

Running head: A PSYCHOBIOGRAPHICAL STUDY OF ELLEN PAKKIES

A psychobiographical study of the life story of Ellen Pakkies

by

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Dedication

I dedicate this thesis to my beautiful, kind-hearted sister, Chantel Serfontein, who passed away during this journey on 19 July 2020. Thank you for always believing in me and loving me unconditionally. My heart loves and misses you tremendously. Your legacy of love continues. Always and forever my person.

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- To my furry friends: Zeus, Luca, Tuffy, the German Shepherds, and all the CRE Brahmans, I love you.

Declaration

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Exact wording of the title of the dissertation as appearing on the electronic copy submitted for examination:

A PSYCHOBIOGRAPHICAL STUDY OF THE LIFE STORY OF ELLEN PAKKIES

I declare that the above dissertation is my own work and that all the sources that I used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the dissertation to originality checking software and that it falls within the accepted requirements for originality.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

(The dissertation will not be examined unless this statement has been submitted.)



SIGNATURE

DATE: 28/02/2022

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Abstract

Ellen Pakkies' memoir highlights numerous psychosocial issues, such as child abuse, gender-based violence, sexual abuse, child neglect and, in particular, the aftermath of substance abuse. The overarching aim of this study was to describe and interpret the unique and complex development process of Ellen Pakkies across her lifespan and to understand her traumatic life experiences and that as a caregiver of a methamphetamine addict, as well as the resilient outcome of her ordeal. Ellen's development over her lifespan and the resilient outcome displayed was primarily guided by Kümpfer's (2002) transactional resilience model and supplemented by Baltes' (1987) lifespan development perspective theory. This was a single-case, qualitative psychobiographical study of the life of Ellen Pakkies. Ellen was chosen as the research subject of this psychobiographical study due to the uniqueness and complexity of her life story. Life history material in the form of the book *Dealing in Death*, radio interviews, speeches, and court transcripts aided in creating a biographical sketch of Ellen's life. This study suggests that a single factor cannot be ascribed to the tragic occurrence of Ellen strangling her son to death. It is rather the amalgamation of traumatic experiences and prolonged abuse that Ellen was subjected to from childhood to adulthood that contributed to her reaching her limit.

Key words: Ellen Pakkies; methamphetamine; substance abuse; psychobiography; resilience; Lavender Hill

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CHAPTER 1

INTRODUCTION

1.1. Introduction and Background

The memoir of Ellen Pakkies accentuates various psychosocial issues, such as child abuse, gender-based violence, sexual abuse, child neglect and, in particular, the repercussions of substance abuse. Ellen was born out of wedlock in Cape Town on 6 December 1961 and was abandoned by her biological father at birth (Walker, 2018). The desertion subsequently led to Ellen and her mother living with her grandmother for approximately three months before living vagrantly. Ellen's mother later married Lukas, and he played a minor role in her upbringing. Ellen's mother was a live-in domestic worker of the Lakays, and they provided her and her immediate family with accommodation in their backyard (Walker, 2018).

Even though Ellen was their only child for several years, physical and emotional neglect was the living standard of the Lukas family (The Villageguy Paarl, 2019a; Walker, 2018). Aside from neglect, alcohol was excessively consumed by Ellen's parents (The Villageguy Paarl, 2019a), and Ellen was often gratuitously battered (Walker, 2018). She was also sexually abused from approximately the age of four until the age of 29 (The Villageguy Paarl, 2019a). In addition, the Lakays' two sons sexually abused Ellen at the age of 10 while her parents were intoxicated, and the lack of protection and support from her parents amplified Ellen's silence (Walker, 2018). Furthermore, the sexual abuse persisted when she was kidnapped and gang-raped as a young woman (The Villageguy Paarl, 2019a). These were only a few of numerous incidents of sexual abuse by men in her neighbourhood. Several perpetrators were acquaintances of her parents and, in some instances, her parents were present (Walker, 2018). The clinical psychologist, Martin Lester Yodaiken, who performed a comprehensive psychological evaluation of Ellen, reported on the anomalous attachment she had developed with her primary caregiver. In his evaluation, he delineated that Ellen

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compensated for her fractured relationship with her primary caregiver by being compliant in her home environment and beyond, making her an easy target for exploitation (Walker, 2018).

Moreover, Ellen used to wet her bed every evening until the age of 16 (Walker, 2018). Perhaps Ellen suffered from nocturnal enuresis – a psychological condition classified as involuntary voiding during the night into bed or clothes, twice a week for at least three consecutive months (American Psychiatric Association, 2000). This can be seen as either a regressive symptom because of the trauma she experienced or owing to the neglect due to no reasonable effort by her parents to toilet train her (Fritz et al., 2004). Despite her lack of nurturing as a child, Ellen took on the role of Joseph's caregiver – the first child of Ellen's mother and her stepfather. Ellen's mother was granted a house in Lavender Hill soon after the birth of Joseph (Walker, 2018).

Besides her dysfunctional home environment, Ellen was further confronted with rejection and ridicule by her peer group and teachers. At the age of 13, she completed Grade 4 and started working at Nannucci Brothers Laundry, where she was also sexually abused (Walker, 2018). The frightening realities she had to face daily forced her to run away from home (The Villageguy Paarl, 2019a). Living vagrantly became a way of life for Ellen, and as a result, Ellen commenced utilising cannabis and became involved in prostitution. After a while, Ellen was in a relationship and found herself pregnant, and her partner subsequently assaulted her to such an extent that she suffered a miscarriage (The Villageguy Paarl, 2019a; Walker, 2018).

Her tempestuous path continued into adulthood, and the pattern of abuse persisted. Not long after returning home after numerous years of living vagrantly, she was pregnant again at the age of 16 with her eldest son Rudolph Lukas. She and Mervin Faro, Rudolph's father, married shortly after his birth; however, the marriage lasted for a brief six months

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(Walker, 2018). Her second marriage was to Jurie Carolus Titus, who is the father of her other two sons, Colin and Abie (Walker, 2018). Abie was Ellen's youngest child, and he was born on 27 August 1987 as a result of Ellen being raped (Philander, 2019). Ellen and Jurie divorced shortly after Abie's birth, as Jurie was belligerent towards Ellen and the children. His aggression was generally induced by substance abuse. Moreover, Jurie abandoned Ellen and the children; therefore, Ellen had to support her three boys financially at the age of 27 (Walker, 2018). However, after a few failed marriages and one miscarriage, she met Odneal Pakkies, who provided Ellen with the consolation and stability she needed. They married in 1988, and Odneal raised and cared for Ellen's children as his own (The State v Ellen Pakkies, 2008; Walker, 2018).

The story of Ellen Pakkies mostly took place in the Lavender Hill community on the Cape Flats (The Villageguy Paarl, 2019a). The Cape Flats developed in the 1960s and 1970s due to the Group Areas Act of 1950 and was characterised as an area for "coloured"¹ individuals (Jensen, 2008). White areas were specified (Windermere, Plumstead, Tramway Road, Newlands, Simon's Town, Lower Claremont, and District Six), and coloured people were forcibly removed by the legislation of the Group Areas Act of 1950 and arrived on the Cape Flats in 1960 (Jensen, 2008). The Group Areas Act (Act No 41 of 1950) made provision for racial segregation by dividing the urban area into sections in which only a specific defined race was allowed to work and live (Thompson, 2000). The Population Registration Act (Act No 30 of 1950) required that each resident of South Africa be registered according to race (Thompson, 2000), with the four racial groups classified as whites, Indians, coloureds, and

¹ The term "coloured" represents one of the legally acknowledged population groupings utilised under the apartheid system, referring to people of mixed heritage and is at present still socially recognised and administratively reported in South Africa.

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Black people. The latter two racial groups (coloureds and Black people) were further divided into subcategories (Posel, 2001).

Factually, there was an omnipresent misunderstanding of race as a biological concept. Race is not a biological construct, as there is no specific cluster of genetics that belongs to one specific racial population (Lee et al., 2021). Race is a social construct, a human-invented classification system (Nyborg, 2019) that was utilised by the government authorities in the apartheid era as a means of executing oppression (Mhlauli et al., 2015). The method of classifying individuals into a specific racial group was based on physical appearance, socio-cultural, and socio-economic factors (Thompson, 2000). The problem with categorising an individual into a specific racial class entails the presumption that the individual has essential features that are common among that specific race.

This type of racial system increased the anxiety and perplexity among South African citizens who were not categorised as white, particularly among coloured communities, who viewed themselves as coloured but were classified as “Black African” and downgraded on the country’s racial ladder (Posel, 2001). In conjunction with the Group Areas Act (Act No 41 of 1950), the Population Registration Act (Act No 30 of 1950), the Immorality Amendment Act (Act No 21 of 1950), the Suppression of Communism Act (Act 44 of 1950), the Bantu Authorities Act (Act No 68 of 1951), the Reservation of Separate Amenities Act (Act No 49 of 1953), the Extension of University Education Act (Act No 45 of 1959), the Environmental Planning Act (Act No 88 of 1967), the Prohibition of Mixed Marriages Amendment Act (Act No 21 of 1968) and the Bantu Homelands Citizenship Act (Act No 26 of 1970) all contributed to promoting, maintaining and enforcing inequality in South Africa (South African History Online, n.d.).

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After forced removals, council housing was provided for “coloured” individuals that consisted of two-or three-story blocks of apartments, detached cottages, or compact houses (Jensen, 2008). Lavender Hill is one of those townships that developed as a result of the Group Areas Act (Act No 41 of 1950) and is situated approximately 24 kilometres from Cape Town’s city centre (Asante & Lentoer, 2017) and covers an area of 1.63 km² (Hodkinson et al., 2019) with a dense population of approximately 100 000 people (Walker, 2018). This community has insufficient resources, varying from lack of proper housing, poor education and recreational facilities (Asante & Lentoer, 2017). Individuals living in this community grow up in an unhygienic, unhealthy and violent environment (Kanengoni, 2016). Besides the poor socio-economic structure of the community, the mandatory removal of “coloured” individuals had psychosocial ramifications. These psychosocial ramifications include gangsterism, substance abuse, violence and crime (Bowers du Toit, 2014).

Ellen’s family was subjected to these psychosocial ramifications daily, and it was in this harsh environment that Ellen and her children were raised. Despite her turbulent path and traumatic experiences, Ellen has often been described as a kind-hearted, honest, helpful, caring and loving person (The State v Ellen Pakkies, 2008; Walker, 2018). During her trial on 13 November 2008, Ellen testified that she was extremely protective over her children and that she had tremendous love in her heart for them (The State v Ellen Pakkies, 2008). Although she was exceptionally close to all three of her children, she could never have foreseen the immense challenge she was to face with her youngest son, Abie (Walker, 2018). Ellen described the late Abie Pakkies as a pleasant, helpful, gentle and happy child (Radio 702, 2018). Nonetheless, his behaviour started changing as he got older, and he soon turned into someone Ellen barely recognised (The Villageguy Paarl, 2019a). He was in the advanced stages of methamphetamine addiction and was a threat to his family, disregarding their boundaries and showing no remorse. Around the same time as Abie’s behavioural changes,

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Ellen was guilty of adultery, and she and Odneal divorced shortly afterwards; even so, they still lived together for financial reasons (Walker, 2018).

Abie was motivated by both Odneal and Ellen to attend school again. However, Levana Primary School deregistered him in Grade 7, as he did not attend school for 40 consecutive days. At the time, Ellen was working at a children's home, and Abie was often left to his own devices (Walker, 2018). At first, Ellen noted money disappearing at home and recognised the smell of cannabis on Abie. On the streets of Lavender Hill, cannabis is smoked publicly, and there seem to be no repercussions (Walker, 2018). Ellen unexpectedly discovered that cannabis was a portal drug for Abie and that he had progressed to methamphetamine, a more lethal drug (Walker, 2018). Methamphetamine is the most popular synthetic drug with the highest prevalence in the Western Cape (Asante & Lentoer, 2017). Locally, it is known as "tik" because of the ticking sound it makes when smoked (Watt et al., 2017). Methamphetamine is a highly addictive psychostimulant and can lead to behavioural, physical, psychiatric, violent, or risky sexual behaviour (Watt et al., 2017). Methamphetamine is affordable, easily accessible and easy to produce (Asante & Lentoer, 2017).

Abie's behavioural changes had increased rapidly, beginning with talking back that eventually progressed to anger outbursts (Walker, 2018). He terrorised and exploited Ellen daily to obtain money to sustain his addiction. His first conflict with the law was at the age of 14, when he broke one of Ellen's bedroom windows (Walker, 2018). The situation escalated in 2007 as Ellen arrived home from work, only to find Abie threatening her with a pair of scissors, demanding money. This was only one of numerous incidents when Abie was violent towards either Ellen or Odneal (The State v Ellen Pakkies, 2008).

Moreover, Ellen established a shed in their backyard to keep Abie from entering the house; nevertheless, it did not protect them against his rage outbursts (Walker, 2018). In

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another desperate attempt, she installed a security gate at their bedroom door, erected a front gate, and installed burglar bars on all the windows in the house (Radio 702, 2018).

Unfortunately, Abie had no limit to what and from whom he stole as long as he fed his addiction (Walker, 2018). He stole Odneal's money he received from selling the car, windowpanes, Ellen and Odneal's clothes, household items, curtains, bedspreads, dishes, groceries, cell phones, copper pipes, money, tools, electricity cables, etc. (The State v Ellen Pakkies, 2008; Walker, 2018). For years, Ellen's sleep was interrupted, as she was living in fear and kept awake by Abie and his friends. At times, Abie would throw water through the window on Ellen and Odneal and threaten to kill them. On another occasion, he set the kitchen curtains on fire from outside while Ellen was in the house, and during the day when they were at work, he would chop the walls for no obvious reason (Walker, 2018). His behaviour was out of control, and he displayed violence, psychotic behaviour, insomnia, hallucinations and delusions that were common for a long-term methamphetamine addict. Despite Abie's behaviour, Ellen still had deep maternal feelings for Abie; therefore, she would hide food for Abie that Odneal was not aware of because she did not want Abie to go hungry (Walker, 2018).

For several years, Ellen's home was a battleground of emotions and accusations, and this was Ellen's harsh reality of living with a methamphetamine addict (Walker, 2018). Ellen was living in fear daily, and each night on her way home, she would pray to God for peace and tranquillity (Radio 702, 2018). Ellen had no long-term vision, just a desire for normality to return. Ellen explored several avenues for help – social workers, the police, rehabilitation centres, and the court; however, all her endeavours failed (The Villageguy Paarl, 2019a). At last, Ellen went to see a doctor for help to get Abie admitted to hospital for treatment. The doctor gave Abie an antidepressant injection to counter the withdrawal symptoms from his methamphetamine addiction (The Villageguy Paarl, 2019a). Abie got an appointment with

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the psychiatrist; however, he overslept and missed his appointment. He started using methamphetamine the next day, and Ellen's horrific normality continued (Walker, 2018).

Ellen focused all her energy on Abie and his addiction, disregarding her own emotional and physical needs. This mother-child relationship was symbiotic; while Abie was feeding his addiction, Ellen was gradually reaching her emotional rock bottom (Walker, 2018). On 12 September 2007, Ellen reached her limit: Abie was lying on the bed, and she started to swaddle a rope around the bedpost, pulling it tighter around Abie's throat (The Villageguy Paarl, 2019b). The rope cut Ellen's hand as she pulled it tighter. Abie was startled and reached for a piece of timber, trying to batter Ellen, but she was in typical flight-or-fight mode, and ultimately, Abie took his last breath (Walker, 2018). This flight-or-fight mode was her physiological reaction that occurred in the presence of the imminent mental and physical stress the situation with her son evoked. She immediately closed her eyes and asked God for forgiveness (The Villageguy Paarl, 2019b). Ellen further expressed that she did not experience any type of emotion in that specific moment and, in Yodaiken's evaluation, Ellen dissociated (The State v Ellen Pakkies, 2008; The Villageguy Paarl, 2019b). After a few minutes, Ellen went inside, dressed for work, disclosed to one of her colleagues what she had done and immediately went to the police station (The Villageguy Paarl, 2019a).

She was imprisoned for two weeks while she was awaiting bail. Ellen's trial started on 24 October 2008 at the Wynberg Regional Court in the Western Cape. She pleaded guilty to the charges of murder of Abie Pakkies and was sentenced to three years imprisonment, which was fully suspended (The State v Ellen Pakkies, 2008). She was given 2800 hours of community service, with three years of correctional supervision (The State v Ellen Pakkies, 2008). Despite the various adversities that Ellen had to endure from a very young age, she displayed resilience throughout her ordeal. It is important to understand that resilience is a multifaceted and malleable concept that can be applied to a variety of phenomena at all levels

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of society. Numerous authors (for example, Gordon, 1996, Cicchetti, 2010; Luthar & Zelazo, 2003) have provided definitions in literature for the construct of resilience. Gordon (1996) defines resilience as “the ability to thrive, mature and increase competence in the face of adverse circumstances or obstacles” (p.64). Cicchetti (2010) describes resilience as “a dynamic process that encompasses the attainment of positive adaptation within the context of exposure to significant adversity that typically exerts major assaults on biological and psychological development” (p.145). Luthar and Zelazo (2003) refer to resilience as “good outcomes despite significant threats to well-being” (p.510). For the purpose of this study, the researcher utilised Masten and Reed’s (2002) definition of resilience. Masten and Reed (2002) describe resilience as “a pattern of positive adjustment in the presence of significant individual and environmental threats” (p.76). Ellen displayed a greater capacity for resilience in the wake of each traumatic occurrence.

Today, Ellen thrives on her purpose as a social activist that works with the local Silvertown Baptist Church to fight drug addiction by intervening with substance users and supporting rehabilitated drug addicts (SABC News, 2018). Ellen is also a motivational speaker aiming to bring hope to individuals that are also victims of drug addiction. Ellen is actively involved in the community, motivated to do her part and make a positive change. She also actively participated in the “paint project”, where she painted community members’ houses to bring beauty back to the Lavender Hill community (Van Heerden, 2018). The “paint project” was also established to create work opportunities and skills development for the youth in the community (Van Heerden, 2018). Ellen thrived, matured and increased her competence in the face of various adverse circumstances. Her story remains relevant today, as it was over a decade ago.

To completely comprehend the tragic occurrence that took place on 12 September 2007, Ellen’s childhood becomes significant. It is the amalgamation of experiences that led to

this unorthodox act of a mother strangling her son to death (Walker, 2018). This subject matter is controversial, leading to the question as to how an individual can survive such adversity and still display psychological resilience, bravery and empathy throughout such an ordeal.

1.2. Description of the Study Problem

Globally, including in South Africa, substance abuse is classified as a social and health problem (Visser & Routledge, 2007). Substance abuse can be defined as any substance that alters an individual's perception, mood, cognitive, behaviour, or motor function when utilised (Hadfield et al., 2001). Since 1994, the beginning of democracy, South Africa has experienced several changes in legislation. Most legislation was implemented to rectify harms that were caused by the apartheid system (Cheteni et al., 2018).

South Africa is still experiencing a transition, even though it has been a democracy for quite some time (Visser & Routledge, 2007). Unfortunately, the changes in economic, social and political structures in South Africa both before and after apartheid have increased the country's vulnerability to substance use (Peltzer et al., 2010). South Africa has an immense market for illicit drugs (United Nations Office on Drugs and Crime [UNODC], 2002) as a result of weak visa prerequisites, inadequate border control, an increase in international flights to the country, and high unemployment and poverty rates (Peltzer et al., 2010).

South Africa's illicit drug menu consists of cannabis, methaqualone, cocaine, heroin, methamphetamine, and ecstasy (Peltzer et al., 2010). A study conducted by Ngantweni (2018) showed that cannabis is the drug of choice in South Africa, as the country is one of the largest cannabis producers in the world. A significant number of South Africans use multiple substances simultaneously (Ngantweni, 2018). It is thus challenging to determine the accurate prevalence of substance abuse in countries like South Africa (Watt et al., 2017), as there is a

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great number of unreported users (Weybright et al., 2016). Although substance abuse in South Africa is a threat and impacts the country as a whole, it persists as an enormous challenge in the Western Cape (Nyabadza & Coetzee, 2017).

Methamphetamine is a psychostimulant that is locally known as “tik” and has the highest prevalence in the Western Cape (Asante & Lentoer, 2017; Watt et al., 2017). The use of methamphetamine is increasing rapidly and surpasses popular drugs such as cannabis, methaqualone, and ecstasy (Asante & Lentoer, 2017). The use of methamphetamine in the township communities in the Western Cape has increased significantly since the year 2000 (Berg et al., 2017).

Methamphetamine is highly addictive and can have a negative impact on an individual’s physical, behavioural and psychological functioning (Watt et al., 2017). Due to severe poverty, approximately a third to a half of South Africa’s population lives in high-risk communities, and women in these communities face a myriad of challenges. The women in these high-risk environments are typical victims of gender-based violence, sexual abuse, prostitution, food insecurity, unemployment, lack of safety and substance abuse (Kheswa, 2020). In addition, the structural adversity individuals in high-risk environments face are lack of proper houses, limited education opportunities and lack of access to healthcare facilities (Kheswa, 2020). It is important to note that some individuals in these high-risk environments exhibit resilience despite having difficult living conditions. Early initiatives in resilient work mostly concentrated on the internal characteristics of an individual, such as autonomy or positive self-esteem (Masten & Garmezy, 1985). However, as research in the field progressed, psychologists began to recognise that a child’s resilience may frequently be influenced by variables outside of the child (Luthar et al., 2000). Research shows that a combination of internal characteristics and environmental factors promotes and sustains

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resilience which is also the case in high-risk environments (Herrenkohl, 2011; Nadat & Jacobs, 2021).

Additionally, the National Drug Master Plan identified crime, dysfunctional family life, decrease in productivity, unemployment, political instability, HIV, and tuberculosis as the problems resulting from drug use (Peltzer et al., 2010). An international study revealed that the age of onset of illicit drugs is between 18 and 19 years (Degenhardt et al., 2016). The study conducted by Hobkirk et al. (2015) revealed that the lack of opportunities for further education, positive role models, lack of supervision at home, traumatic experiences, social pressure and high unemployment rates in their communities contributed to methamphetamine use. Although substance abuse affects the addict directly, it also has ripple effects in the family system (Ngantweni, 2018).

According to Benishek et al. (2011), drug addiction has an immense impact on the emotional functioning of family members of the substance user that may lead to symptoms of depression and anxiety. Psychological problems often experienced by family members of addicts can include insomnia, fear, guilt, low self-esteem and anger (Ngantweni, 2018). Additionally, Orford et al. (2013) stated that the family members of drug addicts usually withdraw from social interactions due to social judgement and the negative behaviour of the addict. Furthermore, according to an international study conducted by McCann et al. (2017), more than half of the families of substance users cope with violence, aggression, emotional abuse, negative criticism, swearing, property damage, verbal and physical fighting, threats, and use of weapons. An international study conducted by Duah (2017) focused on the lived experiences of caregivers of relatives with alcohol and opiate dependence. Moreover, a South African study conducted by Carney et al. (2021) focused on the caregiver's perceptions of and needs around adolescent substance use and other risk behaviours. Additionally, Groenewald (2016) conducted a study on mothers' lived experiences and coping responses to

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adolescents with substance abuse problems. An international study focused on caregivers' emotional experiences of their adolescent's substance abuse problem (Reyes & Duchene, 2015).

In their study, Moriarty et al. (2011) investigated the resilience in family members living with addiction in New Zealand. A fortuitous finding of the latter study was that participants did not spontaneously acknowledge the concept of resilience, despite the use of neutral lay terminology in the interview. The family participants did not use positive coping strategies that were expected to raise resilience in a family. In retrospect, participants delineated short-term survival strategies such as accepting behaviour that they would not normally allow, avoidance, or minimising that had proven to be maladaptive overall. On the contrary, a South African study conducted by Hills et al. (2016) explored the lived experience of street children and adolescents in Durban. The researchers found that violence, and drug and alcohol use were common in these children's lives. Amid these challenges, participants reported on protective factors in such adversity, such as personal and emotional strengths, cultural values, religious beliefs, peer relationships and support, and physical activity. Many of the abovementioned studies focused on the addiction itself or substance abuse in general; however, only one South African study that emphasises the experience of caregivers of methamphetamine users is available (Asante & Lentoor, 2017). Even so, no South African studies were identified that focused on the perceptions of their child's methamphetamine addiction and the resilience of the caregivers of addicts. Thus, little research on the caregivers' experience of methamphetamine addiction is available (Asante & Lentoor, 2017). The story of Ellen Pakkies, a mother who experienced the effects of methamphetamine addiction and the strain it places on the caregiver of the addict, sheds light on the caregiver's experiences and addresses the research gap in the literature. By executing a psychobiographical study on Ellen's life, the unique, in-depth experience of living with a

methamphetamine user could be explained from a caregiver's perspective and highlight the protective factors that contributed to Ellen's resilience in this study.

1.3. Purpose of the Study

Psychobiographies are primarily case formulations, and therefore clinical work can potentially be strengthened through psychobiographical studies (Fouché & Van Niekerk, 2010). A case formulation is a postulation about the psychological mechanisms that trigger and maintain an individual's symptoms and problems (Friedberg, 2010; Pearson, 2008). The primary purpose of this study was to use the psychobiographical study of Ellen Pakkies to help strengthen case formulation on the unique experiences of caregivers of methamphetamine users in the context of the Cape Flats and to identify protective factors that enhance resilience in the face of such adversity. The secondary purpose of this study was to utilise the psychobiography of Ellen Pakkies to assist psychologists in forming an in-depth clinical understanding to design effective interventions.

1.4. Research Objectives and Questions

The overarching aim of this study was to describe and interpret the unique and complex development process of Ellen Pakkies across her lifespan and to understand her traumatic life experiences and as a caregiver of a methamphetamine addict, as well as the resilient outcome of her ordeal.

The aim was actualised through the following objectives:

- a) To describe and understand the impact of the social context in which Ellen lived.
- b) To comprehend her development process utilising Kümpfer's (2002) transactional resilience model as the primary theoretical framework underpinning the study and supplemented by Baltes' (1987) lifespan perspective theory.
- c) To comprehend the amalgamation of factors that had led to the unorthodox act of a mother strangling her son to death.

1.5. Theoretical Framework

Kümpfer's (2002) transactional resilience model and Baltes's (1987) lifespan perspective theory were employed as theoretical frameworks for the study. Kümpfer's (2002) transactional resilience model, as the name implies, views resilience as a transactional process that focuses on the interaction between the individual and the environment. Kümpfer (2002) further posits a dynamic framework for explaining resilience in an individual. Baltes's (1987) lifespan perspective theory, on the other hand, suggests that an individual's development is a lifelong, multidimensional, multidirectional, plastic, contextual, and multidisciplinary process that entails growth (gains) as well as decline (losses).

The researcher drew on Kümpfer's (2002) transactional resilience model as the primary theoretical framework as it enabled the researcher to describe: 1) Ellen's social context and the impact of environmental risk and protective factors 2) Ellen's developmental process through the stressors and challenges she encountered, which delineate a comprehensive picture of the confluence of factors that contributed to the act of strangling her son 3) and to describe Ellen's internal characteristics as well as the contextual factors that fostered her resilience. Hence, providing answers to all three research questions in the study. The lifespan perspective theory of Baltes (1987) was used to supplement Kümpfer's (2002) transactional resilience model in characterising Ellen's development in terms of the seven principles postulated by Baltes (1987). Using Baltes, theory (1987) as a supplement provided the necessary insight into Ellen's lifelong developmental process and how different aspects influenced and altered her development over the course of her lifespan, hence supporting Kümpfer's theory (2002) and addressing the second research question.

Kümpfer's theory (2002) focuses on six constructs (stressors and challenges; external environment context; the person-environment interactional process; internal self-characteristics; the resilience process; and the positive outcomes) (Nel, 2014). Kümpfer's

(2002) transactional model was chosen as a model for this study as it views individuals' resilience holistically, taking both external and internal contributing factors into consideration. Meanwhile Paul Baltes' (1987) seven principles assisted in understanding the development of human beings from a lifespan perspective. The first principle is the belief that development is lifelong. This principle states that no age period is more dominant in regulating the nature of development. The second principle that Baltes (1987) highlights is that development is multidimensional and multidirectional. Multidimensionality refers to the interaction between endogenous and exogenous factors that impact development throughout life (Baltes, 1987). The concept of multidirectionality refers to development as a non-linear process and has the capacity to increase or decrease effectiveness over the lifespan (Baltes, 1987). Another principle included in Baltes' theory (1987) is the belief that any facet of the development process entails growth (gains) and decline (losses). Furthermore, the concept of plasticity indicates internal variability and centres attention on the capability and limitations of human development. The sixth principle states that history and context are embedded in development. The last principle refers to development being multidisciplinary and that to understand development, one needs to look at a variety of disciplines (Baltes, 1987). By combining Kümpfer's (2002) transactional resilience model and Baltes' (1987) lifespan perspective theory, a holistic view of the outcome of Ellen's story is proposed and the researcher attains the overarching aim of the study.

1.6. Chapter Organisation

The first chapter (Introduction) focused on the background of Ellen's life story so that the reader can comprehend what amalgamation of factors had led to the unorthodox act of a mother strangling her son to death. The chapter further highlighted the problem statement, research aim and objectives, and the theoretical frameworks. The second chapter (Literature Review) paints the picture of what is currently known about the experiences of caregivers of

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methamphetamine addicts. This chapter also presents the reader with a critical in-depth analysis of the various studies conducted related to the research problem. Chapter 3 (Methodology) delineates the research methodology of the study. Chapter 4 (Results) reports the findings of the study after data analysis. Chapter 5 (Discussion and Conclusion) provides the reader with an in-depth discussion generated by the previous chapter and concludes with limitations and further recommendations.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

This chapter gives an overview of the crime and the various types of illicit drugs in South Africa, with a specific focus on methamphetamine. The physical, psychological, cognitive and behavioural changes that occur in an individual who abuses ecstasy (MDMA), heroin, nyaope, mandrax, cocaine, cannabis and methamphetamine are also illustrated. This chapter also discusses the experiences of caregivers of methamphetamine addicts, and a synopsis of the literature is provided. Furthermore, it also illustrates and explains in-depth the theoretical frameworks that were utilised in the study, and the chapter is concluded with a chapter summary.

2.2. Overview of Crime in South Africa

South Africa is a unique country that is unfortunately known for the inequality among racial populations and the high crime rate. Alongside poverty, these are the three tenacious socio-economic factors in South Africa (Cheteni et al., 2018). Even though Bourguignon (2000) and Fajnzylber et al. (2002) studied the link between crime and poverty, they could not provide enthralling rationales for the link between the two, as poverty is multifaceted, and crime has various contributing factors that are not associated with poverty. Moreover, various studies (Ludwig et al., 2001; Morgan, 2000; Oreopoulos, 2003) focused on the relationship between poverty and crime. The common conclusion was that poverty has minuscule effects on crime. It is, however, important to note that the above-mentioned studies were all executed in developed or high-income countries with a low poverty rate. Conversely, Fajnzylber et al. (2002) researched developing or low-income countries and established that crime rates are associated with growth and that demographic factors (income, age, ethnicity, employment, etc.) are associated with poverty.

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According to the Poverty Trends Report, more than 50% of South Africans live in poverty (Cheteni et al., 2018). There are various informal settlements and high-risk communities in South Africa (Kheswa, 2020). A high-risk community is one where residents are exposed to dangers that raise the probability of future unfavourable outcomes in the population (Nadat & Jacobs, 2021). Psychosocial risks and structural challenges are examples of high-risk factors (Kheswa, 2020). These psychosocial hazards in these communities make many young women more susceptible to violent crime, gender-based violence, and related issues like rape, prostitution, and mental illness (Kheswa, 2020). Hence, poverty, inequality, and the slow or lack of improvement by the South African government have increased conflict that has fuelled crime (Cheteni et al., 2018). South Africa is ranked the 15th worst country in the world regarding the safety and security of its society. It is also ranked 8th in the world for violence and has a murder rate of 34 per 100 000 people (Cheteni et al., 2018). Ever since the beginning of democratisation in 1994, South Africa has experienced several alterations to policies, and many policies were focused on rectifying the harms that were caused by the apartheid system. Regardless of these rectifying policies, the crime rate continued to increase (Cheteni et al., 2018), with most youngsters continuing to live in communities filled with poverty, unemployment, substance abuse and weak community cohesion (Panday et al., 2012). Studies conducted by Lee (2000) and Valdez et al. (2007) found that individuals living in disadvantaged neighbourhoods are more likely to commit a crime. Furthermore, the study conducted by Martinez et al. (2008) corroborates these findings by Lee (2000) and Valdez et al. (2007), with their study further indicating that individuals in disadvantaged neighbourhoods have a higher risk of drug trafficking.

Various studies (McMillan et al., 2010; Sareen et al., 2011) have indicated that substance abuse is associated with income level. According to Cheteni et al. (2018), numerous drug-related crimes are committed by unemployed youths who misuse drugs as a

means to cope with the circumstances in which they find themselves. The study conducted by Cheteni et al. (2018) found that the impact of poverty on drug-related crime was present with both short- and longer-term usage. Moreover, the low-income status of the family is linked to violent crimes and substance abuse, particularly in adolescence (Cheteni et al., 2018; Jacobs & Slabbert, 2019; Sariaslan et al., 2013).

Although substance abuse is a national threat in South Africa, it is predominately concentrated in the Western Cape (Nyabadza & Coetzee, 2017). The Department of Community Safety stated that 35% of crimes that are committed in the Western Cape are due to substance abuse (Nyabadza & Coetzee, 2017). Lavender Hill is an impoverished suburb in the Southern Peninsula, Cape Town (Kanengoni, 2016), which was the location of this study. Lavender Hill is marked as a community with high rates of domestic violence, gangsterism, crime, unemployment, and substance abuse (Wonnacott, 2005).

2.3. An Overview of Illicit Drugs in South Africa

2.3.1. The Origin of Illicit Drugs in South Africa

A direct consequence of the apartheid government was the segregation of the vast majority of the Black African, coloured, and Indian population into undesirable areas such as townships. They were prohibited from entering areas where the white population lived and worked (Peltzer et al., 2010; Thompson, 2000). Housing, health, education and social services in black communities were supported by more limited South African government resources (Peltzer et al., 2010). During the apartheid era, police and law enforcement resources were mainly utilised to assert control over the Black African population (Peltzer et al., 2010; Pruitt, 2010). Therefore, crimes involving a black individual against another black individual and illegal use or selling of drugs were seldom investigated or prosecuted by the apartheid officials (Peltzer et al., 2010; Pruitt, 2010). Till 1991, the South African law segregated the population and classified individuals into four racial categories, namely:

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whites, blacks, coloureds, and Indians (Posel, 2001). The racial division remained greatly ingrained in the society of South Africa (Peltzer et al., 2010). Despite the end of apartheid, the whites continued to occupy a privileged position in South Africa (Peltzer et al., 2010).

The transition of political, economic and social structures within South Africa before and after apartheid increased the country's vulnerability to drug use (Peltzer et al., 2010). South Africa has a diverse economy with some first-world infrastructure that exists alongside severe poverty. In the subcontinent, South Africa is the most attractive consumer market and has an immense market for illicit drugs within Sub-Saharan Africa (Nel, 2003). The inundation of new international cultural trends amid the wealthier parts of the population are all related to the increase in substance use and misuse, as well as an increase in violent and organised crime (Peltzer et al., 2010).

Furthermore, South Africa has displayed changes in the prices of illicit drugs since the mid-1990s, which contributed to the availability and increasing demand for non-customary drugs (Peltzer et al., 2010). Between 1992 and 2002, the prices of heroin and cocaine decreased by more than 75%, enabling consumers to afford these illicit drugs that were formerly out of their price range (Peltzer et al., 2010). As a result, the lower-income and youth markets have significantly increased (Peltzer et al., 2010). Hence, globalisation introduced drugs, such as heroin, cocaine and ecstasy in South Africa that are highly addictive (Peltzer et al., 2010). According to Leggett (2002), cocaine and heroin were not easily available prior to 1994.

However, the end of apartheid expanded the country's vulnerability to illicit drug trafficking between source countries in Asia, South America, and the major consumer markets in Western Europe and North America. South Africa has air and sea travel connections to numerous parts of the world that create drug trafficking opportunities (Peltzer et al., 2010; Steinberg, 2005). Unfortunately, South Africa's geography, weak border control,

and international trade links with Asia, Western Europe, and North America have made it a captivating drug transit country (Peltzer et al., 2010; Steinberg, 2005). The escalation in illicit drugs can be traced back to the fall of the apartheid era and the liberalisation of most aspects of society after the first democratic elections in South Africa in 1994 (Peltzer et al., 2010). The long, porous borders, weak border control, inadequate ports, and several secondary airports enable drug traffickers' unlimited access to South Africa (Hübschle, 2010; Peltzer et al., 2010). The growing number of illicit drugs can also be indirectly the result of the rise in international flights to South Africa, the lenient visa requirements for overseas travel, the travelling of illegal and legal people across the borders, and ill-equipped formalities (Hübschle, 2010; Peltzer et al., 2010).

2.3.2. The Current Situation with Illicit Drugs in South Africa

Worldwide, 35.6 million individuals suffer from substance use disorders (UNODC, 2020). High-income countries (HICs) such as the United States of America, Canada, and Germany have a higher prevalence of substance use than low- and middle-income countries (LMICs) such as India, China, and South Africa (UNODC, 2020). However, economically and socially disadvantaged individuals have a higher probability of developing substance use disorders (UNODC, 2020). Substance use disorder can develop when individuals use drugs to such an extent that it is harmful or could lead to dependency on the drug and require treatment (UNODC, 2020). Furthermore, in 2018, approximately 269 million people used drugs – that is 30% more than in 2009 – and young adults and adolescents made up the largest part of the users (UNODC, 2020).

The South African Community Epidemiology Network on Drug Use (SACENDU, 2019), which collected data across different provinces in different specialist treatment centres, revealed the following: 33% of patients in the Eastern Cape and 50% of patients in specialist treatment centres use cannabis as their primary or secondary drug. Moreover, 39%

of patients in the Western Cape use methamphetamine as their primary or secondary drug (SACENDU, 2019). Additionally, 4% of patients in the Western Cape and 16% of patients in KwaZulu-Natal use cocaine as either a primary or secondary drug (SACENDU, 2019), and 13% of patients reported heroin as their drug of choice. Lastly, 20% of patients in KwaZulu-Natal and 10% of patients in Gauteng use nyaope or whoonga as their primary or secondary drug (SACENDU, 2019).

2.4.Types of Illicit Drugs in South Africa

Illicit drugs are one of the egregious challenges South Africa is facing. The use of illicit drugs causes disquietude and places a burden on both the police and the healthcare system (Isaac, 2019). Furthermore, the following socio-demographic factors are related to illicit drug use: gender, age, population group, income status, unemployment, and geographical area (Peltzer & Phaswana-Mafuya, 2018). Hadfield et al. (2001) described a drug of abuse as a substance that may alter an individual's motor function, cognitive behaviour, perception and mood when consumed. According to SACENDU (2019), there is a wide variety of illicit drugs in South Africa, such as methamphetamine, cannabis, heroin, methcathinone (CAT), mandrax, ecstasy (SACENDU, 2019), nyaope, and cocaine (Walker, 2018). Hence, cannabis, amphetamine-type stimulants, cocaine and opioids are the most frequently abused substances (Isaac, 2019).

2.4.1. Ecstasy (MDMA)

The imitative amphetamine 3,4 - methylenedioxyamphetamine (MDMA) is the primary ingredient in ecstasy (Beltzer et al., 2017). The most common physical symptoms of MDMA use are abnormal dilation of pupils, suppressed appetite, dehydration, insomnia, hot and cold flushes, headaches, and muscle stiffness (Gowing et al., 2002). In addition,

hyperthermia,² tachycardia,³ increased blood pressure and psychomotor activity are also evident in MDMA users (Beltzer et al., 2017).

Survey findings and studies utilising controlled administration of MDMA consistently reveal euphoric mood, experiences of closeness to others, and a rise in energy levels as positive psychological effects (Gowing et al., 2017). Conversely, negative psychological effects include paranoia, anxiety and depression (Gowing et al., 2017). Psychosis, visual and auditory hallucinations (Beltzer et al., 2017), depersonalisation and disorganised thoughts (National Institute on Drug Abuse [NIDA], 2017) are other possible psychologically adverse consequences of ecstasy use. Behavioural effects can include irritability, impulsivity and aggression (NIDA, 2017). Numerous other studies (Chang et al., 2000; Gamma et al., 2000; Kish et al., 2000; McCann et al., 1998; Obrocki et al., 1999; Reneman et al., 2001; Semple et al., 1999) that utilised brain imaging techniques also found persistent brain abnormalities in previous ecstasy users. Hence, one of the cognitive repercussions of MDMA use is impairment of the short-term memory (Gowing et al., 2002).

2.4.2. Heroin

Heroin is derived from morphine and suppresses the central nervous system (Krivanek, 1988; NIDA, 2021a). The common physiological symptoms of heroin include nausea, sleep disturbance, constipation, pneumonia,⁴ vomiting, nose tissue damage, kidney and liver damage, and decreased heart rate and breathing (NIDA, 2021a).

Heroin use is also related to the loss of the brain's white matter; this can hinder the user from controlling their behaviour or reaction to stressful situations and influences effective decision-making (NIDA, 2021a). Another cognitive symptom the user may

² Hyperthermia is known as abnormally high body temperature.

³ Tachycardia is the medical term for rapid heart rate.

⁴ Pneumonia is an infection that causes swelling of the air sacs in one or both lungs. The air sacs may fill with fluid or pus (purulent material), causing cough with phlegm or pus, fever, chills, as well as difficulty breathing.

experience is shifting from a state of consciousness to a state of semi-consciousness (NIDA, 2021a). Furthermore, according to NIDA (2021a), numerous heroin users experience mental disorders such as depression and characteristics of antisocial personality disorder. In addition, heroin increases self-confidence, decreases motivation and can lead to outbursts if users' experience of tranquillity is disrupted (Krivanek, 1988).

2.4.3. *Nyaope/Whoonga*

It is suspected that nyaope contains illicit drugs, household items and antiretrovirals (Grelotti et al., 2013). However, the use of ARVs for leisure purposes has not been thoroughly documented in literature (Grelotti et al., 2013). Consequently, the entire composition of nyaope is unknown (Grelotti et al., 2013). According to Matuntuta (2014), the physiological effects of nyaope include abdominal pain, insomnia, respiratory problems, vomiting, diarrhoea, and loss of appetite. Psychological consequences that are often found in nyaope users are mood disorders, psychosis, inability to express emotions, and anxiety (Khumalo, 2016). The behavioural changes that occur in nyaope users are suspiciousness, violence, and theft (Khumalo, 2016). Lastly, the cognitive effects of nyaope use include loss of short-term memory, the inability to learn and produce new information, and the lack of problem-solving abilities (Khumalo, 2016).

2.4.4. *Mandrax*

Mandrax is synthetically manufactured with methaqualone as the key ingredient (Stephens et al., 2016). The physiological symptoms that mandrax users may experience vary from dry mouth, decrease in appetite, slurred speech, stomach pains, nausea, headaches, and insomnia. Furthermore, prolonged mandrax use may result in psychological consequences such as depression and anxiety, and behavioural problems include aggression, restlessness and irritability. Little research has been conducted on mandrax abuse and the psychological,

physiological, behavioural and cognitive changes that occur with abusing the drug (Stephens et al., 2016).

2.4.5. Cocaine

Cocaine is manufactured from the leaves of the coca plant and is a highly addictive substance (NIDA, 2021b). Cocaine increases the release of dopamine, which causes psychological symptoms such as hallucinations, delusions and psychosis (Morton, 1999). Cocaine use also increases norepinephrine and serotonin levels in the brain, which leads to physical symptoms such as increased heart rate and blood pressure. Anaemia⁵ and weight loss are also common physical symptoms experienced by cocaine users (Morton, 1999). Furthermore, according to Tang et al. (2009), aggressive behaviour, violence, suspiciousness, and paranoia are common behavioural symptoms associated with cocaine use.

2.4.6. Cannabis

The active ingredient in cannabis is THC (tetrahydrocannabinol), and it can be either consumed as a tea or smoked (NIDA, 2020). Physical symptoms that are common among cannabis users include impaired coordination, increase in heart rate, chronic cough and disruption of sleeping patterns (NIDA, 2020). The cannabis user may also experience cognitive symptoms such as difficulty concentrating, impaired judgement and loss of short-term memory (NIDA, 2020). Psychological difficulties that may emerge from cannabis use include anxiety and, in severe cases, psychosis. Paranoia is also a common behavioural symptom in cannabis users (NIDA, 2020).

2.4.7. Methamphetamine

In the last decade, the spread of methamphetamine has emerged in South Africa. The Western Cape has the highest prevalence of methamphetamine use in the country (Watt et al.,

⁵ Anaemia results from insufficient or dysfunctional red blood cells in the body. This causes a decrease of oxygen flow to organs.

2017). In 2002, less than 1% of patients in the Western Cape used methamphetamine as their drug of choice. However, only four years later, methamphetamine use increased to 42% of patients (Watt et al., 2017). Methamphetamine is an extremely addictive psychostimulant (Berg et al., 2017) that can bring about physical, psychological, behavioural and cognitive changes (Radfar & Rawson, 2014). Physical symptoms associated with methamphetamine use include increased blood pressure, body temperature, heart rate and breathing rate (Radfar & Rawson, 2014). Furthermore, the individual may also experience abdominal cramps, shaking, bruxism,⁶ stroke and cardiac arrhythmia⁷ (Radfar & Rawson, 2014). The psychological effects of methamphetamine use may include anxiety, insomnia, aggressive tendencies, paranoia and auditory and tactile hallucinations. Neurocognitive deficits of chronic methamphetamine use include executive functions, psychomotor tasks related to frontostriatal and limbic circuits, and episodic memory (Radfar & Rawson, 2014).

There is no research available that explicitly compares methamphetamine to heroin, nyaope, mandrax, ketamine, cannabis, or cocaine. However, the outline of these illicit drugs above indicates clearly that most of these drugs' physical symptoms are suppressed appetite, insomnia, increased heart rate, and nausea. Furthermore, the most common psychological consequence is substance-induced psychosis, depression and anxiety. This would cause the individual to become alienated and disinterested in people and activities they were passionate about, or they might even become introverted and cut themselves off from work, family and/or friends (Barerah, 2018; Juergens, 2021). The behavioural effects of illicit drugs include aggressiveness, suspiciousness and secretiveness, which may result in persistent and constant distrust and suspiciousness of the motives of other individuals (Barerah, 2018;

⁶ Bruxism is the grinding, gnashing, or clenching of teeth.

⁷ A cardiac arrhythmia is an irregular heartbeat.

Schmitt et al., 2007). Lastly, the cognitive symptom individuals experience most from the use of the above-mentioned illicit drugs is loss of short-term memory.

Additionally, a study conducted by Kirkpatrick et al. (2012) had 11 participants whom all had previous experiences with methamphetamine and MDMA use. The study objective was to examine the effects of methamphetamine and MDMA use, utilising a subject design. The study revealed that MDMA and methamphetamine have numerous overlapping effects, such as increased ratings of stimulation, euphoric mood, suppressed appetite and cardiovascular activity (Kirkpatrick et al., 2012). The two amphetamines also produced divergent acute effects – for instance, methamphetamine enhanced cognitive/psychomotor performance, increased desirability to re-use the drug, and disrupted sleep (Kirkpatrick et al., 2012). The abuse potential of methamphetamine is enhanced by the positive psychological effects it produces (Kirkpatrick et al., 2012). In the study, the participants who used MDMA displayed no sleep disturbances, which are conflicting with findings from other studies (Randall et al., 2009). The contradictory findings may be ascribed to the time the drug was administered before the participant went to bed. Randall et al. (2009) administered MDMA five hours before bed, whereas Kirkpatrick et al. (2012) administered MDMA 14 hours before bedtime. Lastly, the negative psychological effects of MDMA limit the abuse potential (Kirkpatrick et al., 2012).

2.5. Caregivers' Experiences of Children Abusing Substances

The abuse of substances is a public health problem that influences the lives of millions of individuals (Ngantweni, 2018). The burden substance abuse places on the physical and mental well-being of individuals and their families are enormous (Jackson et al., 2007). Substance abuse is not age-specific; nevertheless, youth are the most vulnerable population (Hoeck & Van Hal, 2012). The addiction of a relative affects family functioning, how family members relate, and the role of each family member (Choate, 2015).

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Consequently, the addiction becomes the family's priority (Choate, 2015). Research further reveals that family members of the addict may experience high levels of stress and trauma and that family members of addicts have a higher risk of medical problems (Hoeck & Van Hal, 2012). Various families that are exposed to the trauma of substance abuse require professional support (Hoeck & Van Hal, 2012).

A study conducted by Hoeck and Van Hal (2012) focused on the experiences of parents of substance-abusing young people attending support groups. It is evident in the above-mentioned study that many youths use various drugs simultaneously, and the experiences of the caregivers in this study seem to be quite consistent, regardless of the type of illicit drugs the adolescent is using (Hoeck & Van Hal, 2012). The parents of these substance-abusing young people had been dealing with the disruptive behaviour of the addict for approximately eight and a half years (Hoeck & Van Hal, 2012). Most parents in this study reported that there was a lack of effective communication between them and the addict, and the main emotions that dominated their life were feeling worried and anxious. Furthermore, 11 out of 12 parents reported feelings of depression (Hoeck & Van Hal, 2012), and 10 parents reported feeling helpless and that the addict displayed the following behaviour: aggressiveness, irritability, verbal abuse, discourtesy, intimidation, and making threats (Hoeck & Van Hal, 2012). Five participants reported that they were victims of violence, and all the parents experienced uncertainty (Hoeck & Van Hal, 2012). They also stated that the behaviour of the addict placed enormous pressure on their relationship with their spouse (Hoeck & Van Hal, 2012).

A study conducted by Choate (2015) focused on parents' experiences of adolescents' alcoholism and drug addiction. The study population consisted of 31 parents that were recruited from a family-based adolescent rehabilitation programme. Parents in this study described their life as chaotic, as the adolescent's behaviour disrupted the family system and

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caused family ties to weaken (Choate, 2015). As these changes occurred, parents reported that they struggled to cope effectively. Simultaneously, most of the parents felt powerless and ineffective in getting the necessary help (Choate, 2015). Parents also spoke about neglecting the emotional and physical needs of the other children in the household, as their attention was directed toward the addict. Most of the local and international research has focused on the financial, social and psychological impact of psychoactive substance use on the family of the addict (Ngantweni, 2018). According to Ngantweni (2018), the addict's destructive behaviour may lead to the family withdrawing from social interactions. Comparably, Orford et al. (2010) study also revealed that parents fear stigmatisation and criticism and therefore withdraw and isolate themselves socially, diminishing their support structure. Furthermore, Benishek et al. (2011) found that family members that are taking care of a drug addict face significant challenges financially. Benishek et al. (2011) recognised that all family members of the substance abuser experience emotional difficulty, and Ngantweni (2018) and Orford et al. (2013) found that depression, anxiety, insomnia, guilt, anger and fear are common among parents of addicts of psychoactive substances. Furthermore, aggressive and violent behaviour by the addict is one of the most common phenomena that families of addicts experience (Ngantweni, 2018). A study conducted by Smith and Estefan (2014) correlates with the above-mentioned studies. The latter study indicated that families that endure addiction experience sleeping difficulty, anxiety, depression and suicidal ideation. The study also revealed that uncertainty, frustration, loss and shame are common experiences of families of the substance abuser.

Although numerous mothers and caregivers experience similar situations as Ellen, little research is done on caregivers' experience of living with a methamphetamine addict and the psychological impact thereof (Asante & Lentoer, 2017). Asante and Lentoer (2017) conducted a study with 16 mothers whose sons had used methamphetamine in the Western

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Cape. Four themes emerged from the data analysis: 1) son's misbehaviour; 2) personal challenges; 3) family disruptions; and 4) financial drain. Numerous caregivers stated that their sons displayed antisocial behaviour such as criminal activity, burglary and theft. Some caregivers expressed the fear of being attacked by their child or their child being killed for misbehaviour (Asante & Lentoer, 2017). The caregivers in the study stated that they also experienced embarrassment and shame as a result of their sons' behaviour. Their relationships suffered, and they started to isolate themselves from their social groups. Another experience reported by caregivers was the constant feeling of panic and nervousness. They also expressed the immense impact that addiction had on family relationships and the financial burden on caregivers (Asante & Lentoer, 2017). It is thus important to note that caregivers' experiences seem to be quite consistent, regardless of the type of illicit drug the addict used.

The abovementioned gives one an idea about the psychological impact Ellen, as a mother and caregiver, must have experienced for several years. Given the aforementioned, a psychobiographical study was conducted to describe, interpret and comprehend Ellen Pakkies' development process across her lifespan and understand her traumatic life experiences and that as a caregiver of a methamphetamine addict, as well as the resilient outcome of her story. The overarching of the study was achieved by primarily employing Kümpfer's (2002) transactional resilience model and utilising the lifespan perspective theory of Paul Baltes (1987) as a supplement theory. These theories assisted the researcher in forming comprehensive insights about Ellen's developmental process, her social context, the amalgamation of factors that led Ellen to strangle her son, and the resilient outcome of her ordeal.

2.6. Summary of the Literature

Poverty, inequality and a high crime rate are the three socio-economic factors that are persistent in South Africa. Inequality, poverty, or lack of improvement by the South African government give rise to crime. Literature also indicates that individuals living in disadvantaged neighbourhoods are more likely to commit a crime, are at higher risk of drug trafficking and have a higher probability of developing a substance use disorder. Moreover, the literature indicates that the Western Cape has the highest prevalence of substance abuse and that 35% of crimes are drug related. This is also evident in Lavender Hill, an impoverished suburb in the Southern Peninsula of Cape Town that was developed as a result of the Group Areas Act of 1950.

The transition before and after apartheid increased the country's vulnerability to illicit drug use. The liberalisation of most aspects of society after South Africa's first democratic election contributed to the escalation of illicit drugs. Ecstasy (MDMA), heroin, nyaope, mandrax, cocaine, cannabis, and methamphetamine are among the illicit drugs listed in the literature as having a significant market in South Africa. In addition to the physical, psychological, behavioural, cognitive and social changes that a substance user experiences, substance abuse also has a ripple effect on the family.

Research indicates that family members of an addict may experience high levels of stress and trauma and require professional support. Many youths use various drugs simultaneously, and the caregivers' experience seems to be quite consistent, regardless of the type of illicit drugs the adolescent is using. Parents reported feeling anxious and worried most of the time, including feelings of helplessness and depression. Most of the parents were exposed to aggressiveness, irritability, verbal abuse, discourtesy, intimidation and threats. Furthermore, insomnia, guilt, fear, frustration, shame, uncertainty and suicidal ideation are common experiences among caregivers of drug addicts. Caregivers also reported that they

experienced financial drain, social isolation and family disruption as a result of their child's behaviour.

2.7. Theoretical Framework

Kümpfer's (2002) transactional resilience model was primarily utilised as the theoretical framework of this study and was supplemented by Baltes' (1987) theory on lifespan development. By combining these theories, the researcher was granted an opportunity to interpret, describe and understand Ellen's development process across her lifespan, her social context, the amalgamation of factors that led Ellen to strangle her son and to acknowledge the resilience that was proposed as a key concept in Ellen's ordeal.

2.7.1. Kümpfer's Transactional Resilience Model

Kümpfer's (2002) transactional resilience model was chosen for this study because, unlike Seligman's (2011) well-being theory, which identified five components to foster resilience and well-being, it takes an integrative approach and acknowledges the impact that an individual's environment has on resilience. Kümpfer (2002) classified variables that increase resilience in a model based on integrated, transactional and social-ecological models. Kümpfer (2002) outlined six key constructs that are required to comprehend resilient outcomes. The four key areas of influence are as follows: 1) stressors and challenges; 2) internal resiliency factors; 3) environmental context; and 4) adaptation. This model also considers two points in the transactional process: the person-environment transactional process and the resiliency processes (Kümpfer, 2002). The researcher elaborates on the areas of influence and transactional resilient process points in the following section.

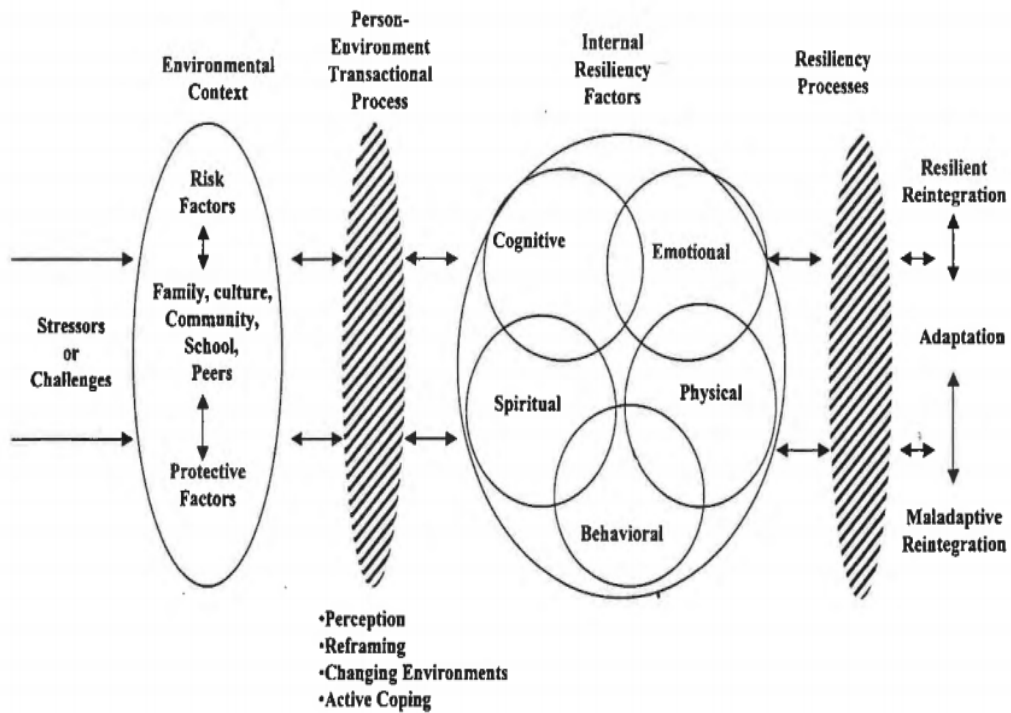


Figure 1
Kümpfer's transactional resilience model
 Source: Kümpfer (2002)

2.7.1.1. Stressors and Challenges.

Disequilibrium in the individual, family, group, or community is caused by stressors and challenges that initiate the resilience process. An individual's perception and interpretation of the stressor influence the level of stress the individual experiences (Kümpfer, 2002).

2.7.1.2. Internal Resiliency Factors.

According to Kümpfer (2002), an individual requires behavioural, spiritual, biological, emotional, cognitive and social strength for positive adjustment to various developmental tasks, cultures and environments.

2.7.1.3. Environmental Context.

An individual's external environment comprises major areas of influence, like family, community, school and peer group. This can incorporate risk and protective factors that are specific to an individual's age, culture, geographical area and historical era. The environment of an individual can either buffer or aggravate the negative impact of stressors on the individual (Kümpfer, 2002).

2.7.1.4. Adaptation.

Successful adaptation to challenges and developmental tasks can be supportive of later positive adaptation to new tasks and challenges. This leads up to the prospect of becoming a resilient individual in general (Kümpfer, 2002).

2.7.1.5. Person-Environment Transactional Process.

The individual is constantly interacting with their environment and compassionate individuals. Processes such as perception, cognitive reframing, changing environments and active coping assist individuals in conquering challenges and altering an environment from one that is high-risk to one that is more protective (Kümpfer, 2002).

2.7.1.6. The Resiliency Process.

With gradual exposure to challenges and stressors, the individual learns short- and long-term coping techniques that will assist them in bouncing back with resilient reintegration (Kümpfer, 2002).

Kümpfer's theory focused on the abovementioned six constructs, which were used in this study to explain Ellen's social context and development process by identifying the stressors and challenges she encountered and the internal and contextual factors that helped her foster resilience in the face of adversity.

2.7.2. *Baltes' Lifespan Developmental Perspective*

Paul Baltes is well-known for his contribution to the field of developmental psychology (Baltes, 1987). He stated that the lifespan developmental perspective in psychology scrutinises persistence and change in the behaviour of human beings from conception to death (Baltes, 1987). Baltes (1987) has devised seven principles which assist in understanding the development of human beings from a lifespan perspective. The first principle is the belief that development is lifelong. He stated that development occurs throughout an individual's entire lifespan, from conception to death; the individual will experience change and constancy in behaviour (Baltes, 1987). In this view, the presumption that the lifespan reaches a plateau or decreases in adulthood or old age is rejected (Baltes, 1987). This principle also states that no age period is more dominant in regulating the nature of development. During the course of life, individuals are faced with various challenges, opportunities and situations that affect their development (Baltes, 1987). Many different patterns – such as direction, timing and order – may vary from person to person and affect how they develop (Baltes, 1987). For example, the timing of events can affect people differently due to their current level of maturity and understanding.

The second principle that Baltes highlights is that development is multidimensional and multidirectional. Multidimensionality refers to the interaction between endogenous and exogenous factors that impact the development throughout life (Baltes, 1987). For example, a child who enters the development stage of puberty in development will experience changes in physical, cognitive, social and emotional domains. The concept of multidirectionality refers to development as a non-linear process and has the capacity to increase or decrease efficacy over the lifespan (Baltes, 1987). The efficacy of an individual may increase in one area and decrease in another. For example, an individual's vocabulary increases throughout their lifespan; however, an individual's memory capacity decreases with age. Another principle

included in Baltes' theory (1987) is the belief that any facet of the development process entails growth (gains) and decline (losses). For example, when an employee ages, their physical abilities may decline (loss); however, their knowledge in the workplace would increase (gain). Furthermore, the concept of plasticity indicates internal variability and centres attention on the capability and limitations of human development. An individual's course of development will depend on the life experiences of the given individual (Baltes, 1987). For example, physical functioning of an individual will be influenced by exercise. The sixth principle states that history and context are embedded in development. Our development is influenced by our contexts and the historical time in which we grow up, which affect our overall development (Baltes, 1987). The last principle refers to development being multidisciplinary and that to understand development, one needs to look at a variety of disciplines (Baltes, 1987). Baltes' theory (1987) focuses on these seven principles and was used to describe Ellen's development process across her lifespan. By combining Kümpfer's (2002) transactional resilience model and Baltes' (1987) lifespan perspective theory, a holistic view of Ellen's story is proposed.

2.8. Chapter Summary

In this chapter, a comprehensive overview of local and international literature that pertain to the area of focus in this study was presented. An important aspect that emerged from the literature is that there is a dearth of South African studies relating to caregiver or parental experiences of children abusing substances, emphasising the significance of the current study in contributing to understanding this phenomenon from a caregiver or parent's perspective. A synthesis of the findings from the literature was presented to assist the reader in understanding the research results in light of local and global research mapping of substance use and its outcomes. The focus of the chapter then shifted towards the theoretical

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underpinning of the current study. The following chapter, chapter 3, discusses the methodology employed in this study.

CHAPTER 3

METHODOLOGY

3.1.Introduction

The overarching aim of this study was to describe and interpret the unique and complex development process of Ellen Pakkies across her lifespan and to understand her traumatic life experiences and that as a caregiver of a methamphetamine addict, as well as the resilient outcome of her story. The aim of the study and the research questions apprised the selection of the research paradigm, study approach and design, research subject, study setting, data collection method and data analysis procedure. Moreover, this chapter also comprises the reflexivity process and ethical considerations the researcher adhered to so as to ensure that the study is credible and ethical.

3.2.Research Paradigm

A research paradigm can refer to the worldview or lens through which an individual views the world around them and which guides the researcher through the research question and the process of conducting the research (Davies & Fisher, 2018). The main paradigms in scientific research are positivism, post-positivism, interpretivism, critical theory, and pragmatism (Davies & Fisher, 2018). For this study, an interpretive paradigm was utilised. An interpretive paradigm adopts an anti-positivist approach and is grounded in relativist ontology (Davies & Fisher, 2018). Relativism views reality as being subjective; thus, different individuals create meaning in different ways (Scotland, 2012). It views reality as multiple socially constructed realities (Davies & Fisher, 2018) and, therefore, this paradigm was suitable for this specific study, as it described Ellen's subjective experience and reality. The researcher chose this paradigm for this study, as the subjective reality holds more value for the researcher than the objective reality (Corey, 2017). Subjective reality allowed the

researcher an opportunity to obtain an informative awareness of the thoughts, inner experiences and emotions of Ellen Pakkies. Furthermore, the researcher's comprehension of subjective reality enabled her to connect to the research subject to produce an emotionally rich narrative of the life of the research participant (Runyan, 1984). Additionally, the researcher plays a pivotal role in the knowledge being created. Therefore, the researcher acknowledges her prejudice instead of attempting to eliminate them (Davies & Fisher, 2018). In addition, the interpretive research paradigm is censured for its finite transferability and lack of generalisation of findings to the larger population (Davies & Fisher, 2018). It is important to note that the purpose of this study was not to generalise the findings but to use the findings to help strengthen case formulation on the unique experiences of caregivers of methamphetamine users in the context of the Cape Flats and to identify protective factors that enhance resilience in the face of such adversity.

3.3. Study Approach and Design

A qualitative research method was utilised to attain the objective of the study. Qualitative research is inductive (Haradhan, 2018) and can be defined as a researcher identifying a social phenomenon and increasing their knowledge and understanding of the phenomenon under investigation (Creswell, 2007). Qualitative research aims to delineate, interpret and structure a social phenomenon from the perspective of the individual or group under study and to commence new theories or concepts (Haradhan, 2018). This method assisted the researcher in exploring the experiences, behaviours, attitudes, beliefs, meaning systems and feelings (Haradhan, 2018) of Ellen Pakkies and those factors that nurtured her resilience throughout her life.

A psychobiographical single-case research design across an entire lifespan was utilised. A psychobiography can be defined as a psychological approach to research within the qualitative methodology that attempts to explain and understand the development of an

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individual's life by utilising psychological theory. A psychobiography does not attempt to make a clinical or physical diagnosis of the individual under study (Jareño Gómez et al., 2019). Rather, the focus is on the psychological experience, coping mechanisms, motivations, and goals of the individual (Schultz & Lawrence, 2017).

In the last few decades, psychobiographical research has shown immense growth. However, concerns have been raised about the accuracy, authenticity, reliability and quality of a psychobiography as a method of qualitative research (Du Plessis, 2017). In the past, psychobiographical research was considered a literary project rather than psychological science. To eliminate this perception, pioneers of modern psychobiography needed to address the above-mentioned concerns (Du Plessis, 2017). Furthermore, a structured survey of psychobiographical research in South Africa between 1995 and 2004 conducted by Fouché et al. (2007) identified a variety of limitations to psychobiographical research in South Africa. These limitations included the scarcity of studies conducted on individuals marginalised in South African society (Fouché et al., 2007).

According to Howe (1997), the rationale for identifying a specific subject for a psychobiographical study is the significance, uniqueness, or extraordinariness of an individual's life. Ellen Pakkies was selected as the subject for this study, as her life story is uncharacteristic, complex, inspirational and, therefore, worthy of a psychobiographical study. Another rationale for selecting Ellen as the subject for this study is because her story highlights the unique experiences of a caregiver of a methamphetamine addict, an under-researched phenomenon (Asante & Lentoor, 2017). By utilising Ellen Pakkies' biographical data, the researcher enhanced their understanding of Ellen's psychological experience, resilience, coping mechanisms and development.

3.4. Research Subject and Study Setting

The researcher identified Ellen Pakkies as the subject for this single-case qualitative psychobiographical study. Ellen Pakkies was purposely selected due to the uniqueness, significance and complexity of her life story. Lavender Hill community on the Cape Flats is the context of the research subject. According to Wonnacott (2005), Lavender Hill is situated in the Southern Peninsula of Cape Town and is approximately 23.7 km from Cape Town's city centre (Asante & Lentoer, 2017). Lavender Hill is a poverty-stricken community (Wonnacott, 2005) that was established between 1972 and 1974 (Asante & Lentoer, 2017) as a result of the Group Areas Act of 1950 (Jensen, 2008). Lavender Hill has a population of 32 598 and 6 504 households, according to the 2011 census data (Strategic Development Information & Geographic Information System [SDI & GIS], 2013). The population in Lavender Hill likely increased significantly from 2011, as Cape Town reported a growth rate of 18.4%. Furthermore, the census data also revealed that 95% of individuals living in Lavender Hill are coloured (SDI & GIS, 2013). Even though the population rate is quite high in this area, the apartment-style housing is condensed, and the community has insufficient recreational facilities. This community is deeply affected by poverty, unemployment, substance abuse, domestic violence, gangsterism and crime (Wonnacott, 2005). Although the 2011 data census was conducted 10 years ago, not much has changed in the last 10 years (Geach, 2020). Moreover, the circumstances in Lavender Hill worsened as the national lockdown due to the COVID-19 pandemic took place (Geach, 2020). The lockdown started on 26 March 2020, and Lavender Hill was deeply affected as poverty increased. After the lockdown regulations were eased to level 3, gang-related violence increased (Geach, 2020).

3.5. Data Collection Methods and Procedure

The data in this psychobiography study were collected by means of a thorough search on various Internet platforms such as University databases, Google Scholar, Google, the

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media, etc. The researcher made use of both primary and secondary resources to collect suitable data. In general, primary data refers to information that the researcher personally gathered, whereas secondary data usually refers to information that was gathered by someone else (Kabir, 2016). However, as this is a document study, primary data in this study refers to the original material of the subject's own experiences, while secondary data refers to material obtained from someone else as the original source (Strydom & Delpont, 2005).

The primary data were collected from interviews on various radio stations, court transcriptions, and Ellen's recorded public speech in Paarl Church. These primary data sources were consulted due to their accuracy as Ellen shared her own subjective experiences. The secondary data were collected from the book *Dealing in Death*. This secondary source was consulted as it includes various details about Ellen's life that were not mentioned in the court transcripts or interviews. Although Ellen was a catalyst in the process of writing the book *Dealing in Death*, it is Sylvia Walker's interpretation of Ellen's experiences which could be regarded as a limitation compromising the accuracy of Ellen's experiences. Interviews with Ellen and her public speech were also part of the primary data and these are publicly available online. However, Ellen's court case is not freely available; therefore, a formal request was submitted to the Wynberg Regional Court to obtain court transcriptions from Ellen's trial (see Appendix A).

Although Ellen could have been interviewed, the researcher opted not to conduct an interview for the following reasons: 1) it might have been intrusive for Ellen to recount her life story yet again under the scrutiny of a psychology student; 2) COVID-19 regulations and restrictions would not accommodate a face-to-face interview; 3) the researcher is not in close proximity to Ellen and it would have been costly if a face-to-face interview would have been conducted; 4) The researcher also acknowledged the possibility that Ellen might not have access to the internet or the necessary devices for an online interview. Therefore, by utilising

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both primary and secondary resources, the researcher gained comprehensive knowledge and understanding of Ellen's experience. The data sources that were consulted in the study are listed in the table below (see Table 1). The researcher did not select more data sources due to data saturation.

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Table 1

List of primary and secondary sources

Primary Sources	Secondary Sources
<p>The Villageguy Paarl. (2019a, March 21). <i>Ellen Pakkies in Paarl - Part 1</i> [Video]. YouTube. https://www.youtube.com/watch?v=C06eczmbE40</p>	<p>Walker, S. (2018). <i>Dealing in death: Ellen Pakkies and a community's struggle with Tik</i>. Cape Town, SA: Zebra Press.</p>
<p>The Villageguy Paarl. (2019b, March 21). <i>Ellen Pakkies in Paarl - Part 2</i> [Video]. YouTube. https://www.youtube.com/watch?v=nyCgj8r8H_o</p>	
<p>Radio 702. (2018, September 26). <i>Ellen Pakkies on 702 with Azania Mosaka</i> [Video]. Youtube. https://www.youtube.com/watch?v=MYWX7JfwTlw&t=17s</p>	
<p>Van Heerden, R. (2018, December 18). <i>Ellen Pakkies speaks to Rian van Heerden about "the Ellen Pakkies storie"</i> [Radio broadcast]. Jacaranda. https://www.jacarandafm.com/shows/scenic-drive-rian/exclusive-ellen-pakkies-speaks-rian-van-heerden-about-die-ellen-pakkies-storie/</p>	
<p><i>The State v Ellen Pakkies</i> case number SHL151/2008. https://drive.google.com/drive/folders/1T4O-vDJakOTNseSAT25DdmSyTpAY6fmI?usp=sharing</p>	

3.6.Data Analysis Method

The researcher utilised thematic data analysis for a comprehensive understanding of Ellen Pakkies' development. Braun and Clarke (2006) describe thematic data analysis as an approach that identifies, categorises and provides a deeper understanding of themes across the data. According to Braun and Clarke (2006), thematic data analysis is not a linear process but rather a repetitive one. There are six phases of thematic data analysis: familiarisation; coding; searching for themes; reviewing themes; defining and naming themes; and writing up (Braun & Clarke, 2006). The above-mentioned phases were followed in this study to guarantee that themes are recognised successfully. First, the researcher became well acquainted with the data by reading the book *Dealing in Death* numerous times and listening to Ellen's speech in Paarl Church and radio interviews attentively. The researcher also recorded any observations perceived during Ellen's speech at Paarl Church. Second, codes were assigned to essential components of the data to organise the data in a meaningful way (Kiger & Varpio, 2020). The development of codes in the data analysis was guided by the objectives and the research question of the study. The researcher generated 226 codes from the data set by using the Atlas.ti 9 program. Third, the researcher searched for themes in the codes that she assigned to the data by grouping the codes that spoke to the same theme. The researcher read thoroughly through the 226 codes in the second step and found similar codes she then grouped together. However, the researcher also found codes that did not meet the objectives nor answer the research question of the study. Therefore, the 226 codes generated in step two were reduced to 72 codes and then again to 33 codes. The researcher used different colours to group the codes that belonged to the same potential theme.

Fourth, the researcher identified potential themes and reviewed the themes and the quotations under each theme and acknowledged whether the quotation or code fit that specific theme. Some themes were eliminated, while other themes were merged as subthemes

under a broader theme. The themes identified were discussed with the researcher's supervisors, reviewed and refined to ensure the accuracy and relevance of the themes.

During the fifth phase, the researcher identified the core aspect of each theme and gave it a concise name. During this phase, the researcher created a narrative description of the themes that emerged from the data. The final phase was the most important phase in the thematic analysis, as it conceptualised a persuasive and logical conclusion on the data. The researcher produced a research report which was shared with and reviewed by her supervisors. This process was executed until the research question of the study was satisfactorily answered.

3.7. Ensuring Rigour

To ensure rigour, trustworthiness is a more applicable criterion for assessing qualitative studies (Maher et al., 2018). Guba and Lincoln (1989) suggest that the study should meet four criteria for it to be trustworthy. The criteria for trustworthiness are credibility, transferability, dependability and confirmability (Maher et al., 2018). Credibility is to ensure that the study measures what it is supposed to measure and reflects the true reality of the subject (Maher et al., 2018). The researcher ensured credibility by using multiple data sources and multiple theories to form a comprehensive understanding of the experiences, social phenomenon and context of the subject (Heale & Forbes, 2013). The second criterion, transferability, refers to the potential of the research findings to be generalised to other contexts or settings (Maher et al., 2018). However, Runyan (1988) suggested that researchers conducting psychobiographies must avoid generalising findings because of low external validity, as it is perilous to use one case to generalise. Therefore, transferability does not apply to this study, since generalising the findings fell outside the purview of the research objectives. The third criterion is dependability which ensures that the research process and findings are described in detail and that the research findings are stable

over time to enable another researcher to replicate the work (Maher et al., 2018). To ensure that the study is dependable, the researcher made use of a dependability audit – this involves an individual outside the research to provide critique on the research process (Moon et al., 2016). The individual that conducted the dependability audit is a registered counselling psychologist. The last criterion is conformability. Conformability refers to the minimisation of researcher biases. To ensure that the study adhered to the fourth criterion of trustworthiness, the researcher continuously reflected on activities, actions and behaviours in a journal about her own life experiences, values, beliefs and worldview to acknowledge her own biases and prejudice (Maher et al., 2018). This allowed her to better understand her thought process throughout the study. The researcher adhered to the above-mentioned criteria to ensure a rigorous process.

3.8. Reflexivity

Reflexivity can be defined as the researcher's awareness of their role in the research process, which will enable the researcher to concede the way they are affecting the research results (Haynes, 2012). Reflexivity is used to reflect on, if not eliminate, biases in order for the researcher to remain as neutral as possible and aware of his/her influence on the research process (Haynes, 2012). To ensure the credibility of the results of this study, the researcher continuously reflected on her own life experiences, values, beliefs and worldviews that may influence the credibility of the study. The researcher practised reflexivity by keeping a journal, having discussions with colleagues and supervisors, and reflecting internally.

3.9. Ethical Considerations

According to the Department of Health (2015), the following ethical principles need to be adhered to when conducting research on human participants. The eight ethical principles include privacy, confidentiality, safety, voluntary participation, dignity, beneficence, non-maleficence, and anonymity (Department of Health, 2015). As this study involves a public

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figure and the analysis of documents, not all the abovementioned principles applied to this study. It was not necessary to obtain consent from the subject, as the data that was collected were already in the public domain. Therefore, the principles of privacy, confidentiality, safety, voluntary participation and anonymity were not applicable. Although the abovementioned principles were not applicable to the current study, the researcher still tried to respect these principles by keeping to the essence of these principles. Thus, the researcher ensured that the principles of non-maleficence, respect, dignity and beneficence were maintained throughout the course of the study.

First, the researcher showed respect and dignity by handling sensitive data with consideration and maintained personal integrity when analysing and collecting data. Hence, the researcher was conscious of her own biases and prejudice by writing these down to prevent the influence these might have on her personal integrity. This principle is also known as reflexivity to ensure the credibility of the research results. Second, the researcher complied with the principle of non-maleficence by minimising the potential harm this psychobiographical study may cause to Ellen and her family by only using biographical data and interviews that were made public. There was no risk for physical and social harm in this study. The researcher adhered to the principle of beneficence by ensuring that the data collected were reliable and by only using public data from authentic sources. These included Ellen's speech at Paarl Church, various radio interviews with Ellen by reputable radio stations, the court transcripts of her trial that was requested at the Wynberg Regional Court, and the book *Dealing in Death* that provides great detail of her life story (see Appendix C). Lastly, ethical clearance was obtained from the university's ethics committee (see Appendix A).

3.10. Chapter Summary

In the current chapter, the methodological considerations of the study were provided. As is evident, the paradigm, study approach, design, and method of data collection and analysis aligned well with one another. The next chapter, chapter 4, elucidates the analysis and interpretation of the findings.

CHAPTER 4

RESULTS

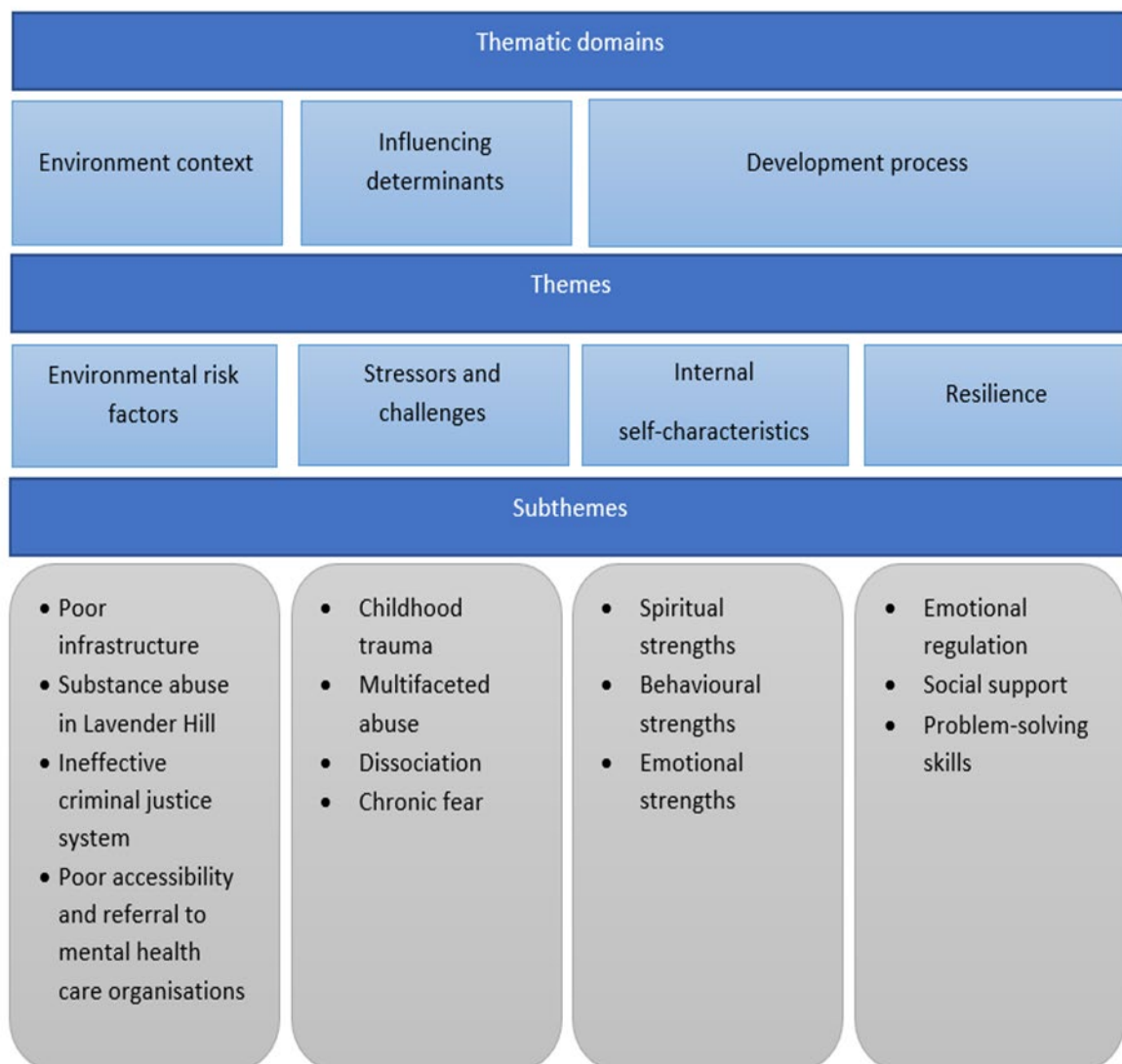
4.1. Introduction

The primary aim of this study was to describe and interpret the unique and complex development process of Ellen Pakkies across her lifespan and to understand her traumatic life experiences and that as a caregiver of a methamphetamine addict, as well as the resilient outcome of her story. This chapter presents the findings and results from the thematic analysis. These formed the framework for chapter 5, in which the interpretation and implications of these results are discussed. The emerging thematic domains are aligned with Kümpfer's (2002) transactional resilience model, with the related themes and subthemes constituting these domains (see table 2). These domains, themes and subthemes are discussed to provide a comprehensive understanding of Ellen Pakkies' experiences as a caregiver of a methamphetamine addict, her social context, development process and the resilient outcome of her story. The chapter concludes with a summary of the core findings.

4.2. Thematic Domains, Themes, and Subthemes

As mentioned above, three thematic domains were employed *a priori* in alignment with the theoretical framework of Kümpfer's (2002) transactional resilience model. These thematic domains were then divided into themes and subthemes (see table 2). For a more detailed explanation of the codes and how they were used to establish the themes and subthemes, see Appendix D.

Table 2
Thematic domains, themes, and subthemes



4.2.1. Environmental Risk Factors.

The social environment of an individual refers to the culture, physical environment and social relationships within which an individual functions and interacts (Onuoha & Eze, 2016). The social environment has a vast impact on the behaviour, attitudes, beliefs, choices, career, etc., of an individual (Onuoha & Eze, 2016). This is evident in the story of Ellen Pakkies, who grew up in a social context filled with various environmental risk factors. Environmental risk factors, the first theme reported, include the economic, social and physical conditions that increase the individual’s vulnerability to stressors and the likelihood

of negative outcomes (Avison, 2016; SAMHSA, n.d.). The following subthemes emerged from the data as environmental risk factors that Ellen was exposed to throughout her developmental process: an ineffective criminal justice system; substance abuse in Lavender Hill; poor community infrastructure; and poor accessibility and referral to mental health care organisations. The subthemes mentioned above emerged from the following codes, which were extrapolated from the numerous data sets: illicit drug abuse; lack of support structures; drug trafficking; lack of access to therapy; exploring avenues; lack of recreational facilities; hostile environment; lack of appropriate schools; the ineffective criminal justice system; lack of education on addiction; and socio-economic factors (see Appendix D for a detailed breakdown).

4.2.1.1. Poor Community Infrastructure.

Infrastructure can be defined as fundamental structures that enable a country or a community to function properly (Gaal & Afrah, 2017). The community of Lavender Hill did not have the proper infrastructure to accommodate the community. Lavender Hill had a high population rate and a shortage of housing. There seemed to be a lack of intervention from the council to improve the infrastructure in the community, as substantiated by the excerpts below.

No new housing has been built in the suburbs since it was established over thirty years ago. There are up to 10 people living in a two-bedroom flat, and sometimes up to three generations – grandparents, parents, and children. Many backyards contain makeshift sheds, providing extra accommodation for family members. (Walker, 2018, p. 70)

Ellen even considered moving to get away from Abie. Her only option was another flat through the Cape Town City Council. Again she went to see them, but it was a dead end with the huge backlog of housing needs in the area. (Walker, 2018, p. 98)

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The excerpts above illustrate not only the lack of community infrastructure but also Ellen's sense of desperation and hopelessness regarding her son's methamphetamine addiction. Ellen was desperate to escape the frightening reality of living with a methamphetamine addict; however, considering the council for alternative accommodation proved fruitless because of the scarcity of housing in the area. Furthermore, along with the poor infrastructure in the community, recreational facilities were basically non-existent.

Recreational facilities provide for activities that comprise social, emotional, physical, and cognitive elements that individuals utilise for leisure. Recreational facilities can include parks, libraries, community centres for social interaction, sports facilities, etc., that play a pivotal role in the community and are of great advantage (Wash & Mohamed, 2019). Recreational facilities promote family cohesion and a sense of belonging. It was also found that participation in recreational activities improves an individual's mental health, as it decreases stress, depression and anxiety (Street et al., 2007; Wash & Mohamed, 2019). The community of Lavender Hill had limited recreational facilities; the recreational facilities that were available in the area were in poor condition, as indicated by the following quote: *"There are very few recreation facilities and there is a visible shortage of healthy lifestyles elements, such as parks with swings or a library"* (Walker, 2018, p. 70).

Along with the poor infrastructure and recreational facilities, poverty was rife in this area. The schools in Lavender Hill were poorly resourced and faced major challenges regarding school dropout. The extract below indicates that half of the children living in Lavender Hill would have benefitted when placed in a school that catered for their special needs: *"It is estimated that in Lavender Hill around 50% of the children cannot fit into the mainstream education system. They would cope better in special schools..."* (Walker, 2018, p. 75).

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As a result of poor adjustment and the inability of Lavender Hill youth to cope in mainstream education, school dropout was high, consequently allowing these youth to be exposed to the elements in their area, thus increasing exposure to drug abuse among the youth in this area. During Ellen's trial, clinical psychologist Martin Lester Yodaiken mentioned the insufficient infrastructure of the country and the need for rehabilitation centres in Cape Town. Lavender Hill was no exception.

... I believe that society failed Mrs Pakkies, as it fails many people. We just do not have the infrastructure yet in this country. And recently I met with the mayor to discuss resolution of crime in Cape Town, and she pointed out that as far as she was concerned, the need for rehabilitation centre, drug rehabilitation centre, was jo-main to the resolution of crime, that these do not exist at the moment. (The State v Ellen Pakkies, 2008, p. 99)

The quote above highlights that drug rehabilitation centres in Cape Town were in high demand, and many individuals like Ellen Pakkies did not have access to these centres because of poor infrastructure. Thus, such circumstances contribute to the escalation of substance abuse among community members in impoverished areas such as Lavender Hill.

4.2.1.2. Substance Abuse in Lavender Hill.

Lavender Hill is a vulnerable community on the Southern Peninsula of Cape Town that experiences high rates of unemployment, poverty, substance abuse, domestic violence, and crime. Ellen lived in Lavender Hill her entire life and was subjected to the daily psychosocial ramifications of these social challenges. The following excerpts highlight the abuse and prevalence of illicit substances in Lavender Hill and the disregard and lack of compliance with police authority.

Police do enter Lavender Hill on occasion, but it is usually two or four policemen in a van and the tik dealers scatter before they even stop the car. Even if a dealer is

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arrested, there are always plenty more waiting in the alleyways between the courts. It seems to be a losing battle. (Walker, 2018, p. 73)

Dagga is also smoked openly on the streets of Lavender Hill and the fact that it is illegal seems of little consequence. (Walker, 2018, p. 27)

During Ellen's trial, reverend Peter Flagg also raised his concerns on the prevalence of methamphetamine addiction in the Lavender Hill community: "... *methamphetamine, commonly known as tik, Your Worship, is a major, major problem in our community, Lavender Hill*". (The State v Ellen Pakkies, 2008, p. 9)

The excerpts above also indicate that illicit substance abuse and drug trafficking were rife in Lavender Hill and that police authorities surrendered to a certain extent due to the immense number of drug dealers in the area.

Furthermore, due to the high rates of unemployment in Lavender Hill, the well-being of the community was compromised. The high unemployment rate gave rise to many people being out on the streets during normal working hours, which led to idleness and created a conducive environment for crime, violence and substance abuse, as is evident in the following excerpt:

... there is a vast unemployment, and a visit, anytime of the day, will find adults milling around on the streets, children playing on the large expanses of concrete, and others kicking a ball or just hanging around, smoking dagga. (Walker, 2018, p. 70)

The excerpt above illustrates the high unemployment rates in Lavender Hill and how the well-being of the community was compromised by psychosocial issues such as substance abuse, crime and violence as a result of poverty and unemployment, which directly affected Ellen's family through her son Abie.

4.2.1.3. Ineffective Criminal Justice System.

Ellen had to face numerous challenges during her struggle with her son's addiction, and the criminal justice system proved ineffective. The following quote substantiates this ineffectiveness, highlighting Ellen's exploration of various avenues in the criminal justice system of South Africa to fight Abie's methamphetamine addiction. It is apparent in the subsequent quote from Ellen's speech at the Paarl church that the criminal justice system had failed Ellen Pakkies and her family.

You know, and every day I called the police. Every day, um, I went to the police station and took him away and said, 'Sir, I can no longer with the child, um, he broke in or he stole money.' He was only given a warning. But you know, um, things just got worse. The court could not help. The social workers could not help. And you know, um, I- I do not understand what it is with red tape that we cannot help - our people. Eleven years later I am still speaking, but there is still no help for our people as there should be. (The Villageguy Paarl, 2019a, p. 7)

The above quote also indicates Ellen's frustration over the previous 11 years with the various avenues of assistance in providing help and support for her son and his addiction. It also illustrates that there had been no intervention since 2007 to address the immense challenge of substance abuse Ellen faced while in Lavender Hill.

4.2.1.4. Poor Accessibility and Referral to Mental Health Care Organisations.

According to the WHO, there is a visible shortage of mental health care facilities in South Africa, which is an immense burden (Meyer et al., 2019). Ellen explored various avenues, such as social services, the police, the prosecutor, the judge, and the New World Foundation, to get Abie the necessary treatment to fight his methamphetamine addiction. However, not one of these organisations could assist or refer Ellen to an appropriate mental health professional, facilities, or support group. This indicates the chasm in the country where

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there are no proper referral networks in place to combat the stressors and challenges faced by Ellen and individuals in similar positions seeking assistance with addiction.

Um, I understood when I went to the doctor near us and I asked, 'Doctor, how is it possible that you cannot work with me and the- these moms to bring a change in our community to help this evil of drugs, to help our community how to get into a rehabilitation centre?' Then the doctor said to me, 'The head of psychiatry said that you and the young people who are dealing with drugs, you can do whatever, you know what you have to do, because why do you have enough money to buy drugs, so there are no rehabilitation centres for you. (The Villageguy Paarl, 2019a, p. 7)

You know, the-the-the-Magistrate especially, that I cannot understand what-that could have been the main person who could have helped, told me, um, I'm very pushy. Um, because I'm asking him, 'Sir, can you not even give him a warning?' 'No, I cannot give him a warning.' 'Sir cannot even send him to a place?' 'No, I cannot.'

(The Villageguy Paarl, 2019a, p. 8)

Ellen did see social workers and the public prosecutor, but somehow did not end up having Abie committed to a treatment centre in terms of this legislation. (Walker, 2018, p. 103).

From the above quotes, it seems that neither the magistrate, the prosecutor, nor the doctor took Ellen's plea for help seriously. The frustration, anger and hopelessness Ellen was experiencing are also evident in these quotes.

Information on mental health and drug addiction in Lavender was not readily available. Ellen was also not aware of any counselling organisations or support groups she could have attended, as indicated in the excerpts below:

Ironically, Narcotics Anonymous runs a support group in nearby Grassy Park, alongside a Nar-Anon meeting for families affected by addiction. Similar meetings

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are held in Muizenberg Retreat and other surrounding areas, but none in Lavender Hill it seems. Even if Ellen had been aware of the meetings, transport may have been a problem, as these meetings take place in the evenings. (Walker, 2018, p. 107)

Ellen testified that she was not aware of any counselling that she could have obtained for herself at the time, but that she now realised that she had needed it. (Walker, 2018, p. 174)

There were no support groups at that time available in Lavender Hill that could have assisted Ellen; however, Narcotics Anonymous had a support group approximately five kilometres from Lavender Hill. Despite Ellen not being aware of the Narcotics Anonymous support group, she would have possibly faced more challenges or obstacles, such as her unusual work hours, lack of transportation, or insufficient money to get to the support group. Another factor to take into consideration is that the support groups were held in the evening, and it would have been dangerous walking around after dark in a community with a high crime rate and drug trafficking.

Furthermore, there was an immense burden placed on the mental health care system in Lavender Hill, and there were limited mental health care professionals in the community, as substantiated by the following excerpts:

As mentioned around eighty people come in to see their social workers daily, and they are witness to the devastating effect that tik has on marriages and families. As a preventative measure, CAFDA runs workshops in the community, educating people on the dangers of drugs, as well as providing counselling to families affected by drugs.

(Walker, 2018, p. 110)

The above quote not only illustrates the lack of mental health professionals and organisations in Lavender Hill but also the disruption addiction causes within the family system and their desperate need for help.

4.2.2. Stressors and Challenges

Stressors and challenges is the second theme that emerged from the data and can be described as events that cause disequilibrium in the individual, family, group, or community that initiate the resilience process (Kümpfer, 2002). Ellen experienced various challenges and stressors throughout her childhood and into adulthood, and this was exacerbated by her having to deal with her methamphetamine-addicted son. Ellen's psychological response to these stressors and challenges was fear and dissociation. Therefore, the subthemes that emerged from the data were divided into two groups: first, stressors and challenges experienced by Ellen, such as childhood trauma and multifaceted abuse; second, her psychological response to these stressors and challenges, namely dissociation and chronic fear. The codes extracted from the numerous data sets for these subthemes comprise the following: peer rejection; rejection by teachers; dissociation; domestic violence; emotional abuse; physical abuse; emotional exhaustion; fear; financial abuse; sexual abuse; verbal abuse; abandonment by father; child abuse; and child neglect (see Appendix D for a detailed breakdown).

4.2.2.1. Childhood Trauma.

The word *trauma* is derived from the Greek word "wound" and can be defined as a physical injury caused by external factors or psychological shock that has damaging effects (Reber et al., 2009). Ellen experienced various traumatic experiences in her childhood – such as abandonment, living on the streets without food or water, domestic violence, the repercussions of substance abuse, unmet emotional needs, sexual abuse, physical abuse, and social rejection – which had an immense impact on her development. The following excerpts highlight only a few of her traumatic experiences as a child.

Ellen was often left to her own devices and her parents frequently became violent when intoxicated. (Walker, 2018, p. 3)

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She felt that their teachers joined in with her peer group to exclude and ridicule her...

(Walker, 2018, p. 7)

Um, at the age of four, I physically ate my own faeces to stay alive. (The Villageguy

Paarl, 2019a, p. 2)

The excerpts above illustrate the apprehension Ellen experienced from a young age as a result of child abuse, domestic violence, peer rejection and food insecurity. It is also evident that Ellen experienced physical and emotional neglect in her immediate environment and was quite a lonely child. The abuse she experienced as a child persisted into adulthood, and she experienced multifaceted abuse from various perpetrators.

4.2.2.2. Multifaceted Abuse.

Ellen was the victim of sexual, verbal, psychological, financial and physical abuse. Physical abuse can be described as the deliberate action of inflicting bodily injury on another individual. Ellen was in relationships where she was physically abused by her partners, as indicated in the following excerpts:

...she fell in love with a boy whom she met on the streets in Mowbray, and soon found herself pregnant. Shortly afterwards, however, he assaulted her to such an extent that she suffered a miscarriage. (Walker, 2018, p. 15)

This was a traumatic relationship, Jurie was an aggressive man, and in all likelihood took out his anger on Ellen and the children. (Walker, 2018, p. 20)

Additionally, Ellen suffered physical abuse at the hands of Abie on various occasions for seven years due to his methamphetamine addiction. The following quotes give us a brief look at the violent extent to which he assaulted Ellen.

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And, um, one day he threatened me with the knife, where he stabbed me in the hand, you know. And, um, then I could not go to work for two weeks. (Van Heerden, 2018, p. 2)

... Because then I had to put a burglar bar at my back door, because when the door is open, he would throw a brick through the door, or he would grab a knife to assault you and so on, and my bathroom is outside. (The State v Ellen Pakkies, 2008, p. 73)

The excerpts above illustrate that Ellen was subjected to physical abuse for almost her entire life. She experienced physical abuse at the hands of her mother, in romantic relationships, and eventually at the hands of her son. Abie physically abused Ellen for approximately seven years, and it is evident that Ellen experienced continuous fear which disrupted her normal functioning.

Furthermore, Abie also abused Ellen and Odneal Pakkies financially on multiple occasions, and there seems to be no limit as to what and from whom he stole. The following quotes give a brief overview of the financial burden Abie placed on Ellen and Odneal.

I can tell you, I have already put in windows, then the windows will be stolen, and then I have to put it in again... (The State v Ellen Pakkies, 2008, p. 70)

I say he also stole my bedding from my bed with a wire, you know, what he stuck to a stick, and then when I get home I have to look for bedding again to sleep under. (The State v Ellen Pakkies, 2008, p. 74)

And then he started stealing in the house, you know, um, the money and the things I bought. (Van Heerden, 2018, p. 2)

It is evident from the above quotes that Abie stole at a rapid tempo from Odneal and Ellen, thus making it impossible for them to replace the stolen items, leaving them with only their clothes left. Moreover, on various occasions, Abie abused Ellen psychologically by

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manipulating her and being verbally abusive towards her to ensure that she gave in to his demands.

Sometimes they spoke for a while, but then he would get angry, swear at her and accuse her of not caring about him anymore. (Walker, 2018, p. 90)

Sometimes, Abie would sit in the passage, on the other side of the security door for the whole night and shout: 'I am going to kill you guys!' (Walker, 2018, p. 87)

When I came home on Sunday, because he had the money in the house, we now left our room - we slept in the front room, because I could no longer take the quarrel of, the screaming at my window. (The State v Ellen Pakkies, 2008, p. 80)

Ellen was subjected to Abie's manipulation and threats daily, and Ellen had difficulty coping as a result of her conflicting roles. Ellen was an easy target for his manipulation and threats, as she was his mother who loved and cared for him. It is also evident from the excerpts above that Ellen experienced immense fear, stress and guilt as a result of the psychological abuse Abie imposed on Ellen.

Furthermore, Ellen was also sexually abused by several perpetrators and on various occasions from childhood to adulthood. The quotes below highlight only a few of these incidents.

And you know, so I was kidnapped as a young person, I was raped and all these things came to me. (The Villageguy Paarl, 2019a, p. 2)

You know, but that's how it went for me, years in and years out - molested to raped by people I know, family members. In my parents' house, I had to share my bed with a rapist. I have to pay me, um- You know, all these things I had to pay with my body because my parents, um, bought and drank alcohol. (The Villageguy Paarl, 2019a, p. 4)

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The Lakays had two sons, and Ellen recalls being sexually abused by them when she was ten years old. The older boys were employed at the time and would come to the Lukas's room after work to drink with Ellen's parents. When her parents were drunk the boys would reach under her dress and fondle her. Her parents either didn't notice or simply turned a blind eye. Nothing was said or done to stop them. (Walker, 2018, p. 3)

In particular, a step-uncle sexually abused her for several years. As he was a family member, one can only assume that the abuse happened under her parents' roof and possibly with their knowledge. (Walker, 2018, p. 11)

The excerpts above do not only indicate that Ellen was sexually abused but also that her parents were intoxicated when most of the sexual abuse incidents happened. Therefore, her parents were guilty of child abuse, as they were negligent by being intoxicated and they were aware of the sexual abuse imposed on Ellen but did nothing to stop it. Ellen experienced years of abuse, and Ellen's way of coping with these traumatic events was by dissociating from her feelings attached to these events.

4.2.2.3. Dissociation.

Dissociation is a disconnection between feelings, thoughts, memories, awareness of identity, immediate sensations, feelings and control of body movements generally as a result of a traumatic experience(s) (Colman, 2009). It is evident from the following excerpts that Ellen experienced trauma-related dissociation when she strangled her son as a psychological escape from the emotional pain associated with her son's death. Ellen's dissociation is indicated in the following extracts:

And then I came back there and I was standing there by his bed and I hesitated and I looked, you know, because - I cannot tell you how it happened, but the rope was put around Abie's neck, and I stood at the foot of the bed, and I just held the rope in my

hand and I said to Abie, 'Abie, now tell me why don't stop.' (The State v Ellen Pakkies, 2008, p. 77)

So the dissociation had continued right through to the time that I was interviewing her. So while she reflected on abuses from the past, she would weep, and she would become quite distraught. But when it came to talking about the death of this boy, she was quite a matter of fact. (The State v Ellen Pakkies, 2008, p. 102)

The above excerpt portrays the immense suffering Ellen must have experienced for her to dissociate from the emotions related to these traumatic events. It also illustrates that Ellen displayed two identities during her dissociative states – Ellen the mother, and Ellen the abused woman.

4.2.2.4. Chronic Fear.

Ellen felt that her life was in danger most of the time as Abie threatened and physically abused her. She was experiencing intense fear and anxiety as a psychological response due to the abuse she suffered at the hand of her methamphetamine-addicted son. This is substantiated by the following excerpts:

She faced the very real threat of being murdered by Abie. His violent temper, driven by a drug-induced, warped sense of reality, was always just simmering beneath the surface. (Walker, 2018, p. 93)

No, I never rested, Honorable, never. I was at one time woken up with water through a window, when (?) I get up to go to work. I was at one time chased along the road too. One morning, I ran away, and I thought he did not see me because he is standing by the kitchen door, the kitchen door is right over the - the kitchen window is right over the front door, so you can see when I go out there. He just stands there by the window and watches me. (The State v Ellen Pakkies, 2008, p. 86)

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Abie would come home with some warnings over gaping stab wound in his body, which Ellen had tended to. When he went out at night, she would worry, like any mother would, and wonder if her child would still be alive in the morning. (Walker, 2018, p. 89)

The above excerpts also indicate that Abie's behaviour had no limit, and he would go to various extents to maintain his addiction. Even though Ellen was afraid of Abie, she was also concerned about his safety as his mother. The chronic fear she experienced caused a disruption in her sleeping patterns.

4.2.3. Internal Self-Characteristics

Internal self-characteristics, the third theme reported on, refers to the physical, behavioural, social, spiritual, emotional and cognitive strengths that an individual acquires to succeed in various developmental tasks, cultures and contexts (Kümpfer, 2002). The subthemes that emerged from the data are spiritual strengths, behavioural strengths, and emotional strengths. These increased Ellen's resilience in adversity. The above-mentioned subthemes were formulated from the following codes extracted from the various data sets: character, religion, integrity, forgiveness and accepting responsibility (see Appendix D for a detailed breakdown).

4.2.3.1. Spiritual Strengths.

Spiritual strengths are the motivational cluster of resilience that consists primarily of the individual's belief systems that steer them in a specific direction (Kümpfer, 2002). Ellen Pakkies' beliefs and values played a pivotal role, and Ellen's faith in God steered her towards hope, forgiveness and, eventually, resilience.

I say every day it's probably only God who gave me the strength to be able to get up every day and face life. (Van Heerden, 2018, p. 2)

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But you know, the Lord himself came to me, um, sought out and took me out, and He came to show me what it is like to forgive. (The Villageguy Paarl, 2019a, p. 3)

But I can only thank the Lord that He made me the person I am today. (The Villageguy Paarl, 2019a, p. 4)

I never lost hope, you know. I always talked to the Lord because He was my only friend. (The Villageguy Paarl, 2019a, p. 15).

The excerpts above also indicate that Ellen displayed gratitude, despite the hardships she encountered and that her relationship with God gave her life meaning.

4.2.3.2. Behavioural Strengths.

Accepting responsibility for her actions, displaying integrity and being reliable are Ellen's behavioural strengths that she consistently portrayed. This is substantiated by the following quotations.

And you know Your Worship, it is very interesting, because I miss a part of the disassociation I accept, but after the commission of the crime, when I asked her why did you not hand yourself in at that point? The concern was about the people who would be waiting for her. So this is a kind of personality she has. She is very concerned about how things go, keeping to the protocol, keeping to appearance. (The State v Ellen Pakkies, 2008, p. 108)

Ellen had every choice. And Mrs Pakkies had chosen to enter a plea of guilt. Now Your Worship, that in itself is evidence of a remarkable person. A person who has integrity. (The State v Ellen Pakkies, 2008, p. 116)

She has certainly remained true to her word in court and regularly speaks at schools and other community gatherings. She is passionate about wanting to uplift the community and in particular to address the problem of drug addiction. (Walker, 2018, p. 216)

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It is evident in the above excerpts that Ellen turned her suffering into a testimony and shared her story to raise awareness in her community, where information on drug addiction was not readily available. Ellen excelled in her task of being a social activist against drug addiction.

4.2.3.3. Emotional Strengths.

Emotional strengths are an individual's ability to be open and vulnerable when experiencing intense emotions and feeling the emotion deeper, which allows access to the functional process that drives action (Faye & Hooper, 2018). Ellen's humbleness, compassion and kindness can be regarded as the emotional strengths that she exhibited throughout her ordeal. Individuals described Ellen as "*a humble, smiling woman who radiates tranquility*" (Walker, 2018, p. 216), "*a very, in fact, soft person, compassionate*" (The State v Ellen Pakkies, 2008, p. 20), and a "*kindhearted, soft-spoken woman who is always willing to help others in need*" (Walker, 2018, p. 23). Another emotional strength Ellen exhibited was her ability to forgive, as is indicated by the subsequent quote.

You know, I went through struggles and problems, but I never became rude. I never had hatred in my heart. You know, I could forgive people despite what they had done. (The Villageguy Paarl, 2019a, p. 5)

4.2.4. Resilience

Resilience is the fourth theme reported on and can refer to the short- and long-term coping mechanisms that an individual assimilates through the gradual exposure to challenges and stressors that enable them to bounce back from the experience with resilient reintegration (Kümpfer, 2002). The subthemes that emerged from the data are emotional regulation, social support, and problem-solving skills. These subthemes were formulated from the following codes extracted from the various data sets: emotional support, problem-solving abilities, and emotional control.

4.2.4.1. Emotional Regulation.

Emotional regulation is an individual's ability to monitor, evaluate and modify their emotional reactions (Thompson, 1994). Ellen displayed the ability to regulate her emotions in adverse circumstances in which an exaggerated emotional response is expected.

Ellen had no history of violence and has a passive, demure personality. Her personality is also typical of people who accumulate emotional stress, he found. They do not react readily and only when there is a build-up of emotions do they explode in a reaction that tends to relieve the accumulated internal stress. (Walker, 2018, p. 180)

She is not aggressive. She does not assault people. She is not a danger in that respect. The chances of her getting to that kind of limit situation, with willingly anybody, is very remote. (The State v Ellen Pakkies, 2008, p. 101)

But, you know, Abie's actually living in the house still, with- um, people can't see him but I can feel him – you know, so, um, I feel actually- Uh, well, I don't think I got a word for how I'm really feeling, but I'm, like, um, sad but I know how to- It's like the sadness is controlled not to be really, really out-of-order sad, you know. But, um, just sad, but I can know that there's also, um, hope in that sadness. You know, for other people in our communities. Ja. (Radio 702, 2018, p. 6).

It is apparent from the excerpts above that Ellen had the ability to maintain her emotions in situations where there was heightened emotional stress, as can be seen in the abuse that was imposed on her over a number of years. It did not take her a year to reach her limit; it took her more than seven years of continuous abuse to steer her toward her limit.

4.2.4.2. Social Support.

Social support can be defined as the degree to which a person belongs to a supportive social group that offers nurturance, financial assistance, informational resources, or a sense of

belonging (Duci et al., 2016). Ellen's main support structure was Odneal, and he played a pivotal role in her perseverance.

Ellen's emotional backing from Odneal must have played a vital role in why she managed to last as long as she did in such an intolerable situation- perhaps coupled with her strong survival instinct, which she would have developed growing up.

(Walker, 2018, p. 96-97)

Oodneal and Ellen's son, Colin Lukas, had supported Ellen throughout the trial.

(Walker, 2018, p. 184).

The excerpts above illustrate that Odneal was Ellen's only support structure during the seven years of Abie's addiction. Neither her friends nor colleagues were aware of the abuse Abie imposed on her, as she did not want to be a burden on others.

4.2.4.3. Problem-Solving Skills.

Problem-solving skills can refer to dealing with, analysing and finding solutions to difficult situations (Abazov, 2016). Ellen explored various avenues to assist Abie with his methamphetamine addiction. The excerpts below highlight only a few of the avenues Ellen had explored:

As they lived in a council flat, Ellen thought that the council may take action, as Abie was severely damaging their property. She went to see them to report him, but the response was complete disinterest. (Walker, 2018, p. 98)

Ellen also approached Chrysalis Academy in Tokai, a youth development organisation that offers a social crime-prevention and upliftment program for youths between the ages of 17 and 25. But Abie did not have the minimum educational requirement of having completed Grade 9 and the academy is also not a drug-treatment centre - the burning issue that had to be addressed. (Walker, 2018, p. 102)

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And I can still remember, there was a time when I went to the doctor, and then I asked the doctor if he cannot just ... (inaudible - background noise) for Abie to the hospital ... (inaudible - background noise) but he will not go out on his own. Then the doctor gave me a letter and I gave ... (unclear - background noise) to the hospital, to, to the day hospital... and then they took him back, then they gave him an injection, and the injection helped for four days, and then he went back to his worse things. (The State v Ellen Pakkies, 2008, p. 88).

Ellen was actively searching for resources to assist Abie with his addiction. She explored every avenue she was aware of; however, the system failed her. Ellen's problem-solving skills are illustrated in the above excerpts. Today, Ellen is a social activist against drug addiction who still utilises her problem-solving skills by being actively involved in community projects. These community projects enable the youth of Lavender Hill to develop skills to empower them to get a job in order to combat the problem of drug addiction.

4.3. Summary of the Findings

Four themes emerged from the data analysis. The first theme reported on was environmental risk factors that Ellen was exposed to, such as poor community infrastructure, rife substance abuse, the ineffective criminal justice system, and poor accessibility and referral to mental health care organisations. As a result of these environmental risk factors, Ellen was more vulnerable to experiencing abuse. This adverse environment in which Ellen lived exposed her to various stressors and challenges and particular responses to these stressors and challenges. Stressors and challenges are the second theme reported on, as Ellen was exposed to sexual abuse, physical abuse, psychological abuse, substance abuse, domestic violence, etc., which caused disequilibrium and activated her resilience process. The third theme that emerged from the data analysis is internal self-character strengths. Ellen displayed spiritual, behavioural and emotional strengths that contributed to resilient integration. The

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fourth theme involved resilience factors, such as her social support, problem-solving skills and emotional regulation, which contributed to a resilient outcome.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1. Introduction

This chapter presents the interpretation and implications of the findings of the study. The research findings are discussed according to the four *a priori* themes aligned with Kümpfer's (2002) transactional resilience model that emerged from the data analysis. Kümpfer's (2002) transactional resilience model and Baltes' (1987) theory on lifespan development together with established literature were utilised to interpret the themes that emerged from the data. The findings provided the researcher with an in-depth understanding of Ellen's development over her lifespan, her social context, the amalgamation of factors that led to her strangling her son and the resilience she displayed despite the adversity she encountered. This chapter also presents the limitations of the study, the implications of the findings, and recommendations for future research.

5.2. Adverse Cape Flats Environment

Ellen Pakkies experienced numerous adversities throughout her ordeal because of the various risk factors her environment produced. Ellen was raised in the apartheid era of South Africa and lived in Lavender Hill, an impoverished community on the Cape Flats. The Cape Flats was established as a result of the Group Areas Act of 1950 (Wonnacott, 2005), where coloured people were forcibly removed by this legislation and arrived on the Cape Flats in 1960 (Jensen, 2008). The historical time and the context in which Ellen grew up influenced her physical, psychological, cognitive, emotional and social development, according to Baltes' (1987) lifespan developmental perspective. The social context that informed Ellen's development was characterised by high rates of unemployment, substance abuse, gangsterism, poverty and poor infrastructure – a direct result of the oppression of the apartheid system (Kanengoni, 2016). The subsequent section highlights how Ellen's

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development was influenced by her environment; Baltes' (1987) theory on lifespan development was applied, thus giving us an in-depth overview of how Ellen's social context influenced different aspects of her development.

Firstly, Lavender Hill lacks improper infrastructure, such as housing, schools, drug rehabilitation centres, and mental health care organisations, to accommodate the community's and its individuals' basic and psychosocial needs. The lack of proper infrastructure impedes economic growth and contributes to unemployment (Gaal & Afrah, 2017), in turn giving rise to individual poverty and personal adversity (Bursova, 2014). Ellen experienced poverty directly as a child through, e.g., food insecurity and reported that she and her mother lived vagrantly for a while, and she ate her own faeces to stay alive. Even though Ellen's mother was later granted a house in Lavender Hill, Ellen stated that they never had food in their house and that she often went to bed hungry. Ellen may have experienced several elements of psychological distress such as depression, chronic stress and anxiety due to food insecurity in her household, which is a common psychological reaction among children living in poverty (Aurino et al., 2020; Leung et al., 2020; Wolfson et al., 2021). Along with the psychological distress, Ellen likely experienced the emotional stress of food insecurity in her household, characterised by anger and frustration (Leung et al., 2020). Apart from the immense impact of food insecurity in a household on the individual's physical and psychological state, it also lowers their self-esteem (Godrich et al., 2019; Sabi et al., 2020). Perhaps Ellen experienced shame due to not having enough food and internalised it as low self-esteem.

Furthermore, poverty has an immense impact on the provision and quality of education. The shortage of school buildings, insufficient funds from the state, and a lack of resources and qualified teachers and the resulting high school dropout rates are among the more significant challenges in townships in South Africa (Du Plessis & Mestry, 2019). Given these challenges, it is not difficult to understand Lavender Hill's high school dropout rate and

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why 50% of children cannot cope in mainstream education. It is thus unsurprising that Ellen left school at the age of 13 after she completed Grade 4. Although it is not clearly indicated, it is likely that an amalgamation of community, family, school and individual factors contributed to her school dropout. Even though Ellen completed Grade 4, she was unable to write or read, thus highlighting the impact of poor education and lack of resources on Ellen's literacy development and possibly even her cognitive processes (King, 2011).

Within an environment of poverty, unemployment and poor community infrastructure, substance abuse and drug trafficking are extensive, as is in Lavender Hill. Ellen was herself subjected to the detrimental effects of substance abuse from childhood up until adulthood. Ellen's parents were frequently intoxicated, which led to physical and emotional neglect and an inability to provide a safe environment for her (Raitasalo & Holmila, 2016). Parental substance abuse increased Ellen's exposure to physical and sexual abuse (Walsh et al., 2003), and Ellen was subsequently subjected to abuse by family members, friends and acquaintances of her parents. In addition to the sexual abuse, Ellen was exposed to domestic violence in her household and was gratuitously battered by her mother. Ellen's clinical psychologist Martin Lester Yodaiken reported that Ellen suffered from depression and experienced attachment difficulties that persisted into adulthood. Depression and attachment difficulties are common experiences among children of substance-abusing parents and neglected or abused children (Velleman & Templeton, 2016).

In later years, the cycle of abuse continued, as Ellen reported that Jurie Carolus Titus, her second husband, was aggressive towards her and the children. His aggression was usually induced by substance abuse. Ellen may have experienced chronic fear and powerlessness against the situation that disrupted her emotional equilibrium and manifested as depression, anxiety, and symptoms of post-traumatic stress disorder (PTSD), which are common among victims of domestic violence (Pastwa-Wojciechowska et al., 2014). Domestic violence also

negatively impacts the self-esteem of victims, which explains why Ellen's abuse persisted and why she was unable to maintain autonomy (Tariq, 2013). In addition, Ellen's youngest child, Abie, became addicted to methamphetamine as a result of being exposed to a social context filled with high rates of substance abuse and drug trafficking. Substance abuse is associated with income level, and various drug-related crimes are committed by unemployed youths who abuse substances to cope with adversity (Cheteni et al., 2018; McMillan et al., 2010; Sareen et al., 2011). This was no different for Abie, as he left school at a young age and was subsequently unemployed and committed petty theft to sustain his addiction. Due to Abie's advanced stages of methamphetamine addiction, Abie physically, psychologically, verbally and financially abused Ellen for several years. She testified during her trial that she experienced chronic fear due to the various forms of abuse Abie imposed on her and the unpredictability of his behaviour. As indicated by the clinical psychologist's psychological evaluation of Ellen, Abie's destructive behaviour triggered past traumatic experiences for her. This possibly caused PTSD symptoms, such as dissociation, to re-occur and triggered a negative spiral in her mental health (Schauer & Elbert, 2010). Not only did Ellen experience frustration with Abie's destructive behaviour but also with the South African criminal justice system.

The police authorities in Lavender Hill and the criminal justice system proved to be ineffective – as South Africans, we find ourselves in a terrifying vortex as the country's criminal justice system has a counterproductive and ineffective approach to crime resolution (Cameron, 2020). This ineffectiveness is illustrated in Ellen's various endeavours to get Abie help with his methamphetamine addiction, leaving Ellen feeling helpless. Ellen called the police daily; however, they surrendered to a certain extent because of the high rates of drug trafficking in the Lavender Hill area. Ellen even approached the prosecutor and the judge; however, it seems as if they did not take Ellen's plea for help seriously. The criminal justice

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system of South Africa failed Ellen Pakkies as it had failed many other individuals. In addition to Ellen's frustration with the lack of assistance from the criminal justice system, she also experienced intense fear, as previously mentioned, due to Abie's unpredictable violent behaviour, and her fear was possibly heightened as she knew there were no consequences in the criminal justice system to alleviate Abie's destructive behaviour. This possibly placed an immense burden on her psychological development and daily functioning, and chronic fear may have contributed to her depressive symptoms (Khan & Khan, 2017).

Additionally, there is a visible shortage of mental health care facilities in South Africa (WHO, 2007). Ellen experienced various trauma due to her environment, and there were no mental health care organisations or support groups in her immediate environment that alleviated the stressors she experienced. There is also a lack of proper referral networks between the doctors, social workers, mental health facilities and police authorities in Lavender Hill, leaving caregivers of methamphetamine addicts like Ellen feeling frustrated and hopeless (Choate, 2015).

Ellen's psychological development was continuously impacted by the adverse environment she lived in. It may be argued that Ellen experienced PTSD because of the prolonged abuse she suffered, explaining her trauma-related dissociation, which is a common symptom of PTSD (Karakurt et al., 2014). Dissociation can be described as an individual's psychological escape from emotionally and physically distressing experiences of a traumatic event (Lanius, 2015). Dissociative experiences may include detachment, absence of emotions, flashbacks of the trauma, auditory hallucinations, disruption in consciousness, and changes in identity (Lanius, 2015). During Ellen's trial, clinical psychologist Martin Lester Yodaiken said that Ellen was experiencing trauma-related dissociation when she strangled her son. She experienced a change in identity from Ellen the mother to Ellen the abused woman. Perhaps, at that moment, she experienced flashbacks of the past abuse she had

suffered from various perpetrators and experienced a disruption in her consciousness, leading to the strangulation of her son, Abie.

5.3. Parental Unavailability, Child Abuse, and Ongoing Cycles of Adult

Vulnerability

Ellen was exposed to several stressors and challenges throughout her ordeal that disrupted her homeostasis. Ellen's relationship with her mother, her primary caregiver, can be described as dysfunctional. The attachment between a child and their primary caregiver plays a pivotal role in predicting the social and emotional development of a child (Benoit, 2004). Attachment is where the child uses their caregiver as a secure base to explore their environments. Four patterns of attachment have been identified in the literature: avoidant attachment, secure attachment, ambivalent attachment, and disorganised attachment (Ainsworth & Bell, 1970; Main & Solomon, 1990). A child develops disorganised attachment when they experience apprehension regarding their caregiver (Main & Solomon, 1990). Ellen's mother gratuitously battered her and was insensitive toward her emotional needs. She was also exposed to domestic violence and sexual abuse in her immediate environment, which is also a common cause of developing disorganised attachment (Reisz et al., 2018). Perhaps Ellen developed a disorganised attachment with her mother due to her physical and emotional absence during Ellen's childhood as well as the physical abuse she suffered at the hands of her mother. The attachment theory suggests that a child seeks their caregiver when experiencing distress or fear; however, in the case of Ellen, her mother became the source of alarm. Ellen possibly experienced inner conflict because of the two incompatible motivation systems (Reisz et al., 2018). Ellen had low self-esteem, fear of abandonment, an inability to communicate needs and was apprehensive, which is common behaviour of children with disorganised attachment (Reisz et al., 2018). Children develop an internal working model of prior experiences with their caregivers to guide all their future interactions (Castetter, 2020).

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Thus, the attachment Ellen developed in her early childhood guided how she developed and maintained relationships throughout her lifespan. Ellen was continuously exposed to violence as a conflict resolution in her immediate family as well as in her romantic relationships. This explains the violent act of strangling her son, Abie, as a method of conflict resolution that was embedded in her childhood.

In addition to the disorganised attachment she developed with her mother, Ellen was abandoned by her biological father at birth. The self-in-relation theory suggests that men's and women's sense of self develops differently (Brown, 2018). Women attain their identities through the quality of their interpersonal relationships (Brown, 2018), suggesting that the absence of a father figure has an immense impact on the social-emotional development of a female child, whether they know their father or not (Casterter, 2020). The absence of Ellen's biological father at birth along with the disregard for her feelings and thoughts as a child could partly explain her poor identity development. Casterter (2020) found furthermore that girls who experienced abandonment by a father figure were found to be more prone to develop unhealthy romantic relationships with men later in their lives. This could partly explain why Ellen developed a romantic relationship with a boy that would assault her to such an extent that she had a miscarriage and later on marry Jurie Carolus Titus, who would also abuse her physically and verbally.

Apart from her disorganised maternal attachment, abandonment by her biological father and the physical abuse she was subjected to in her childhood, Ellen was also sexually abused as a child from the age of four by various perpetrators, and the sexual abuse persisted in adulthood. As mentioned previously, Ellen was often left unattended, lived in a poverty-stricken community, had a history of past abuse, and she was subjected to parental substance abuse. All the mentioned factors made her more vulnerable to sexual abuse and sexual victimisation later in life (Trickett et al., 2011; WHO, n.d.). Although Ellen, due to her young

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age, did not understand the extent of what was happening to her sexually, she was still vulnerable to experiencing the negative psychological impact (Sinanan, 2016). Ellen's social isolation and withdrawal as a child may have indicated depressive symptoms and low self-esteem due to persistent sexual abuse (WHO, n.d.). Ellen likely had PTSD from her traumatic encounters and thus also abused cannabis as a child, which is a behavioural trait many sexual abuse victims and survivors have in common. The PTSD led Ellen to possibly experience dissociative symptoms that were triggered again when her son, Abie, imposed various forms of abuse on her (Trickett et al., 2011).

Notwithstanding the sexual abuse, Ellen was also exposed to domestic violence in her immediate family. In this context, domestic violence is defined as physical, sexual, emotional, psychological, or financial abuse with the intent of inflicting harm or executing power or control over another human being (Flury et al., 2010). The domestic violence in Ellen's household was always initiated by parental substance abuse. Parents abusing substances can create an unsafe environment for their children and an inability of the parents to respond adequately to the physical and emotional needs of the child (Raitasalo & Holmila, 2016). This may explain why Ellen's mother was emotionally unavailable and physically neglected Ellen. In addition, growing up in a household where domestic violence is normative creates insecurity in children and can cause them to become anxious about their relationships with other people as their sense of security is violated (Khemthong & Chutipongdech, 2021). This partly explains why Ellen was withdrawn and rejected by her peer group as a child. Children who grow up in households rife with domestic violence are at greater risk of either repeating the vicious cycle of abuse (Khemthong & Chutipongdech, 2021) or continuing to be victims as adults (Engel, 2005). In other words, when a woman is repeatedly beaten or subjected to various forms of abuse, she may become a passive victim who believes that no intervention or action will make a difference, resulting in learned

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helplessness and continuing the cycle of abuse. Ellen may have experienced learned helplessness and extremely low self-esteem, which enabled the cycle of abuse to continue. The cycle of abuse continued throughout Ellen's ordeal. She was subjected to domestic violence in her immediate environment as a child, and then the cycle of abuse continued in her romantic relationships and eventually in her relationship with her methamphetamine-addicted son.

Ellen also suffered extensive physical, psychological, verbal and financial abuse from her methamphetamine-addicted son over approximately seven years. The physical abuse Abie imposed on Ellen, she expressed, led her to develop a chronic fear of being attacked and that Abie's involvement with gang members would result in his death, all common experiences of caregivers of methamphetamine addicts (Asante & Lentoor, 2017). The unpredictability of Abie's rage outbursts and violent behaviour led to Ellen continuously experiencing uncertainty, thus increasing her anxiety (Asante & Lentoor, 2017). In addition to the physical abuse, Abie threatened Ellen daily, either with a pair of scissors, a knife, or a brick, or by just verbally threatening to kill her and Odneal until they gave in to his demands. Abie also displayed antisocial behaviour, such as criminal activity, including burglary and theft, and placed an immense financial burden on Ellen and Odneal. There was no limit to what and from whom he stole as long as he fed his addiction. Perhaps due to Abie's destructive behaviour, Ellen experienced shame and therefore isolated herself from family, friends and colleagues. Neither her friends nor her colleagues were aware of Abie's addiction and the abuse Abie imposed on her (Asante & Lentoor, 2017). By isolating herself, she diminished the support structure that could have been a protective factor against the psychological impact of her son's addiction (Asante & Lentoor, 2017). Ellen also reported that she often felt helpless and frustrated, as social workers, the prosecutor, the police, and the various organisations she had approached could not assist in getting Abie admitted to hospital for

treatment for his methamphetamine addiction (Asante & Lentoer, 2017; Choate, 2015). As mentioned previously, it can be argued that Ellen experienced PTSD, which is quite common among victims of physical and prolonged abuse (Freeman et al., 2013).

As indicated in the above sections, not one single incident can be utilised to explain why Ellen ended up strangling her son to death. It is rather the amalgamation of factors including her environment, prolonged abuse, and the lack of psychological and social intervention that led to the death of Abie. All of the abovementioned stressors that Ellen experienced caused disequilibrium in her inner world, community and family. This stressor initiated her resilience process and helped Ellen cope with emerging stressors and to grow from the experience.

5.4. Ellen's Resilience

A combination of internal characteristics and environmental factors played a pivotal role in promoting Ellen's resilience (Luthar et al., 2000). It is evident in the data presented that Ellen did not have a favourable environment during childhood that could have promoted and sustained her resilience – indeed, a large body of research demonstrates that childhood events can influence resilience as an adult (e.g., Masten, 2014; Masten & Tellegen, 2012; Obradovic et al., 2009). Harms et al. (2018) add that a background of poverty, illness, or abuse is often linked to poorer levels of resilience later in life. Meanwhile, some contend that adverse circumstances can promote resilience because they give children the chance to develop the necessary skills they need to bounce back from this adversity (e.g. Crane & Searle, 2016; Goldstein, 2008; Rutter, 1999). Therefore, Ellen's trauma in childhood must have created an opportunity for her to develop internal characteristics/skills to cope with the adversity she faced during her childhood and in later years. Ellen was a resilient child as she did not reach the point of psychic annihilation despite the intensity of the abuse she suffered during childhood. Psychic annihilation is when an individual acts in a way that can be

threatening to their health and quality of life, for instance, suicide attempts or self-harm behaviour. Suicide attempts are the most common cause of death, and self-harm is the most common cause of hospital admissions among adolescents (Sitnik-warchulska & Izydorczyk, 2019). The fact that Ellen developed internal characteristics or skills during the intensity of the abuse she suffered, instead of engaging in self-harm behaviour or attempting suicide, demonstrates her resilience.

The internal characteristics that increased and strengthened Ellen's resilience are her behavioural, religious and emotional strengths. Behavioural strengths can be defined as the behavioural action that an individual takes to adapt successfully after adversity. The behavioural strengths that Ellen displays are perseverance and problem-solving skills (Kümpfer, 2002), where perseverance can be described as the persistent effort to undertake or complete anything in the face of obstacles, failure, or opposition (Datu, 2021). Problem-solving skills, on the other hand, refers to dealing with, analysing, and finding solutions to difficult situations (Abazov, 2016). Ellen explored numerous avenues for assistance, such as social workers, the police, rehabilitation centres and the court and persevered in her attempts to find possible solutions for Abie's methamphetamine addiction. It has been reported that problem-solving skills are an integral part of resilience in individuals, which is apparent in the life story of Ellen Pakkies (Kümpfer, 2002). Her tenacity and aptitude for problem-solving serve as an example of her resilience which, despite the difficulties she encountered, helped Ellen never to give up or lose hope.

Secondly, Ellen's religious strengths also contributed to her maintaining her resilience throughout her life. There is a strong relationship between religious coping activities and positive adaptation in the face of adversity in Western traditions. These religious coping activities include seeking support from the church, forgiveness, acts of kindness and religious surrendering (Foy et al., 2011). The emotional strengths Ellen displayed are kindness and

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forgiveness, which are closely related to her religious coping strategies. One of the religious coping strategies that Ellen utilised was forgiveness. She explained that God showed her what it was like to forgive – perhaps referring to forgiving herself for strangling her son and forgiving her son, mother, and all the perpetrators that abused her over the years – and free herself from the burden of hatred and resentment. Ellen’s ability to forgive despite the trauma she experienced at the hands of various perpetrators demonstrates her resilience and emotional strength; her religious surrender was evident when she chose to enter a plea of guilt. She stated that she fully surrendered her life and the outcome of the trial to God and was willing to go to jail if that was God’s will.

On this point, there are three components of resilience that stem from faith, namely support structures, gratitude, and finding meaning and purpose in life (Ögtem-Young, 2018). The contextual factors that played a pivotal role in promoting and maintaining resilience in Ellen’s story were her support structure and her involvement in the church. Ellen did not have an immense support structure in childhood, but Odneal was her stabilising factor later in life. Odneal supported Ellen with Abie’s addiction and the violence that accompanied his addiction. He also supported her throughout the trial. Another contextual factor that fostered her resilience after the trial is the amount of support she received from the public. Individuals such as Daryne Joshua, the director of the film *Ellen*, became part of her support structures after Abie’s death. Ellen became involved in various community projects that also contributed to her support and sense of belonging. Ellen’s regular attendance at church established her faith and provided her with a sense of community, a sense of belonging, gratitude, hope and purpose in life. Not only did Ellen gain an immense support structure after Abie’s death, but she also discovered her purpose and meaning in life through community service and her role as a motivational speaker in the community of Lavender Hill.

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Perhaps Ellen's unwavering faith in God gave her life meaning and directed her to forgiveness and created in her a sense of hope during these hardships.

The resiliency process model indicates that an individual can experience disequilibrium if stressors or challenges are not balanced by external environmental, social, biological, spiritual and cognitive resilience factors (Flach, 1988; Richardson et al., 1990). This model also suggests that various levels of reintegration can occur, for instance: 1) resilient reintegration or a higher state of resiliency and strength; 2) homeostatic reintegration or the same state before the stressor; 3) maladaptive reintegration or a lower state of reintegration; and 4) a dysfunctional reintegration or a major reduction in positive reintegration (Richardson et al., 1990). During gradual exposure to challenges and stressors, the individual learns short- and long-term coping techniques that will assist them to bounce back with resilient reintegration (Nel, 2014).

It is important to note that Ellen's act of taking her son's life is not regarded as a resilient act. In the moment she might have felt overwhelmed and feared that the horror of living with an addict is not going to subside. As a result, many will doubt Ellen's capacity for resiliency. However, it is important to emphasise that the concept of resilience is regarded as both an outcome and a process. Hence, Luthar (2006) emphasise that a child may display resilience in one domain while experiencing dysfunction in another domain. Southwick et al. (2014) stated that resilience may fluctuate; therefore, resilience and psychological or emotional disturbance can co-exist in an individual. It is important to acknowledge the dysfunction or psychological and emotional disturbances such as depression, dissociation, anxiety and PTSD that Ellen experienced despite the resilient outcome of her ordeal. Ellen's life story is an example of how a higher state of resilience and strength can occur amid stressors and challenges. Ellen experienced numerous stressors such as sexual abuse, child neglect, physical abuse, domestic violence, a miscarriage, death of her son, her son's

methamphetamine addiction, death of her grandson, and three divorces. During the gradual exposure to these stressors, it may be argued that Ellen learned valuable long- and short-term coping skills that contributed to her resilience and enabled her to last several years before reaching a breaking point (Nel, 2014; SAMHSA, 2014). Her long- and short-term coping skills included emotional regulation, social support, and problem-solving skills. Ellen thrived, matured and increased her competence amid adversity and utilised her traumatic experience for psychological growth. She displayed resilience by acting as a motivational speaker and being open and vulnerable when sharing her life story. She also actively participated in the “paint project”. The “paint project” was directed towards skills development and creating job opportunities for the youth in the community. Ellen also utilised the paint that was donated to change the physical environment of the community by painting community members’ houses. She also became a social activist and worked with the local Silvertown Baptist Church to fight drug addiction by intervening with substance users and supporting rehabilitated drug addicts. Ellen successfully adapted after every traumatic experience she encountered, which makes her a resilient individual. To conclude, it was the combination of internal characteristics such as emotional, behavioural and religious strengths and environmental factors such as her social support and her involvement in church that promoted a resilient outcome in Ellen’s story.

5.5. Implications of the Findings

The findings of the study provide a comprehensive understanding of Ellen’s traumatic life experiences and that as a caregiver of a methamphetamine addict in the context of the Cape Flats. The study also indicates the implications of prolonged abuse for the development of an individual through Kümpfer’s (2002) transactional resilience model and Baltes’ (1987) theory on lifespan development. The findings of the study also highlight the internal and contextual factors that fostered resilience in the face of adversity. Hence, the findings of the

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study enable psychologists to formulate cases and lay the foundation for interventions for caregivers of methamphetamine addicts by identifying resilience, risk, and protective factors. The findings of the study may contribute to critical gender studies and highlights the social inequalities in South Africa. The study may further assist with policy-level awareness or prevention of gender-based violence, and the criticism and increased hostility against abuse and violence survivors.

5.6. Conclusion

This study explored and described the life story of Ellen Pakkies, who lived in an environment that posed various risk factors, such as substance abuse, poor community infrastructure, an ineffective criminal justice system, and poor accessibility and referral to mental health care organisations, which played a pivotal role in the stressors and challenges she experienced. The overarching aim of this study was to describe and interpret the development process of Ellen Pakkies across her lifespan and thereby comprehend her traumatic life experiences as a child victim of abuse and as the caregiver of a methamphetamine addict, as well as the resilient outcome in her story. This allowed the researcher to integrate the life story of Ellen Pakkies with the framework of Kümpfer's (2002) transactional resilience model and Baltes' (1987) theory on lifespan development. This study indicates the immense impact of prolonged abuse on different aspects of Ellen's development and the need for psychological intervention in impoverished communities such as Lavender Hill. Regardless of the immense adversity, various risk factors and Ellen's limited support structure, she displayed resilience. The combination of Ellen's internal traits such as her emotional, behavioural, and religious strengths and environmental factors such as her social support system and her church involvement promoted a resilient outcome in her story.

5.7. Limitations

While there was enough literature available on Ellen's life story, detailed information was excluded from the book *Dealing in Death*, as Ellen did not want her story to be told in great detail. Thus, the absence of rich biographical information, the psychological evaluation report and certain court evidence may have impacted the accuracy and the completeness of the data acquired for psychological interpretation. Another limitation was that certain parts of the information were unclear and needed clarification as to date, time and context, which could have also influenced the accurate interpretation of the data.

5.8. Recommendations for Future Research

While the study provided initial answers to Ellen's development process over her lifespan and the resilience she displayed in adversity, the researcher recommends that a related study be conducted in the future on a larger scale. A doctoral thesis might provide a more in-depth comprehension of the intricacies of the research subject and thus do more justice to the complicated nature of such a project.

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Appendix A: Ethics Approval Letter



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

08 December 2020

Dear Dominique Serfontein

NHREC Registration # :
Rec-240816-052
CREC Reference # : 2020-
CHS -64120635

Decision:
Ethics Approval from 08 December
2020 to 31 December 2024

Researcher(s):

Dominique Serfontein

E-mail: Dominique.serfontein@yahoo.co.za

Supervisors: Dr G. Ismail & Prof A. Van Niekerk

Title: A psychobiographical study of the heart-wrenching life story of Ellen Pakkies and her fight against methamphetamine

Degree purpose: Masters

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years.

The *Negligible risk application* was reviewed and expedited by College of Human Sciences Research Ethics Committee, on **08 December 2020** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.




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3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date (**08 December 2024**). Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number 2020-CHS-64120635 should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.

Yours sincerely,

Signature : 

Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Signature : PP 

Prof K. Masemola
Executive Dean : CHS
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Appendix B: Letter to Request Court Transcripts



Dear Director of the Wynberg Regional Court,

My name is Dominique Serfontein, and I am doing research with Dr Ghouwa Ismail, a lecturer at the Institute for Social and Health Sciences and Prof Van Niekerk, a Professor at the Institute for Social and Health Sciences towards a Master's in General Psychology at the University of South Africa.

WHAT IS THE PURPOSE OF THE STUDY?

The overarching aim of this study was to describe and interpret the unique and complex development process of Ellen Pakkies across her lifespan and to understand her experiences as a caregiver of a methamphetamine addict. Ellen Pakkies' trial took place at the Wynberg Regional Court in Cape Town.

I would therefore, like to request court transcripts on Ellen Pakkies' trial that started on 24 October 2007 to assist with an in-depth understanding of Ellen Pakkies' life and development. The primary purpose of this study is to use the biographical data of Ellen Pakkies to help strengthen case formulation on the unique experiences of caregivers of methamphetamine users in the context of the Cape Flats and to identify protective factors that enhance resilience in the face of such adversity I believe that my study can make a tremendous contribution and would highly appreciate it if you could assist me.

Yours sincerely

Dominique Serfontein



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A PSYCHOBIOGRAPHICAL STUDY OF ELLEN PAKKIES

G.P.-S. 3-00724 J33

To: THE CONTRACTOR: TRANSCRIPTION
 Aan: DIE KONTRAKTEUR: TRANSKRIPSIE C 142977

Kindly supply me with the required number of copies of the undermentioned case which is mechanically recorded. The copies are needed for the purpose of an *APPEAL/JAIL APPEAL/PREPARATIONARY EXAMINATION/REVIEW/TEST JUDGMENT/CIVIL CASE/OTHER (specify).....
 Geliewe my van die voorgeskrewe getal afskrifte in die ondervermelde saak wat meganies genoteer is, te voorsien. Die afskrifte word benodig vir doeleindes van 'n *APPEL/TRONKAPPEL/VOORLO-PIGE ONDERSOEK/HERSIENING/TOETSUITSPRAAK/SIVIELE SAAK/ANDER (spesifiseer).....

Requested by Court Manager

Date 23/02/2021 Case No. SHL 151/08
 Datum 23/02/2021 Saak No. SHL 151/08

State versus Ellen Pakkies
 Staat teen Ellen Pakkies

Number of recording tapes three (3) discs + four (4) tapes
 Getal opnamebande three (3) discs + four (4) tapes

Remarks One complete copy
 Opmerkings One complete copy

Date stamp Datumstempel	2021 -01- 23
WYNBERG COURT CRIMINAL SECTION	

[Signature]
 Clerk of the Court/Klerk van die Hof

* Delete whichever is not applicable/Skrap wat nie van toepassing is nie.

G.P.-S. 3-00724 J33

To: THE CONTRACTOR: TRANSCRIPTION
 Aan: DIE KONTRAKTEUR: TRANSKRIPSIE C 142978

Kindly supply me with the required number of copies of the undermentioned case which is mechanically recorded. The copies are needed for the purpose of an *APPEAL/JAIL APPEAL/PREPARATIONARY EXAMINATION/REVIEW/TEST JUDGMENT/CIVIL CASE/OTHER (specify).....
 Geliewe my van die voorgeskrewe getal afskrifte in die ondervermelde saak wat meganies genoteer is, te voorsien. Die afskrifte word benodig vir doeleindes van 'n *APPEL/TRONKAPPEL/VOORLO-PIGE ONDERSOEK/HERSIENING/TOETSUITSPRAAK/SIVIELE SAAK/ANDER (spesifiseer).....

Date _____ Case No. _____
 Datum _____ Saak No. _____

State versus _____
 Staat teen _____

Number of recording tapes _____
 Getal opnamebande _____

Remarks _____
 Opmerkings _____

Date stamp Datumstempel	
----------------------------	--

Clerk of the Court/Klerk van die Hof

* Delete whichever is not applicable/Skrap wat nie van toepassing is nie.

Appendix C: List of Data Sources

- **Court transcript**

<https://drive.google.com/drive/folders/1T4O-vDJakOTNseSAt25DdmSyTpAY6fml?usp=sharing>

- **Ellen Pakkies in Paarl – Part 1**

<https://www.youtube.com/watch?v=C06eczmbE40>

- **Ellen Pakkies in Paarl – Part 2**

https://www.youtube.com/watch?v=nyCgj8r8H_o

- **Ellen Pakkies on 702 with Azania Mosaka**

<https://www.youtube.com/watch?v=MYWX7JfwTlw>

- **Ellen Pakkies on Jacaranda**

<https://www.jacarandafm.com/2018-year-review/exclusive-ellen-pakkies-speaks-rian-van-heerden-about-die-ellen-pakkies-storie/>

- **Dealing in Death**




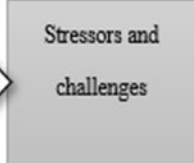

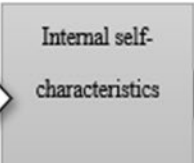

Walker, S. (2018). *Dealing in death: Ellen Pakkies and a community's struggle with Tik*. Cape Town, SA: Zebra Press. (Amazon)

- **Transcriptions of Ellen's interviews**

https://drive.google.com/drive/folders/184SzKTsdWqzQpFVHiV7dmQIY2VHTnPM_?usp=sharing

Appendix D: Codes, Thematic Domains, Themes

Table 3
Codes, Thematic Domains, Themes 1

Codes	Thematic domains	Themes	Subthemes
<ul style="list-style-type: none"> • Illicit drug abuse • Drug trafficking • Exploring avenues • Hostile environment • Ineffective criminal justice system • Lack of support structures • Lack of access to therapy • Lack of appropriate schools • Lack of education on addiction • Lack of recreational facilities • Socio-economic factors 			<ol style="list-style-type: none"> 1. Poor infrastructure 2. Substance abuse in Lavender Hill 3. Ineffective criminal justice system 4. Poor accessibility and referral to mental health care organisations
<ul style="list-style-type: none"> • Peer rejection • Rejection by teachers • Dissociation • Domestic violence • Emotional abuse • Physical abuse • Emotional exhaustion • Fear • Financial abuse • Sexual abuse • Verbal abuse • Abandonment by father • Child abuse • Child neglect 			<ol style="list-style-type: none"> 1. Childhood trauma 2. Multifaceted abuse 3. Dissociation 4. Chronic fear
<ul style="list-style-type: none"> • Religion • Character • Integrity • Forgiveness • Accepting responsibility 			<ol style="list-style-type: none"> 1. Spiritual strengths 2. Behavioural Strengths 3. Emotional Strengths
<ul style="list-style-type: none"> • Emotional support • Problem-solving skills • Emotional control 			<ol style="list-style-type: none"> 1. Emotional regulation 2. Social support 3. Problem-solving skills


Appendix E: Editing


Dr. JACKIE DE VOS 

Academic copy editor / Akademiese teksredakteur

BA (Psychology & Communication studies), BAHons (Psychology) (NWU)
MEd, PhD (Educational Psychology) (NWU)
BAHons (Translation) (UNISA)
MA (Linguistics) (UNISA)
•••
BA (Sielkunde & Kommunikasiestudies), BAHons (Sielkunde) (NWU)
MEd, PhD (Opvoedkundige Sielkunde) (NWU)
BAHons (Vertaalkunde) (UNISA)
MA (Linguistiek) (UNISA)

 072 435 8024

 Jackie de Vos

 acadwritingconsult@icloud.com

EDITING

26 February 2022

To whom it may concern

This letter serves to confirm that the following dissertation was edited (January 2022 through February 2022):

A Psychobiographical Study of The Life Story Of Ellen Pakkies

The onus is on the client(s) to work through the proposed track changes and to accept or reject proposed changes. Clients might amend/re-work or add to the content during and after the editing process which may introduce errors. Clients should make certain that all sources/references have been cited and that they are satisfied with the final manuscript before submitting.