recommended. Rogers (1950: 443) confirms that the therapeutic phenomenon seems to most likely occur when the therapist genuinely and deeply, with an attitude of respect and unconditional positive regard, makes psychological contact with the person in his/her present state.

Therapists should be willing to demonstrate the ability to understand the client’s thoughts, struggles, feelings and needs from the person’s point of view with sensitivity (Rogers, 1950: 444). In the relationship that is constructed the aim should be mainly to understand the whole

person (Rogers, 1952: 343). The therapist should develop the ability to see entirely through the client's eyes and adopt the person's frame of reference which is the basis for implementing "client-centred" therapy (Rogers, 1950: 444). It is the responsibility of the person-centred therapist to remain with the client and all judgements, evaluations or even changes in evaluations must be left to the client (Rogers, 1950: 444). Psychotherapists should be aware of own perceptions, values and feelings with regard to experiences of the client. Rogers (1980: 14) states that the experience of being authentic in the therapeutic relationship could be satisfactory and facilitative in the psychologically safe nature of the therapeutic setting. A key role of social work practice is facilitating empowerment of persons, their personal and interpersonal strength according to their own self-determination (Zastrow, 2012: 39) and the researcher, therefore, recommends a holistic and complete understanding of the person in his/her wholeness (Rogers, 1987: 486).

The researcher would further recommend that a research project should be undertaken investigating the functions of chemical substances in the sexual behaviour of persons in a sample from a population where persons are still using or abusing chemical substances. In this study the perception and experiences of persons at a rehabilitation centre were explored. Such research would contribute to approaches that are taken in the rehabilitation treatment of substance dependent persons.

As a last recommendation the researcher wants to indicate that this study placed the emphasis on the multi-dimensional nature of substance dependence and abuse. Emphasis was placed on the wholeness of the person and how closely Rogers' third proposition relates to that of psychiatry. The researcher would thus recommend a combined study from the disciplines of psychiatry and a person-centred approach. Research of this nature would enable service providers from both approaches to understand the total person and enhance service provision to fellow human beings in distress or need.

The following and last section of this chapter will conclude Chapter Four and the researcher will in addition add a final note to this qualitative study.

## 4.6 CONCLUSION

In this final chapter of the study the research approach, design and methodology followed to investigate *the functions of chemical substances in the sexual behaviour of persons* were summarised. The researcher presented the reader with conclusions and recommendations based on the research process. Focus was placed on the problem statement, rationale, research question and aim of the study. In addition the research approach, design, methodology and limitations of the study were discussed. Also presented was a summary of the conclusions on the research findings and recommendations were provided. The researcher further discussed conclusions and recommendations with regard to the qualitative research process that was recognised by its person-centred nature and application.

A summary and discussion of the research findings (the seven themes that emerged as result of the data analysis process) was included and reflected against existing theory. From the summary of the research findings the complexity and multi-dimensional nature of substance abuse in combination with sexual behaviour became evident. Person's ability to learn how to control the internal and external worlds of experience was identified through the seven themes. These themes clearly indicated the need for further research and exploration of the phenomenon.

The researcher then provided specific recommendations on the research findings, practice and future research. The researcher will now conclude the study with a final note to summarise the nature of this study.

## 4.7 A FINAL NOTE

*Is the gain of this "added value" higher than the traditionally accepted inter- and intra-psychological advantages?*

*Where does it leave the psychotherapist when communicating with the brain?*

(Researcher)

A possible response may be to remove the self of the therapist from the elaborate analysis of the causes of human pain and allow ourselves to hear the suffering of the person (Tolan, 2006: 1). After obtaining a picture with regard to human experiences in exceptional circumstances and needs of these persons, it is visualised that the above questions and recommendations will stimulate further research. Further research of a multi-disciplinary nature is envisaged where person-centred service providers will discover and gain knowledge collectively with other disciplines. This research project was limited to a small population and sample taken from a single rehabilitation centre and was not representative of the wider South African population. The researcher would thus recommend a wider study in this regard.

Social workers as service providers are involved in the professional activity of facilitating change with individuals, groups and communities; and further, to enhance or restore a person's capacity for social functioning and to facilitate the creation of societal conditions favourable to their goals (Zastrow, 2012: 29). The researcher respects and emphasises that there is a drive within all individuals towards acceptance of important experiences into the self-structure and therefore into awareness and this is called the actualising tendency (Tolan, 2003: 6).

The conclusions and recommendations of this study should not be seen as labelling or diagnosis with regard to substance dependent persons or their sexual behaviour, but rather as an approach to unique individuals in a multi-layered internal and external context. The person as participatory agent within the research process should be resonated by the following experience stated by Carl Rogers in *A Way of Being* (1980):

*The first simple feeling I want to share with you is my enjoyment  
when I can really hear someone.*

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## **ADDENDUM A**

### **LETTER REQUESTING INDIVIDUALS' PARTICIPATION IN RESEARCH PROJECT AND INFORMED CONSENT FORM**

**DEPARTMENT OF SOCIAL WORK**

**UNIVERSITY OF SOUTH AFRICA**

\_\_\_/\_\_\_/20\_\_

Dear \_\_\_\_\_,

I, Jacques H. Botes, the undersigned, am a social worker (SACSSP Reg.No: 10 – 26293) in service of Stabilis Treatment Centre in Mōregloed - Pretoria, and also a part-time master's student (Unisa Student no: 34747621) in the Department of Social Work at the University of South Africa. In fulfilment of requirements for the master's, I have to undertake a research project and have consequently decided to focus on the following research topic:

*Exploring the functions of chemical substances in individuals' sexual behaviour.*

In view of the fact that you are under treatment at Stabilis Treatment Centre about, I hereby approach you with the request to participate in the study. For you to decide whether or not to participate in this research project, I am going to give you information that will help you to understand the study. Your involvement in this study will entail a face –to –face interview that will be audio taped.

During the interview(s) the following questions could be directed to you:

- How do you experience your being here at a rehabilitation centre?
- Tell me more about your substance abuse/ dependence history...
- As explained earlier; I am interested in what way the substance affected your sex life...
- How would you describe the relationship between the substance and your sexual experiences?
- What kind of thoughts do you have regarding your sex life without substances?

With your permission, the interview(s) will be audio taped. The recorded interviews will be transcribed word-by-word. Your responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to disguise any identifying information. The tapes will be stored in a locked safe at my residential address and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor/promoter and an independent coder with the sole purpose of assisting and guiding me with this research undertaking. The independent coder is someone who is well versed, experienced in analysing information and is appointed to analyze the transcripts of the interviews independently to ensure that I will report your accounts of what has been researched.

My research supervisor/promoter and the independent coder will each sign an undertaking to treat the information shared by you in a confidential manner. The audio tapes and the transcripts of the interviews will be destroyed upon the completion of the study. No identifying information will be brought on to the audio tapes and the transcripts of the interviews.

Your participation in the research is completely voluntary and you are not obliged to take part in the research in any way. Your decision to participate, or not to participate, will not affect your treatment at Stabilis Treatment Centre in any way now or in the future and you will incur no penalty and/or loss to which you may otherwise be entitled. Should you agree to participate and sign the information and informed consent document herewith, as proof of your willingness to participate, please note that you are not signing any of your rights away as patient.

If you agree to take part, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participation without any loss of benefits.

However, if you do withdraw from the study, you would be requested to grant me an opportunity to engage in informal discussion with you so that the research partnership that was established can be terminated in an orderly manner.

As the researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and disturbs you to such an extent that it hinders you from functioning

physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be dismissed.

Should I conclude that the information you have shared left you feeling emotionally upset, or perturbed, I am obliged to refer you to a counsellor for debriefing or counselling (should you agree). You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, contact these numbers.

Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by me as the researcher, you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email [alpasah@unisa.ac.za](mailto:alpasah@unisa.ac.za)

If, after you have consulted the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied you, you might direct your question/concerns/queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.

Based upon all the information provided to you above, and being aware of your rights, you are asked to give your written consent should you want to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the condition.

Thank you for your participation.

Kind regards

---

Jacques H. Botes  
Social Worker: Stabilis Treatment Centre  
(012) 333 7702 / 0838924200  
[pro@stabilistc.co.za](mailto:pro@stabilistc.co.za)

**INFORMATION AND INFORMED CONSENT DOCUMENT**

TITLE OF THE RESEARCH PROJECT:

*Exploring the functions of chemical substances in individuals' sexual behaviour.*

REFERENCE NUMBER: \_\_\_\_\_

PRINCIPAL RESEARCHER: Jacques H. Botes (UNISA# 34747621)

ADDRESS: Stabilis Treatment Centre, c/o Haarhoff & Japonica streets, Môregloed, Pretoria. /  
P.O. Box 12033, Queenswood, 0121.

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

DECLARATION BY OR ON BEHALF OF THE PARTICIPANT I, THE UNDERSIGNED, _____ (name), the participant <b>A. HEREBY CONFIRM AS FOLLOWS:</b> I/the participant was invited to participate in the above research project which is being undertaken by Jacques H. Botes from the Department of Social Work in the School of Social Science and Humanities at the University of South Africa, Pretoria, South Africa	<u>Initial</u>
The following aspects have been explained to me as participant: Aim: The researcher is studying the function of chemical substances in the sexual behavior of persons and the information will be used to complete his studies as a master's student.	<u>Initial</u>
<ul style="list-style-type: none"><li>I understand: That my involvement in this study will entail a face-to-face interview that will be audio taped. The recorded interviews will be transcribed word-by-word. My responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to disguise any</li></ul>	<u>Initial</u>

<p>identifying information.</p> <p>The tapes will be stored in a locked safe at the researcher's residential address and only he will have access to them. The transcripts (without any identifying information) will be made available to the Unisa research supervisor/ promoter and an independent coder with the sole purpose of assisting and guiding with this research undertaking.</p> <p>The independent coder is someone who is well versed, experienced in analysing information and is appointed to analyze the transcripts of the interviews independently to ensure that the researcher will report my accounts of what has been researched.</p>	
<ul style="list-style-type: none"> <li>• Risks:</li> </ul> <p>Should I be feeling emotionally upset after the interview, the researcher is obliged to refer me for counselling (should I agree). I have the right to ask questions concerning the study at any time. I am informed that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa.</p> <p>Should I have any questions and queries not sufficiently addressed by the researcher, I can contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email <a href="mailto:alpasah@unisa.ac.za">alpasah@unisa.ac.za</a>. After consulting the researcher and the Research and Ethics Committee in the Department of Social Work at Unisa, their answers have not satisfied me, I can direct my question, concerns or queries to the Chairperson, Human Ethics Committee, College of Human Science, PO Box 392, Unisa, 0003.</p> <p>My participation in the research is completely voluntary I am not obliged to take part in the research in any way. My decision to participate, or not to participate, will not affect my treatment at Stabilis Treatment Centre in any way now or in the future and I will incur no penalty and/or loss to which I may otherwise be entitled.</p>	<u>Initial</u>

<ul style="list-style-type: none"> <li>• Possible benefits:</li> </ul> <p>As a result of my participation in this study I have the opportunity to add to a base of scientific researched knowledge that could possibly contribute to the helping professions.</p>	<u>Initial</u>
<ul style="list-style-type: none"> <li>• Confidentiality:</li> </ul> <p>My identity will not be revealed in any discussion, description or scientific publications by the researchers.</p>	<u>Initial</u>
<ul style="list-style-type: none"> <li>• Access to findings:</li> </ul> <p>Any new information or benefit that develops during the course of the study will be shared with me.</p>	<u>Initial</u>
<ul style="list-style-type: none"> <li>• The information above was explained to me as the participant by Jacques H. Botes in the language of my understanding and I was given the opportunity to ask questions and all these questions were answered satisfactorily.</li> </ul>	<u>Initial</u>
<ul style="list-style-type: none"> <li>• No pressure was exerted on me to consent to participate and I understand that I may withdraw at any stage from the study without any penalty.</li> </ul>	<u>Initial</u>
<ul style="list-style-type: none"> <li>• Participation in this study will not result in any additional cost to me.</li> </ul>	<u>Initial</u>
<p><b>B. I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.</b></p> <p>Signed/confirmed at _____ on _____ 20____</p> <p>_____</p> <p>Signature or right thumbprint of participant</p> <p>_____</p> <p>Signature of witness</p>	

**CONSENT FORM REQUESTING PERMISSION TO PUBLISH VERBATIM  
TRANSCRIPTS OF AUDIOTAPE RECORDINGS**

<p>As part of this project, I have made an audio and recording of the interview. I would like you to indicate (YES/ NO) the uses of these records are you willing to consent to. This is completely up to you. I will use the records only in ways that you agree to. In any of these records, names will not be identified.</p>	<p>Please indicate: Yes/ No</p>
<p>1. The records can be studied by the research team and quotations from the transcripts made of the recordings can be used in the research report.</p>	
<p>2. The records (i.e. quotations from the transcripts made of the recordings) can be used for scientific publications and/or meetings.</p>	
<p>3. The written transcripts and/or records can be used by other researchers.</p>	
<p>4. The records (i.e. quotations from the transcripts made of the recordings) can be shown/used in public presentations to non-scientific groups.</p>	
<p>5. Quotations may be cited from the research can be used on television or radio.</p>	
<p>_____</p> <p>Signature of participant</p>	<p>_____</p> <p>Date</p>

<p><b>IMPORTANT MESSAGE TO PARTICIPANT/REPRESENTATIVE OF PARTICIPANT</b></p>	
<p>Dear Participant/Representative of participant</p> <p>Thank you for your/the participant's participation in this study. Should at any time during the study</p> <ul style="list-style-type: none"> <li>• an emergency arise as a result of the research, or</li> <li>• you require any further information with regard to the study</li> </ul> <p>kindly contact Jacques Botes at 083 892 4200</p>	

I, \_\_\_\_\_, agree out of my free will to participate in this research project. I understand that the information that I will share will be used for research purposes only and that nowhere will my identity be made known in any research report/publication. I am also aware of the fact that I can withdraw at any time during the study without incurring any penalty.

Signature of research participant

Date

## **ADDENDUM B**

### **LETTER REQUESTING BOARD OF DIRECTORS' PERMISSION TO CONDUCT RESEARCH AT STABILIS TREATMENT CENTRE.**

\_\_\_/\_\_\_/20\_\_

Dear member of the board of directors,

I, Jacques H. Botes, the undersigned, am a social worker (SACSSP Reg. No: 10 – 26293) in service of Stabilis Treatment Centre, and also a part-time master's student (Unisa Student no: 34747621) in the Department of Social Work at the University of South Africa.

In fulfilment of requirements for the master's, I have to undertake a research project and have consequently decided to focus on the following research topic:

*Exploring the functions of chemical substances in individuals' sexual behaviour.*

I hereby approach you with the request to conduct research at Stabilis Treatment Centre. The participation of patients in the project is voluntary and involvement in this study will entail a face-to-face interview that will be audio taped.

The recorded interviews will be transcribed word-by-word. Responses to the interview (both the taped and transcribed versions) will be kept strictly confidential. The audiotape will be coded to disguise any identifying information. The tapes will be stored in a locked safe at my residential address and only I will have access to them. The transcripts (without any identifying information) will be made available to my research supervisor/promoter and an independent coder with the sole purpose of assisting and guiding me with this research undertaking.

The full research proposal is available on your request. Please note that this study has been approved by the Research and Ethics Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted.

Should you have any questions and queries you are more than welcome to contact the Chairperson of the Research and Ethics Committee of the Department of Social Work at Unisa. His contact details are as follows: Prof AH (Nicky) Alpaslan, telephone number: 012 429 6739, or email [alpasah@unisa.ac.za](mailto:alpasah@unisa.ac.za).

Thank you for your time and attention.

Kind regards,

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Jacques H. Botes  
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## ADDENDUM C

### COPIES OF TRANSCRIBED INTERVIEWS

LJdHPB001 ♀ 39

J: Are you comfortable? You seem to be a little uncomfortable...

L: *Smile* I'm okay.

J: I have explained...and we spoke about my research and I would want to know if you are still okay to continue with the interview... I did explain the ethical implications and...

L: *Offers a cigarette – we smoke together... Frowns... look out the window* It feels as if I need to talk about a deep dark secret that not even my husband knows about...maybe closest girlfriends, couple of guys I slept with...fucked with, some not that memorable, others extremely good...most memorable... that sounded, feels good... yeah, I'm okay for the interview.

J: Sounded good, feels good...

L: Yes, it's not that bad to actually say it to someone.

J: Not that bad.

L: No, someone should know.

J: You need to talk about it and you might feel that this interview could help in a way to break silence to yourself...

L: Let's talk about sex baby *Laughs*

J: Would you care to tell me about your substance use, what you used and how much you used, maybe you have identified during your treatment that there were certain times that you had an urge to use?

L: Ek is 'n suipertjie...

J: Uhum..

L: I did use dagga occasionally, but it didn't really bother me... but alcohol, any time... especially on Fridays after a hard week, I enjoyed my drink. We usually started at the office on a Friday afternoon and then everybody went home, but some of the girls and I would continue...ons is nie bang nie... I guess that's where the trouble got worse...

J: Drinking became trouble – did I understand you correctly?

L: Ja, it became visible and I could not hide being drunk from my husband, he is the type of guy who gets angry very quickly and will accuse me of a lot of things.

J: Accuse you of a lot of things...

L: Of sleeping around, not being at home, drinking to pass out over weekends and not wanting to be with him.

J: You were accused of sleeping around while being under the influence of alcohol and therefore you would escape him by drinking over the weekends?

L: He is Italian, I don't know if other men do it, but he punishes me by insisting on anal sex... he knows I hate it, so he says it is my punishment if I do wrong. So being passed out helped, I guess to not get punished, but when I was sober he wanted sex which included the punishment anal session...

J: And when you were not passed out but intoxicated...

L: It was more bearable.

J: Bearable... uhu...

L: We have two kids, things are difficult then ...you can't just pack up and leave.

J: You have to hang in there.

L: If he only knew in the beginning...

J: Beginning?

L: Let me get to the... I get horny often and I love good sex. At times I just want to vry en ry and get laid...normally I waited for him to come from work, I'm have only been working at this company for two years, before then I was often between jobs or worked from home. But where I am now, I knew the one manager wanted to fuck me and he looked like one of those fucker men that would do it good and hard and leave... no attachment; exactly what I wanted and he made me so horny... But before that when I was working from home I met a guy who was also working from home...

J: Yes, you were both working from your homes...

L: Shoe, he was a great lover...awesome! I'm getting excited just thinking about him... we would meet in the late mornings or early afternoons at his place – he was single at the time... have whiskey, I love whiskey... get drunk and then had the most amazing sex... he was good, if it wasn't for the kids I would have left X, I think we were in love at a stage.

J: Was it always first the scotch and then the sex – in that order?

L: Most of the time, yes. *Pause* I am trying to figure out for myself whether I first get horny or drunk, or does the drink make me horny? Bit of both I guess...

J: Bit of both?

L: Well I definitely have the best sex when I'm pissed...I then can get real kinky too *Laughs*

J: *Smile* Uhu...

L: We were so drunk, P and I, the guy at work... it was my second Friday at the place I work now... *Lights two cigarettes and hand me one* But I wanted it and it was good, but I first had a couple to give me the courage, both of us needed the courage... It was nice on Fridays then X started bitching after I bumped the car in the parking lot one Friday afternoon... he said it is now a rule that I'm drunk on Fridays and he doesn't trust the men I work with... I drink more than usual over weekends... blah blah blah... bitching something terrible.

J: His complaining made you uncomfortable...

L: Yes, who wouldn't drink more? *Smiles*

J: *Smiles* You seem to be sad suddenly...

L: This is where it really got bad. We were partying and playing more days after work and one afternoon on my way home I got the urge to visit the other great man working from home. At his place we drank more and I knew he would give me an awesome lay after a couple of whizzas. I guess I felt loved with him. So you could imagine the more I had fun, the more the situation at home worsened. I got home later and later every day and apparently drunker and drunker.

J: I might be wrong; I can hear a connection between the use or abuse of alcohol and incidents where you were sexually active.

L: There were other guys too... I told you, I must figure out what is first... being horny or pissed...

J: We are speaking "relationships", when would you say your relationship with alcohol started?

L: I started using alcohol?

J: *Nods*

L: Standard ten... girly nights, university, X and I also met through partying, marriage, kids... ag its been part of our lives all there... braais, the affairs I had...

J: The affairs you had, now that you are in rehab, ever thought about the affairs without alcohol?

L: I tried to stop on my own; I could manage for weeks... Have been thinking about it, especially before I came to speak to you today... I could figure that when I didn't drink, out the window goes the sex drive... I become very boring and frustrated up to a day and then I just go crazy again...

J: Crazy...

L: I feel sometimes it is a demon that needs to be fed with wizza and good sex and then I go on a spree again... usually stopped by my thoughts of my kids and X's bitching and moaning... I don't know... I guess it is first the horniness driving me to drink... I can't figure having an exciting sex life without the drink... I guess you have an answer there? Do you?

J: Do you?

L: I don't know...

J: Doubting what you want?

L: I'm really here for my kids... *Long pause as she stares out the window*

J: Not yourself...

L: You've got me there... I really need to relax at times, the demon... be myself and I enjoy...

J: Enjoy...

L: Away from everything, so far from my life... I can actually feel it coming on at times, most of the time... Then I feel I need to booze and be a slut... I guess, we are really putting me on the spot here... I want to be a good mommy, my kids are everything... if X kicks me out I lose them and the house... all we gathered is on his name... and my mom is living with us... sometimes I feel so ashamed... If I kick the booze I probably give up on the exciting moments in life too... my life is a mess... no I can't imagine fucking around without the wizzas... *Long pause, staring at out the window and looking at me* Is that alright? Will I be able to...

J: Confronted with exciting times and being L with questions of doubt...

L: I'll tell you now... it was probably the urge to feed the demon and then I knew exactly what to do to get away from myself, relax and take the edges away and push me over the edge to indulge in...

J: Euphoria?

L: You know... Nice word, euphoria... I have so many feelings of guilt, now getting sober; I start to hate L more... I actually am craving a drink just to get away... but I guess the meds will help, you said it should start working in two weeks time... the therapy sessions are also doing me good, it is hard but I might just get there... I really want to like myself again...

J: Yes?

L: I should just start to get hold of my life, of me... this demon driving me... it really is a bad cycle, I drink, become very naughty, have fun and then drink to get away from the guilt and X... guess I have it all worked out... I should actually decide what I want from life... *Long pause* Hard to think of a sober life at the moment... I needed to say that to somebody.

J: You needed to be heard?

L: My life long...

J: Shall we stop here and continue in therapy on this?

L: It's okay...

[End of recording]

Duration: 38''55

09/09/2011

**BJHRB002 43♂**

- J: Vertel my bietjie van jou afhanklikheids geskiedenis...
- B: Well... hoe dit begin is mos maar social, in my geval het dit social begin en net meer en meer begin raak tot dit nou net hand uit geruk het... en dis nou maar die geskiedenis... dis nie 'n lang storie nie.
- J: Wat het jy gebruik?
- B: Brandewyn...
- J: Alkohol.
- B: Ja, alkohol, ek sou nou en dan dagga gerook het, maar net nou en dan. Hoofsaaklik brandewyn... alkohol...
- J: Wat het jou laat besluit om te kom vir behandeling?
- B: Omdat ek gesien het... Mens gaan mos maar aan en aan en dink jy is okay, maar later kom jy agter jy kan nie die system beat nie. Ek het gedink as mens wil kan 'n ou aanhou social drink... jy weet... getry, getry, nie reg gekry nie en maar gekom vir behandeling... en so het 'n ou se oë oop gekom en 'n ou het agter gekom daar is genuïene iets soos verslawing. Dis nie net stories nie.
- J: Sou jy sê jy is 'n "verslaafde"?
- B: Ja, ja deffinitief. Nie was nie, is nog een, ek meen een keer een, altyd een.
- J: Ek het gister vir jou verduidelik waarom die navorsing gaan...
- B: Uhu...
- J: Die tydperk wat jy alkohol gebruik het... dagga gerook het, dit maak nie saak nie... hoe het dit jou seksuele lewe affekteer?
- B: Ja, wel as 'n ou alkohol gebruik en bietjie drink... jy verloor maar bietjie inhibisies... so 'n ou jaag maar hier en daar bietjie kak aan wat jy nie normaalweg sou doen nie as jy nou nie onder die invloed was nie...
- J: Jaag hier en daar bietjie kak aan...
- B: *Laughs* Ja...
- J: Wat sou dit wees... die kak aan jaag?
- B: Man, nee... hier en daar bietjie Teazers toe of what ever, wat jy nie sou doen as jy nou nugter was nie.

- J: Kan jy nou iets agter kom... seksuele gedrag nou, van jy nou nie meer alkohol gebruik nie?
- B: Ja, wel... uh... dis baie meer intens vir my, jy ervaar dit baie meer lekkerder en goed... onder die invloed dink ek, 'n ou wil nou mos maar net seks hê... dis mos nou maar natuurlik... 'n drang, maar jy kan dit onder die invloed nie regtig so baie geniet nie...soos wannner jy nugter is nie... ek meen 'n pomp is 'n pomp en daar gaat jy. Jy weet nie was dit regtig lekker of wat-wat nie. Jy weet nie wat aangaan nie, jy is te gesuip.
- J: Jy beleef dit nou baie meer intens...
- B: Ja, baie baie meer... wel, jy is in die oomblik, jy weet wat gaan aan, ek geniet dit baie meer, dis baie meer intens, jy is in die moment.
- J: Jy het nou-nou gepraat van 'n pomp hier en daar en daar gaat jy... seks wat jy nou geniet, sal dit steeds 'n pomp hier en daar wees?
- B: Nee, nee wat, nee... daai, dis nie die moeite werd nie, dis niks nie. Nee.
- J: Wat sou jy doen wanneer jy onder die invloed was? Was daar 'n spesifieke tipe girl, sekere vorm of look, 'n sekere soort girl waarvoor jy sou gaan?
- B: Ja wel, ek het ten minste nog altyd smaak gehad. Ek het darem nie my smaak verloor nie, daai waar jy die volgende oggend wakker word en jou arm wil af kou, dit het darem nie met my gebeur nie... ja, uh... dit was nie net sommer enige iemand nie. Jy weet. Maar, ja, dit was nie sommer enige een nie.
- J: Het dit al gebeur dat jy dinge sou doen wat jy nie normaalweg sou doen nie? Goed soos swinging of groepseks... enige iets wat jy nie sou oorweeg as jy nugter is nie?
- B: Ja... uh... Dit het ook al gebeur, ek en 'n ander pel van my en sy vrou... onder die invloed, dat ons haar saam sou betrek het, wat 'n ou normaalweg nie sou gedoen het nie. Ek sou byvoorbeeld nie wou sien dat 'n tjom saam met my bed toe gaan saam met my vrou nie, maar nou is jy onder die invloed, die inhibisies is daarmee heen... so let's do it...
- J: Wat is die mees ekstreemste ding wat jy onder die invloed gedoen het... seksueel nou?
- B: Onder die invloed... *Laughs*... ja, weet jy, dis moeilik om te sê, want ek dink party van daai goed kan 'n ou nie eers lekker onthou nie. Ja... uh... ek dink waar die vrou een keer op my was en die ander ou van agter op haar... dit was seker die snaakste... ek het een slag by die huis gekom, almal het geslaap, my vrou het 'n hoender uitgehaal op die tafel

om te ontdooi en toe spyker ek die koue hoender... jy lyk nie verbaas nie, maar ek dink nie dit was seks nie, meer simpelgyt as mens so gesuip is...

J: Hoe gereeld het hierdie goed gebeur, hoe lank het jy gedrink?

B: Uh... dit het in matriek gebeur wat ek begin drink het en ek het hierna toe gekom op 43. Hoeveel jaar is dit?

J: *Takes out calculator* Jy was sê nou maar 18 in matriek en nou 43... 43 minus 18... 25 jaar.

B: Ja, 25 jaar. Nou ja, waarvan ek kan sê die laaste agt of ses jaar die ergste was. Die laaste drie jaar was heavy.

J: Toe jy nou kom vir behandeling... in die tyd van behandeling... jy begin nugter word en terug dink aan die seksuele dinge wat gebeur het... skuld gevoelens? Wat het binne jou gedagtes en kop gebeur?

B: Jy dink baie keer... hoe kon ek dit gedoen het? Jy kom op 'n stadium tot die besef, jou verlede kan jy nie verander nie, wel ek het vrede daarmee gemaak... en dan gaan jy maar met die lewe, met die toekoms aan. Dis in my geval so...

J: Het jy ooit in die tydperk van behandeling gedink dat nugterheid jou sekslewe gaan affekteer?

B: Nee, ek het nie so daaraan gedink nie... uh... ek het wel gedink ek kan nou net 'n beter gehalte man wees by die huis, as jy dit so kan stel. 'n Ou het altyd in die nag ure by die huis aan gekom en dan die vrou wakker gemaak en gepla haar nou maar vir seks en as jy klaar is het sy maar omgedraai en verder geslaap. As 'n ou onder die invloed is... Ek dink nie eers sy het dit geniet nie, daar is nie 'n manier nie, ek meen jy stink en alles... geen joy vir haar nie, dis nou maar dit, ek weet ook nie eers of daar vir my joy vir my was nie... jy wil net spyker en klaar... dis wat ek sou dink, dis maar net 'n natuurlike instink ding wat moet uit kom as jy gesuip is...

J: 'n Natuurlike drang...

B: Ja, 'n natuurlike drang, jy moet dit beoefen en dan is dit oor... dit, dit is nie regtig die enjoyment wat jy kry nie. Jy doen dit en kry klaar. Ek het wel al gehoor die dwelm pasiënte sê as jy ecstasy in het, voel dit baie great, jy is meer wakker en voel alles meer intens... dit maak hulle baie meer gevoellig... ek het dit nou nog nie self probeer nie.

Onthou 'n ou het altyd hier in die nagtelike ure aan gekom en dan, jy het dit nie so intens gevoel nie... dis net die drang en dit was dit...

J: Is daar kere wat jy weet jy dalk seks kon gehad het, maar jy kan dit nie onthou nie?

B: Baie, ja, ja, verseker hoor. Wat gebeur het... nee ek weet nie. Hoe dit gebeur het... nee ek weet dit ook nie.

J: Wat het die alkohol gedoen? Wat is dit wat alkohol jou laat voel het... gedryf het... "ek moet nou seks hê"?

B: Weet jy... ek dink, regtig in 'n ou se natuur... *Long pause*... Om man te wees, is dit maar van natuur 'n ding, 'n drang om voort te plant en ook seks is mos lekker... en as jy gedrink is vat jy mos meer kaanse as wat jy sou gevat het as jy nugter was... dis wat drank maar aan jou doen. Hy haal daai onderdruktheid van jou uit... en uh, my ma het altyd vir my gesê dis sonde om draad te trek... dis verkeerd om te masturbeer... dan het ek skuldig gevoel, maar volgende keer is dit weer lekker. Dis nou kinderjare nê, en dan belooft jy ek sal nooit weer nie, jy voel moerse skuldig en belowe in jou hartjie, nooit weer nie... en later trek 'n ou maar weer draad... want die drang is daar...

J: Uuhu...Uhu... die drang is daar...

B: ...Maar jy word groot gemaak dis sies, dis lelik... dis skuldgevoel... en ek dink ook soos 'n ou groter word, jy rebeleer teen daai sies stories, teen die skuld... jy, jy rebeleer teen daai groot maak proses wat jy deur gegaan het. Ek dink dis hoekom mens dan ook baie keer goed doen as jy gesuip is, wat jy nie sou gedoen het nie, dis die rebelsheid wat uit kom en die alkohol gebruik enhance dit om die soort van goed te doen.... Daai hele gevoel binne in jou... jy wil dit nou doen, want jy kan dit mos nou doen, jy is mos nou gesuip.

J: Okay... Okay, jy sou sê dat die reëls wat nou op 'n mens voorgelê is... dat die alkohol dit weg vat...

B: Dis daai rebelsheid... jy rebeleer teen dit soort van. Ek dink met vrouens is dit nog erger... hulle word nog erger, dis hou beentjies toe, seks is lelik... en dan kom hulle in die getroude lewe, en... dis jou privaatgoed en jy speel nie daarmee nie... so word hulle groot gemaak. Dan in die getroude lewe mag jy nou seks hê, maar daai skuldgevoel bly daar in die agterkop en dis hoekom baie getroude vrouens dit nie geniet nie en half wil terug hou en maak of dit sonde is... dis wat ek agter gekom het hoor, die groot maak

speel 'n moerse rol en die dop maak dit vir girls ook makliker om hul drange na vore te laat kom. *His mobile phone rings, he answers and ends the call.*

J: Ons het gepraat oor die rebelsheid...

B: Sorry. Die rebelsheid waarmee mens groot word en die vrouens wat groot word met die idee dis sonde en so aan... dis verkeerd, dis nie reg nie, maak dat vrouens by die huis ook terug hou en dit maak dat mans dan rond loop. Dis wat ek maar dink, dis maar waar probleme baie keer by die huis ook ontstaan... die vrouens hou terug en dan gaan soek die manne ander groen velde. En drank speel 'n groot rol daarin, want dan het jy mos maar die manmoed om dit te gaan soek en te doen.

J: Sou jy sê, die kere wat jy gekuier het, jy in 'n pub of plek kom... die girls eers preuts en kuis is en later die aand dalk makliker?

B: Oooh jaaa, verseker, baie makliker. *Laughs and confirms with head shake* Eers preuts en koeksig, hulle wil niks weet nie, maar eers 'n paar drankies in dan is dit honky dory en daar gaat ons... alles vergete, alles verby, niks meer terug hou nie...

J: So by vrouens breek drank ook die weerstand af...

B: Deffinitief... verseker, 'n girl voor my troue het vir my altyd die skimp gegooi dat as sy 'n paar glasies wyn in het en 'n man streel haar binnebeen, dit maak haar jags en is vir haar die lekkerste... sien jy die sleutel is die glasies wyn... dit kry haar aan die go, alkohol is die opening, hy speel 'n rol... dit speel verseker 'n rol.

J: Om op te som, jy sê alkohol speel 'n rol, die weerstand word af gebreek...

B: Ja...

J: ...Dat 'n mens dan makliker fantasië uit kan leef...

B: En dit doen, nie net dink nie, maar die moed het om dit actually te gaan doen... want dan is jy manmoed, jy het moed, jy kan dit gaan doen. En vrouens ook, ek het al baie gesien, hulle is prim en proper, maar net soos wat hulle dop in het, dan is hulle warm papa... by so gekuier, dan is al daai wieldsoppies af... ag nee wat... dan is die prim en proper weg.

J: Jy sê nou dat as jy nugter is is seks vir jou meer intens...

B: Uh... Verseker, Ja... daar is nou baie meer gevoel as toe ek gesuip was, toe ek gedrink het. Dis, dis, die hele gevoel en alles is daar, jy ervaar dit heeltemal... as jy gesuip is, jy stamp jou self en jy voel dit nie...val dalk... en die volgende dag sien jy hier is 'n blou

kol, hier en daar is ek stukkend... jy het dit nie gevoel nie... dit verdoof jou werklike sintuie, jy weet nie wat om jou aangaan nie en goed. Nee, nugter is dit vir my 'n baie meer intense gevoel.

J: Okay... *Reaches for recorder*

B: Is dit dit?

J: Dis, dit.

B: Okay, dit was nie so erg nie.

[End of recording]

Duration: 36"54 on 14/09/2011

J: Okay, ons is op record, ek wil eers net by jou hoor hoe jy Stabilis ervaar het, hoe was jou tyd in rehabilitasie?

E: Weet jy, 'n mens is maar bang, jy is deur mekaar, jy vanaf jy hier land... dis dalk hoekom jy begin drink ook, jy is deur mekaar en bang in 'n mate. Nie net in 'n mate nie, maar jou lewe is onstabiel en dit is waar Stabilis vir my 'n gepaslike naam is, dit maak jou weer stabiel in die lewe. My gevoel is, jy kom hier aan, nie lekker nie, jy is verward... wel ek was toe ek hier aan gekom het... verward, nie onder die invloed nie, want toe ek opgeneem is het ek reeds 'n week al opgehou drink. As 'n mens van die ander mense rondom jou sien, ek dink van hulle weet nie regtig waar hulle is nie. Die vriendelikheid waarmee jy ontvang word laat jou klaar bietjie kalmeer vir die onverwagte wat vir jou wag, net soos die onverwagte wat daar buite vir my wag. Ek dink die terapeute is baie professioneel en hulle weet wat hulle doen, dis nie of hulle gister hier begin werk het en nog moet leer van afhanklikheid nie. Ek het genoeg inspirasie, nee, ek is baie tevrede.

J: Vertel my meer oor jou geskiedenis van gebruik. Hoe het jy in die kliniek beland, wat het jy gebruik?

E: Weet jy, dit kom maar al van skool af. Jy raak met die verkeerde maats bevriend, jou ouers waarsku jou, maar jy is 'n tiener en jy weet beter en op 'n stadium voel enige tiener dogter... hoe kan ek sê, jy voel onaanvaarbaar vir seuns... jy kyk om jou rond en jy sien mos die ander meisies lyk dalk anders, mooier as jy... dit is wanneer hulle dieë pille begin gebruik en so aan om hul meer aanvaarbaar vir die seuns te maak, in my geval was dit nou net alkohol. Ek en my vriendin het... daai tyd was die CB's die in ding en ons het mekaar op die CB gekontak en gehoor waar kan ons by mekaar kom om te drink, natuurlik waar daar seuns ook was. Ek weet nie of jy die CB's onthou nie...

J: Die burgerband tweerigting radios. Ja, ja...

E: Die radios ja, dan was daar mos 'n eye ball gewees, waar jy die gesigte by die stemme op die radio kon sit en mekaar kon "eye ball". Dit was gewoonlik 'n slegte uithangplek gewees, dit was nou nie 'n gesonde tyd in 'n mens se lewe nie. Daar het ons net al meer en meer begin skelm drink en toe is ek Technicon toe, hier in Pretoria. Ja en so gaan jy

maar voort in die stroom, so het die kuiery maar net aan gehou, hier terug gehou, daar terug gehou, maar altyd parties. Jy het maar sosiaal verkeer, jy weet, ek is 'n sosiale mens, ek hou baie van mense en toe het ek net verlede jaar... my man het sy werk verloor, verlede jaar April 2010. Ek het baie stress by die werk gehad en ek dink al die stress van verskillende kante het bygedra tot die drank misbruik... en van verlede jaar November het alles net heeltemaal hand uit geruk. Ja, so het ek hier beland...

J: Kan ons net terug gaan na daai tyd wat jy verwys het na wanneer meisies nie gemaklik voel met hul lywe nie. Jy het ook gesê jy kyk om jou en jy sien die ander meisies is beautiful en jy voel dalk nie so oor jou eie looks nie... jy het toe alkohol begin gebruik... pleks van dieëtpille... wat het die alkohol vir jou gedoen? Ek bedoel, geen mens is seker 100% tevrede met hoe jy lyk nie, wat het die alkohol beter gemaak of mee gehelp?

E: Weet jy, ek dink dit het my laat voel dat ek meer aanvaarbaar is, daai tyd... mens het geweet dit is belangrik om jou te omring met goeie mense en nie slegtes nie. Mens se ouers het dit ook vir jou gesê, maar my kringe op daai stadium was regtig nie goeie kringe nie en ek is bitter spyt daaroor. Toe was drank... as jy 'n doppie saam met die outjies gedrink het of skelm saam met hulle gedrink het, was jy aanvaarbaar... jy was dalk nie vir almal aanvaarbaar nie, maar net vir die outjie saam met wie jy gedrink het en jou palle. Dan was jy vir jou self aanvaarbaar.

J: So die drank het gehelp dat jy deel van die groep kon wees...

E: Ja, later met tyd het 'n goeie woord uit gekom: "groepsdruk", ek het seker aan die "groepsdruk – sindroom" gely, as daar so iets is... *Laughs* ... Jy wou iewers behoort, nou my pa het nie bekere geskenk vir die skool nie, was nie by elke sport byeenkoms nie... ek was tuis in die rebelle groep... hulle het ons die "Crims" genoem, ek weet nie of mens nog so 'n woord kry nie... dit was seker maar daai "sindroom van die groepsdruk"... sou ek dink.

J: En groepsdruk is nie noodwendig iemand wat jou druk en forseer om te drink nie... dit is meestal ongeskrewe reëls waar jy self besluit ek moet dit of dat doen om in te wees...

E: Jou te laat voel jy is aanvaarbaar. Om aanvaarbaar te wees... hulle bel jou om te sê kom ons gaan drink 'n dop, hulle bel jôu... flippit jy voel wanted.

J: Hoe oud was jy toe?

E: So 16 of 17...

J: So, 'n meisie van 16/17 kon die som maak, as ek alkohol in my lyf sit, word ek aanvaarbaar...

E: Ja.

J: En die reaksie van die groep wys ook vir my ek is okay... aanvaarbaar... van binne voel jy beter oor jou self en die verslag van die environment bevestig dit... ek is aanvaarbaar...

E: Ja, totaal en al.

J: Ek het nou vroër aan jou verduidelik waarom gaan die navorsing...

E: Ja.

J: Hoe het alkohol... jy het net alkohol gebruik?

E: Ja.

J: Hoe het alkohol jou seksuele lewe geraak, hoe het alkohol dit geaffekteer?

E: Weet jy, ek dink dit gaan ook in fases, as jy nou begin... in die begin stadium van drink, dan wakker dit jou aan... jou, jou hormone skiet die lug in. Dan daal dit weer, ek meen die hoeveelheid wat jy drink en aanhoudende drinkery... jou hormone kan jy nie elke dag van die dak gaan afkrap nie. Maar oor die algemeen, doen jy... jy... die ander geslag lyk vir jou aanvaarbaar en dit maak jou meer... en as hulle nog aandag aan jou gee dan voel jy dadelik aangetrokke tot die ou. Maar reg deur my lewe kan ek sien dit het iets in my wakker gemaak...

J: Uhu..

E: ... en wat eintlik vir my lekker was... dit het my net nog aanvaarbaarder laat voel, in die sin... party keer gooi jy mos alles net oor boord en dan doen jy dinge wat jy nooit gedink het jy sal kan doen nie... of by uit sal kom nie, so dit het heeltemaal jou inhibisies oor boord gegooi. Of dit 'n aand fling is of nie... wat seker nie 'n goeie ding is nie.

J: Maar dit klink vir my of dit 'n funksie in daai stadium van jou lewe gehad...

E: Ek was meer aanvaarbaarder, so het dit gevoel.

J: As ek jou reg gehoor het, daar het 'n paar dinge gebeur wanneer jy alkohol gebruik het... jou hormone skiet sky high en jy ervaar 'n lus... behoefte aan seksuele kontak...

E: Uhu.. ja.

J: En terselfde tyd, as ek jou reg gehoor het... jy voel dan ook sensueel en seksy... jy kan dan moontlik verder gaan as wat jy gedink het...

- E: Ja, en dan as jy sien beide van die partye geniet dit, is jy bereid om verder te gaan, maar as jy sober is... dan is dit dat... kom ek noem dit skaam? Dat jy skaam sal wees, as jy weet wat ek bedoel?
- J: Uhu...
- E: Ek dink jy sal as jy dronk was eerder skaam voel die volgende dag, jy voel in elkgeval sleg die volgende dag... as jy alles so oor boord gegooi het. Maar ek dink jy sou skaam gewees het om dit te gedoen het, jy sou dit nie gedoen het as jy sober was nie, nee. Jy sou nie elke posisie in die boek uit probeer het nie, as ek so kan sê...
- J: Jy hoef nie te antwoord as jy nie wil nie, maar wat het die alkohol jou toe gelaat om te doen...
- E: Aag, ja, orale seks is baie privaat, dis iets wat jy net met jou geliefde... jou man of met jou vrou doen. Ek het nie baie rond gejoj of rond geslaap nie, maar toe ek die laaste tyd erg gedrink het, het ek 'n kortstondige... vir drie maande 'n buite-egtelike verhouding gehad. En waar orale seks buite die kwessie was as ek nugter was, maar as ek dronk was, was dit reg. as ek sober was as ons mekaar skelm ontmoet het, het dit my gewalg... met my eie man het dit nie saak gemaak nie. As ek gedrink het, was dit vir my 'n uitdaging, dit was vir my lekker om die ander man die plesier te gee en hom dit te sien geniet.
- J: Okay, met die verhouding wat jy gehad het, het orale seks nie sober gebeur nie...
- E: Dit het, maar as ek sober was het dit my gewalg, maar as ek dronk was... dis of jy guts het, jy weet dis verkeerd maar die alkohol... die duiwel... noem dit net wat jy wil, gee jou die guts om dit te doen en te geniet. Ja, ek kan sê ek het dit geniet.
- E: Uhu... dit geniet... jy kon...
- E: Weet jy, ek het met die buite egtelike verhouding nooit toegelaat dat hy my penetreer nie, tot ek een middag totaal gesuip was en toe wou gehad het dat hy my penetreer... 'n mens weet dit is verkeerd, ek het geweet dit is verkeerd. Maar op daai stadium is die alkoholvlak en hormone op die selfde vlak en dit is baie hoog... en weereens gooi jy alle inhibisies oor boord... ek sou veel eerder verkies het om, om dit met my eie man te doen as met my skelm verhouding...
- J: Jy is nou aan die einde van jou behandeling... uhm... hoe sien jy jou seksualiteit as mens... jou seksuele funksionering sonder alkohol?

E: Weet jy, ek het nog nooit 'n problem daarmee gehad nie, regtig ek het nie 'n probleem gehad nie... net as ek drink... ek was altyd verskriklik oorgewig, regtig... en ek het baie gewig verloor, dis hoe my buite egtelike verhouding begin het. Mense gee jou aandag en kyk na jou in die winkels. Ek meen, ek het 'n 180 geweeg en toe het hierdie aandag wat jy dan kry... jy weet ek was in die openbare oog gewees... alles het saam gewerk, dis nie of jy 'n air aan jou het nie, maar die aandag wat jy kry is ongelooflik...

J: Uhu...

E: Ek is maar van natuur, om terug te kom na die vraag wat jy my gevra het, ek geniet seks baie, elke oomblik is vir my heerlik. Drank was nie altyd deel daarvan nie, maar die kere met dit was ook fantasties... ek kan nie probleme in die toekoms sien nie, as man en vrou net saam stem... mens raak afgestomp oor seks as jy gedrink is, soos ek nou die einde van November af... watter man wil met 'n dronk vrou liefde maak? Behalwe as dit 'n skelm verhouding is, want hulle put genot daaruit. Maar om dronk by die huis te kom en net te wil slaap... jy kan nie in jou man se behoefte voorsien nie, want jy, ek meen jy is dronk, jy is tot niks in staat nie... ek meen om sober hier uit te kom, is soos destyds om die ou toue weer op te tel en dalk weer aan te gaan waar ons op gehou het.

J: Nou wat ons al die dinge bespreek het, wat sou jy sê is die verband, die verhouding... tussen alkohol en seksuele gedrag?

E: *Smile* Ek sou sê daar is 'n baie noue verband... as jy matig drink, nie soos ek die laaste tyd nie... dit was net ek en ek alleen in die wêreld, net ek het bestaan... ek en my drank, ek was afgestomp. Drank gee jou daai ekstra guts... daar is 'n noue verband. Ek sou dink met matige gebruik, maar ek sien met my eie man ook, as hy te veel drink is hy tot min in staat, waar vrouens lus raak, mans raak seker ook lus, maar hulle kan dan net nie... Ek sal net nooit weer kan drink nie, ek voorsien nie enige probleme nie...

J: Dankie, dit is dit.

E: Ek sê ook dankie...

[End of interview]

Duration: 18"32

16/09/2011

- J: Ons is op rekord... Soos ek vir jou gesê het, ons gaan net gesels... Ek sal eers wil weet oor jou ervaringe hier in die rehab, hoe ervaar jy dit hier?
- K: Uuhmm... Ek, ek ervaar dit baie positief, omrede elke keer is ek ernstig oor... jy weet, om reg te kom en my herstel, ek dink juis omrede, omrede ek 'n lang pad in Nouwpoort ook gestap het. Ek beleef dit baie ernstig om weer aan realiteit te dink, berou te hê en dinge in plek te kry... al die dinge wat 'n ou verkeerd gedoen het net weer reg te kry en al die tools weer nader te trek en aan herhinder te word.
- J: Net vir die rekord, vertel my net bietjie van jou geskiedenis met substansie, want jy het nou net verwys na 'n lang pad wat jy met Nouwpoort gestap het... net agter grond oor wat jy gebruik het en vir hoe lank jy gebruik het.
- K: Ja, okay... okay, ek het altyd op skool hard saam met my pa op die plaas gewerk, nie regtig op die dorp uitgehang nie. Krale gebou, my palle het gehelp en dan het my pa vir ons 'n kas yskoue bier gegee. Ons het dan lekker gedrink en ontspan, die plaas was altyd 'n plek waar ons lekker kon ontspan, my pa ook, hy kon ook lekker drink en die plaas was ook sy ontspanningsplek. Ek dink dis maar hoe dit begin het.
- J: Uhu...
- K: Daar was 'n tyd, ek dink so tussen 18 en 19 was my en my pa se verhouding nie baie lekker nie, jy weet. Daar was 'n keer, kyk hy het nie my kak gevat nie. Hy sou my sommer op die dorp voor ander mense op my plek sit... dit was vir my baie erg, maar ek hou vandag niks teen hom nie, niks nie. Ek was nog 'n laaitie, maar daai tyd kon ek dit nie verstaan nie, ek het rof groot geword. Ek kon dalk bietjie rof gekuier het, maar nooit iets lelik nie. Ek was maar altyd die voorloper wat almal gebel het en gesê het ons gaan kuier, kom ons gaan die naweek plaas toe... ons het almal maar saam gekuier en ek het dit altyd ge-organise.
- J: The leader of the pack...
- K: Ja, en so het dit maar aan gegaan en aangehou tot ek so...dink so 24 was. Ek is een keer Tzaneen toe, ek het 'n wonderlike pal op Tzaneen gehad... ek het altyd saam met smart mense gekuier. Daar het ek die eerste keer cocaine probeer. Ek het dit as 'n wonderlike experience ervaar, jy weet... dit was vir my iets heeltemal nuuts. Ek het nog altyd gesê as

ek ooit iets sal probeer, sal dit cocaine wees, seker maar oor TV programme en fliëks soos Blow jy weet...

J: Hoekom cocaine, het die fliëks dit lekker of cool laat lyk?

K: Ek weet nie, ek dink, ek weet nie... ek dink toe ek 'n jong seun was, toe ek op hoërskool was, jonk was, toe was Curt Cobain, jy weet, was Nirvana hot gewees... ons het nogal baie Nirvana geluister en dit was mos Curt Cocaine en nie Curt Cobain gewees nie. Ag jy weet, 'n ou is nog so jonk en onnosel en jy leer nog van die lewe en Curt Cobain was so cool en fliëks soos Blow was moerse cool... en seker maar musiek, jy weet: if you wanna get high cocaine... daai ou het nou tot bekering gekom. En, ja, dit het 'n ou seker laat dink bring die goed hier en laat 'n ou probeer. So het dit elke maand geraak en later elke week en ek was vinnig oppad om elke dag 'n lyn of twee te maak tot my pa eendag langs my op my bed kom sit het, hy sê toe: "K, ek ken drank en die is nie drank nie, wat vat jy?" Ek het hom toe van die cocaine vertel en dis hoe ek in Nouwpoort beland het... daar het ek regtig die Here ervaar en gevoel. Dit was my heel eerste rehab, dit was taai... ek het ondervindinge gehad.

J: Hoe het dit toe gegaan na jou behandeling daar?

K: Dit het goed gegaan, ek het 'n implant vir die drank ook gehad. Ek het net agt maande gedoen en nie 'n jaar nie, my pa het my gebel en hy het 'n nuwe besigheid oop gemaak en gesê hy het my nodig ek moet hom kom help. Ons het die plek oop gemaak, goed gegaan, maar J ek moet nou eerlik vir jou sê na so vyf maande het ek weer so hier en daar 'n dop gevat. Ek het nie heeltemaal die drank gelos nie, nie weer cocaine gevat nie, maar gedrink.

J: Uhu...

K: ... Na my pa se dood... toe was ek baie sterk... kom ek gaan net eers bietjie terug, na die vyf maande wat ek weer drink was dit vir my ouers baie erg, verskriklik erg, die mannetjie drink weer, groot stories... toe is ek daar naby Ellisras, Steenbokpan toe, daar teen die Botswanagrens teen die Limpoporivier, toe is ek daar na 'n rehab toe. Na so vier maande toe knip ek die drade toe hardloop ek weg, ek wou terug plaas toe... Ellisras is warm, ek het gehardloop en geloop. Kyk Ellisras se wêreld is warm, langs die grondpad kry ek toe 'n botelstoor...

J: Toe koop jy vir jou water...

K: *Laughs* Nee, ek verkoop toe eers my klere, dink ek het so R300 gekry en koop 'n paar kortse koue bier. Ek loop toe langs die pad, hier stop my pa langs my en vra wat defok hy nou met my moet doen. Dit was nog altyd my droom om my eie plekkie op die plaas op te bou. My pa het my op die plaas gaan aflaai en ek het begin om die lodge te bou, dit was nog altyd my droom soos ek gesê het... nou ja, toe het almal gesê: "K drink maar, maar beheer dit net, moenie so baie kak maak as jy gesuip is nie", ek kan nogal aan jaag as ek gesuip is...

J: Uhu...

K: Toe besluit ek fok dit, nou gaan ek drink... My pa was 'n smart ou, my pa het besluit hy gaan saam my vir die inplant, hy het ook ophou drink om ... eintlik het hy dit vir my gedoen. Ek is toe vir 'n jaar skoon, dit was die beste tyd van my lewe. My plekkie op die plaas gebou... Die tyd was ook die beste tydperk saam met my pa vir my gewees... ons was betrokke saam.

J: Julle het goeie herinneringe opgebou en geskep...

K: Ja... *Pause*... en toe, toe is my pa mos toe oorlede na 'n galblaas operasie. Ja, toe ek my pa verloor het was dit vir my die cherry op die koek, ek het nog nooit in my lewe iemand so naby aan my verloor nie. Dit was hel gewees, dit was verskriklik... ek kon dit nie vat nie. Dit was regtig net dit. Jy weet dit was 'n twee maande periode wat hy in die hospital was. Ek het toe nie die realiteite van alles verstaan nie... en... en na sy dood moes ek kyk na die besighede, ek en my ma moes al die kak uit sort. Dis amper vyftig mense wat vir ons werk, wat na gekyk moet word. Dis twee besighede, dis die plaas... jy weet. Dit was 'n moerse moeilike tyd, ek het goed gehou vir so drie maande, toe besluit ek fok dit... toe het ek weer begin drink...

J: Jou hart was vlinters...

K: Ja, toe slat die realiteit my, my maat. My pa se dood was vir my fokkin erg, stress by die besigheid, stress by die plaas, my pa se dood, nee dit was fokkin erg. Toe het ek rerig rerig baie, baie, baie gesuip. Jy weet, ek was gevoelloos, ek het fokkol gevoel, net gesuip en toe sien almal ek ruk regtig hand uit. Toe is ek terug Nouwpoort toe.

J: 'n Stryd... moeilik...

K: Die eerste keer in Nouwpoort was rerig vir my hard, maar nou het ek geweet wat om te verwag en ek het die program daar geken. Dit was nie so taai en moeilik soos die eerste

keer nie. Alles gedoen wat ek moes doen. Ek het voor Nouwpoort my vrou (M) ontmoet. Ons is toe getroud, maar ek hoor toe die plaashuis het verbrand, gebou in 1914, alles wat fotos en herinerings van my pa was is verbrand, moer toe. Ek bel toe my vrou om my te kom haal, anders hike ek terug plaas toe.

J: Nie eers Nouwpoort sal jou in kan hou nie...

K: Nee, ek moes op die plaas kom... Ag, toe het ek gevoel ek moet nou met my lewe begin en aan gaan met my lewe... M staan by my, ek het 'n nice vrou, sy het genuïne saam met my gestaan. 'n Maand na ek uit Nouwpoort is het ons getrou, ek het haar familie op ons troue die eerste keer gesien, hulle ken my net as die dronkgat met wie M getroud is. K wat in en uit die rehab is... Ek het gedink sy sal my stabiliteit gee, maar ek het aanhou drink en regtig simpel, simpel goed gedoen as ek gesuip is... Fok moodswings en ons het besluit om te skei en toe kom ek maar Stabilis toe... in die twee maande wat ek terug was by die huis het ons elkgeval besluit om eerder maar te skei, my koppie het my gelos en hier is ek weer, ek het besef ek gaan myself dood maak, die einde vir my is in sig... en hier is ek weer, twee maande later.

J: Voor 'n tragedie gebeur, dis 'n journey... weer alkohol en cocaine?

K: Ja, lekker cocaine binge gewees. M het gesê sy raak bang vir my en ek verstaan haar punt jy weet... ag, ek het weer so baie kak aan gejaag, ander girls... noem dit. Dit vreet my bietjie op, jy weet? En ja... plaas toe gehike.

J: Ek het die doel van die onderhoud vir jou verduidelik, hoe oud is jy nou?

K: 27.

J: Jy het die eerste keer op 16 kontak met substansie gemaak, in hierdie tydperk van lang gebruik moes daar seker seksuele ervarings gewees het waarvoor jy sou kon gesels?

K: Ja, ja, ek het altyd dames benader, ek was, ek is, my ding wat ek altyd gedoen het... drank, palle, vrouens en dan gaan ons plaas toe en daar het altyd seks gebeur, dit was... hoe kan ek sê? ...Maar half die norm gewees. That was our thing gewees. Kuier op Pietersburg en vat girls plaas toe... en dan gebeur daar maar... ons... dis...

J: Partytjies?

K: Partytjies... Ja, soos die drank in kom raak die vrouens makliker, ek sou my nooit op 'n vrou dwing nie, dit het nooit gebeur nie. Die ander waar dit makliker saam die drank gaan

was 'n normal thing. Ek het geweet ek hoef net te wag tot almal onder die invloed was, dan het die paartie regtig begin.

J: Groepseks?

K: Nee, nie noodwendig nie...ek het meer daarvan gehou dat 'n vrou my benader... maar dit het al gebeur waar ek en my beste pal saam girls gedoen het en geruil het, maar dan was ons almal lekker voor.

J: Jy het genoem dat die drank die vrouens makliker gemaak het, het jy ook makliker geraak na 'n paar drinks?

K: Baie, ek weet mos wat kom as ek lekker gesuip is, dan voel ek fokkol en doen wat ek wil. Ek dink ek het in daai tyd meer my persoonlikheid gesien, as ek drank in het is my tong gladder, ek kan makliker om die hoeke praat en in 'n vrou se kop in kom en as sy gekoring is, nou ja, dan is dit net nog makliker. Ons kon lekker kommunikeer, gooi 'n musiekie in en dan lekker dans... ag nee wat lekker. Jy bond net makliker as albei 'n paar doppe in het...jy weet...

J: Is daar 'n onderskeid wat jy kan maak tussen die kere wat jy op cocaine seks gehad het en die kere wat jy op alkohol seks gehad het?

K: Nee, nie regtig nie. Behalwe, ek kon seks hê as ek nie te veel gedrink het nie, as ek goed gesuip was kon ek nie goeie seks gee nie... ek kon nie ou Emanuel op kry nie, jy weet... cocaine, glad nie, ek kan glad nie seks hê op cocaine nie. 'n Pal van my kry jy weer nie gestop op cocaine nie, hy hou eenvoudig net aan, hoe meer cocaine hoe meer seks... ons het al saam 'n paar lyne gesnuif, waar ek dan net met die girls kuier en hy hulle mal kap. Maar ek, daar is nie 'n manier nie. Veral as ek drank en cocaine saam in het, nee. Dit is wel makliker om vroue op te tel onder die invloed van cocaine, maar ek kan niks met hulle doen nie.

J: Ek het al gehoor van great ervaringe wat mense op cocaine het, dit verskil regtig dan seker van persoon tot persoon.

K: Soos my vriend wat kan... ek moet nou eerlik wees, ek en hy het al 'n woeste orgie gehad met drie ander girls op die selfde tyd, maar dan was daar net drank betrokke... hy en van die girls het 'n lyn of twee gemaak, ek het na die tyd, wat natuurlik die high van die seks net nog hoër maak...

J: Jy het vroër genoem dat daar ander vroue betrokke was met jou laaste terugval...

- K: Okay, ek is die Donderdag na 'n pub toe. Ek en M het besluit om 'n breek te vat en ons dinge weer uit te werk, ons gaan nie weer saam bly tot alles uitgesort is nie. Ek wag vir my huis om oop te gaan, ek wil hê ons moet in 'n nuwe plek in trek. Ek het 'n klomp van my palle gebel en hulle daar gekry, snaaks genoeg, ons het verskriklik baie mooi vrouens die aand daar gekry en mee gekuier. Daar was 'n oulike blondkoppie en 'n donkerkop. Almal het baie geld gehad, so ek het myself onder 'n tafel met altwee girls in gedrink.
- J: Saam onder 'n tafel in... gedrink?
- K: Ek het die volgende oggend 10:00 wakker geword, geweet ek is in die kak, nie by die werk gewees nie... M weet seker ek het gaan jol en soos my manier is, is ek in my bakkie met die twee girls, 'n paar bottles en lyne plaas toe.
- J: Plaas toe...
- K: Ons het eers langs die pad by Bandelierskop gestop by 'n pub en toe mense daar ontmoet wat rocks rook en lekker gesuip geraak. Lekker saam met die vrouens gekuier en nooit by die plaas uitgekom nie, ons is toe na die ander mense se huis toe op Louis Trichardt waar daar in die groep gespeel en gekuier is. Ek en 'n ander girl was toe in mekaar in. Ek is toe eers die Maandag huis toe... die een girl was die hotelbestuurder of iets...
- J: Maak die alkohol dit makliker...
- K: Ja, baie... die coke ook...
- J: Kan dit wees dat die substansie en vroue help om die seer van jou pa se dood of jou en M se besluit om te skei beter te maak...
- K: Ek dink so... ek kry 'n kick daaruit om 'n vreemde vrou op te tel, ek weet nie... eerlik, ek moet vir jou sê, al is alles 100% reg tussen my en M het ek al as ek gesuip is ander girls opgechat... ek kry 'n kick daar uit, ek kan dit nie verduidelik nie, dit sit my op 'n natural high en die coke maak dit net nog meer hoër...
- J: Jy sal dit nie sommer doen as jy nugter is nie?
- K: Nie as ek nugter is nie.
- J: Selfs al gaan dit goed tussen jou en M, sal jy as jy dronk is soek vir die verdere high by ander vroue...
- K: 'n Challenge... *Laughs* ...ek weet nie of dit te doen het met hormone nie, maar ek slat hom hier hoog... *Raises his hand high in the air* ...ek dink nie reg as ek gesuip is nie J, ek raak regtig soos 'n dier... ek kry 'n kick en soek net nog 'n verdere high. Ek weet nie wat

dit is nie, dis... ek kuier lekker met palle, maar dit gaan altyd oor na vroue... ja... wat kan ek sê? Ek dink nie reg as ek gesuip is nie.

J: Vreemde fantasië of posisies wat jy al onder die invloed, van wat ook al, uit geleef het?

K: Onder die invloed... Oh ja, die seks was absoluut... die seks het verseker hoër punte bereik as wat dit nugter sou gewees het... ja.

J: Kan jy jou sekslewe indink sonder die substansie? Sonder die high? Ek gaan daai high mis as ek nie kan drink nie?

K: Ek het al daarvoor gedink... ek dink, ek dink my vervanging van die kick of high daai dae was die.. die tyd wat ek en M by mekaar was en ek nugter was, was toe ons saam videos uitgeneem het, saam dinge gedoen het... ek dink in 'n mate kry ek 'n high as ek reg lewe, dinge reg loop tussen my en M, reg loop met my familie, die plaas en die besigheid. Ek hoor jou punt, partykeer kom 'n ou op daai punt waar jy voel dis nie genoeg nie en jy soek nog steeds daai high... uhm, en dis daar waar jy moet leer om jou self te beheer.

J: En jy weet dis die alkohol wat die high sal bring, jy weet wat om te gebruik as jy na die high soek...

K: Ja, wel as ek onder die invloed is, voel ek, ek kan enige iets doen... bereik...

J: Dink jy dat wanneer jy drink jy so sleg voel, dat jy voel jy drop almal en dan 'n verdere high soek... weg van hoe jy voel?

K: As ek drink maak ek rerig my mense en die mense om my seer, vieslik seer... en as ek weet ek het kak aan gejaag soek ek net meer drank en meer seks... voor ek moet face dat ek my mense seer gemaak het. Ek het nog nooit in my lewe elke dag gedrink nie, ek het sulke binges, ek raak dan vreesloos... ek het nooit perke as ek eers onder die invloed is nie.

J: Hoe sien jy jou sekslewe sonder die highs, sonder die alkohol?

K: Baie beter, daar is kere wat ek nie kan onthou nie... dis net veel beter as dinge reg loop, iets beteken... 'n one night stand beteken tog niks... dis net beter as ek lief is vir iemand...

J: Dit was my laaste vraag...

K: Klaar?

J: Klaar.

[End of interview]

Duration: 47'32 on 16/09/2011

**JSHFB005 ♂ 37**

- J: We are on record, let me see, yes the red light is on... as I informed you I would like to discover more...
- S: About my sexual experiences when I am pissed... *Smiles*
- J: In particular more about the function of chemical substances in your sexual behaviour... you only used alcohol?
- S: Yes. The experience here is actually a good one... being connected with myself again. While drinking... I really was not in contact with myself or anyone else.
- J: Is it alcohol that brought you for treatment?
- S: I couldn't carry on the way I was living. It became worse by the day. I later started to drink in the mornings and then stayed away from work... especially on Mondays... it got bad. I had to do something... All started off so good, I always liked to party, it was me being the centre of attention at most parties and things got for the worst the last two years... I guess I enjoyed drinking since high school... But here I am, still alive... I guess...  
*Stares at painting*
- J: You seem to be thinking... your thoughts are not here right now...
- S: Yip, a lot of thoughts about the past, what I am about to tell you... I was thinking last night... there is so much... most of it I can discuss with no one.
- J: It is very secret and personal to you?
- S: *Smile* Very...
- J: Are you okay to still speak about it?
- S: Yes, it is embarrassing, but I need to... maybe I will make sense of it all some day...
- J: Want to tell me?
- S: How do I start? *Pause* ...I have always liked girls, I got married and the last part of my marriage went rough... because of me being drunk most of the time, I wasn't really present. I tried, but you know how it is... I guess I should not have played around from the beginning... as soon as I was pissed and the wife wasn't around I would screw around with other women...
- J: You seem to be saddened to speak about it...

S: More embarrassed... thinking back... Why did I do it? I guess... guys do screw around when pissed, but what happened the last two years... Wow, I did not for a moment even think I could...

J: Able to do certain things...

S: You see, I had a couple of experiences of playing with guys... you know what I mean... army and even at school... I guess... playing, wanking each other and sucking... not that I'm gay... never fucking... just playing...

J: School and army? The times the playing occurred... were you under the influence?

S: I like guys with nice cocks... big... I guess... can't believe I said that... Well it is said... I'm not gay, but... when you are horny... a couple of drinks I then start thinking what a guy drinking with me... what... if he has a nice bulge in his pants, what it looks like... how big he is...

J: The drink would make it easier to dare to approach the other guy?

S: I guess, it could, the drinks also made me hornier... I usually went for girls, but if I'm really drunk... *Stares at painting*

J: Uhu... Remember, I'm not judging anything you share with me... and it is confidential...

S: That makes it easier... I know, I trust you *Smile*

J: You mentioned a couple of times that you are not gay...

S: If I am pissed, I guess I always had fantasies about men... being pissed makes me then bi at times...

J: And if you are sober? Are you still fantasising about guys? Can you see yourself playing with guys when being rehabilitated?

S: Never, no, that is... I guess more difficult when I am sober, I won't go there... I guess... no.

J: No...

S: No, I can't imagine... Even now that I'm divorced... just before the divorce it got worse... there are these sms lines they advertise on etv and in the Sondag. You join and then you can flirt with women, gays, couples or bi men... the bi men were also married guys who wanted to play... I guess... my wife already moved out and I had the whole house to myself... at first it was awesome, I could drink as much as I liked...

J: Yes...

- S: On a Friday afternoon I would start with a couple of shooters and then mellow into the weekend... I regularly then ordered a girl from an agency, we had sex and if she left... I would be really pissed and then started to sms bi men... sometimes the response was better than other times... some of the guys could not get away in the evenings and made a date for the next morning at my place... sometimes I woke the next morning with an sms confirming the date... I guess I would feel scared, cancelled the date then... or... have a drink... regmaker you know... and then sms the guy to come over... I really sucked a couple of good married men in that time...
- J: Uhu... you made a couple of dates like that...
- S: Yes... sometimes the same night, others the next morning. Some could only make it on the Monday on their way to work or during the day... that was then best for me to stay drunk until they pitched...
- J: Before you get sober and might lose the guts to go ahead?
- S: This sms flirting is hectic, from the devil I guess... It turned me on if a guy came... climax... I would love the idea that it is actually some woman's mans cock I'm playing with and making him come... Dammit, I can really get kinky when I am pissed...
- J: What I hear is that you would not have done certain deeds or lived out fantasies if you were sober, if I'm right?
- S: Perfectly... I guess... I can then... sometimes two guys a day... once a couple... husband and wife... she got turned on watching me and her husband playing and sucking... we both made him come and then it was me and her, we both climaxed together... we were all drunk as hell... it was good *Smile, laughs embarrassed*
- J: You seem to be embarrassed telling me that you enjoyed it...
- S: It now suddenly sounds... feels weird to kind of tell somebody about... yes, to say it was good... to someone. That's why I guess I'm not gay; I like the best of both worlds.
- J: What did the alcohol do for you during these experiences?
- S: I guess... I was more relaxed, had the guts to do things I normally would not, it is hectic to be horny for a certain kind of sex and you can't get yourself to actually feed that lust it wants...
- J: Do you think there is a perception that men playing with men is a taboo... wrong?

S: Certainly if you are married. But now that I'm divorced... I don't know... never thought about it as right or wrong... guess if it gets out it would hurt my parents... people you know... I guess people pretend to be open minded, but will still judge you if you are gay or bi... Today... I guess... I think the alcohol helped me to try and do what otherwise would have remained fantasies... I am embarrassed and have a lot of guilt towards my ex-wife, but it was good at the time...

J: It was good at the time...

S: Yes, it is a kind of high you cannot explain...

J: Will you be able to create that high without alcohol?

S: I actually don't want to think about it now, at times I do wonder, but I want to give marriage a chance again and especially now that I'm sober... it is my intention to stay this way too... I have lived that fantasy now... I guess I want to settle and have a real life. I sometimes miss my wife, my home... I could have made it work, we could have *Long pause* ...but it is too late to cry now. No, I won't be able to get that high without the drinking...

J: If I may ask, how was sex between you and your ex-wife?

S: It was cool, especially in the beginning when we both partied together, but you know how it goes... she stops partying, the occasional glass of wine now and then and with everything there goes the sex life... bye-bye miss American pie, out the window... *Stares at me* ...So what do you think, I'm fucked?

J: You want to know if I think you are fucked.

S: Yes, fucked up in the head... screwed...

J: You probably want to know if I'm judging you or your behaviour...

S: Have you heard stories like mine before?

J: I have heard a lot of interesting happenings...

S: So you don't think I'm weird or strange?

J: Are you wondering whether you will be okay?

S: I'm wondering if I ever will be a good husband and daddy...

J: You are wondering if you will be able to achieve what you want, if that is what you are trying to tell me.

S: I guess... I... I, I might be able to... *Pause*

J: Uhu...

S: I guess, you know... I might...

J: You might...

S: You know there is no manual... you don't get born... here, follow these steps and you will be happy... You know, are taught what not to do to disappoint the old folks... I guess if they are happy then I should also be happy, but no manual... I know no 12 step plan will bring me to just being happy...

J: You need, want to be true to yourself and that you think will bring you joy...

S: That is what I'm thinking I guess.

J: What do you really want?

S: I'll have to think about that one, I wondered about that as well... a lot, peace with S... not success, I know, but if I could be happy like really happy. Maybe understand what I am about... figuring out what I want...

J: Uhu....

S: To know that I will also be okay...

J: To know I'm okay with what I want...

S: I will have to figure that one still...

[End of recording]

Duration: 32''47

26/09/2011

**BJHRB002 43** ♂ (Follow up interview)

J: Wat het die alkohol vir jou gedoen?

B: Die alkohol, volgens wat ek gesien het, self ervaar het en waar geneem het by ander mense is... as mens alkohol gebruik kom die ware jy uit... of 'n ou dit nou wil erken of nie. Al daai goed wat jy oor fantaseer en onderdruk, as jy alkohol gebruik dan gaan daai inhibisies... gaan... jy gooi dit oorboord en jy... die ware jy kom tot voorskyn... en dis wat gebeur, dis wat ek met ondervinding geleer het.

J: Sou jy sê dat jy in jou agterkop oor sekere dinge fantaseer... dinge wat jy nie sou doen as jy nugter was nie?

B: Nie sou doen as ek nugter was nie, ja. Dan het ek mos nou, soos hulle dit noem, die dutch courage om te doen wat ek aan gedink het, wat ek nie normaalweg sou doen nie. Dis nou wat ek by my agter gekom het en by baie mense gesien het... so dis wat ek voel oor alkohol... as mens 'n ander topic sou vat, aggressie, iemand sal nie normaalweg so aggressief wees soos as hy gedrink is nie, maar dan kom die ware hy uit... dis alkohol, hy, hy is 'n weerstand afbreker... en uuuh, dan doen jy waaroor jy gefantaseer het, jy gaan ook baie keer kry dat liefdevolle mense gaan baie meer intensief liefdevol wees, agressiewe mense gaan baie meer intensief aggressief wees en vriendelike mense baie meer vriendelik, ook emosionele mense gaan baie meer intensief emosioneel wees. Mense wat 'n baie sterk... uuuh... seksdrang het gaan baie meer sterker seksdrang hê en baie meer intensief daarvoor wees as hy alkohol gebruik, want dan het hy die... uuuh... moed om dit te doen.

J: Maar hoekom sal 'n ou nou nie die goed doen as jy nugter is nie?

B: 'n Mens het dan mos weerstand... 'n Mens het mos daai dinge waarmee jy groot geword het.. uuh, daar is mos as jy nugter is die ding van reg en verkeerd... wat die ou mense gesê het... wat nie altyd reg is nie, ek weet... *laughs* Ek sal nou maar nie sê wat my ma altyd gesê het nie...

J: Wat het jou ma altyd gesê?

B: Is jy ernstig?

J: Ja...

- B: Okay, *Laughs while he speaks* My ma het altyd gesê as jy draadtrek gaan jy blind word... en toe moes ek op laerskool bril kry... en ek was altyd so skuldig as ek draad getrek het, wat 'n natuurlike ding is, maar my ma het my skuldig laat voel daaroor. Soos 'n mens nou groot word kom jy agter dis 'n natuurlike ding en dan kan jy soms nou oorboord gaan as jy gedrink is... jy voel jy het verloor as gevolg van die agtergrond wat jy gehad het en jy voel jy moet nou inhaal en dan haal 'n ou in op 'n... verkeerde manier, maar okay... 'n ou doen dit.
- J: So jy het op laerskool gedink jy dra bril omdat jy baie draad getrek het...
- B: Ja, ek het baie geworry, maar gedink ek sal aanhou... dis te lekker... ek sal aanhou tot ek net so met die een oog kan sien *We have a laugh together* En die brilglase was nog nie te dik nie... so...
- J: So dis ook die skuld... dat jy vry van skuldgevoel is... of die alkohol die skuld verdoof?
- B: Ja, wanneer jy alkohol gebruik, daai... daai wat jy skuldig voel val weg, dis regtig... dan voel jy nie meer skuldig nie, dan, dis... let it be... dis regtig 'n feit, dis nie net by myself wat ek dit agter gekom het nie, ek het dit by ander mense ook ondervind... dat as die alkohol ingetree het, dan, die skuldgevoelens staan bietjie eenkant toe. Dan het dit niks met die fight uit te waai nie... so dan kan jy maar jou ding doen.
- J: Het jy al iets gedoen in die verlede, dit het nou niks met seks te doen nie, iets gedoen soos om met iemand lelik gewees. Die tyd voor jy heavy gedrink het... wat jou skuldig sou laat voel en jy dan 'n dop sou vat om nie so sleg te voel nie?
- B: Ja, Baie! Jy weet... Jy, jy sus jou gewete en jy skakel so bietjie af van dit af, dan voel jy okay dit was nou nie regtig so erg nie. Jy bullshit jouself met die alkohol... hy help jou... hy help jou om jou self te kan bullshit.
- J: Okay, okay... eintlik bullshit jy jouself...
- B: Ja.
- J: Sou jy dan seksuele dade gepleeg het... waarvan jy my in die vorige onderhoud vertel het en dan die volgende dag skuldig voel en dan die dop vat om beter te voel?
- B: Ja, ja en dan is dit net so rukkig, dan voel jy dis nie so erg nie. Jy sal dit dalk weer doen... jy dink jy sien die goed... dit wat jy gedoen het meer in perspektief as jy 'n dop in het... en nie lank nie, hier gaat ons weer. Wat maak jy? Jy gebruik maar weer alkohol om weer terug te kom op die plek waar jy nie so skuldig gevoel het nie.

- J: Is dit wat jy bedoel het in die vorige onderhoud toe jy gesê het jy mag iets doen want jy is mos nou gesuip?
- B: Ja, dis die verskoning, baie mense gebruik dit... baie mense sê ook hulle kan niks onthou nie en baie mense lieg daarvoor... ek weet, ek het baie dinge gedoen, nou nie kriminele dinge nie, maar wat nou nie so reg was nie, dan onhou ek kamstig nou nie, maar ek lieg. Gebruik dit net as 'n verskoning. Ek was gesuip, jy lieg, maar hier in jou agterkop weet jy baie goed wat jy gedoen het. So... dis maar feite... ja...
- J: Goed, om op te som... sou jy sê... daar is skuld wat as kind op jou geplaas word rakende seks...
- B: Ja.
- J: ...en wanneer jy alkohol gebruik voel jy dalk ek paartie nou lekker... niks pla my nie, ek kan nou net so wel op plekke gaan waar ek nooit van te vore sou gegaan het nie...
- B: Ja, en weet jy, ek, ek voel nogal... wanneer jy groot word as kind, dan, dan wat aan jou gesê word deur jou ouers... dan, dit is nogal baie belangrik, want jy sien hulle as 'n voorbeeld van jou, hulle wys die pad vir jou, dis hoe dinge werk. En sekere goed waaroor hulle weer skuldig voel, print hulle weer op die kinders af... Julle mag dit nie doen nie, want dit is nou verskriklik verkeerd en al wat gebeur is... terwyl baie goed is nie eers nodig om oor skuldig te voel nie, ek dink byvoorbeeld seks is nie iets om oor skuldig te voel nie en veral nie in die regte verband nie, ek meen... dis daar, geniet dit, dis natuurlik, dis daar... Maar dan word daar altyd vir jou gesê dis sies, dis lelik, dis waar die probleme intree, baie, baie van die probleme tree daar in... is daai waarmee jy groot geword het en dan kry jy die vryheid en die moed as jy die drank in het... vra my, veral as jy drank in het, ek weet.
- J: Jy gebruik nou die woord "moed", maar is dit nie eintlik dat die skuldgevoel verdoof word nie? Verstaan ek reg?
- B: Ja, ja, dis wat ek bedoel, dit verdoof die skuldgevoel en... uuuh... dis hoe dit gebeur.
- J: Soos ouens wat sterk in die apartheidsera vertel en geleer is dit is verkeerd... sonde om by 'n swart vrou te slaap...
- B: Dis presies hy... *Smiles* Ek het dit nog nie getraai nie, maar baie gedink as ek gesuip was. *Laughs* Wie bullshit ek? Ek het al as ek gesuip is... Ja, ek was al daar ook. Gedink en gedoen.

J: Okay, as jy nugter was...

B: Nooit, dis mos soos ek jou sê, dan sal 'n ou te skuldig voel... dis mos verkeerd. Wat is die selfde tussen meid naai en 'n Pasola ry?

J: Nee, ek weet nie...

B: Dis altwee baie lekker... jy kan net nie jou palle vertel nie.

*We have a laugh together*

J: Cool, is daar nog iets?

B: Nee, ek het nou genoeg gepraat...

[End of recording]

Duration: 08"09

10/10/2011

## JEBHfu006

JEBH004 ♀ 43 (Follow up interview)

J: Goed, ek het enkele punte identifiseer uit die vorige onderhoud... Is dit nog reg met jou as ons daaroor praat...

E: Ja, jy het mos gesê jy wil meer weet... dis reg, ek hoop ek kan help...

J: Jy het reeds waardevolle inligting bygedra, baie dankie. Ek sal graag net 'n paar dinge duidelikheid oor wou kry... dalk net bietjie dieper wou gaan oor wat jy my vertel het.

E: Is reg...

J: Sou ek korrek wees... jy het vertel dat sekere meisies op skool dieët pille sou drink om beter te voel oor hul self en jy het alkohol verkies...

E: Ja.

J: Sou dit wees dat die alkohol dalk kon help om 'n tiepe van 'n minderwaardigheid weg te neem, so dat jy beter oor jou lyf en self kon voel?

E: O Ja, beslis. Dit was nie omdat ek vervelig was of iets nie... hier het ek nou baie geleer dat my gedrinkery beslis 'n rede gehad het...

J: 'n Funksie...

E: Ja, Suzanne het altyd ook die funksie van die alkohol aan ons verduidelik...

J: En op skool het jy reeds geleer dat jy beter oor jou self voel as jy drink...

E: Ja, dit het gehelp met die ding dat ek altyd bietjie dikker as die ander girls was... ek het beter oor myself... my lyf gevoel, saam met dit, stoot die drank gewoonlik my hormone die hoogte in... ek is 'n baie seksuele mens soos dit is... ek hou van seks, dis vir my lekker. Die drank het gemaak dat ek nie skaam is oor hoe ek lyk nie, as outjies saam met jou drink... wel jy is net meer aanvaarbaar... en soos ek laas vir jou gesê het...

J: Uhu...

E: 'n Mens sal dan ook meer waag... Jy gaan nou sleg dink van my, maar ek het jou nie laas vertel nie.

J: Onthou alles is vertroulik, ek het die etiese sake aan jou verduidelik en wat ek met die opname gaan doen...

E: Ja, ek weet, ek moes jou dalk vertel het...

J: Ja?

- E: Wanneer ek goed voel sal ek meer doen as wanneer ek nugter is, dalk omdat ek dan nie... hoe sê jy... minderwaardig voel oor my lyf en alles nie... ek het byvoorbeeld al met 'n outjie gespeel en gesuig terwyl 'n ander outjie van agter af met my seks gehad het... shoe, dit voel nou erg om dit vir jou te vertel...
- J: Jy, noem nou dit, maar ook met jou onlangse buite egtelike verhouding kon jy ook nie orale seks doen as jy nugter was nie...
- E: Net met my man as ek nugter is. Ja, dit is so...
- J: Dis amper of jy bekommerd is dat die orale seks nie goed genoeg is as jy nugter is nie en jy weet waarvan jou man hou...
- E: Ja, ek het nie daaraan gedink nie, nie so nie...
- J: Ek is net goed genoeg as ek gedrink is...
- E: Net dit, ja... Shoe... *Tears start to run over her cheeks, she sobs and reaches for the tissues on my desk* Sorry... nou sit ek hier en tjank... Die... My lewe is 'n fokkop... Bliksem... Hoekom ekke?
- J: Wil jy eerder stop met die onderhoud?
- E: Nee, ek is jammer...
- J: Jy hoef asseblief nooit vir my te sê jy is jammer nie...
- E: Dit is reg... Hoekom is ek net goed genoeg as ek gedrink is? Dis 'n fokkop, dis al wanneer ek voel ek is okay... vry om te doen wat ek wil... dis okay, my ma gaan nie vir my vertel hoe ek my moet gedra nie, ek voel sexy, my lyf is okay... Ek is goed, ek kan 'n man genot gee en lekker laat kom... *As if she is reading bullets from a list* Ek het al gedink oor die goed... Ai...
- J: Jy het beheer in die oomblik... oor jou self en sy klimaks...
- E: Dit is seker snaaks, maar drank laat jou beheer verloor, maar dan voel dit of ek beheer het... soos ek gesê het, ek hou van seks, maar dan kan ek dit regtig geniet en het beheer oor die man en oor wat ek alles met hom wil doen... Ja, met my man is dit anders, ons maak liefde, maar ek kan nie alles doen wat ek wil nie...
- J: Nie alles doen wat jy wil nie... het jy fantasieë wat jy oor wonder... droom, fantaseer wat jy sal uitleef as jy onder die invloed is?
- E: Om altyd nugter en in beheer van jouself te wees is seker goed, die regte ding, my man gaan my los as ek weer suip, ek glo ook nie ek wil weer so verskriklik suip nie, ek word

te siek... maar ja ek fantaseer oor goed, ek sal... ek wonder... daar is baie waaroor ek fantasies het wat my man nie sal doen nie... soos twee ouens weer gelyk, maar nou ja, dis dalk beter ek is nugter... dit sal beslis laat my man my los... *Laughs*

J: Het jy al gewonder... waarom maak ek myself beskikbaar wanneer ek onder die invloed is?

E: Dis of mens leef met 'n ander klomp reëls en moets en moenies wanneer jy nugter is, is dit wat jy vra?

J: Ek wonder net... is die reëls, waardesisteen of moets en moenies anders wannneer jy dan onder die invloed is?

E: Beslis. Jy het dan guts... en ek kan my fantasy uitleef, want ek mag as ek gesuip is... Dit voel dan ook nie of iemand jou gaan oordeel omdat jy kinky dinge wil doen nie... dis anders, lekkerder om jouself te wees.

J: Voel jy, jy het 'n verantwoordelikheid teenoor jou eie self... soms is die alkohol 'n poging om eie self uit te leef... te geniet soos sy regtig wil?

E: Beslis. Ja. Hoe het Suzanne vir my gesê? It is if I need to numb myself... Ek cope nie lekker met my self en die lewe soos dit nou is nie... nie altyd met my self nie... net jy weet nou van die fantasies waarmee ek ook nog moet cope... Dis 'n fokkop *Laughs*

J: Dis of die nugter jy nie E kan vereenselwig met jou fantasies en en vry self nie...

E: Van kleintyd af. Ek wil nie altyd die regte ding gedoen het soos my ma gesê het dogterjies moes wees nie... ek is seker nie die perfekte kind vandag nie, hier sit ek in die rehab... Ag. Fok tog... dit is seker so... ek sal nooit die perfekte mens wees nie...

J: Jy meet jou volgens ongeskrewe reëls wat jy glo ander van jou verwag wie jy moet wees...

E: *Tears* Ja... Ja... Dis dit... ek weet dit al lankal... lankal, maar dis makliker met die dop om te voel ek hoort êrens... ek is ook okay...

J: Sal ons stop...

[End of interview]

Duration: 15"22

10/10/2011

J: Kom ons hou dit so gemaklik moontlik. Is jy nog okay met die onderhoud?

M: Ja.

J: Sê my, hoe het jy gekom vir behandeling... hoe ervaar jy die behandeling hier?

M: Soos ek al vir jou gesê het, dit moes maar, ek kon nie anders as om rehab toe te kom nie... Ek het hulp gesoek en met iemand gepraat daarvoor om vir behandeling te kom... met dominee G, hy het my verwys na die kliniek toe en ek weet dit is op die einde van die dag ek wat die besluit moes neem om te kom. Ek is van Maandag af hier en alles is vir my nog goed so vêr...

Vertel my van jou geskiedenis van gebruik, wat het jy gebruik, hoeveel... hoe het dit begin?

M: Ek het, dis so vyf jaar wat ek Cat gebruik, ek het in Johannesburg gaan bly en dis daar waar ek vir die eerste keer met dit te doen gekry het, dis die laaste twee jaar waar ek meer en meer begin gebruik het. Ek was 'n eiendomsagent gewees, dit het baie goed gegaan, ek was baie suksesvol gewees en toe het die nuwe kredietwet ingekom en toe het alles sy gat gesien, dit het bad begin gaan... ek het skielik van baie hoog na baie laag begin val... en dis in daai tyd wat dit vir my half baie erger begin raak het, ek het al hoe meer Cat begin gebruik... want dit help om te vergeet... en toe is ek terug Laeveld toe... en ek het seker vir so nege maande opgehou gebruik, ek was skoon, dis 'n groot coping meganisme... dit maak gevoellens dood en uhh... caring en daai goed, ek worry nie as ek daarop is nie.

J: So jy sê toe dit met jou sleg begin gaan het jy meer en meer begin gebruik...

M: Ja, meer en meer gebruik... en...

J: Alkohol? Het jy voorheen baie alkohol of ander drugs gebruik?

M: Nee, niks anders nie, ek is maar konserwatief... nooit ander drugs gebruik nie, ook nie te veel gedrink nie, ek het gedrink, maar nooit 'n probleem of te veel nie, nie hard gepaartie nie. Dit was net, dit het skielik gebeur. Ek was altyd baie voorbeeldig gewees, hoofseun gewees, ACSV voorsitter, die kultuurklub en redakteur van die skoolkoerant en na skool altyd by die jeug betrokke... ek was altyd maar baie onskuldig en so... Toe ek in Johannesburg kom, die crowds met wie ek te doen gekry het, die ouens... almal was users

gewees en geclub... baie susesvolle sakemanne en so aan. Toe het ek besluit ek wil graag voel hoe voel dit, ek wil dit graag try... net een keer in my lewe iets verkeerd doen. *Smiles* Toe het ek gedink ek sal orraait wees daarmee en daar het so drie maande verby gegaan na ek die eerste keer gebruik het, by 'n partytjie het ek weer gebruik en besluit ek wil graag my eie koop, my eie gram koop. Ja, en toe het ek al meer begin gebruik en toe dit met my sleg begin gaan, joeh, toe het dit heeltemaal hande begin uitruk... toe gaan dit erg... want ewe skielik, jy werk net op kommissie, jy het geen vaste inkomste nie. So, dan begin almal te bel en hoor wanneer betaal ek weer ietsie, ek worry nie as ek die Cat gebruik het nie, ek is dood, die foon kan maar daar lê en lui, ek worry nie... Dis okay, dit pla my nie, so...

J: Dis of jy weet wat om in jou lyf te sit om beter te voel...

M: Exactly... dis presies dit... en ek het 'n groot geheim, diep geheim waarmee ek al vir jare geloop het... ek het 'n vriendekring in Johannesburg gekry wat my half aanvaar het... want ek is gay...

J: Okay, jy is gay... Is dit die diep geheim?

M: Ja, dis vir my 'n huge storie want... ek het saam met hulle gebruik en 'n goeie vriend gekry, I wat ook gebruik het, maar nie so hande uit geruk het soos ek nie en ek het die heel eerste keer in my lewe na 'n gay club toe gegaan en dit was okay om daar te wees, want ek het hierdie heilige vrees dat ek in iemand van die huis... Laeveld raak sou loop... ek het een keer, maar was op Cat, toe was ek net vrolik en gesê Haaai! *Laughs and wave with hand* Ek het geworry iemand sien my en bel my pa en vertel waar hulle my gesien het. Daai self vertrou... Verstaan jy?

J: Uhu...

M: Dit het my altyd gepla as ek uit wou gaan, maar as ek 'n paar lyne in het, het ek die guts en dan is ek die leader of the pack... Kom ons gaan, dit gaan lekker wees, en as jy daar binne is, is jy net free, jy kan wees wie jy is... dis orraait...

J: Hoe oud is jy nou?

M: 32.

J: 32... en hierdie het alles in die laaste paar jaar gekom...

M: Vyf jaar, ek was 28 toe ek die eerste keer gebruik het... die hectic gedeelte is die laaste twee jaar, maar die baie hectic gedeelte kan ek sê was die laaste ses maande... die laaste

tyd, veral toe ek terug is in die Laeveld en die familie kan nie weet nie en so... my pa het dit eenkeer uitgevind, hy het dit heeltemaal verloor... so dit het dit half vir my beter gemaak... ek kon met ander mans gaan praat op 'n ander manier as ek gebruik het, dan was ek fine...

J: Wat het jou pa uitgevind? Dat jy gay is?

M: Ja, hy het dit vermoed en toe het hy uitgevind, hy was woedend en gesê hy sal dit uit my uit bliksem, hy het nie 'n moffie groot gemaak nie, so... ja, dit alles maak dit net erger, want jy sit met dit in jou kop... toe ek so 25/26 was, was ek verloof aan 'n meisie, ek het regtig probeer... alles daarin gestort, my hart en siel alles daarin gestort... maar ek weet ek is anders, ek is gay van ek in graad twee is, maar nou ja, jy verstaan?

J: Uhu...

M: Ja, I really tried, maar dit werk net nie vir my nie...

J: So, is dit die hele gemeenskap ding, jou ouers en in besonder jou pa wat dit nie gaan aanvaar nie... ek meen jy kom van 'n baie klein gemeenskap af... and you are gonna be judged, hulle gaan jou kruisig...

M: Presies en toe ek daar weg is was dit met 'n plan, ek wou baie geld maak, want ek wou baie graag 'n dominee geword het, ek wou geld maak om te gaan swot vir dominee en toe ek in Johannesburg kom toe face ek eers die eerste keer dat ek gay is, eerste keer in my lewe wat ek dit vir iemand vertel het en... daar is nie plek vir gay mense in die kerk nie...

J: Uhu...

M: Daar was 'n gay kerk gewees in Johannesburg, daar in Jan Smuts avenue, maar dit was nou weer 'n gay Hervormde dominee gewees en ek is baie verlig oor die awesome powers of God en so aan, hulle was weer tipies Hervormd verkramp en konserwatief en goeters, so ek het by 'n ander gemeente ingeskakel wat meer gay vriendelik was. Hulle het nie gays verwerp nie, almal aanvaar, jy moes net nie by 'n man geslaap het nie. Hulle was okay. Ook toe ek so erg begin gebruik het het ek ook nie meer kerk toe gegaan nie, ek's skande in die oë van die Here...

J: As die kerk jou verwerp, dan het God jou ook verwerp?

M: Ja, dis presies dit... en so jaar terug, ek het met een van ons predikante gepraat en vir hom gesê ek het 'n moerse probleem met drugs en sal jy my help... ek het net die een keer met hom gepraat... en toe is hy see toe... *Starts to cry* ... vir my pa gesê hy stuur die hele tyd

vir my sms'e maar ek antwoord nie, so hy het maar moed opgegee op my... ek het nooit weer van hom gehoor nie... want toe het ek nog die hele gay ding wat ek van my bors af wil kry en met iemand gesels en ek kan nie... dit was 'n moeilike tyd. My abuse het heeltemaal hand uit geruk en ek het elke dag begin gebruik... dis al manier hoe ek daar deur kon kom...

J: Jy het so half... jy het rejected gevoel... verwerp... jou drugs, jou seksualiteit...

M: Ja, heeltemaal...ek is 'n druggie, 'n gay druggie... *Cries and weeps* ...Ja, soos ek vir jou vertel het... die enigste tyd wat ek myself kon wees en uit gaan en mense leer ken is wanneer ek gebruik het, as ek op Cat was. Ek het toe 'n outjie ontmoet wat eers 'n pastoor was, maar toe geskors is omdat hy gay is... Ons was 'n jaar in 'n tipe ernstige verhouding, maar hy hy't tor verongeluk oppad na 'n uitreik toe... en nou is ek by die huis en ek kan nie huil nie, oor sy dood nie en ek is lief vir die man... my ma hulle kan nie weet ek is lief vir die man wat dood verongeluk het nie... ja, dis bad... *Weeps*... Pretty screwed up, ek weet... *Silence* ...

J: Dis 'n baie lang tyd wat jy moes loop met jou self en die ... soos jy dit noem, diep geheim...

M: Ek is nog steeds bang daarvoor, ek kan dit nie eers vir Craig sê wat my sielkundige is nie... ek wil nie hê iemand in die plek moet dit uitvind nie, so bang die mense gaan nie meer met my praat nie of die mans gaan bang wees vir my, want almal dink mos as jy gay is wil jy op enige ding wat beweeg spring. Dis glad nie hoe dit operate nie, dis net soos 'n hetroseksuele verhouding, jy word net vir 'n man lief, dis al... word net lief vir een mens.

J: Verwerping...

M: Ek wou al uit gekom het, maar hier is sulke butch outjies en hulle maak die hele tyd grappe oor moffies... dan slaan ek my mure hoog.

J: As ek reg verstaan... dit is vir jou regtig 'n diep geheim, toe jy in Johannesburg kom... jy kom van hierdie klein konserwatiewe gemeenskap af... Cat was die algemene ding in die rondte en dit het die bedreiging van oordeel nog meer verminder... minder gemaak...

M: Ja...

J: Jy het van die gevoel gehou... jou self te wees...

M: Absoluut en ek hoef nie so skuldig te voel oor wie ek is nie... *Smiles* ... ek het net nie 'n fok omgee nie... askies ek praat so lelik...

J: Dis okay... hier kan jy relax...

M: In my kringe was dit of Cocaine of Cat gewees, ek het een keer Coke probeer, maar dit het niks vir my gedoen nie, dit het my heeltemaal paranoid gemaak... my uitgefreak, maar die Cat het my selfvertroue gegee... ek was fine en energiek en voor op die wa, maar in 'n good way, almal het my gelike... gelove, ek het 'n personality gehad.

J: You were accepted...

M: Ek was accepted gewees, dit was awesome...

J: As jy die angs weg vat, wat elke dag moontlik daar kon wees... Angs in die sin van: Wat as iemand agter kom ek is gay? Wat as ek verwerp word? Wat as mense uitvind wie ek regtig is... jy noem dit 'n baie diep geheim, 'n geheim is iets waaraan mens soms baie swaar aan dra... so as mens my moet uitvang...

M: That would be the final rejection...

J: Daai behoort 'n spanning, daagliks by 'n mens te skep...

M: Elke oggend as jy wakker word, eerste ding waaraan jy dink...

J: En die Cat het dit verdoof... die spanning beheer...

M: Heeltemaal, heeltemaal dood gemaak...

J: En jy kon asem haal...

M: Ek kon asem haal, ek kon breathe... ek is fine... Ja... Eers het ek mense se approval gewen deur baie geld te hê en toe ek nie meer baie geld het nie, was ek okay as ek Cat gevat het....

J: As mens nie meer baie geld het nie...

M: Is jy ook nie meer so gewild nie, dan gaan die gewildheid by die deur uit... ja, ja, ek het dit vinnig geleer in my lewe. My ouers was baie wel af tot ek so 21 was, my pa het toe borg geteken vir 'n pal vir R40 miljoen rand en toe hardloop hy weg met die geld... hulle het alles verloor... en toe speel ons bankrot, dit was my eerste belewenis van as die geld waai dan waai die vriende ook... so ek het nou ook hierdie heilige vrees om arm te wees. Ek het vinnig al my energie en tyd ingesit om weer baie gou weer baie geld te maak. Ek het dit baie gou reg gekry met die huisverkope, ek was vinnig een van die top tien agente by MSL gewees, in Johannesburg en daar was oor die 900 agente... en dan vra almal hoe

doen jy dit, dan sê ek net ek werk tot twaalfuur elke nag om die goed deur te kry en planne gemaak om deals te maak... en ek was 'n eerlike agent, maar toe begin dit sleg gaan en ewe skielik ruk hulle die mat onder ons uit en ons kry nie die deals meer so maklik deur soos in die verlede nie, nou ja...

J: Ek dink die agente sukkel nou nog baie.. nogsteeds...

M: Hulle sukkel nog baie, al my palle wat eiendomsagente is sukkel nog baie, die wat dit uit gehou het... die ander is onder deur, dis regtig nou 'n baie moeilike mark.

J: Ek het vir jou gesê waarom die navorsing gaan...

M: Ja.

J: Ek wil net op hierdie punt van die gesprek vir jou dankie sê dat jy my vertrou, veral met die geheim wat jy so lank saam met jou dra... Die navorsing gaan oor die funksie van chemiese substansie binne die seksuele gedrag van persone... chemiese substansie in jou geval die Cat... dit het jou genumb, jy kon relax en asem haal en actually allow you to do what you enjoy... to be you... Wat het die Cat vir jou gedoen tydens seks?

M: In seks self... Uuum... die Cat lig jou sex drive geweldig, incredibly... ek het nooit 'n baie hoë sex drive gehad nie, dalk omdat dit so taboe onderwerp vir my was, maar op Cat is dit 'n ander storie, dit sexually charge you, jy is opgecharge... ek sou baie meer relaxed en oop wees in 'n club ook, ek het moerse issues oor my lyf, maar as daar 'n outjie is en hy, hy maak, hy lead jou aan, dan sal ek sommer saam met hom gaan, geen probleem nie... dit was okay, fine en ek het actually 'n drive gehad. Verstaan jy...

J: So wat jy sê is, Cat maak mens horny...

M: *Laughs...* Basically... dit doen, ja, dit doen. Dit super charge jou... ja...

J: As ons nou daarna moet kyk, chemies gee die Cat jou 'n seksdryf... sekslus...

M: Ja, dit doen...

J: Plus daarmee saam gaan dat jy voel aantreklik vir iemand en... why not do it?

M: Ja, presies...

J: Het jy random seks gehad wanneer die angs deur die Cat verdoof is...

M: Ja, ek het... as jy vinnig 'n outjie in 'n club optel en jy gaan gou en dit was lekker gewees... ek het nooit penetrasie gehad nie, net orale seks, vry en speel, inner thigh... dis al dit is wat dit is... net lekker... waar as ek nie op Cat was nie, nooit, ek sou dit nooit doen nie, nie in my lewe nie...

- J: Hoekom is dit? Hoekom sal mens dinge onder die invloed doen wat jy nooit nugter sou doen nie... goed doen wat jy nie sou gedoen het as jy nie gebruik het nie?
- M: Dis of die Cat iets in jou breinfunksie doen, dit maak jou half maklik, dit is, dit beïnvloed daai morele waardes wat jy het, dit beïnvloed dit baie beslis. Dit maak dit net, ja, jy voel half sletterig, jy sê net ja vir enige ding wat lekker is, natuurlik kyk jy eers hoe lyk die ou... jy gaan nou nie saam met ene gaan as dit nou nie lekker lyk nie.
- J: Uhum...
- M: Jy sien die outjie lyk bietjie af, dan sien jy nee ek gaan nou nie dit doen nie. Jou judgement word ongelooflik aangetas en... ek kan dit nie vir jou verduidelik nie, dis of dit jou breinfunksie beïnvloed... um... dis net okay, dis net fine en reg... en gelukkig, die ander ding wat jou rustig maak, jy is nooit so gefok dat jy out of control is nie, so fucked out of your mind dat jy nie weet waar jy is nie, so mens is heelyd, daai safety is daar, jy weet wat jy gaan doen, maar jy weet, just be safe. Dis nie soos drank waar jy uit jou kop gesuip is nie en seks sonder kondome sal hê en sulke goed nie. Dis vir my lekker, jy is safe en in beheer... dis net lekker...
- J: Jy is vry, maar jy het keuses... Jy het ook genoem van breinfunksie en moraliteit, morele waardes en dat jy baie konserwatief groot geword het en jy het na jouself verwys as voorbeeldig... die hoofseun... Kan dit wees dat die Cat die en grootword, reëls... jou pa se stem wat sê ek het nie 'n moffie groot gemaak nie... dat alles stil word, and you can enjoy it for what it is... sex... sonder al die geraas in jou kop...
- M: Absoluut, ja... alles is gefile en weg, gefile in file 48, toegesluit vir die aand. Tussen al my vriende ook, mens sal nog altyd probeer ordentlik wees, dan sal iemand sê: Skaap dink jy ek moet saam met hom gaan? Dan sê ek ja, dis net seks, niks belangrik nie... it is just sex... dan sal ek die selfde met hulle ook doen, dan sal hulle ook sê dis net seks, geniet net die oomblik en bly in die oomblik, dis al en dis verby. Daar is nie emotional connectations nie, dis net do it and enjoy it, moenie worry nie...
- J: Moenie worry nie...
- M: Dit is eintlik half hartseer, want seks is mos nou half vir met iemand vir wie jy lief is, ons het dit half ge-objectify.. nie meer die diep emotional connection wat dit seker veronderstel is om te wees nie... dis nou net vir die lekker en dis verby.

J: Dalk iets wat jy ook kan geniet saam met iemand vir wie jy lief is... Sou jy sê dat die Cat jou chemies gecharge het of was jy gecharge oor die skuld, reëls en jou pa se stem in file 48 weg gebêre is? Dalk beide?

M: Beide, definitief altwee.. Jy sien, jou hele lyfie voel ook anderste, as iemand aan jou vat kry jy hoendervleis, ooh as iemand jou druk, dis so 'n tantalising gevoel wat oor jou hele lyf gaan, dis amazing. Die fisieke gevoel daarvan, dis lekker... awesome, dis seksueel en sensueel... ek dink die eerste stap is dat dit die goetters weg vat en file vir jou en dan kom die chemiese enhancement en enjoyment by, maar Cat enhance definitief alles...

J: So sintuiglik versterk dit die gevoel op jou vel en jy voel...

M: Jy voel great... verskriklik lekker.

J: Op jou vel... fisies ook...

M: Fisies op jou vel ook, as iemand met hulle vingers so oor jou streel, oe, dit is verskriklik lekker... jy slaan oral van die hoendervleis uit. Jou hele lyf voel lekker.

J: En nou kan mens net dink aan meer sensetiewe areas soos jou seksorgaan...

M: Presies, moerse awesome... daar is no orgasm like an orgasm on Cat... *Laughs...*

J: Serious?

M: Ek belowe jou, dit is incredible, tien keer lekkerder, meer intens as wat jy dit normaal sou gedoen het... dis ongelooflik... dis ook so ongeskrewe reël, as jou gram op is en niemand gaan weer koop nie, die aand is verby... then everybody must go and have an orgasm... na die ekstase verby is, raak mens ook kalmer, want jy raak nogal paniekerig as jou Cat klaar raak, maar as jy gekom het is dit of jy kalmer is binne jou self en begin unwind... dis die doel van die trip...

J: Uhu...

M: Dis okay dis verby, jy kan maar begin ontspan

J: Sou jy Cat gebruik om die stemme stil te maak, in files weg te bêre, sexually charged te raak met die oog op... suiwer om seks te kan hê, doelbewus Cat gebruik om jou te enable om seks te kan hê?

M: Ja, beslis... Dit was altyd die doel vir my, ek gaan uit, voel dis tyd...

J: Dan weet jy: Ek plus Cat equals goeie seks?

M: Ja, good experience.

- J: Ek wil jou vra oor fantasië, want jy sê jy het nie normaalweg 'n hoë sekslus of dryf nie, maar is daar dinge waaroor jy fantaseer wanneer jy nugter is en dan sou uitleef as jy Cat gebruik het?
- M: Ja, ja, deffinitief... beslis *Laughs*... Beslis...
- J: Wat jy nooit sou doen as jy nugter was nie, jy sou nie jou fantasie uitleef nie...
- M: Ja, ja definitief...
- J: Meer as... wat jy 'n outjie in die club sien en sê kom ons gaan...
- M: Ja... Ek het altyd hierdie... dit raak nou baie intens... maar ek gaan nou maar sê... ek het altyd hierdie fantasy gehad om 'n vreemdeling langs die pad op te tel en dan met hom te speel terwyl ek bestuur... *laughs*... toe het ek dit eendag gedoen, ek het hierdie ou opgetel langs die pad... en toe, ja, toe speel ons... die hele game is hy straight is hy nie... ek sal nooit 'n vreemdeling optel nie, ek glo hulle sal jou kop af kap met 'n byl... ek het daai vrees... verstaan jy? Jou bangheid, jy is vreesloos, jy gaan net...
- J: En, was dit goed?
- M: Dit was goed, dit was baie goed gewees, ek sal dit nie weer doen nie... *Laughs* ...maar dit was baie goed gewees.
- J: Nou wat jy sê jy gaan dit nie weer doen nie... Ek dink wat ons identifiseer het met die onderhoud is hierdie alewige skuld, ek kan nie, ek mag nie, my pa se hart gaan staan en die gemeenskap gaan my steunig... dat daai aspek verdoof raak... plus die chemikalië in die Cat super charge jou en jy raak sensetief, hiper sensitief wat die seks meer intens maak... en jy weet dit want jy sê alles vir my... Hoe sien jy jou sekslewe na behandeling? Ek meen, jy sê self dat daar geen orgasme is soos 'n orgasme op Cat nie...
- M: Ja, ek dink die rede vir my, die rede hoekom ek gesond wil word... Ek wil net weer human wees, verstaan? Ek wil ook nie vir altyd die label dra van 'n recovering druggie nie, ek wil net een oggend opstaan, en vir myself kyk en sê: Hallo M, die mens M. Ek dink my droom is om iemand te kry met wie ek my lewe kan deel. Verstaan. Om intens lief vir iemand te raak, nie net 'n vinnige hand job of blow job te gee nie, maar vas te hou en te soen... deur daai ding te gaan, ek dink as mens dan eventually by seks uit kom, dan... dan gaan dit meer amazing wees, oor die seks op Cat so superficial is... Verstaan jy... Dink ek daai intimiteit moet awesome wees, dink ek kan dit weer special maak...

J: Wat jy eintlik vir my sê is... ek het reflekteer op hoe goed jy seks op Cat ervaar het, maar wat jy ook vir my sê is dat dit leeg was...

M: Ja, dit was empty... every experience for itself... dit was great saam met hom en hom en met hom, maar niks met substance nie, niks nie... dit was awesome en dis verby, so vinnig *snaps his finger* verstaan jy... drie gramme en dis verby, R 900 en dis oor, dis wat ek op die einde nodig gehad het, drie gramme om dit die moeite werd te maak. Ja... ek sal graag iets spesiaal met iemand wil deel, dit kan dalk meer awesome wees...

J: Dis dit, ek dink ons is klaar.

[End of interview]

Duration: 32'48

21/10/2011

**JHVB009 ♀ 22**

J: Vertel my eers van jou ervaringe hier in die kliniek in die rehab centre...

V: Wel dis vir my 'n groot eye opening, kan ek maar engels praat?

J: Is jy Engels?

V: Ja eintlik.

J: Okay we can do it in English.

V: Ja it was a huge eye opening for me.. umm ek leer baie. Ja nee dit is. In die begin was dit vir my baie baie moeilik want ek het nie geweet wat om te verwag nie. Ek was baie onseker van baie dinge en toe ek hierna toe kom toe voel ek heeltemaal welkom en dit. Maar die eerste paar aande was ek baie homesick en verlang en nou veral op die einde. Ek mis verskriklik baie my kind en dit.. dis die meeste rede dat ek dit doen is vir my kind. En ek kan voel aan die einde van die dag is dit die beste ding om te doen – ek voel soos 'n nuwe mens.

J: Wat het jy gebruik?

V: Cat

J: Okay

V: Ek het eers coke begin met my eks verloofde het ons coke gebruik so twee jaar terug en toe ontmoet ons vriende van ons wat hulle cat gebruik het toe het hulle nou aan cat voorgestel en toe het ons cat begin gebruik. Want die trip is vir my... coke hou jou op een level en elke keer wat jy coke vat jy voel dat dit niks aan jou doen nie maar jy hou aan vat om daai gevoel te kry maar daar kom nooit iets. En met cat vir elke lyn wat jy vat kom daai trip lekkerder.

J: Hoe oud is jy nou?

V: 22

J: As jy se jy voel nou beter jy voel nou mens is dit die chemikalie wat uit is ne?

V: Ek praat eintlik vanoggend met my ma en se vir my ma dat dis vir my baie snaaks want ek het 'n verskriklike energie wat ek nooit gehad het nie want ek kan nie onthou wanneer laas ek so gevoel het nie. Rerig dis nice om so te voel en eks nie moeg nie eks nie uitgeput en soos wat jy jou downer vang en jy weet jy het nie meer geld nie en jy kan dit

nie meer bekostig om verder te koop nie dan vang jy daai downer en dan vir twee, drie, vier dae aanmekaar jy is moeg om weer daai slaap op te vang.

J: Was dit met coke ook so?

V: Met die coke ek dink dit was vir my erger ek het meer gesukkel met coke om aan die slaap te raak. Met cat ok... ek was... met die cat het meer van die ephedrine en heroine en al daai goedjies en die meth en dit. Dit hang seker maar af waar jy dit koop. Maar ek was vir 17 dae wakker op die cat. So ek was daar maar ek was nie... my brein was nie daar nie.

J: Wat jy dan aanhoudend cat gebruik het?

V: Yes, want dit hou jou dan aan die gang ... ja nee.. ek... op die laaste so drie dae jy is heeltemal out of it. Jy... ek was heeltemal.. ek kon nie praat nie... jy... ek kon nie eers 'n behoorlike sms tik nie. As iemand my bel kon ek nie my foon antwoord nie. Ek het nie geweet waar ek was nie. Ek het nie my naam geken nie. Ek het omtrent niemand van die mense om my geken nie want ons was so out of it na 17 dae laat jy kom dit nie eers agter nie. Jy geniet so jou trip maar jy is eintlik net so moeg jy wil slaap maar jy kan nie slaap nie want jy het so veel energie, jy weet nie wat om met jouself te doen nie. Jy gee net nie meer om nie. Jy bad nie, jy gee nie om oor die mense om jou nie. Ek kan gelukkig wees, ek het nie my kind met my gehad daai rukkies want jy gee nie om nie oor die lewe nie. Ek het nooit my oproepe van mense geantwoord nie, my foon het letterlik net daar gelê en as die pa van my kind my gebel het, het dit my soos in 'n uur of twee uur gevat om 'n sms terug te stuur om te hoor wat was fout en ek het rerig... ek sal nie sê het my kind neglect nie maar ek het net nie... op daai stadium het nie belangstel wat om my aangegaan nie. Dit het vir my gevoel alles was om my en oor cat en hoe maak ek 'n plan om die volgende dag om weer op daai trip te kom en om lekker te voel en om nie te worry oor môre se kak wat voorlê vir my.

J: En die foon wat daar lê is amper want ek meen normaalweg het 'n ou maar responsibility, jy wil hoor wat gaan aan as daar 'n noodgeval is en is my kind okay...en daar lê die foon.

V: Dis asof ek... Niemand...ek het gevoel vir myself, ek het geen verantwoordlik gehad toe ek daarop was nie. Soos ek sê dit was ek en die cat en die pelle met wie jy kuier en jy ontmoet nuwe mense en hulle kom en gaan. Naderhand soos wat jy nou agterkom, hoor

hier, maar die party is nou verby, dan sien jy die mense van dag een is nie meer saam met jou nie. Jy sit saam met vreemde mense wat jy nie eers ken nie. Maar om cat te snuif...jy sal...kuier met wie jy wil...om seker te maak jy bly op jou trip...om seker te maak jy kry jou goed.

J: Uh hum

V: Jy sit jouself eintlik in gevaar want aan die einde van die dag maar jy weet dit nie want jy's so, jy gee nie om nie, jy soek net daai goed.

J: Hoe't dit begin, ek meen, ek wil net hoor van jou substans geskiedenis. Het jy met alkohol begin...

V: Ek het 'n paar jaar terug... kyk my boetie was op dwelms...hy was op heroine...en toe't ek die een keer met hom heroine probeer maar dit was niks ernstig nie ... en toe't ek 'n vriend gehad, Gerhard, wat saam met my gewerk het by Ocean Basket, en toe het hy die een aand...want hy was heavy op die goed. En hy het die een aand gesê ek moet dit probeer...toe probeer ek dit. Dit het my nie rêrig gepla nie...toe ontmoet ek die pa van my kind en alles en hy was 'n eks heroin addict, maar hy was skoon, maar toe het hy nou coke gebruik. En toe het ons nou maar...dit het deur my aan ??? voorgestel het...toe het ons dit maar naweke gebruik, of as ons gekuier het, en dan gebruik jy die goed. En obviously as jy 'n paar doppies in het en later in die aand, soos jy wil party en dan raak die dop min en jy's gesuip en dan koop jy maar die coke. En dan bly jy wakker...en...dis nou 'n Saterdag middag, jy wil nie ...jy kan nie slaap nie...dan hou jy maar aan, en dan koop jy dop en jy hou jouself maar aan die gang...en so dit het met die dop begin. Nou met die cat, naderhand begin dit soos 'n roetine raak van jy drink 'n paar doppies en dan's dit jou dwelms. Dan weet jy, jy moet plan maak vir jou cat. En dit is hoe... naderhand het jy nou maar... die drank weggestoot... en net cat gebruik.... nie eers nodig gehad vir drank nie.

J: Uhum...

V: Die enigste tyd wat ek rerig drank gebruik was as ek kon voel ek is moeg en ek kan nie meer nie en jy weet daar's nie meer geld nie...en jy's so op hierdie trip, en jy kan net nie van hierdie trip af kom nie dan het ek brandewyn of vodka skoon gedrink net om uittepass. En dit was die enigste...ek kon nie eet...ek kon nie drink nie...ek het net suigstokkies en chappies gekou. Verder kon ek niks doen nie.

J: Jy't nou nou gesê dis asof cat jou brein dood gemaak het. Jy kan nie eers jou eie naam onthou nie.

V: Nee, ek kon nie, ek was...in die begin was dit nie...as jy so vir so twee / drie dae na mekaar...dan is jy nog fine. Maar ek dink dis omdat...vir 17 dae wakker te wees is heeltemal...al wat jy in jou liggaam kry...jy kry nie fluids nie, en jy kry niks nie...ek kon niks drink of dit nie. En dit is hoekom ek heeltemal out of it was. En al wat ek in my liggaam kry was of 'n chappie of 'n suigstokkie...en dan cat. Maar toe's ek heeltemal... toe ek nou heeltemal van hierdie trip nou af kom en daar wakker word na drie dae wat ek geslaap het...toe ek nou wakker word...toe besef ek vir myself...toe sien ek nou waar ek is en het nie die plek herken nie...ek het nie eers agtergekom die 17 dae wat ons gekuier het ons het getravel... waarentoe ek gaan nie... ek het rerig my lewe in gevaar gesit want jy kuier by pele se huis wat jy weet jy ken jy gebruik dit en op die einde van die dag sit jy met mense wat jy nie eers ken nie en dis scary om van jou trip aftekom en jy sit met hierdie mense. Ek weet nie wat ... ek weet ...veral wat ek weet het hulle iets aan my gedoen wat ek sal nie eers geweet het nie want ek was heeltemaal out of it. Heeltemal. Vir 17 dae wakker en ek kan niks rerig... seker hier by die sesde dag toe begin ek swerf maar jy bly aan vat, aanhoudend... want jy wil nie van jou trip afkom nie en sodra jy van jou trip afkom dan weet jy dan's daar worries vir die volgende dag wat vir jou voorlê.

J: Mmmm. Sjoe, sjoe. So dis amper soos... ek probeer nou dink aan 'n prentjie, aan 'n metafoor, dis amper soos 'n capsule wat net move. Soos hierdie moltreine.

V: Yes

J: Ek wil sê hy move move move move move

V: En ek het altyd vir mense gesê as jy weet dis soos goeie goed .. dan kry jy.. jou oë traan of .. jou neus brand verskriklik en ek het altyd vir mense gesê dat as jy ... op daai energie... as jy nou rerig op jou lekker is... Ek het altyd gesê ek wil die Comrades op daai goed hardloop want dit het vir my energie gegee. Ons het hier twee drie uur in die oggend dan sny ons gras en dan vat ons tweezers en dan pluk ons bossies uit die gras uit en ons doen snaakse goed. Ek het vyf keer 'n week 'n bediende gehad en dan kom kuier my ma vir my maar ek maak nogsteeds die huis skoon dan verstaan sy nie hoekom maak ek die huis skoon nie want die bediende is vyf keer 'n week daar sy kan dit nie verstaan

nie maar ek aanhou skoonmaak het ek skoongemaak. Al moes ek my wasgoed tien keer 'n dag .. het ek my wasgoed tien keer 'n dag gewas.

J: Net om besig te bly.

V: Ja nee jy kan nie stil sit nie en jy hoor goed ... op die goed te wees as jy alleen is, is scary, dis rerig.. dit is nie lekker nie. Jy hallucinate, jy hoor goed jy dink heelyd daar is iemand in die omtrek by jou. Ek het heelyd gehoor as iemand 'n toilet flush maar daar was nie eers 'n toilet buite die erf nie en 'n man gesien met 'n koerant buite sit en soos wat ek loop dan loop die man om te kyk waarentoe ek gaan. En dis wat ek gesien het toe ek op die cat is. En dis aanhoudend en as jy jou pick up gedoen het dan sien jy die man, soos jy die pick up...en dan sit hy hierdie kant van my...en sodra ek van my trip af is dan's hy glad nie daar nie. Dan maak die mense 'n fool van my en sê daar's niemand... dan sê ek vir hulle maar kyk net daar by die venster uit...daar sit 'n man met 'n koerant en kyk vir ons...want hulle sien nie wat ek sien nie, hulle het hulle eie trip wat hulle nou sien en...die kleinste ding, jy dink die heelyd die hek maak oop of daar's iemand by die deur...en jy hoor allerhande snaakse goed. En dis na 'n rukkie wat jy wakker is...as jy een aand...twee aande op dit kuier op 'n naweek is jy fine, maar ek dink na 'n paar dae begin dit jou...want ek dink die enigste ding wat binne jou is wat jou laat funksioneer is daai cat...jou brein werk nie eers meer nie, dis die cat wat vir jou brein werk.

J: Kyk, jou brein is obviously affekteer...as jy nie eers eet as jy gebruik, as jy nie slaap nie...gaan jy in anyway begin hallucinate dan wil jy nog al daai chemicals begin bysit.

V: Ja nee dit was vir my baie erg. Dit het...toe ek van daai trip afkom na daai 17 dae toe het ek vir drie dae geslaap, toe ek wakker word toe moes myself vorseer om te eet en toe is ek baie siek...ek was seker siek vir so twee dae...want ek kon nie...ek kon nie eers 'n bottel water drink nie...ek kon nie eers 'n slukkie van 'n dop of niks gevat het nie...en dit was seker 'n week daarna...dis toe die welsyn in gekom het en al daai... en toe besef ek vir myself ek kan nie...toe ek heeltemaal reg is soos ek nou hier sit, ek het besef ek kan nie. Vir 17 dae was ek out of it, ek weet niks nie, kan niks onthou nie... vir al wat ek weet kan hulle iets aan my gedoen het, my iets ingegee het... wat nie Cat was nie, hulle sit enige iets in die goed, heroin enige ding. Dit is seker wat op die einde so verslawend was.

J: Wat het die Cat vir jou gedoen?

- V: Jy voel niks nie, jy gee nie om nie, dis net jy op die pad vorentoe na jou volgende lyn, jy sien niks om jou nie... jy bly net aan die gang vir die volgende lyne... jy voel niks nie.
- J: Ek het nou vir jou verduidelik waarom die navorsing gaan. Die Cat nou, met die gevoel van jy voel niks nie... kon jy agter kom, as ons nou in zoom op seks, dat cat vir jou 'n bepaalde funksie gehad het, dat dit iets vir jou gedoen het... dat jy dalk goed kon doen wat jy andersins nooit sou kon doen nie...
- V: Ek weet baie mense sê jou hormone, enige dwelm sal seker, maar Cat... enigste tyd wat ek dit sou gedoen het, in 'n verhouding of so, ek sal nou nie met vreemde mense nie, maar as jy jou downer begin slaan en jy het nie meer Cat nie, dan het jy your sexual act... you have sex, dit maak jou moeg en dan kan jy gaan slaap, maar ek moet sê dis of jou hormone haywire gaan en die gesprek die hele tyd oor seks gaan... jy dink ook hoe dit sal wees met 'n ou wat nou oorkant jou sit. Jy is rerig, jy is jags, jy bly jags op die goed. Die drugs het regtig 'n rol gespeel in jou sekslewe, dit doen regtig, jy gee nie om nie... hier kan mense sit en gesels en jy sal dit voor hulle doen. Dis of jy te skaam is om dit te doen as jy nugter is, maar jy sal dit doen as jy op die Cat is... Want jy dink nie die ou gaan dit die volgende dag agter kom nie, want hy is net so out of it soos wat jy is... en dit hou langer, jou seks drive hou langer as wat dit sou as jy nugter was...
- J: Is 'n klimaks noodwendig beter?
- V: Ja dit doen, uuh, dit is.
- J: En iemand het ook al vir my vertel, dat dit amasing is, jou vel... alles is meer sensitief... dit is awesome as iemand net aan jou vat...
- V: Jy is baie sensitief... shoe, as iemand net verby jou loop en jou op jou gat slaan, gewoonlik pla dit jou nie of jy dink dat hulle 'n grap maak of as iemand sy hand op jou been sit... dit doen, dit doen, jou sex drive gaan heeltemaal bos..
- J: En cocaine? Jy sê jy en jou eks het saam coke gebruik... het dit iets vir jou gedoen met die fokus op seks?
- V: Nee, niks. Nee, jou downer op coke is kak, met cat is jy nog okay, dis lekker, jy kan dit nog geniet, maar met coke is dit kak, jy is lui, jy wil niks doen nie, kan niks doen nie... jy wil slaap maar jy kan nie slaap nie, your brain does not wanna switch off, maar met die cat kan jy voel jy is op jou downer, maar dis okay. Maar coke se downer was vir my verskriklik, ek het nie regtig 'n sexual relationship gehad toe ek op coke was nie.

- J: Jy sê vir my dat die cat jou meer seksdryf gee... sou dit wees omdat jy meer opgewek, horny, jags is... Dat jy dinge sal doen wat jy normaalweg nie sou doen nie?
- V: Ja, ek dink dit is omdat jou brein verdoof is, jy funksioneer nie reg nie, jy gee nie om nie. Ek dink nie jy het die respek vir jou liggaam soos jy normaalweg sou gehad het nie, jy voel niks. Jy gee net nie om nie, of daar nou mense om jou sit, jy worry nie... jy wil dit net doen en klaar kry... dit gaan net oor jou en wat vir jou lekker is.
- J: Jou eie satisfaksie en genot...
- V: Ja, you want sex and you want it now, dis vir jou lekker in die einde, want... hoe kan ek sê, die effek wat jy kry terwyl jy besig is, dit is beter as wat jy anders dit sou doen en dis langer, jy kry meer satisfaksie vir langer as jy op cat is. Jy verloor ook baie gewig, ek kan nie eet as ek op cat is nie, jy kry mense wat kan, ek kan nie, ek het baie gewig verloor... Ek gooi op en dan wil ek slaap, hoekom wil jy nou van jou trip af kom?
- J: Het dit ooit gebeur dat jy doelbewus cat gebruik het om sekere seksuele dinge te doen?
- V: Ja beslis, daars baie goed wat ek al gedoen het wat ek nie nou sal doen nie.
- J: Hoekom nie?
- V: Ek dink omdat ek skaam is en omdat ek nie die guts het om dit te doen nou nie, soos ek vir jou gesê het, jy voel nie iets nie, jy het jou respek verloor... jy slaap die een aand met die ou en môre aand met daai ou en dit pla jou nie, al is altwee in die omtrek. Jy gooi jou respek weg, maar as jy hier sit soos nou, dit pla jou... dit sal my nou verskriklik pla.
- J: Sou jy sê dat die cat sekere reëls afbreek, soos om met verskillende ouens te slaap voel jy nou is verkeerd, maar as jy op cat is het daai reëls nie bestaan nie, dis of die cat dit uitvee?
- V: Jip, ja en as jy op die cat is sal jy nie eers dink aan wat is verkeerd en wat is reg nie, jy dink nie eers so vêr terug soos wat jou ma jou alles geleer het oor reg en verkeerd nie... jy dink niks nie. Jy dink net aan hoe lus jy nou is en hoe lekker dit sal wees. Jy dink nie eers aan jou kind nie, jy sien net daai man voor jou, jy is so mal van die jagsheid en jou brein werk nie reg van die cat nie.
- J: Sou jy fantasies oor droom of aan dink en as jy cat gebruik voel dis tyd om 'n fantasie uit te leef... om dit te doen...
- V: Of jy sal sit en jy is op 'n high en die ou sit so voor jou... dan fantasise jy jou so jags in die ding in met die ou of twee ouens op een slag, ja, dit het al baie gebeur dat ek vir 'n ou

vertel wat ek alles met hom wil doen, of twee ouens op een slag, dan doen ek met elkeen iets anders. As ek nou hier sit en ek dink, dink ek hoe op aarde kon ek dit reg kry... Hoe kon ek dit doen? Ek het dit so baie geniet.

J: Het jy ooit cat gebruik en gevoel ek gebruik dit om 'n sekere doel te bereik?

V: Ja, sê nou maar ek sit nou hier en is jags vir jou, ek is nou te skaam, maar dan het ek cat gevat, dan sal ek jou vry dat jy weet jy is gevry... ek sal jou dan straight kan vertel wat ek wil doen ook. Ek sal jou presies vertel hoe ek voel en vir jou sê kom ons gaan kamer toe, maar nou soos ek hier sit, nooit nie...

J: Waarom, hoekom dink jy is dit so?

V: Ek weet nie, ek is maar skaam... die regte jagse ek kan doen wat sy voor lus is as ek op cat is en onthou ek het jou... die goed maak jou hormone lekker lus...

J: Ons as mense kan geneig wees om nie tevrede te wees met hoe ons lyk nie, as jy jou klere uit moet trek voel dit...

V: Of die ander persoon jou gaan judge, sê jy is dik of die selluliet op jou bene sien, maar met cat worry dit jou nie, jy voel so seksy en die gevoel is so nice, jy is net jags en die ouens ook. Op daai stadium dink jy nie ers hoe die persoon lyk nie. Is hy groot of maer, dit maak nie saak nie. Ek het nie soos ander mense na die ander race gekyk of met hulle geslaap nie, nie eers vir cat of geld nie, nee... maar op daai stadium maak dit nie saak hoe die persoon lyk nie, jy wil dit net doen, jy is so oor jags, omdat dit jou so control...

J: Jy het soms saam met mans geslaap vir geld of cat...

V: Jy raak so desperaat, ek was nooit 'n werkende meisie nie, maar jy crave die drugs, op jou downer, nee... ek het soms net om geld vir die cat te kry en dan maak die cat jou weer jags... jy voel niks...

J: Jy het netnou vir my genoem as die cat op raak en jy dan doelbewus met iemand seks het... of jy dan rustiger raak... of die cat 'n seksuele spanning in jou laat opbou en as dit verlig word jy rustiger raak...

V: Jy raak kalm hier binne in jou, dis of jy hierdie frustrasie binne jou dra... jy wil iets doen, maar jy kan nie en sodra jy dit gedoen het is jy reg, jy's fine. Dan is daai jagsheid, daai lus heeltemaal weg... tot die volgende keer wat jy weer die cat gebruik het en 'n mens kan dit oor en oor en oor doen as jy op jou trip is, maar as jy jou downer vang en jy is moeg

en jy wil slaap, is seks die enigste ding wat jou rustig maak en dan kan jy slaap. As jy op die trip is sal jy ure en ure kan aan gaan, maar nie op die downer nie...

J: Mans ook?

V: Ek dink mans het 'n baie hoër seks drive, hulle raak baie jagser. Daar is van my vriende wat as hulle klaar seks gehad het, weer sal wil en party wil 'n derde rondte hê... party sal badkamer toe gaan en met hulle self speel... van my vriende het al gesit en kyk as ek dit met iemand doen en dan met hulle self speel... as ek nou daaraan dink weet ek nie hoe ek dit kon gedoen het nie... aanhoudend of die jagsheid glad nie weg gaan nie. Vir my, ek dink die mans se hormone gaan definitief hoër...

J: Voel mens beter oor jou self?

V: As jy op cat is?

J: Ja.

V: Ja, jy het meer respek vir jou self... ek sal nie sê respek nie, jy gee nie om wat ander van jou dink nie. Waar ek vandag nou hier sit en ek weet iemand praat van my, dit sal my pla, maar op cat gee jy nie om nie. Mense kan voor jou oor jou praat, dit pla jou nie... iemand kan reguit in jou gesig vir jou kom sê jy is dik of jy is so, dit pla jou nie. Jy gee glad nie om wat mense van jou dink of sê nie. Jy kan in die huis wees waar iemand is wat jou haat, dit pla jou nie. Dis of jou emotions en alles dood geslaan is, jy gee nie om nie.

J: Sou jy sê dat jy ontevrede is met V as jy nugter is?

V: Dis of die cat jou meer van jou self laat vergeet en jy hou actually van jou self. As jy nugter is, is dit of jy met jou self fight, jy laaik jou self nie so baie nie, maar op cat is alles beter... die hele wêreld is beter, jy laaik alles meer, alles is lekkerder...

J: Is dit asof... as ons nugter is loop ons met 'n klomp issues, die moets en moenies... wat jy mag en nie mag nie...

V: Wat is reg en verkeerd...

J: Ja... en dit skep dalk soms die idee dat ek sekere kere meer aanvaarbaar is as ander kere... as mense in 'n groep by mekaar kom en cat gebruik is almal meer aanvaarbaar vir mekaar... ons almal kan chill en voel die selfde...

V: Ja, en daar is nie al die reëls van 'n meisie maak nie so of so nie. Ook die volgende dag, jy weet jy het met daai of daai ou geslaap, maar dis okay, almal was saam op die selfde plek, so dit pla jou nie... eers later begin dit jou pla, maar as jy weer hoog raak is dit

okay... dit pla jou glad nie. As jy op cat is sal jy met die ou grappies maak en flirt, maar as jy nugter is, glad nie, jy is te skaam... terug getrokke, maar op die cat gaan jy lekker aan.

J: Dink jy dat mens hierdie barriers af kan breek as jy nugter is, awesome seks met iemand hê as jy nie op cat is nie?

V: As jy gemaklik is met iemand, ja. Soos ek was met my eks, ek kon alles met hom doen, want hy het my aanvaar. Ek het nie kat of 'n dwelm nodig gehad met hom nie, ek het eintlik glad nie 'n dwelm met hom nodig gehad nie... hoef glad nie te worry oor niks nie, ek was okay soos ek was, alles was okay met hom, ek hoef oor niks te geworry nie. Ek is heeltemaal my self om hom...

J: Okay, ek het netnou gevra oor dinge wat mens oor kan fantaseer en dan doen as jy op die cat is... vertel my waarom jy sou fantaseer...

V: Ek sou nie sê ek het weird fantasies nie, ek het meer my self gepicture saam met 'n ou, wat ek alles saam met hom sal doen en hoe ek hom sal doen, ek het meer oor my gefantaseer en wat ek kan doen... sal kan reg kry. Ek het nooit oor groepseks of twee meisies en 'n man of oor twee mans gedink nie, maar as dit gebeur, het dit gebeur. Vriende van my, die man wou, maar as sy vrou nugter is, was sy 'n bitch, maar op cat... sy het my verdink van 'n verhouding met haar man, sy sou dit vir my sê ook... maar op cat, ons het een Sondag voor die TV gelê en was hoog, te het sy aan my begin vat en dit was lekker... soos ek sê, as dit gebeur het dit gebeur, ons het toe 'n three sum gehad, maar andersins wou sy niks weet nie. Dit gebeur net, ja, ek sal fantaseer oor hoe dit met iemand sal wees en of die ou goeie seks is en hoe goed ek gaan wees... maar nie iets spesifieks nie.

J: Jy sal fantaseer oor jou performance...

V: En sy performance, hoe sal die ou wees... hoe gaan hy jou laat kom en so aan...

J: Sal jy cat vat terwyl jy hoog is om die seks net nog beter te maak?

V: Nie regtig nie, dit het al gebeur, maar die mans as hulle te veel cat gebruik het, dan kry hulle nie horing nie, so jy moet ook nie te veel vat nie, ander ouens sal weer, maar dit verskil nou weer van mens tot mens.

J: Wat doen die cat? Anders dat jy niks voel nie en die reëls verdwyn... wat doen dit binne die seks?

- V: uuuh... Dis seker die manier hoe hulle aan jou vat en jou langer vat om... die satisfaksie is lekkerder, dis langer, waar jy gewoonlik seks het, dis gou oor, maar dan as jy op die cat is kan jy vir ure aan die gang wees, jy vat 'n breek, rook 'n sigaret en gaan weer aan. Jy is ook nie skaam om te doen wat lekker is nie of jou lyf nie...
- J: So jy kan skaamteloos die genot verleng...
- V: Ja, jy extend it, jy maak dit nog lekkerder en onthou jy voel klaar so lekker...
- J: As jy nou klaar maak met jou behandeling... hoe sien jy jou sekslewe sonder cat?
- V: Ek weet nie, ek is nou single, so dit pla my nie. Ek dink ek sal skaam wees en weer van voor af moet leer om gemaklik met iemand te wees... soos met my eks... ek sê nie ek sal dit nie doen nie, maar as ek terug gaan na my eks toe sal dit makliker wees, ek sal gemakliker wees...
- J: Sou jy sê dat die cat jou self meer aanvaarbaarder gemaak het vir jou self...
- V: Ek het nie omgee oor my self nie, my aksies nie, hoe ek lyk nie... niks, maar as jy van die cat af is begin jy worry: Doen ek iets verkeerd? Is ek okay? Is jy besig om die ou sy plesier te gee wat hy soek?
- J: Aanvaarding is 'n groot deel van die proses...
- V: Ja, jy voel aanvaarbaar, dis baie meer real op cat, as jy nugter is kan dit voel of die ou aan sit, maar op cat is dit real en jy focus op jou eie lekker... sonder die cat sal ek... ek sal bang wees op 'n manier, dis waar... Soos ek dink, ek sal dink ek is nie goed genoeg sonder die cat nie, tot ek gewoon raak aan die persoon en ek sien hulle aanvaar my soos ek is. Party mans sal dit vir jou sê, maar jy sal sien hulle is nie convincing nie en dan is daar mans wat jy kan sien hulle gee regtig nie om hoe jy lyk en wat jy doen nie. Op die cat sou dit my glad nie gepla het nie as hulle my aanvaar het of niks nie... op die cat het ek meer op my gefocus en my jagsheid, ek is lus en wil dit geniet en daai jagsheid uit die weg kry... Maar nou weet ek, ek sal eers voor die ou moet staan en hy moet my nie judge nie... ek moet eers heeltemaal gemaklik voel, ek kan nou nie eers daaraan dink nie...
- J: Die cat was eintlik 'n vinnige medisyne, 'n vinnige fix om mens aanvaarbaar te maak...
- V: As hulle vir jou sê jy's die mooiste girl of jy het die mooiste borste, sal jy dit glo, maar as jy dit nou vir my sê gaan ek dink jy maak 'n grap of praat kak. Ek sal dit nie glo nie.
- J: Jy is die healtyd besig om V te judge...

- V: Ek doen dit... dis maar mens, ons almal soek fout met ons self... dis eintlik maar die groot fout met my. Jy judge jou self ook teen ander, daar is beautiful girls...
- J: Partykeer wil jy net mooi, seksy, horny wees en dit enjoy... jou self enjoy vir wat jy is...
- V: Wie wil nie? Jy wil jou ook nie regtig voor iemand gooi nie, jy wil ook op daai punt kom waar jy vir jou self aanvaarbaar is...
- J: So jy create hierdie goed in jou eie kop en...
- V: Die cat vat dit weg... dit vat dit heeltemaal weg...
- J: Thanks, ek dink dit is dit...

[End of interview]

Duration: 42''44

21/10/2011