

Exploring the perceptions of psychiatric patients regarding marijuana use

LA SEHULARO

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Supervisor: Dr E du Plessis

Co-supervisor: Miss B Scrooby

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“I thank you, Lord, with all my heart”

Psalm 138:1

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ABSTRACT

There is little understanding of marijuana use by psychiatric patients, specifically regarding the issue why they continue smoking marijuana in spite of the negative consequences, such as being readmitted to psychiatric hospitals due to a diagnosis called marijuana-induced psychosis. Therefore, it is important to understand why psychiatric patients continue to use marijuana, despite experiencing its negative effects on their condition.

From the above background, the researcher identified the need to explore and describe the perceptions of psychiatric patients regarding marijuana use in Potchefstroom, North-West Province. The exploration and description of these psychiatric patients' perceptions regarding marijuana use will provide insight into more appropriate care and treatment in order to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis.

A qualitative, exploratory, descriptive and contextual research design was followed in order to give 'voice' to the perceptions of psychiatric patients regarding marijuana use. Purposive sampling was utilised to identify participants who complied with the set selection criteria. The sample size was determined by data saturation, which was reached after ten individual interviews with psychiatric patients. Unstructured individual interviews were utilised to gather data after written approval from the research ethics committee of the North-West University (Potchefstroom campus), North-West Provincial Department of Health, the clinical manager of the psychiatric hospital where data were collected, as well as from the psychiatric patients. After the co-coder and the researcher of the study analysed the data independently, a meeting was scheduled to reach consensus on the categories and subcategories that emerged from the data.

The findings of this study indicated perceptions that psychiatric patients have on: the use of marijuana, the negative effects of marijuana use, marijuana use and mental illness, and stopping the use of marijuana. From this results it seems that although some patients

realise that stopping the use of marijuana might be difficult, some patients want to walk the extra mile by helping other people to stop smoking marijuana. It is of specific interest that psychiatric patients seem to expect external groups to take responsibility on their behalf to terminate the use of marijuana, namely: foreigners, the police and the Rastafarians.

From the findings, literature and the conclusions of this study, recommendations in the fields of nursing education, nursing research as well as nursing practice were made.

Key words: Perceptions, psychiatric patients, marijuana, psychosis and marijuana-induced psychosis.

OPSOMMING

Daar is min insig in die gebruik van marijuana deur psigiatriese pasiënte, spesifiek met betrekking tot die kwessie waarom hulle aanhou om marijuana te rook ten spyte van die negatiewe gevolge, soos om hertoegelaat te word tot psigiatriese hospitale as gevolg van 'n diagnose genoem marijuana-geïnduseerde psigose. Dit is dus belangrik om te verstaan waarom psigiatriese pasiënte aanhou om marijuana te gebruik ten spyte daarvan dat hulle die negatiewe effekte daarvan op hulle toestand waarneem.

Vanuit hierdie agtergrond het die navorser die behoefte geïdentifiseer om die persepsies van psigiatriese pasiënte in verband met die gebruik van marijuana in Potchefstroom in die Noordwesprovinsie te verken en te beskryf. Die verkenning en beskrywing van hierdie psigiatriese pasiënte se persepsies oor die gebruik van marijuana sal insig bring in meer toepaslike sorg en behandeling om sodoende die hertoelatings van psigiatriese pasiënte te wyte aan marijuana-geïnduseerde psigose te verminder.

'n kwalitatiewe, verkennende, beskrywende en kontekstuele navorsingsontwerp is gevolg om 'n 'stem' te gee aan die persepsies van psigiatriese pasiënte se persepsies aangaande die gebruik van marijuana. Doelgerigte steekprattening is gebruik om deelnemers te identifiseer wat sou voldoen aan die voorgeskrewe seleksiekriteria. Die steekprattengroottes is bepaal deur dataversadiging, wat bereik is na tien individuele onderhoude met die psigiatriese pasiënte. Ongestruktureerde individuele onderhoude is gebruik om data te versamel ná geskrewe toestemming van die Komitee vir Navorsingsetiek van die Noord-Wes Universiteit (Potchefstroom Kampus), Noordwes Provinsiale Departement van Gesondheid, die Kliniese bestuurder van die psigiatriese hospitaal waar die data versamel is, sowel as van die psigiatriese pasiënte. Nadat die medekodeerder en die navorser van die studie die data onafhanklik van mekaar geanaliseer het, is 'n vergadering geskeduleer om konsensus te bereik oor die kategorieë en subkategorieë wat uit die data na vore gekom het.

Die bevindings van hierdie studie het die persepsies wat psigiatriese pasiënte het oor: die gebruik van marijuana, die negatiewe effekte van die gebruik van marijuana, die gebruik van marijuana en psigiatriese toestande en die staking van die gebruik van marijuana aan die lig gebring. Uit hierdie resultate het geblyk dat hoewel sommige pasiënte besef het dat om die gebruik van marijuana te staak, moeilik kon wees, sommige pasiënte die ekstra myl sou loop deur ander mense te help om die gebruik van marijuana te staak. Dis van spesifieke belang dat psigiatriese pasiënte skynbaar van buitengroepe verwag om die verantwoordelikheid namens hulle te neem om die gebruik van marijuana te termineer, naamlik vreemdelinge, die polisie en die Rastafariërs.

Op grond van die waarnemings, literatuur en gevolgtrekkings van hierdie studie is aanbevelings gedoen op die terrein van verpleegonderwys, verpleegnavorsing sowel as die praktyk van verpleegkunde.

Sleutelwoorde: Persepsies, psigiatriese pasiënte, marijuana, psigose en marijuana-geïnduseerde psigose.

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CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Marijuana is defined by Robbins *et al.* (2005:481) and Karnel (2007:187) as a psychoactive drug (that is, affecting the mind) made from the leaves, flowers, stems and seeds of the *cannabis sativa plant*. The drug is usually rolled with cigarette paper into a “joint” or “reefer” and smoked like a cigarette or in a pipe. The Oxford Advanced Learner’s Dictionary (2005:901) refers to marijuana as a drug, illegal in many countries, which gives the person smoking it a feeling of being relaxed. According to Robbins *et al.* (2005:479), Kaplan and Sadock (2003:424) as well as Karnel (2007:187) there are over two hundred street names for marijuana including “*pot*”, “*grass*”, “*herb*”, “*boom*”, “*weed*”, “*tea*”, “*mary jane*”, “*gangster*” and “*chronic*”. In South Africa, the common names for marijuana are “*dagga*”, “*ganja*”, “*intsango*”, “*stuff*”, “*matekwane*”, “*kaya*” or “*Durban poison*” (Perkel, 2005:25; Baumann, 1998:230).

The use of this illegal drug has a long history. For example, the Chinese evidently used marijuana 27 centuries BC (Safarino, 2006:188). In addition, DENOSA (2008:54), Graham and Maslin (2001:26) as well as Safarino (2006:188) point out that marijuana use is an international, national and local problem. Selvanathan and Selvanathan (2005:109) pointed out that though marijuana is illegal and problematic, about 2.5% of the world’s population use or abuse it. Studies have shown that nearly half of the American population tries marijuana before they graduate from high school, and these people are more likely to use marijuana and other drugs if their parents and friends use mood altering substances, such as alcohol and marijuana (Safarino, 2006:189). Cowan (2008:1) confirms that marijuana can adversely affect all users, not just those in high risk categories like the young or those susceptible to mental illness, as previously thought, and that increased smoking of marijuana leads to increased brain cell destruction. In South Africa, Madu and Matla (2002:2) point out that marijuana use and abuse, especially among the youth, have been identified as important issues to be dealt with, in improving the health and economy of South Africa. The present study was specifically

conducted to gain information to improve the mental health of psychiatric patients admitted at a psychiatric hospital due to marijuana-induced psychosis.

Focusing on psychiatric patients, Graham and Maslin (2001:262), Roos *et al.* (2006:99) as well as Brink *et al.* (2003:8) point out that marijuana is second to alcohol, the most commonly reported substance abused by psychiatric patients. Atakan (2008:14) supports the notion that marijuana use is more common among people with severe mental illness than among the general population. This has detrimental effects on the course of the illness, physical health and social life of users, as well as being a financial burden on health services. In addition, in South Africa, it seems that over fifty percent of psychiatric patients use marijuana (DENOSA, 2008:54). These psychiatric patients seem to be using marijuana as a substance specifically because it is cheap, easily available and easy to grow in South Africa (Perkel, 2005:25). The results of this study also confirm that psychiatric patients obtain marijuana easily, as discussed in Chapter 3. Although marijuana is an illegal drug, Selvanathan and Selvanathan (2005:117) point out that there are many suppliers of marijuana to psychiatric patients, and the major suppliers seem to be their friends and relatives. Patients might also obtain marijuana illegally through dealers and by growing marijuana themselves.

Although marijuana is mostly obtained illegally, Stuart and Loraia (2001:498) point out that there are supporters of the legalisation of marijuana. For example, ANON (2010:8) mentions that the citizens of California voted to legalise marijuana. However, the majority of the voters were against legalisation of marijuana. In America, these supporters say that penalties for smoking marijuana are too severe and that marijuana is no more harmful than legal substances such as alcohol and nicotine (Stuart & Loraia, 2001:498). Additionally, Bernstein *et al.* (1999:248) emphasised that psychiatric patients in London perceived marijuana as a recreational drug that is not addictive and have fewer harmful effects than alcohol. On the other hand, marijuana use is perceived as a menace that leads to abuse of more dangerous drugs and to criminal behaviour. In South Africa marijuana is an illegal drug, as confirmed by Perkel (2005:25), namely that “*it wasn’t until 1928, when South Africa formulated the Medical, Dental and Pharmacy Act No. 13,*

that marijuana became illegal. In 1971, the Abuse of Dependence Producing Substances and Rehabilitation Centers Act, No. 41 made the usage of marijuana punishable with a maximum penalty for first conviction of up to ten years imprisonment, and dealing up to fifteen years. In 1992, the Drugs and Drug Trafficking Act, No. 140 of 1992 made the usage of marijuana punishable for up to fifteen years imprisonment, and dealing up to twenty five years”.

In addition to the above, Zammit (2007:319) mentions that this debate on the legality of marijuana is linked to the debate on whether marijuana causes psychosis or it can cause a person to be admitted as a psychiatric patient. Again, whether in fact some cases of psychiatric patients’ admission due to marijuana-induced psychosis could have been prevented if marijuana use had been eliminated, is still to be proven (Perkel, 2005:28). At the same time, literature on this topic reveals that there is little consensus on whether marijuana causes psychosis or not and even on the topic of whether marijuana is addictive or not. However, the consensus is that marijuana use is high and problematic for psychiatric patients (Chaudhury *et al.*, 2005:120; Graham & Maslin, 2001:262). Stuart and Loraia (2001:498) as well as Brink *et al.* (2003:7) state for example that marijuana precipitates psychosis when used by schizophrenic patients, while marijuana does not appear to lead to psychosis in non-schizophrenic patients. Gelder *et al.* (1999:287) add that some psychiatric patients develop an acute psychosis while consuming large amounts of marijuana, recovering quickly when the drug is stopped. In these cases, however, it is uncertain whether marijuana caused the psychosis or whether the increased use of marijuana was a response to early symptoms of psychosis from a different cause (Gelder *et al.*, 1999:287). This causal relationship between marijuana use and psychosis is evident when looking at current patterns in the admission of psychiatric patients.

Ramphomane (2005:5) mentions that in South Africa, most young male patients admitted with a psychotic clinical picture, have a history of use or abuse of marijuana. However, this clinical pattern is difficult to discern, as the information on the use and or abuse of marijuana provided by psychiatric patients is generally found to be unreliable, to a point

that it must be verified by urine analysis for marijuana (Roos *et al.*, 2006:103). In the researcher's experience, as well as according to Karnel (2007:118), psychiatric patients deny smoking marijuana specifically because marijuana is an illegal substance. In a psychiatric hospital in Potchefstroom, North-West Province, where the researcher is working, urine for marijuana testing is collected from all patients who are admitted, as it was found that they deny the fact that they smoke marijuana. What is most interesting is the fact that even if the results for marijuana testing are positive, psychiatric patients still deny that they smoke marijuana.

However, Barlow and Durand (1995:494) point out that research on psychiatric patients who do identify themselves as frequent marijuana users suggests that impairment of memory, concentration, motivation, self-esteem, relationships with others and employment are common negative outcomes of long-term marijuana use, while chronic users who stop taking marijuana will report a period of irritability, restlessness, appetite loss, nausea and difficulty in sleeping. Nevid *et al.* (2003:320) mentioned that strong intoxication resulting from marijuana use can cause psychiatric patients to become disorientated, while patients may also perceive time as passing more slowly, and if their moods are euphoric disorientation may be construed as "harmony with the universe". Some smokers are frightened by this disorientation and fear that they will not get well, and the high levels of intoxication occasionally induce nausea and vomiting (Nevid *et al.*, 2003:320). According to Gelder *et al.* (2006:463) there has also been concern that marijuana use in teenage psychiatric patients might increase the risk of depression, particularly in females.

Barlow and Durand (1995:496) continue by pointing out that marijuana's positive effects on mood, perception, and behaviour have caused psychiatric patients to continue smoking despite obvious negative consequences. Additionally, Marcus *et al.* (2004:6) as well as Anon (2001) believe that psychiatric patients find it very difficult to quit marijuana use or abuse because most of them are already addicted. According to ANON (2008:1), marijuana addiction is a phenomenon experienced by more than 150, 000 individuals each year who enter treatment for their proclaimed addiction to marijuana. Marijuana

addiction is characterised as a compulsive, often craving, seeking, and use, in spite of the negative consequences such as that the psychiatric patient knows that marijuana might trigger psychosis. This is however a complex phenomenon, for example, Buddy (2009:1) points out that the majority of psychiatric patients smoking marijuana do not develop marijuana addiction, while some psychiatric patients do develop all the symptoms of an actual addiction after chronic marijuana use. This complex phenomenon, termed “dual diagnosis” presents a challenge to mental health care providers (Hanson, 2010). Dual diagnosis implies that the patient has two psychiatric diseases that influence one another in a complex manner, and which both need treatment. In order to deal effectively with dual diagnosis, mental health care services must treat the problems of mental illness and addiction in a comprehensive manner (Hanson, 2010).

In such a comprehensive programme, namely the Holistic Addiction Treatment Program (2008), the view is held that people, including psychiatric patients, addicted to substances, must be helped to take the first steps toward breaking the addiction, admitting to the problem and entering rehabilitation or treatment. In addition, Goldman (2000:219) confirms that it is important to help psychiatric patients dependent on marijuana to understand that abstinence from marijuana use is the most critical aspect of recovery.

In conclusion of the above information, marijuana is an illegal drug, and although marijuana use is penalised, there are supporters of legalisation of marijuana. Even though possession and the use of marijuana is illegal, it is used by many people and also used by psychiatric patients. Psychiatric patients are affected negatively by smoking marijuana, for example, they experience disorientation, hallucinations, delusions and aggression. Additionally, these psychiatric patients deny using marijuana, and the use of marijuana has to be verified by a urine test. In this case, a well-planned comprehensive and professional intervention for marijuana use is needed.

1.2 PROBLEM STATEMENT

The researcher's experience, as a psychiatric nurse himself in Potchefstroom, North-West Province, confirms that most psychiatric patients admitted with a psychotic clinical picture have a history of use or abuse of marijuana, and this information is confirmed by urine analysis for marijuana. Literature confirms that dual diagnosis patients (simultaneously diagnosed with a psychiatric condition and substance use, in this case marijuana use) currently account for more clinical admissions than single diagnosis patients (Watzl, 2008:1). These patients' diagnosis because of marijuana use where the researcher is working is called "marijuana-induced psychosis". In line with Lobelo (2004:3) when the mental health of these psychiatric patients has improved, they are discharged or are granted leave of absence. The researcher has also realised that within a month or two, it often happens that these psychiatric patients are admitted again because of marijuana-induced psychosis. According to the relatives who bring them back, these psychiatric patients smoke marijuana even on their first day of discharge, until they become aggressive again or they are problematic at home and are finally admitted to the psychiatric ward again due to marijuana-induced psychosis.

The researcher's interest in marijuana use by psychiatric patients started when he was working at a psychiatric outpatient department (OPD) in Potchefstroom, North-West Province. Psychiatric patients were coming fortnightly or monthly to collect their treatment. These patients' urine is collected on every visit, for testing marijuana use. When the outpatient department (OPD) receives the results of the test for marijuana after two or three days, the results are always positive for marijuana. In an attempt to prevent readmission of psychiatric patients due to marijuana-induced psychosis nurses of all categories, that is, an operational manager, professional nurses, staff nurses as well as assistant nurses are giving comprehensive quality nursing care including health education on the danger or consequences of marijuana use and on rehabilitation. Baumann (1998:230) supports the idea that psychiatric patients should be educated about the effects of marijuana use and be helped to examine the advantages and disadvantages of continued use in order to reduce the readmissions due to marijuana-induced psychosis.

The researcher has also realised that most psychiatric patients then undertake to quit smoking marijuana, while some patients, like Rastafarians, state their unwillingness to quit smoking marijuana because marijuana is part of their belief system. However, the majority of psychiatric patients state their willingness to quit smoking marijuana, even though the readmission rate remains high.

The above discussion highlights the gap: that there is still little understanding of marijuana use by psychiatric patients, specifically in this case, their perceptions on marijuana use and why they continue smoking marijuana in spite of negative consequences, such as being readmitted to psychiatric hospitals due to a diagnosis called marijuana-induced psychosis. Atakan (2008:14) further mentions that it is important to understand why some people with severe mental illness continue to use marijuana, despite experiencing its effects on their condition.

Moreover, this gap is evident from studies on the use of marijuana by psychiatric patients (Mattick & McLaren, 2006; Perkel, 2005; Koen *et al.*, 2009; Satyanarayana, 2009; Peltzer & Ramlagan, 2007). None of these studies was conducted in Potchefstroom, North-West Province, by a psychiatric nurse working with psychiatric patients who are admitted with marijuana-induced psychosis on a daily basis. From the findings and recommendations of these studies, it seems that the psychiatric patients' perceptions regarding marijuana use has not been explored deeply. Only one of these studies, namely the study by Ramphomane (2005), has been conducted in the North-West Province, at Mafikeng. In her conclusion, Ramphomane (2005:34) mentions that there is an ongoing need to identify causative and curative factors of marijuana use by psychiatric patients in an effort to reduce this tremendous loss of our resources, particularly our youth. However, she further mentioned that despite some grand efforts, including a number of drug prevention seminars and conferences, marijuana use by psychiatric patients continue to be a major social problem in South Africa, hence the need for further research.

The present study will therefore attempt to explore and describe in depth, the perceptions of psychiatric patients regarding marijuana use in Potchefstroom, North-West Province.

The exploration and description of these psychiatric patients' perceptions regarding marijuana use will provide insight into more appropriate care and treatment in order to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis.

1.3 RESEARCH QUESTION

Bak (2004:21) and Brink (2006:80) state that the research question is similar to the research problem, except that the research question is stated in a question form. The research question leads to the formulation of the research purpose. In the context of this study, the research question is as follows:

- What are the perceptions of psychiatric patients regarding marijuana use?

1.4 RESEARCH PURPOSE

The purpose of this study is to explore and describe the perceptions of psychiatric patients regarding marijuana use as well as to make recommendations for nursing education, nursing research and nursing practice to ensure more appropriate care and treatment in order to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis.

1.5 PARADIGMATIC PERSPECTIVE

The paradigmatic perspective of this study guides research decisions and comprises of meta-theoretical, theoretical and methodological assumptions (Tomey & Alligood, 2006:124-125), and is discussed below.

1.5.1 META-THEORETICAL ASSUMPTIONS

The meta-theoretical assumptions for this study are based on the researcher's own view of man and world, as well as Ray's Theory of Bureaucratic Caring for Nursing Practice

(*in* Tomey & Alligood, 2006:124-125). The assumptions regarding nursing, person, health and environment are described as follows:

1.5.1.1 Nursing

Ray's Theory of Bureaucratic Caring for Nursing Practice (*in* Tomey & Alligood, 2006:124), refers to nursing as a holistic, relational, spiritual, and ethical caring that seeks the good of self and others and strives toward excellence in complex community, organisational and bureaucratic cultures. In this study, nursing refers to holistic caring for psychiatric patients admitted to a psychiatric hospital due to marijuana-induced psychosis and who has a history of marijuana use.

1.5.1.2 Person

The researcher, in line with Ray's Theory of Bureaucratic Caring for Nursing Practice (*in* Tomey & Alligood, 2006:125), views a person as a spiritual and cultural being. Persons are created by God (males and females), in God's image, and engage co-creatively in human organisational and transcultural relationships to find meaning and value. In this study, a person is a psychiatric patient admitted to a psychiatric hospital due to marijuana-induced psychosis and who has a history of marijuana use.

1.5.1.3 Health

Health is viewed by Ray's Theory of Bureaucratic Caring for Nursing Practice (*in* Tomey & Alligood, 2006:125), as a pattern of meaning for individuals, families, and communities. Health is not simply the consequence of a physical state of being. People construct their reality of health in terms of biology, mental patterns, characteristics of their image of the body, mind and soul, ethnicity and family structures, structures of society and community (political, economic, legal and technological), and experiences of caring that give meaning to lives in complex ways. The focus of this study is on the mental health of psychiatric patients, and what meaning they attach to marijuana use.

1.5.1.4 Environment

Ray's Theory of Bureaucratic Caring for Nursing Practice (*in* Tomey & Alligood, 2006:125) views environment as a complex spiritual, ethical, ecological, and cultural phenomenon. Nursing practice in environments embodies the elements of the social structure and spiritual and ethical caring patterns of meaning. The researcher believes that the environment belongs to God, and human beings have the task to care for this environment. For the purpose of this study, environment mainly refers to a psychiatric hospital where psychiatric patients are admitted due to marijuana-induced psychosis and who has a history of marijuana use.

1.5.2 THEORETICAL ASSUMPTIONS

The theoretical assumptions of this research include the central theoretical argument as well as the conceptual definitions of the major concepts applicable to this study.

1.5.2.1 CENTRAL THEORETICAL ARGUMENT

The exploration and description of the perceptions of psychiatric patients regarding marijuana use will provide insight into this phenomenon. Based on this insight, recommendations regarding appropriate psychiatric nursing care can be formulated in order to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis.

1.5.2.2 CONCEPTUAL DEFINITIONS

The conceptual definitions given in this study are as follows:

Perceptions, psychiatric patients, marijuana, psychosis and marijuana-induced psychosis.

Perceptions

Wood (2007:73) defines perception as an active process of creating meaning by selecting, organising and interpreting people, objects and other phenomena. Longman's Active Study Dictionary (2004:44) refers to perceptions as the way you think about something and your idea of what it is like or the way you notice and interpret things with your senses. In this study, perceptions refer to the meaning that psychiatric patients attach to marijuana use.

Psychiatric patients

The Mental Health Care Act (17 of 2002) (South Africa, 2002) refers to psychiatric patients as mental health care users receiving care, treatment, and rehabilitation services, or using a health service at a mental health care institution aimed at enhancing their mental health status. In this study, the term "psychiatric patients" refers to mental health care users admitted to a psychiatric hospital with a history of marijuana use and have the capacity to communicate their perceptions regarding marijuana use. These patients are admitted due to marijuana-induced psychosis.

Marijuana

Marijuana refers to a psychoactive and illegal drug, made from the leaves, flowers, stems and seeds of the *cannabis sativa plant* (Robbins *et al.*, 2005:481; Karmel, 2007:187; Oxford Advanced Learner's Dictionary, 2005:901). In this study, marijuana refers to an illegal drug which affects the psychiatric patients' mind and behaviour.

Psychosis and marijuana-induced psychosis

Psychosis refers to a state in which a person's mental capacity to recognise reality, to remember, think, communicate with others, respond emotionally and behave appropriately is impaired, thus interfering with the person's capacity to deal with life's

demands (Uys & Middleton, 2004:756). Furthermore, Canterbury District Health Board (2003) as well as Health24 (2000) mention that marijuana use or withdrawal can result in psychotic symptoms. Sometimes the symptoms of psychosis settle quickly but sometimes it is set off by drugs, such as marijuana, and symptoms can take a long time to settle, for example 48 hours (Russ, 2008:1, Harding, 2008:1).

The typical signs and symptoms of psychosis are loss of contact with reality, false beliefs, hallucinations, change in feelings, change in behaviour and disturbed speech (Canterbury District Health Board, 2003; Health24, 2000). In addition, Rey (2007) as well as Arehart-Treichel (2006) mention that psychiatric patients who smoke marijuana may experience psychosis after using this drug. When these psychiatric patients are admitted to psychiatric hospitals due to marijuana, their diagnosis is called “marijuana-induced psychosis” (Arehart-Treichel, 2006). The Canterbury District Health Board (2003) warns however, that when a psychiatric patient presents with psychosis it is difficult to make a diagnosis immediately. Therefore, it is often best to treat the symptoms without making a definite diagnosis. Another related concept, marijuana-induced psychosis, refers to an established psychiatric disorder in which a person loses touch with reality due to the use of marijuana and the symptoms persist for at least 48 hours (Russ, 2008:1, Harding, 2008:1). In this study, psychosis refers to a psychiatric patient’s inability to recognise reality or to deal with life’s demands, and the focus in this study is on “marijuana-induced psychosis”.

1.5.3 METHODOLOGICAL ASSUMPTIONS

The methodological assumptions of this research are based on the research model of Botes (1995:6) due to the fact that it is specifically developed for nursing research, such as this research on exploring the perceptions of psychiatric patients regarding marijuana use. The Botes model consists of three levels of nursing activities (Botes, 1995:6). These levels are discussed below.

The first level represents the nursing practice. In this research, the researcher, a professional nurse himself, identified a problem of marijuana use within the nursing practice in order to assist psychiatric nurses to gain insight in psychiatric patients' perceptions of marijuana use and consequently to more appropriate care and treatment in order to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis.

The second level involves nursing research. This nursing research is aimed at exploring and describing the perceptions of psychiatric patients regarding marijuana use to provide insight into this phenomenon. Based on this insight, recommendations regarding the appropriate psychiatric nursing care can be formulated in order to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis.

The third level consists of the paradigmatic perspectives of the researcher. The paradigmatic perspective of this study consists of meta-theoretical, theoretical and methodological assumptions, and it is discussed in detail in 1.5.

1.6 RESEARCH DESIGN AND METHOD

In this chapter, the research design and method will be discussed briefly and a detailed description will follow in Chapter 2.

1.6.1 Research design

A qualitative, exploratory, descriptive and contextual research design as explained by Burns and Grove (2005:44), Babbie and Mouton (2001:79,81,272), Blanche and Durrheim (2002:40), Treacy and Hyde (1999:37) as well as Brink (2006:31-48) was utilised in this study with the aim of exploring and describing the perceptions of psychiatric patients regarding marijuana use. This design is appropriate as it assisted the researcher to gain insight into psychiatric patients' perceptions of marijuana use. The research was conducted within the psychiatric ward where psychiatric patients are

admitted due to marijuana-induced psychosis, in Potchefstroom in the North-West Province.

1.6.2 Research method

The research method will be briefly described with attention given to the sampling, data collection, data analysis and literature control.

1.6.2.1 Sampling

Sampling was conducted as follows:

1.6.2.1.1 Population

The population of this study included a psychotic and stabilised psychiatric patients who were admitted due to marijuana-induced psychosis and have a history of marijuana use.

1.6.2.1.2 Sampling method

Purposive sampling was utilised in this study (Burns & Grove, 2005:352). This method was utilised to select psychiatric patients who complied with the selection criteria, and who voluntarily participated and signed a consent form.

1.6.2.1.3 Sample size

The sample size of this study was determined by data saturation (Burns & Grove, 2005:358). This data saturation was reached after interviews with ten psychiatric patients who were admitted to a psychiatric hospital with a history of marijuana use and diagnosed with marijuana-induced psychosis.

1.6.3 Data collection

The role of the researcher, physical environment as well as the method of data collection will be discussed in this section.

1.6.3.1 Role of the researcher

Prior to data collection, the researcher obtained written approval from the research ethics committee of the North-West University, Potchefstroom campus (Reference number NWU-00035-09-A1) (See Appendix A), and also obtained written approval from the North-West Provincial Department of Health (See Appendix B and C), the Clinical manager of the psychiatric hospital where data was collected (See Appendix D and E) and from the psychiatric patients who were admitted due to marijuana-induced psychosis (See Appendix F). The purpose and the importance of the research were explained to the psychiatric patients so as to obtain informed consent. The researcher also observed all ethical considerations throughout this study as described in chapter 2.

1.6.3.2 Physical environment

Interviews were conducted at a psychiatric ward where the psychiatric patients were admitted due to marijuana-induced psychosis, in order to ensure their privacy, comfort and confidentiality. Interviews were also conducted at a time that was convenient for both the researcher and the participants of the study.

1.6.3.3 Method

Unstructured individual interviews were used in this study to gather data from psychiatric patients regarding their perceptions of marijuana use. Interviews were conducted in a language that the participants and the researcher could understand, that is, English. Communication skills as described by Okun and Kantrowitz (2008:75-78) were utilised during the interviews. A sound recorder was also used to record interviews and the

recorded interviews were transcribed verbatim. The central question that was asked was: “What are your perceptions regarding marijuana use?”

1.7 Data analysis

Data analysis was done after reading through all transcribed interviews in order to get a sense of the whole. Data captured on audiotapes from the psychiatric patients were transcribed verbatim and analysed following Tesch’s eight steps of data analysis (Creswell, 1994:155).

1.8 LITERATURE CONTROL

A literature control was done only after collection and analysis of the data so that the information in the literature would not influence the researcher (Burns & Grove, 2005:95). After collection and analysis of the data, the findings were compared to relevant literature to determine similarities and differences. New findings obtained from this study were highlighted, as well as common findings found in other studies.

Literature was obtained through literature searches on articles, books and theses available via the Ferdinand Postma Library, North-West University, Potchefstroom Campus, the Internet as well as newspapers.

1.9 DIVISION OF CHAPTERS

This mini-dissertation on exploring the perceptions of psychiatric patients regarding marijuana use is divided as follows:

Chapter 1: Overview of the study

Chapter 2: Research design and method

Chapter 3: Results and Literature control

Chapter 4: Conclusions, Limitations and Recommendations

1.10 CLOSING REMARKS

This chapter comprised an overview of this study which includes the introduction, problem statement, research question, research purpose, paradigmatic perspectives as well as a short description of the research design and method that was followed in this study. The division of chapters was outlined. A detailed description of the research design and method is given in the next chapter.

CHAPTER 2: RESEARCH DESIGN AND METHOD

2.1 INTRODUCTION

The previous chapter comprised an overview of the introduction, problem statement, research question, research purpose and paradigmatic perspective as well as a brief description of the research design and method. This chapter comprises a detailed description of the research design and method followed in this study.

2.2 RESEARCH DESIGN

A qualitative, exploratory, descriptive and contextual research design as explained by Burns and Grove (2005:44), Babbie and Mouton (2001:79, 81, 272), Blanche and Durrheim (2002:40), Treacy and Hyde (1999:37) as well as Brink (2006:31-48) was utilised in this study with the aim of exploring and describing the perceptions of psychiatric patients regarding marijuana use.

2.2.1 QUALITATIVE

The qualitative research design is appropriate and effective in research aiming to explore and describe unfamiliar phenomena (Brink, 2006:113). For instance, the purpose of this study is to explore and describe the perceptions of psychiatric patients regarding marijuana use in Potchefstroom, North-West Province which seems to be an unknown field. Furthermore, nurse researchers conducting qualitative studies are contributing important information to the nursing body of knowledge that cannot be obtained by any other research design (Burns & Grove, 2005:52). For the context of this study, at the completion of the research project, information gained from this study will add important information to the field of psychiatric nursing.

2.2.2 EXPLORATIVE

A large proportion of social research, such as this research, is conducted to explore a topic, or to provide a basis of familiarity with that topic (Babbie & Mouton, 2001:79). Additionally, explorative research examines a phenomenon of interest, rather than simply observing and recording incidents of the phenomenon (Lobelo, 2004:20). For the context of this study, the phenomenon of interest is the perceptions of psychiatric patients regarding marijuana use. In addition, exploratory research designs should detail how the researcher plans to collect information and where he or she will look for this information (Blanche & Durrheim, 2002:40). The detailed plan of data collection of this study is given under the heading “Data collection method” (2.5.1).

2.2.3 DESCRIPTIVE

Many qualitative studies, including this study on exploring the perceptions of psychiatric patients regarding marijuana use, aim primarily at description (Babbie & Mouton, 2001:81). The purpose of descriptive research in this study is to describe the perceptions of psychiatric patients regarding marijuana use, in order to gain insight and inform psychiatric nursing care. The researcher described the perceptions of these psychiatric patients based on data obtained during data gathering. The method of data collection in this study will be explained in detail under the heading “Data collection method” (2.5.1).

2.2.4 CONTEXTUAL

The qualitative researcher has a preference for understanding events, actions and processes in a specific context. Some writers refer to this as the contextualist or holistic research strategy of qualitative research (Babbie & Mouton, 2001:272). In this study, the focus was on exploring the perceptions of psychiatric patients regarding marijuana use in a psychiatric ward of a psychiatric hospital in Potchefstroom, North-West Province. This context is explained in further detail.

2.3 CONTEXT

The staff of the psychiatric ward consists of one operational manager, five professional nurses, one staff nurse and eleven assistant nurses caring for a maximum of thirty patients. In most cases, out of 30 patients, between 15 and 20 patients are admitted due to marijuana-induced psychosis. Twelve or more of these patients are re-admissions. These patients are admitted for about six to eight weeks depending on their progress, and if their mental condition does not improve they are referred again to another psychiatric hospital for a longer period and further care. These psychiatric patients are admitted after referral from local general hospitals, where they were admitted for a maximum of a seventy-two hours observation period as prescribed by the Mental Health Care Act (17 of 2002) (South Africa, 2002), and then referred for further care, treatment and/or rehabilitation.

2.4 POPULATION

The target population of this study was psychotic and stabilised psychiatric patients who were admitted due to marijuana-induced psychosis and have a history of marijuana use.

2.4.1 SAMPLING METHOD, RECRUITMENT AND SAMPLING CRITERIA

Purposive sampling was utilised in this study (Burns & Grove, 2005:352). The advantage of purposive sampling is that it allows the researcher to select the sample based on knowledge of the phenomena being studied (Brink, 2006:134). For the context of this study, only psychiatric patients who are admitted due to marijuana-induced psychosis and have a history of marijuana use were selected to take part in this study. These psychiatric patients were recruited from a psychiatric ward in a psychiatric hospital in Potchefstroom, North-West Province. The recruitment was carried out with the assistance of the Operational Manager of a psychiatric ward who provides care for the psychiatric patients who are admitted due to marijuana-induced psychosis. Young (15 to 35 years of age) male psychiatric patients were recruited for this study due to the fact that, according to monthly ward statistics as well as relevant literature, such as Perkel (2005:26), young

male psychiatric patients constitute the majority of the patients admitted due to marijuana-induced psychosis. The researcher assured these psychiatric patients that their rights would be respected throughout this study.

The participants complied with the following selection criteria:

Participants were:

- admitted to a psychiatric ward with a history of marijuana use and diagnosed with marijuana-induced psychosis.
- tested positive for marijuana use by urine analysis for marijuana.
- able to communicate in English.
- willing to participate in the study, and given a written informed consent, after having been informed about the purpose of the study and the use of an audio-tape recorder.
- found to be a psychotic and stabilised based on the report of the multiprofessional team as well as the researcher's own assessment, absence of typical signs and symptoms and after psychosis was theoretically expected to have subsided. Sometimes the symptoms of psychosis settle quickly but sometimes it is set off by drugs, such as marijuana, and symptoms can take a long time to settle, for example 48 hours (Russ, 2008:1; Harding, 2008:1).

2.4.2 SAMPLE SIZE

The sample size of this study was determined by data saturation (Burns & Grove, 2005:358). This data saturation was reached after ten interviews with psychiatric patients

who were admitted to a psychiatric hospital with a history of marijuana use and diagnosed with marijuana-induced psychosis.

2.5 DATA COLLECTION

The data collection method, communication skills used during unstructured individual interviews as explained by Okun and Kantrowitz (2008:75-78), as well as the role of the researcher will be discussed in this section.

2.5.1 DATA COLLECTION METHOD

Unstructured individual interviews were used in this study to gather data from psychiatric patients on their perceptions regarding marijuana use. The researcher conducted unstructured individual interviews similar to a normal conversation (Brink, 2006:152), but with a purpose of exploring and describing the perceptions of psychiatric patients regarding marijuana use. Unstructured individual interviews were particularly appropriate for this study as it gave both the researcher and the participant the freedom to explore this relatively unknown phenomenon. It also is a method of choice to explore and describe perceptions, in this case the perceptions psychiatric patients attach to marijuana use. Some of the advantages of using unstructured interviews were that psychiatric patients need not be able to read and write, non-verbal behaviour and mannerisms were observed, and questions were clarified if misunderstood (Brink, 2006:147). The central question that was asked was: “What are your perceptions regarding marijuana use?” Depending on how the participants replied, the researcher invited them to add information or to clarify their initial response. Prompting questions were asked in order to encourage participants to elaborate further.

All interviews occurred at a time that was convenient for both the researcher and the participants. Interviews were conducted at the psychiatric hospital and the researcher maintained the privacy of the participants as much as possible, for example, only a participant and the researcher were allowed to enter the interview room. Interviews were

conducted in a language that both the participants and the researcher understand, that is, English. The researcher wrote field notes immediately after each interview (See Appendix I). These field notes were about personal reflections, methodological aspects and observations made by the researcher during the interviews like nodding of head, repetition, tone of voice and other mannerisms (Lobelo, 2004:26). A tape recorder was also used to record interviews. Recorded interviews were transcribed verbatim.

During the unstructured individual interviews, to encourage psychiatric patients to talk freely, the researcher used the following communication skills as described by Okun and Kantrowitz (2008:75-78).

- Minimal verbal response: these are verbal cues such as “mmmm,” or “I see,” which indicate that the researcher is listening and following what participants are saying.
- Paraphrasing: a verbal statement that restates the content of what the participant has said in another form with the same meaning.
- Reflecting: for the context of this study, reflecting refers to the researcher reacting to the psychiatric patient’s feelings or perceptions regarding marijuana use.
- Using questions: for the context of this study, the researcher asked an open-ended question. For example, “What is your view or perception regarding marijuana use?” This kind of question gave participants an opportunity to answer the way they chose.
- Clarifying: an attempt to get clarity on unclear statements, such as “I’m having trouble understanding your perceptions regarding marijuana use, please tell me more”.
- Interpreting: the researcher adds something to the participant’s statement or tries to help the participant understand his underlying perception regarding marijuana use.
- Confronting: providing the participant with honest feedback. For example, “It seems to me you blame other people for smoking marijuana”.

- Informing: The researcher shares objective and factual information with participants, such as “I know where you can get help on how to stop smoking marijuana”. This was only used at the end of the interview to avoid influencing the participant’s answer.
- Summarising: the researcher synthesises what has been said during the interview and highlights the major affective and cognitive themes.

2.5.2 THE ROLE OF THE RESEARCHER

Prior to data collection, the researcher obtained written approval from the research ethics committee of the North-West University, Potchefstroom campus (Reference number NWU-00035-09-A1) (See Appendix A), from the North-West Provincial Department of Health (See Appendix B and C), and the Clinical manager of the psychiatric hospital where data were collected (See Appendix D and E).

The researcher made every effort to explain the research to participants, especially the purpose of the study, before informed consent could be obtained from the psychiatric patients on a totally voluntary basis to be involved in the study. Signed consent forms were completed by the participants as a proof of voluntary and informed participation in this study (See Appendix F).

The researcher arranged interviews at a time that was convenient for both the researcher and the participants of the study. On the day of the interview, the researcher arrived before the participants to finally organise the room, check the lights and equipments to be used and arrange for refreshments. The researcher organised two tape recorders and additional batteries as a backup system in case of a power failure. The researcher ensured that the interview room was as comfortable as possible. The researcher organised for a counsellor on standby to assist participants in case they experience any emotional discomfort or harm during data collection (Brink, 2006:32).

When the researcher and the participant were ready, the researcher switched the audiotape recorder on and the interview started.

2.6 DATA ANALYSIS METHOD

After ten individual interviews with psychiatric patients who were admitted due to marijuana-induced psychosis, recurrent themes emerged and data saturation was assumed. Data analysis confirmed that data saturation was reached.

During the unstructured individual interviews, an audiotape recorder was used to record psychiatric patients' responses; therefore, these data were in the form of words. These recordings were then transcribed using specialised annotation in which, for example, in addition to spoken words, pauses, interruptions and overlaps of speech were marked (Treacy & Hyde, 1999:37). These helped to enrich data analysis. Tesch's eight steps of data analysis were utilised in this study (Creswell, 1994:155). The process ran as follows:

- 1) The researcher read carefully through all transcribed interviews to get a sense of the whole.
- 2) The shortest, interesting interview was read and analysed.
- 3) Words, phrases, statements that were related to "the perception of marijuana use", were underlined and written as the potential topics.
- 4) A list of all topics was made and similar topics were clustered together and arranged into major topics, unique topics and leftover topics.
- 5) Now this list was taken and the researcher went back to the remaining transcripts. Topics derived at in step four were abbreviated as codes and the codes were written next to appropriate segments of the texts in the remaining transcripts.
- 6) The most descriptive wording for the topics was found, turning topics into categories. Topics that related to one another were grouped together and lines were drawn between categories to show interrelationships in order to refine the categories further.

- 7) The data material belonging to each category was assembled as verification of categories. This data material is presented as quotes from interviews as part of the discussion of the findings in Chapter 3.
- 8) An interpretation of the meaning of the data was made and is presented as the discussion of the findings in Chapter 3.

A psychiatric nurse who is also experienced in qualitative research was appointed as an independent co-coder to analyse the data. After the co-coder and the researcher had analysed the data independently, a meeting was scheduled and consensus was reached on the categories and subcategories that emerged from the data. These categories and subcategories are described in detail in Chapter 3.

2.7 LITERATURE CONTROL

Literature control in this study was done after collection and analysis of the data so that the information in the literature did not influence the researcher (Burns & Grove, 2005:95). After collection and analysis of the data, a comparison was made between the relevant literature and the findings of this study on the perceptions of psychiatric patients regarding marijuana use to determine similarities and differences. New findings obtained from this study were highlighted, as well as common findings gained from other studies.

Literature was obtained through literature searches on the articles, books and theses available via the Ferdinand Postma Library, North-West University, Potchefstroom Campus, the Internet as well as newspapers.

2.8 TRUSTWORTHINESS

Trustworthiness is described by Polit and Beck (2008:768) as the degree of confidence in data. The four criteria for trustworthiness suggested by Lincoln and Guba's framework (*in* Polit & Beck, 2008:539) were followed. These four criteria for trustworthiness are credibility, dependability, confirmability and transferability.

2.8.1 CREDIBILITY

The first criterion in the Lincoln and Guba's framework (*in* Polit & Beck, 2008:539) is credibility, which refers to the confidence in the truth of the data and interpretations. Credibility involves two aspects. First, carrying out the study in a way that enhances the believability of the findings, and second, taking steps to demonstrate credibility to external readers. This criterion was achieved through prolonged engagement with the participants of the study. Participants were given enough time during the interview to verbalise their perceptions regarding marijuana use. Furthermore, the study is examined by internal and external examiners and published in the form of a mini-dissertation.

2.8.2 DEPENDABILITY

The second criterion in the Lincoln and Guba's framework (*in* Polit & Beck, 2008:539) is dependability, which refers to the stability (reliability) of data over time and under different conditions. In this study this criterion was achieved through a detailed description of research methodology, peer examination, triangulation and the code-recode process during data-analysis.

2.8.3 CONFIRMABILITY

Confirmability refers to a criterion for integrity in a qualitative inquiry, referring to the objectivity or neutrality of data and interpretations. This criterion is concerned with establishing that the data represent information participants provided. The findings of the study should reflect the participants' voice and the conditions of inquiry (Polit & Beck, 2008:539). This criterion was achieved through a detailed description of the research process, as well as during data collection through unstructured individual interviews using audiotape recorders and writing the field notes in detail.

2.8.4 TRANSFERABILITY

The fourth criterion in the Lincoln and Guba's framework (*in* Polit & Beck, 2008:539) is transferability, which refers essentially to the extent to which the findings can be transferred to or have applicability in other settings. In this study, this criterion was achieved through selection of the sample purposively and also through a dense description of research methodology and the results of the study, so that researchers who are interested in conducting similar results are thoroughly informed.

2.9 ETHICAL CONSIDERATIONS

The three fundamental ethical principles as stipulated by Brink (2006:31-35), the Democratic Nursing Organization of South Africa (*in* Brink, 2006:45-48) as well as ethical principles specifically regarding psychiatric patients (Uys & Middleton, 2004:125-126) were ensured from the beginning until the end of this study. These ethical principles are the principle of respect for persons, principle of beneficence and principle of justice.

2.9.1 PRINCIPLE OF RESPECT FOR PERSONS

This principle of respect for persons was observed and ensured by the researcher in accordance with the following criteria:

- Written approval was obtained from the research ethics committee of the North-West University, Potchefstroom Campus (Reference number NWU-00035-09-A1) (See Appendix A), the North-West Provincial Department of Health (See Appendix B and C), and the Clinical manager of the psychiatric hospital where data were collected (See Appendix D and E).
- Participants gave informed consent on a totally voluntary basis to be involved in this research (See Appendix F).

- The researcher made every effort to explain the research to the participants, especially the purpose of the study before data collection, which was to explore and describe the perceptions of psychiatric patients regarding marijuana use, as well as what was expected from participants. The explanation was in lay terms.
- In order to avoid coercion, participants were told that they have the right to decide whether or not to participate in a study, without the risk of penalty or prejudicial treatment, they also had the right to withdraw from the study anytime they so wished, to refuse to give information or to ask for clarification about the purpose of the study.

2.9.2 PRINCIPLE OF BENEFICIENCE

To ensure this principle, the researcher of this study respected psychiatric patients' right to protection from discomfort or harm, be it physical, emotional, spiritual, economical, social or legal. Psychiatric patients were protected legally by explaining this research to them as well as obtaining informed consent before data collection. Furthermore, if psychiatric patients experienced any discomfort or harm during data collection, the researcher was prepared to terminate the interview immediately and a counsellor was also available to assist the participant where necessary.

2.9.3 PRINCIPLE OF JUSTICE

The participants and the population of this study were selected fairly. Participants were selected for reasons directly related to the research problem, for example, they were psychiatric patients admitted to a psychiatric hospital, with a history of marijuana use.

Any agreement made with the participants was respected, for example, the researcher was always punctual at interviews and terminated the process at the agreed time.

The researcher respected the participant's right to privacy by not allowing unauthorised people in the interview room, and the participant's private information will never be

exposed without the participant's knowledge. Participants were also told that the tape recorder would be used to record information.

Lastly, and equally important is confidentiality. Confidentiality is defined by Brink (2006:35) as the researcher's responsibility to prevent all data gathered during the study from being divulged or made available to any other person. In this study, participants were informed that information gathered from them would be made available to other researchers or scientists in the School of Nursing Science of the North-West University, Potchefstroom Campus, without divulging their personal detail such as their names. For instance, a psychiatric nurse specialist who is also experienced in qualitative research was appointed as an independent co-coder to analyse the data. Personal data were not conveyed in the transcripts and were replaced by code names. At the completion of the research project, it will be examined by internal and external examiners and published in the form of a mini-dissertation.

2.10 CLOSING REMARKS

A detailed description of the research design and method followed in this study was given in this chapter. The next chapter will deal with the results and literature control on the perceptions of psychiatric patients regarding marijuana use.

CHAPTER 3: RESULTS AND LITERATURE CONTROL

3.1 INTRODUCTION

The previous chapter comprised a detailed description of the research design and method followed in this study. This chapter comprises a discussion of the realisation of data collection and analysis as well as a description of the results and literature control.

3.2 REALISATION OF DATA COLLECTION AND ANALYSIS

As discussed in Chapter 1 and 2, unstructured individual interviews were used in this study to collect data on psychiatric patients' perceptions regarding marijuana use. Data saturation was reached after ten unstructured individual interviews were conducted. During the unstructured individual interviews, an audiotape recorder was used to record the psychiatric patients' responses. These recordings were then transcribed verbatim. An example of such a transcribed interview is provided as Appendix H. Field notes were taken after each interview and are presented as Appendix I.

Data analysis in this study was done after reading all transcribed interviews in order to get a sense of the whole. Tesch's eight steps of data analysis were utilised to analyse data (Creswell, 1994:155).

After the co-coder and the researcher analysed the data independently, one meeting was scheduled to reach consensus on the categories and subcategories that emerged from the data. These categories and subcategories are described in detail in 3.3.

3.3 RESEARCH FINDINGS AND LITERATURE CONTROL

The following four major categories were identified:

- Perceptions of the use of marijuana

- Perceptions of the negative effects of marijuana use
- Perceptions of marijuana use and mental illness
- Perceptions of stopping the use of marijuana

Table 3.1 represents the above four major categories as well as the subcategories of the perceptions of psychiatric patients regarding marijuana use.

TABLE 3.1: Exploring the perceptions of psychiatric patients regarding marijuana use

COLUMN A	COLUMN B	COLUMN C	COLUMN D
Perceptions of the use of marijuana	Perceptions of the negative effects of marijuana use	Perceptions of marijuana use and mental illness	Perceptions of stopping the use of marijuana
<ul style="list-style-type: none"> • Psychiatric patients view marijuana use as a negative habit, and at the same time difficult to live without; • There is a perception that marijuana is mostly used by the youth; • One psychiatric patient mentioned that celebrities use 	<ul style="list-style-type: none"> • Psychiatric patients perceive marijuana use as a drug that has the following negative effects: <ul style="list-style-type: none"> ➤ Educational problems; ➤ Occupational problems; ➤ Financial problems; 	<ul style="list-style-type: none"> • Most psychiatric patients perceive marijuana use as a cause of their admission to a psychiatric hospital as well as a cause of their mental illness, psychosis, madness or permanent disability; • Most psychiatric patients perceive marijuana use to be the cause of the following signs and symptoms of mental 	<ul style="list-style-type: none"> • Most psychiatric patients intend to stop smoking marijuana, although some patients realise that this might be difficult; • Psychiatric patients perceive themselves as a group that can help others to stop smoking marijuana;

<p>marijuana;</p> <ul style="list-style-type: none"> • Most psychiatric patients perceive marijuana as a drug that leads to the use of other drugs; • Psychiatric patients mentioned several factors that promote the use of marijuana, namely: <ul style="list-style-type: none"> ➤ It is easily obtainable; and ➤ It is used for cultural purposes. 	<ul style="list-style-type: none"> ➤ Social problems; ➤ Physical problems; ➤ Decrease in self-care; ➤ Risk of HIV/AIDS; <ul style="list-style-type: none"> • There is a perception that there is a relationship between marijuana use and crime; • Some psychiatric patients perceive marijuana as the cause of death, homicide and suicide ideation. 	<p>illness: confusion, hallucinations, delusions and aggression.</p>	<ul style="list-style-type: none"> • There are perceptions that after stopping marijuana there is an increase in self-care; • Most psychiatric patients expect external groups to terminate the use of marijuana, namely: foreigners, the police, Rastafarians.
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3.3.1 Perceptions of the use of marijuana

This first main category of the perceptions of psychiatric patients of the use of marijuana is indicated in Column A (see Table 3.1), as well as in Table 3.1.1 below. This first main category could be divided into four subcategories, as shown in Table 3.1.1. below:

Table 3.1.1 Perceptions of the use of marijuana

- Psychiatric patients view marijuana use as a negative habit, and at the same time difficult to live without;
- There is a perception that marijuana is mostly used by the youth;
- One psychiatric patient mentioned that celebrities use marijuana;
- Most psychiatric patients perceive marijuana use as a drug that leads to the use of other drugs; and
- Psychiatric patients mentioned several factors that promote the use of marijuana, namely:
 - It is easily obtainable; and
 - It is used for cultural purposes.

- **Psychiatric patients view marijuana use as a negative habit, and at the same time difficult to live without**

All the psychiatric patients interviewed in this study agreed that marijuana use is a negative habit, even though some of these psychiatric patients mentioned that it is difficult to live without marijuana. They mention that although they realise that using marijuana can be a dangerous, and even life-threatening habit, they find it very difficult to function without smoking marijuana. This view is confirmed by the following direct quotations from the transcripts:

“It is bad for everyone”
“I wouldn’t have discuss it now, I almost lost my life because of that drug”
“I will not encourage anyone to use that drug”
“marijuana is not good at all because I’m talking from experience”
“I can’t function without a zol, I can’t eat breakfast without a zol...”
“I couldn’t cope without marijuana”

Tobin and Sello (*in* Hughes, 2008:37) confirm that there is clear evidence that marijuana use is a negative habit, emphasising the importance to engage marijuana users in discussions about health issues associated with marijuana use. In this study, psychiatric patients were engaged to explore and describe their perceptions regarding marijuana use. Swain (*in* Hughes, 2008:38) also added that marijuana use has a negative effect on a person’s mental state, especially for younger people whose brains are still developing, such as psychiatric patients who participated in this study. According to Cameron (*in* Hughes, 2008:39) it seems clear that those with existing mental health problems because of marijuana, should refrain from using marijuana as it is likely to worsen their symptoms and hinder treatment. On the other hand, Somdahl (1999:19) mentioned that some marijuana smokers are unable to quit marijuana on their own once they are addicted.

- **There is a perception that marijuana is mostly used by the youth**

Most psychiatric patients in this study repeatedly mentioned that it is mostly the youth who are using marijuana. Some of these youths start using marijuana as early as thirteen years of age. Again, some youths prefer to use marijuana rather than alcohol. To confirm these results, all the psychiatric patients interviewed in this study were also youths. This perception that marijuana is mostly used by the youth is confirmed by the following direct quotations from the transcripts:

“most of these youth nowadays, they don’t prefer alcohol, they prefer marijuana”
“the majority of the victims of marijuana are younger people”
“...younger people at the age of thirteen, fourteen, they are already smoking marijuana...”
“...you start using marijuana at a young age”
“I want to talk to young people not to use marijuana”
“I want to advise young people not to start with marijuana because at school...”
“I want to start a campaign for the youth against drugs”

Hall (2006a:0159) confirms that the proportion of young people who have used marijuana has steeply increased and the age of first use has declined. Most marijuana users now start in the mid-to-late teens. Perkel (2005:26) added that although methodologies differ in different surveys on marijuana use, it was found that marijuana is the most common illicit substance used in South Africa, with particularly high use among the youth. In addition, Hall (2006b:110) mentions that young people who use marijuana are at increased risk of using other illicit drugs, performing poorly at school and leaving early without completing qualifications, and experiencing psychotic symptoms. In an attempt to assist young people, Sello (*in* Hughes, 2008:38) as well as Mattick and McLaren (2006:554) mention that young people must be discouraged from using marijuana. Sara (*in* Somdahl, 1999:29) also advises the youth not to get involved in marijuana in the first place. In line with Hall (2006b:110), these findings raise awareness of the major challenge to provide credible health education to young people about the risk

of marijuana use. Arguably, there is a moral obligation to alert young people to this risk. The major challenge will be finding effective ways of communicating with young people about the most probable psychosocial harms of marijuana use (dependence, educational underachievement and psychosis) given the continuing debate about the causal interpretation of these risks and polarised community views about whether we should continue to criminalise marijuana use. The question of how best to provide this information to young people requires research on their views about these issues (Hall, 2006a:0160). This study was also conducted to explore and describe the views or perceptions of psychiatric patients regarding marijuana use and most of the participants were youths. Witton and Reed (2010:45) also suggest that increased attention has to be paid to marijuana use among the young people in the general population.

- **One psychiatric patient mentioned that celebrities use marijuana**

It emerged from one interview that some celebrities are known to use marijuana. A psychiatric patient who mentioned that even the celebrities use marijuana, mentioned many of the names of the celebrities who have even died because of smoking marijuana. This seemingly marginal finding is mentioned to illustrate the impact that role models, such as celebrities, might have in promoting the use of marijuana, especially amongst impressionable youth, as explained above. The following direct quotations from the transcript indicate what this psychiatric patient said during the interview:

“(psychiatric patient mentioned seven names of celebrities who) are also using marijuana”, (names are available on request)
“some artists smoke marijuana before they go to perform”

Somdahl (1999:26) raises another issue in this regard, namely that no matter how talented, intelligent, or popular a person is, the use of marijuana and other drugs can have serious negative consequences, as also described in 3.3.2.

- **Most psychiatric patients perceive marijuana as a drug that leads to the use of other illegal drugs**

Most of the psychiatric patients interviewed in this study perceive marijuana as a drug that leads to the use of other illegal drugs. One psychiatric patient perceives marijuana as the most dangerous drug because it leads to the use of other drugs. These psychiatric patients also started with marijuana before they went on to using other drugs. Some have even confessed that they were talking from experience that marijuana leads to the use of other illegal drugs. These findings are confirmed by the following direct quotations from the interviews:

“...it will take me to another drug, it has a need of assistance of another drug, it doesn't go on its own”
“it is more dangerous than any other drug because it leads to more drugs”
“Yes you start by marijuana, then you go to other drugs...”
“...dagga will lead you to glue, heroin and cocaine...”
“...marijuana will lead me to another drug...”
“marijuana needs a strong drug, it needs something just to assist it”
“when you smoke marijuana, you won't be able to say no to other drugs”

Perkel (2005:27) as well as Somdahl (1999:42) confirm that marijuana use particularly in adolescence creates a vulnerability to the use and abuse of ‘heavier or dangerous’ drugs. Perkel (2005:27) adds that marijuana use can also become a gateway to potential chronic abuse and dependence. In addition to the relationship between marijuana use and other illegal drugs, Hall (2006b:106) mentions three explanations: (i) that users of marijuana are more likely to use other illegal drugs because they obtain marijuana from the same black market and hence have more opportunities to use other illegal drugs; (ii) that those who use marijuana at an early age are more likely to use other illegal drugs; (iii) that the pharmacological effects of marijuana use increase an adolescent's propensity to use other drugs. In contrast, in another study, Hall (2006a:0160) mentions that the reasons why marijuana leads to other drugs remain unclear.

- **Psychiatric patients mentioned several factors that promote the use of marijuana, namely:**
 - **It is easily obtainable; and**
 - **It is used for cultural purposes**

- **Marijuana is easily obtainable**

Most of the psychiatric patients interviewed in this study mentioned that it is very easy to obtain marijuana. Some said the reason why they smoke marijuana is because marijuana is very cheap, sold everywhere, and available all over their communities. The psychiatric patients further mentioned that you can even get marijuana free of charge. This is what the psychiatric patients said, as quoted from the transcripts:

“Marijuana is sold everywhere, next door, next street...they sell it”
“You can grow it in your yard”
“Marijuana is available all over the community”
“...everybody is using marijuana, it’s available for everyone, so whenever you are looking for marijuana it’s either marijuana is near you or you get it for free”
“It is cheap, you get it for R5, R3, R10, R50”
“marijuana is the first drug, it’s easy to buy, it’s cheap, it’s cheaper than any other drug”
“it is a type of drug that is easy to be found, very easy”
“the problem is that it’s very easy to get”

This finding is in line with the discussions in Chapter 1 (See 1.1). Perkel (2005:25), Ramphomane (2005:14) as well as Peltzer and Ramlagan (2007:130) also confirm that in South Africa, marijuana is cheap, easily available, easy to grow and the law prohibiting possession is infrequently enforced. In America, despite legal proscription, 60% of Americans reported that it is very easy to obtain marijuana. The cost of marijuana has dropped so low that most teenagers are able to afford it (Somdahl, 1999:32). Ramlagan *et*

al. (2010:45) add that either prices of marijuana seem to have come down or buyers (especially the youth) have more money available.

➤ **Marijuana is used for cultural purposes**

Some psychiatric patients said that the use of marijuana is promoted by the perception that there are people who smoke marijuana for cultural purposes. It seems that these psychiatric patients believe that people who use marijuana for cultural purposes do not become mentally ill because of smoking marijuana, but that smoking marijuana enables them to enter into spiritual activities and gives them spiritual power. However, most of these patients discourage the use of marijuana in everybody. The following are the psychiatric patients' verbal statements with regard to the use of marijuana for cultural purposes:

“Rastafarians says marijuana is a sign of a holy herb...they mean connection between a human being and God”
“...the Basotho's, Zulus, Xhosas, Bapedi's when they have meetings they smoke marijuana”
“the Basotho's take marijuana as a way to their forefathers, whereas Rastafarians take it as a link between them and God”
“there are some people who will be using marijuana and they do good things because marijuana is their culture”
“...at initiation schools, men are smoking marijuana because it's their culture, they believe that marijuana gives them power...”

Ramphomane (2005:14) in her study, also found that there are people who use marijuana for cultural purposes.

3.3.2 Perceptions of the negative effects of marijuana use

This second main category of the perceptions of psychiatric patients entails that they perceive marijuana to have negative effects indicated in Column B (see Table 3.1.) as well as in Table 3.1.2. below.

Somdahl (1999:16) confirms that smoking or eating marijuana baked into foods could have serious negative effects. These serious negative effects of marijuana use depend largely on the strength of the drug, how it is used, and what the user expects will happen. These negative effects can prevent users from thinking clearly enough to see the negative effects.

This second main category could be divided into three subcategories, as shown in Table 3.1.2. below:

Table 3.1.2 Perceptions of the negative effects of marijuana use

<ul style="list-style-type: none">• Psychiatric patients perceive marijuana as a drug that has the following negative effects:<ul style="list-style-type: none">➤ Educational problems;➤ Occupational problems;➤ Financial problems;➤ Social problems;➤ Physical problems;
--

- Decrease in self-care;
- Risk of HIV/AIDS.
- There is a perception that there is a relationship between marijuana use and crime; and
- Some psychiatric patients perceive marijuana use as the cause of death, homicide and suicide ideation.

➤ **Educational problems**

Most of the psychiatric patients interviewed in this study said that the use of marijuana results in educational problems. This perception is confirmed by the fact that these psychiatric patients themselves did not complete school. They also said that they started using marijuana at school. This finding may serve as a warning to the young people who want to perform well at school. The following quotes support this finding:

“I want to advise young people not to start with marijuana because I know at school it’s definitely where they start smoking marijuana”
“marijuana is the reason why at school I didn’t perform because there I smoked a zol before I go to school, when the teachers explain there, you are looking but your brain is somewhere else”
“there was this perception that before you write your exams you must smoke marijuana, but when the results come you have hundred percent totally failed”
“...I mean your serious work like at school, you can’t manage your time to do your homework’s...”

Perkel (2005:29) as well as Hall (2006b:108) confirm that marijuana use is associated with reduced educational attainment among school children and youths. According to Hall (2006b:108) a major parental concern is that adolescent marijuana use impairs educational performance and increases the risk of discontinuing education by interfering with learning. Leshner (*in* Somdahl, 1999:18) reported the results of a study showing that marijuana users had problems paying attention, learning and remembering what they were taught. This was true even after they had quit smoking marijuana for longer than 24 hours. According to Somdahl (1999:18) marijuana users have been known to have difficulty focusing on tasks such as reading and writing. Additionally, Leshner (*in* Somdahl, 1999:18) confirms that young people should be encouraged not to smoke marijuana, especially if they want to do well in school.

➤ **Occupational problems**

Psychiatric patients interviewed in this study mentioned that when you use marijuana, you become lazy, resulting in poor performance at work. One of the psychiatric patients further mentioned that he does not work anymore just because of smoking marijuana. These perceptions from the psychiatric patients are confirmed by the following direct quotations from the transcripts:

“marijuana can make a person lazy, because I quitted my job”
“I started not going to work...I did not feel like washing my body”
“when you use marijuana, you can’t work, that’s the main problem”

Ramphomane (2005:2) as well as Somdahl (1999:18) confirm that the use of marijuana could result in occupational problems. For example, Somdahl (1999:18) mentions that persons who have smoked marijuana for a long time could demonstrate lack of drive and having no desire to work.

➤ **Financial problems**

While most of the psychiatric patients interviewed in this study mentioned that marijuana is cheap or you can get it for free, other patients differed with them by saying that smoking marijuana is just a waste of money which could have been used on something else. These patients further said that sometimes they have to rob people just to get money in order to get marijuana. A patient who participated in this study expressed this perception as follows:

“I can only say that marijuana is a waste of money”

Mattick and McLaren (2006:554) confirm that persons smoking marijuana tend to spend large amounts of money on marijuana, which has a negative financial effect. When these people have no money to buy marijuana, they together smoke with their friends (Ramphomane, 2005:27). Chauke (2010:5) also mentions one highly respected artist who paid R1000 fine after he was arrested by Sandringham police for being in possession of marijuana. The above three points might serve as a warning to other marijuana smokers that marijuana has a negative financial effect when you smoke it, when you possess it, including when you are arrested for it. On the other hand, Ramphomane (2005:9) mentions that people with an already disadvantaged socio-economic situation, measured by socio-economic status, and financial situation, are at a greater risk of developing higher marijuana use and dependence.

➤ **Social problems**

It emerged from the findings of this study that there seemingly is a relationship between marijuana use and social problems. To confirm this finding, most of the psychiatric patients interviewed in this study said that they have social problems with their friends, neighbours and families. One psychiatric patient further mentions that he even wanted to kill his own family members just because of marijuana. The following quotations confirm these findings:

“...and started fighting with the people...”
“I will really get upset with that person and I want to kill him”
“...my friends couldn’t tell me that I’m mad, they kept on telling me that everything was okay...when your friends give you marijuana, you become like a super hero”
“to hate other people, for instance, I hated my family”
“my life became a mess because now I started fighting with my family
“I will actually get angry, very angry and then start to fight people around me”
“families are crying because of people who are smoking marijuana”

The connection between marijuana and social problems is confirmed by Somdahl (1999:18). For example, most marijuana users have poor relationships with their parents and friends. In an attempt to address social problems caused by marijuana, Ramlagan *et al.* (2010:40) mentioned that family care and support, improved socio-economic conditions and increased law enforcement would help to discourage the use of marijuana.

➤ **Physical problems**

Almost in all interviews conducted in this study, psychiatric patients said that smoking marijuana causes a lot of physical problems to the user as well as to other people. For example, one psychiatric patient said that marijuana is dangerous to a pregnant woman as well as her child. This psychiatric patient who mentioned marijuana use by pregnant women was warning these women that marijuana is damaging two people at the same time, that is, a mother and a poor innocent child. These perceptions are confirmed by the following direct quotations from the transcripts:

“I was sweating, I was itching, I couldn’t sleep, I was aggressive...”
“marijuana damages your skin colour”
“you start by loosing body weight, you start to be slow in every movement in your body, you talk, walk slow”
“lastly, to all women who are smoking marijuana, marijuana is dangerous because if you are pregnant...you are already damaging the poor innocent child”

Ramphomane (2005:2) as well as Somdahl (1999:16) confirm that smoking marijuana can cause physical problems. However, marijuana does not have to be smoked in large quantities to increase physical effects or the possibility of health problems for the user. As a result, scientists continue to study how marijuana cause physical problems for those who use it (Somdahl, 1999:16).

➤ **Decrease in self-care**

All psychiatric patients interviewed in this study agreed that the use of marijuana results in decrease in self-care. They said that there is a great difference between the users and non-users of marijuana. For example, they said that you can't even wash your own body when you use marijuana. These psychiatric patients said that their lives had changed a lot since they started using marijuana. The following direct quotations from the interviews confirm these results:

"I did not care, I will go on a day without food and I did not care about it"
"I did not feel like washing my body, I went on the day without washing..."
"...so that's why I'm saying you can't wash your body as usual..."
"...I couldn't take care of myself"
"I don't worry about life, I'm down, I don't wash, I don't comb my hair, I don't worry about money..."

Related to the above results, Costain (2008:227) mentions that marijuana use has a negative effect upon quality of life. This finding once again emphasises the question why people would choose to continue the drug use. Somdahl (1999:18) sheds some light, mentioning that prolonged marijuana use can lead to decreased willpower and a careless attitude. Consequent problems could include not caring what happens in their lives, tiredness, not caring about how they look, as well as neglecting personal appearance and hygiene.

➤ **Risk of HIV/AIDS**

It emerged from the findings of this study that when you are under the influence of marijuana you tend to be at risk of HIV/AIDS, such as having multiple sexual partners. This finding is a clear indication that psychiatric patients have insight in risk behaviour in terms of HIV/AIDS. This perception of the risk of HIV/AIDS is confirmed by the psychiatric patients' own words in the following quotations:

“once you smoke marijuana, sometimes you end up in a sexual intercourse without using condoms”
--

“when we smoke marijuana, we do tattoos and we use the same bottle that other people have used, so it might happen that you are HIV positive”

“...and come to ladies, I will propose four to five ladies after smoking marijuana”

Peltzer and Ramlagan (2007:129) confirm that marijuana users have a high risk of HIV/AIDS. For example, they found that HIV-positive persons are more likely current marijuana users than HIV-negative persons. In addition, marijuana use is found to be related to having more than one partner, which constitutes HIV risk behaviour (Peltzer & Ramlagan, 2007:129).

➤ **There is a perception that there is a relationship between marijuana use and crime**

It emerged from the findings of this study that psychiatric patients perceive that there is a relationship between marijuana use and crime. Some of the psychiatric patients themselves or their friends committed crimes while under the influence of marijuana. These findings are confirmed by the following direct quotations from the transcript.

“I almost ended up in prison because of marijuana”
--

“...You start to think of marijuana and commit crime”

“it leads you to criminal activities”

“when you start using marijuana, you start to be a crook”
“Most of my friends who are smoking marijuana are thieves, they are stealing”
“When you smoke marijuana you are not even scared of killing someone”
“after smoking marijuana we end up fighting,...there’s no respect for each other”
“other people smoke it to commit crimes”

Perkel (2005:26) as well as Peltzer and Ramlagan (2007:126) confirm that there is a relationship between marijuana use and crime. For example, between one-quarter to one half of 1050 arrestees tested positive for marijuana in a two-month study in various police stations across South Africa in 2000 (Perkel, 2005:26). In addition, Somdahl (1999:21) mentioned that in 1993 nearly 30 percent of male teens arrested in various South African cities had marijuana in their systems. More than half of the young people arrested in Washington, DC in 1994 also tested positive for marijuana. This suggests that marijuana could possibly cause the user to commit a crime. Many arrests occur as a result of breaking the law while intoxicated by marijuana. Many other face jail terms for crimes directly related to selling, possessing, or manufacturing marijuana. Despite marijuana being illegal, many people continue to smoke it for its pleasurable and intoxicating effects (Somdahl, 1999:16). In view of the above information, researchers still have much to explore about the relationship between marijuana use and crime. While the answers are being sought, one aspect authors seem to agree upon is that marijuana use can alter behaviour, causing the user to behave in unacceptable ways with negative effects on the user.

- **Some psychiatric patients perceive marijuana use as the cause of death, homicide and suicide ideation**

In addition to the finding discussed above that marijuana use is a negative habit, some psychiatric patients perceive it as the cause of death, homicide and suicide ideation. One psychiatric patient further said that when you smoke marijuana alone, you become suicidal and when you are around other people you want to kill them. From this finding, marijuana seems like a most dangerous drug because its smokers are dangerous to

themselves as well as to other people. At a psychiatric hospital where the researcher is working, most of this type of patients are admitted as involuntary patients (section 33 of the Mental Health Care Act, 17 of 2002 in South Africa). These perceptions are confirmed by the following quotations from the transcripts:

“I wanted to kill myself on that day”
“...but the only time I thought of killing myself it was last year June 2009”
“I know people who died because of marijuana, they committed suicide”
“One day I wanted to kill that baby, because I was afraid of her”
“...and you can believe that you are not able to die, that’s why the suicidal thought comes in...you get easy to become suicidal”
“...when you are alone you are suicidal, when you are around other people, you want to murder them, you want to hurt them”
“children are becoming orphans because of marijuana”

In addition to the above finding that there is a relationship between marijuana use and crime, Somdahl (1999:32) confirms that marijuana use causes young people and adults to commit murder. In another case, Clough *et al.* (2004:613) mentioned that there is ambiguous evidence that marijuana use is implicated in suicidal ideation. In conclusion, Somdahl (1999:28) mentioned that a significant number of suicidal people use drugs such as marijuana and these people need help.

3.3.3 Perceptions of marijuana use and mental illness

This third main category of the perceptions of psychiatric patients of marijuana use and mental illness is indicated in Column C (see Table 3.1), as well as in Table 3.1.3. below. This third main category could be divided into two subcategories, as shown in Table 3.1.3. below:

Table 3.1.3 Perceptions of marijuana use and mental illness

- Most psychiatric patients perceive marijuana as a cause of their admission to a psychiatric hospital as well as a cause of their mental illness, psychosis, madness or permanent disability; and
- Most psychiatric patients perceive marijuana to be the cause of the following specific signs and symptoms of mental illness: confusion, hallucinations, delusions and aggression.

- **Most psychiatric patients perceive marijuana use as a cause of their admission to a psychiatric hospital as well as a cause of their mental illness, psychosis, madness or permanent disability**

Almost all the psychiatric patients interviewed in this study said they were admitted to a psychiatric hospital because of smoking marijuana. Another patient further said that the researcher, a professional nurse, knows that they were admitted because of using marijuana. One psychiatric patient said if it wasn't for marijuana use, he wouldn't be in a psychiatric hospital. They further mentioned that they became psychotic because of marijuana. These perceptions are confirmed by the following direct quotations from the transcripts:

“it’s the cause of my admission”
“I’m admitted because of dagga, mandrax, rocks...”
“I’m here today because of marijuana”
“...all patients who are here, it’s because of marijuana...”
“I wouldn’t be in this place, if it was not because of marijuana”
“I then became psychotic...I started believing things which were not there, I started

hearing voices”
“marijuana can actually make you mad, a mad person”
“it can cause permanent disability”
“...like you see in this world, people are mad because of marijuana”
“marijuana can make a person mad because now your mind set is no longer working according to the way it’s supposed to work”
“when you are under the influence of marijuana, you become totally crazy, you become totally mad...”
“when you use marijuana, other people see you as a mad person”

Perkel (2005:28) confirms that the use of marijuana increases the risk of psychosis by almost three times, and is a poor prognostic indicator for those with an established vulnerability, such as mental illness. Moore (*in* Hughes, 2008:39) as well as Clough *et al.* (2004:613) mention that the heavy use of marijuana is bound to lead to mental deterioration and possibly serious mental illness. In addition, Somdahl (1999:40) mentions that thousands of people end up in hospital emergency rooms each year as a result of marijuana-related reasons. At the psychiatric hospital where the researcher is working, these psychiatric patients are diagnosed with marijuana-induced psychosis. According to Grace *et al.* (2000:290) abstinence from marijuana use should be strongly encouraged in those patients with psychoses, such as psychiatric patients. All the nursing staff members at a psychiatric hospital where the researcher is working are also discouraging psychiatric patients to use marijuana through health education. In conclusion, the complex nature of the relationship between marijuana use and psychosis as well as those attending psychiatric services awaits further research (Hall, 2006b:110; Isaac *et al.*, 2005:208; Witton & Reed, 2010:45).

- **Most psychiatric patients perceive marijuana to be the cause of the following specific signs and symptoms of mental illness: confusion, hallucinations, delusions and aggression**

In addition to the above results that marijuana use is a cause of admission and psychosis to most of the psychiatric patients, some psychiatric patients said that after smoking marijuana, they experienced the following specific signs and symptoms of mental illness: confusion, hallucinations, delusions and aggression. The following direct quotations from the transcripts express the psychiatric patients' perceptions of marijuana and signs and symptoms of mental illness:

“I started believing things which were not there...I started hearing voices...and started fighting with the people”
“...it gave me the feeling that I was a son of God Jesus Christ”
“I became more stubborn, aggressive, more happy, when it comes to making love, I would last longer...but at times when substance get out of your system you become tired”

Witton and Reed (2010:46) confirm that there is evidence that Tetrahydrocannabinol (THC), a basic ingredient of marijuana, can produce acute psychosis marked by confusion, delusions and hallucinations. Costain (2008:228) also found that people who use marijuana had increased levels of auditory hallucinations, other perceptual changes, thought insertion, delusions of control and grandiose delusions.

3.3.4 Perceptions of stopping the use of marijuana

This fourth main category of the perceptions of psychiatric patients of stopping the use of marijuana is indicated in Column D (see Table 3.1), as well as in Table 3.1.4 below. This fourth main category could be divided into four subcategories, as shown in Table 3.1.4. below:

Table 3.1.4 Perceptions of stopping the use of marijuana

- Most psychiatric patients intend to stop smoking marijuana, although some patients realise that this might be difficult;
- Psychiatric patients perceive themselves as a group that can help others to stop smoking marijuana;
- There are perceptions that after stopping marijuana there is an increase in self-care; and
- Most psychiatric patients expect external groups to terminate the use of marijuana, namely: foreigners, police and Rastafarians.

- **Most psychiatric patients intend to stop smoking marijuana, although some patients realise that this might be difficult**

Almost all the psychiatric patients interviewed in this study said that they intended to stop smoking marijuana, although some of them realised that this might be difficult. It seems that the reasons for stopping to smoke marijuana is the negative effects marijuana had in their lives, as discussed in 3.1.2. above. These perceptions are confirmed by the psychiatric patients' own words in the following quotations:

“I would want to stay away from it, I want nothing to do with it...”
“I will never use it again”
“I wouldn't have discussed it now, I don't want to use it again, never”

“I don’t want to go back to it again, I want to talk more about it when I go back to my community”
“I can’t smoke that thing anymore, because that thing only keeps you behind in life”
“I want to stop smoking”
“it’s hard to get out of it when you are actually in it”
“you see I’m here for about four to five weeks, the first week it was tough my brother, I won’t lie to you, it was tough”

To confirm these results, Hall (2006b:106) mentioned that psychiatric patients want to stop smoking marijuana, and what is interesting is that the number of these psychiatric patients requesting help to stop smoking marijuana has increased. On the other hand, Somdahl (1999:19,41) mentioned that there are some psychiatric patients who are unable to quit marijuana on their own once they are addicted, even with all the problems marijuana causes. Again, it might be possible that the negative effects of marijuana use, as discussed previously, can prevent users from thinking clearly enough to realise the negative effects and follow through on decisions to stop using marijuana (Somdahl, 1999:41).

- **Psychiatric patients perceive themselves as a group that can assist others to stop smoking marijuana**

In addition to the above finding that psychiatric patients intend to stop smoking marijuana, they also perceive themselves as a group that can assist others to stop smoking marijuana. These psychiatric patients see themselves as a relevant group to assist others because, as one of them said, when he assisted other people, he would be talking from experience. These perceptions are confirmed by the following direct quotations from the transcripts:

“I want to stop marijuana in my community”
“The Lord put me through, now I want to help others”
“Well, lastly I can say if our younger brothers and sisters can hear, it’s time to stop right

now”
“I also wanted to start a campaign for the youth against drugs”
“...to be a motivational speaker somewhere to tell the people that marijuana is not good”
“I want to be a spokesperson for the people against drugs...I want to help people...I want to talk to young people not to use marijuana...”
“I want to make South Africa a better South Africa”

To confirm these results, Somdahl (1999:28) mentioned that this is possible and provide guidelines on how to assist others having difficulties as a result of marijuana use, for example, to collect suitable information, identify people who can assist such as teachers and counsellors, speaking in a caring and kind way, suggesting a person or a place the user can go to for help and supporting the person to quit smoking marijuana. In helping psychiatric patients in their effort to speak out and educate others about the dangers of marijuana use, Somdahl (1999:53) mentions that it will also help themselves to avoid pressure to smoke marijuana.

- **There are perceptions that after stopping marijuana there is an increase in self-care**

The other side of the finding discussed earlier on that the use of marijuana results in decrease in self-care, is that some psychiatric patients interviewed in this study mentioned that when they stop using marijuana, there is an increase in self-care. The following statements from the psychiatric patients who were interviewed in this study confirm this finding:

“...I am able to see things from another point of view”
“...that laziness is gone”
“...now I’m able to see the bad things that I was doing”
“I am able to know without being told by anybody that I need to take care of myself”

The above-stated finding that after stopping marijuana use, there is an increase in self-care seems to be a new finding as nothing was found from the literature relating to this finding. Because of that, more research is needed to find out whether there is a change in self-care after stopping marijuana use.

- **Most psychiatric patients expect external groups to terminate the use of marijuana, namely: foreigners, the police and Rastafarians**

From the findings of this study, it seems as if psychiatric patients place more emphasis on others' responsibility to stop the use of marijuana, than on their own responsibility. Psychiatric patients expect external groups to terminate the use of marijuana, namely, foreigners, police and Rastafarians. The following direct quotations from the transcripts express the psychiatric patients' perceptions regarding marijuana and the external groups:

“Nigerians must be evicted out of the country because they are destroying our country with marijuana”
“...people who are crossing the rivers shall account...because they are killing the innocent people”
“I don't know what the police are doing...”
“if I can join the force, because police are not doing anything about this situation”
“if the cops can help me, I will try to stop these people”
“There is something between the people who are selling marijuana and the police”
“There are some corrupt police personnel who are telling these people that tomorrow we are going to come and search...”
“this thing is going to take us long before we can win because of the corrupt police”
“if this religion of Rastafarians can be stopped, I'm telling you my brother, everything will go according to our plans...even our media still publicise Rastafarian religion...they talk about it as a good thing”

From the above findings that the psychiatric patients expect external groups to terminate the use of marijuana, it seems that the South African police are already doing something to terminate marijuana use. For example, Chauke (2010:5) mentions a famous artist who was arrested by Sandringham police for being in possession of marijuana. The suspect was released on R1000.00 bail. This amount of money might serve as a warning to other marijuana smokers that when you are arrested for smoking or for being in possession of marijuana, it can have severe financial implications. As for the foreigners and the Rastafarians, this finding seems like a new finding. Therefore, psychiatric nurses and other mental health care professionals should start by educating foreigners as well as Rastafarians about the dangers or consequences of marijuana in order to win the fight to terminate the use of marijuana.

3.4 CLOSING REMARKS

The findings of this study on exploring the perceptions of psychiatric patients regarding marijuana use, data analysis as well as the literature control were discussed in this chapter. These findings were enriched with direct quotations from the transcripts as verbalised by the psychiatric patients. In the next chapter the researcher discusses the conclusions, limitations and recommendations of the study with specific reference to nursing education, nursing research as well as nursing practice.

CHAPTER 4: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

The previous chapter comprised a discussion of the realisation of data collection and analysis as well as a description of the results and literature control. These results were supported by direct quotations from the transcripts. In this chapter, conclusions, limitations and recommendations of the study will be made with specific reference to nursing education, nursing research as well as nursing practice.

4.2 CONCLUSIONS

Conclusions of this study are drawn from the findings, literature confirmation as well as the field notes. From data analysis, four major categories were identified after ten unstructured individual interviews with the psychiatric patients who were admitted due to marijuana-induced psychosis as discussed in detail in chapter 3. Conclusions on these four major categories will be discussed separately after which the general conclusions will be drawn. These conclusions provide more understanding on the perceptions of psychiatric patients regarding marijuana use, and therefore address the gap highlighted in the problem statement of this study (see 1.2).

4.2.1 Conclusions regarding the perceptions of psychiatric patients of the use of marijuana

From these findings a conclusion is drawn that psychiatric patients use marijuana. Most of these psychiatric patients who are using marijuana seem to be youths. These psychiatric patients seem to be using marijuana for different reasons, for example, simply because it is cheap, it is sold everywhere, it is available all over the community or they get marijuana free of charge. The prices of marijuana also seem to have come down or buyers (especially the youth) have more money available. Even though most of the psychiatric patients use marijuana, they view it as a negative habit, and at the same time

difficult to live without. In addition, some psychiatric patients seem to be using marijuana simply because it makes them strong and feel good about themselves. For example, one psychiatric patient mentioned that when he is under the influence of marijuana, he can propose to four to five ladies per night. This implies that prevention programmes should also include issues on self-esteem, coping and problem-solving skills, and how to improve these aspects in ways other than using marijuana. From this conclusion, it is clear that young people and psychiatric patients should be discouraged from using marijuana, and be advised not to get involved in marijuana in the first place. In addition, marijuana users, especially psychiatric patients, should be engaged in discussing any health issues associated with marijuana use because they have already had the bad experience of marijuana use.

4.2.2 Conclusions regarding the perceptions of psychiatric patients of the negative effects of marijuana use

From the findings of this study, literature confirmation as well as the field notes, it is concluded that psychiatric patients experience negative effects of marijuana use. All the psychiatric patients interviewed in this study agreed that the use of marijuana has negative effects. Some of the negative effects of marijuana use are educational, occupational, financial, social, physical, criminal, risk of HIV/AIDS as well as homicide and suicide ideation as discussed in detail in chapter 3. It is important to note that these negative effects of marijuana can prevent users from thinking clearly enough to see the negative effects, and consequently make it difficult for them to decide to stop the use of marijuana.

In addition, psychiatric patients can be involved in prevention initiatives to inform other people about the dangers or negative effects of marijuana, because they have already experienced these negative effects and communicated their willingness to help others.

It is furthermore evident that marijuana is a negative habit, and people should be discouraged from using it. More research is also needed on the negative effects of

marijuana. Mental health care providers should also educate patients, families, groups and communities about the dangers or negative effects of marijuana in order to promote and maintain mental health of patients, groups and communities, and lastly, to have a mentally healthy country.

4.2.3 Conclusions regarding the perceptions of psychiatric patients of marijuana use and mental illness

Based on the data obtained during interviews with the psychiatric patients, it can be concluded that marijuana causes the signs and symptoms of mental illness, and that psychiatric patients are admitted to psychiatric hospitals with a psychiatric diagnosis such as marijuana-induced psychosis. To confirm this conclusion, one psychiatric patient said during the interview that the researcher, a professional nurse, knows that they are admitted because of marijuana use. Families and mental health care institutions should put more effort into assisting psychiatric patients who use marijuana. Psychiatric nurses as well as other mental health care providers should strongly discourage the use of marijuana in those patients with mental illness such as psychiatric patients, as well as investigate the field and practice of dual diagnosis management. On the other hand, psychiatric patients who are admitted due to substance-related conditions such as marijuana-induced psychosis, should also be referred to rehabilitation centers for specialised care. Further research should also be conducted on the relationship between the use of marijuana by psychiatric patients and mental illness.

4.2.4 Conclusions regarding the perceptions of psychiatric patients of stopping the use of marijuana

From the findings of this study, it is concluded that most of the psychiatric patients want to stop smoking marijuana probably because of the negative effects of marijuana use as discussed in detail in Chapter 3. Interestingly, they also want to help other people to stop smoking marijuana. Therefore, psychiatric patients need to be assisted in their intentions to stop smoking marijuana because this seems to be difficult for some patients. When

psychiatric patients help other people to stop smoking marijuana, they might also be avoiding the pressure to smoke marijuana themselves. In addition, inpatients psychiatric patients must get thorough education on the negative effects of marijuana use in order for them to be able to assist other people effectively. Furthermore, the expectation of psychiatric patients that external groups curb the use of marijuana, implies that efforts from different sectors might be welcomed by psychiatric patients. Therefore mental health care sectors should strive to work together with non-governmental organisations and other government departments in order to help any person who is smoking marijuana by means of workshops, campaigns and mental health education.

4.3 GENERAL CONCLUSION

From the findings of this study, the general conclusion is that most of the psychiatric patients admitted to a psychiatric hospital, where this study was conducted, have a history of marijuana use. These psychiatric patients who participated in this study were very clear as to their perceptions regarding marijuana use. All of them were very honest that they use marijuana and some are addicted to marijuana. Most of these psychiatric patients verbalised that marijuana is easily obtainable and the law is infrequently enforced. Therefore, stronger collaboration with the South African Police Services (SAPS) is needed in order to win the fight against marijuana use. Although psychiatric patients mentioned that they use marijuana and marijuana is a negative habit, some said that it is difficult to live without marijuana as they seem to use marijuana as a coping mechanism and as a way to feel good about themselves. This might be the reason why it is so difficult for some psychiatric patients to stop smoking marijuana. These psychiatric patients have also verbalised that the use of marijuana is the cause of their admission to a psychiatric hospital, hence causing mental illness or psychosis. As a result, psychiatric nurses and other mental health care providers should have insight in marijuana related conditions when admitting and caring for these type of patients in order to render quality care and to reduce high rate of readmissions due to marijuana-induced psychosis.

Marijuana use has a negative effect on the prognosis, quality of life and mental health of psychiatric patients, whilst stopping marijuana use has the potential to improve quality of life. At the end of almost all interviews, most psychiatric patients verbalised that they wanted to stop smoking marijuana, although some patients realised that this might be difficult possibly because they are already addicted. Therefore, these psychiatric patients need support from the psychiatric nurses and other mental health care providers and their families to assist them to stop smoking marijuana. On the other hand, other patients expect external groups such as the foreigners, the police and the Rastafarians to stop the use of marijuana instead of taking responsibility themselves. These external groups will also be welcomed to participate in prevention and fight against marijuana use. These external groups should also collaborate effort together with role models, celebrities, psychiatric patients and the youth, who are willing to share their own experiences of marijuana use.

4.4 LIMITATIONS OF THE STUDY

The limitations identified by the researcher of this study will be discussed below:

The major limitation identified in this study was the fact that the researcher, a professional nurse himself, works full-time at a psychiatric ward where data was collected. This caused a major challenge for psychiatric patients to participate in this study due to their relationship with the researcher (psychiatric patients call him ‘staff’). Some of these psychiatric patients’ questions before voluntary participation in this study were as follows:

- “How can you do a research where you are working?”
- “How is this research going to help us?”
- “Is that research not going to make us stay long here, because you are going to tell the multiprofessional team members that we are smoking marijuana?”
- “Is it not your strategy to tell the police that we are smoking marijuana?”

This limitation emphasises the importance of building a trust relationship with psychiatric patients before they might be willing to discuss their perceptions regarding marijuana use.

Furthermore, even though the researcher explained this study thoroughly to psychiatric patients, especially about the purpose of the study and their voluntary participation, some psychiatric patients were asking the researcher to buy cigarettes or tobacco for them (because marijuana is not allowed at the hospital) before they can participate and the researcher refused this for ethical and professional reasons.

Another limitation is that some psychiatric patients who agreed to participate in this study voluntarily while they were fully stable according to the report of the multiprofessional team meeting as well as the researcher's own assessment, seemed to be incoherent in their communication on the day of data collection. In addition, because data were collected at a psychiatric hospital, access to stable psychiatric patients was limited, because once they are discharged, they want to go home on the same day. It might thus be useful to conduct similar research rather with discharged, stabilised psychiatric patients in the community.

The last limitation identified in this study was transcription. Because some of these psychiatric patients were not relaxed during the interview, probably because they were interviewed by the "staff", they spoke softly and the recording tape was not always audible during transcription. Sometimes the researcher had to rewind the recording tape more than three times just to understand what these psychiatric patients were saying, and this was tiring.

4.5 RECOMMENDATIONS FOR NURSING EDUCATION, NURSING RESEARCH AND NURSING PRACTICE

From the findings, literature and the conclusions of this study as discussed above, recommendations for nursing education, nursing research as well as nursing practice will

be given below. These recommendations are formulated in line with Ray's Theory of Bureaucratic Caring for Nursing Practice (*in* Tomey & Alligood, 2006:124), as discussed in the paradigmatic perspective of this research (see 1.5). A holistic, relational, spiritual, and ethical approach in the mental health care of psychiatric patients admitted with marijuana-induced psychosis is thus recommended. This approach acknowledges the psychiatric patients as well as mental health care providers as co-creators in transcultural relationships to find meaning and value, in this case improved mental health. The environment in which nursing takes place, in this case mainly the psychiatric ward, is acknowledged as embodying elements of the social, spiritual and ethical structures through which psychiatric patients develop meaning and mental health.

4.5.1 Recommendations for nursing education

Nursing education needs to aim at improving the competence of psychiatric nurses in the nursing care of psychiatric patients with marijuana-induced psychosis, as well as any psychiatric patient with a dual diagnosis. Nursing education should further aim to increase psychiatric nurses' insight about the use of marijuana by psychiatric patients, in order to render quality psychiatric nursing care and to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis. This include for example that psychiatric patients find it difficult to follow through on their decision to stop marijuana use, and need guidance and support.

The findings of this study can thus add important information to existing curricula for psychiatric nursing students, mental health care providers as well as any person who is working with psychiatric patients who are using marijuana, or who are diagnosed with marijuana-induced psychosis. This mini-dissertation will be available on the shelves of the library of the North-West University (Potchefstroom campus) for other students researching about marijuana and psychiatric patients to learn from this study. A research article based on this research will also be written and submitted for publication.

In addition, psychiatric patients (in curative efforts) as well as the youth (in preventative efforts) should be educated about the effects of marijuana and be helped to examine the advantages and disadvantages of continued use in order to reduce the readmissions due to marijuana-induced psychosis. Psychiatric patients interviewed in this study have already verbalised that this study was educative to them.

4.5.2 Recommendations for nursing research

From the findings of this study on exploring the perceptions of psychiatric patients regarding marijuana use, it is clear that there is a need for further research. This research should be conducted mainly on the youth as it was found in this study that the youth is a vulnerable group with regard to smoking marijuana. The research is recommended in the following areas:

- Research on effective health education to effectively discourage marijuana use.
- Research on preventative programmes to prevent youth and psychiatric patients to start smoking marijuana.
- Research should be conducted on how best to provide valuable information to young people and psychiatric patients about the dangers or negative effects of marijuana use.
- Further research should aim at investigating the strategies to enhance collaboration between the mental health sector and the South African Police Service (SAPS).
- Further research needs to be conducted on guidelines to assist psychiatric patients who want to stop smoking marijuana as it was found in this study that almost all of the psychiatric patients interviewed said that they wanted to stop smoking marijuana although some patients realised that this might be difficult.

- More research needs to be conducted on the relationship between marijuana use and crime, as well as the complex nature of the relationship between marijuana use and mental illness.
- Research is needed to find out whether there is a change in self-care after stopping marijuana use.

4.5.3 Recommendations for nursing practice

From the findings of this study on exploring the perceptions of psychiatric patients regarding marijuana use, recommendations for nursing practice will be given in order to prevent marijuana use as well as to treat and rehabilitate psychiatric patients who are already admitted due to marijuana-induced psychosis. These recommendations for nursing practice are also related to the central theoretical argument of this study which is to provide insight for the psychiatric nurses into more appropriate care, treatment and rehabilitation in order to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis, and they will be given below:

4.5.3.1 Prevention of marijuana use

- Prevention programmes should include issues on self-esteem, coping and problem-solving skills, and how to improve these aspects in ways other than using marijuana.
- Psychiatric nurses and other mental health care providers should strongly discourage young people and the psychiatric patients from using marijuana, and for the psychiatric patients who are not smoking marijuana, they should be advised not to get involved in marijuana in the first place.

- Psychiatric patients can be used to inform other people about the dangers or negative effects of marijuana use because they have already experienced these negative effects.
- Psychiatric nurses should find ways of working with the youth, Rastafarians, foreigners, and celebrities in prevention programmes. Psychiatric nurses should also educate them about the dangers or negative consequences of marijuana use in order to win the fight to terminate the use of marijuana. These people can also be addressed through mental health campaigns at the churches, schools, community meetings, radio and TV's.
- Mental health care sectors should continue to collaborate with the South African Police Services (SAPS). Mental health care sectors should also make SAPS aware of the negative consequences of infrequently enforcing the law on marijuana use and possession. The SAPS should specifically aim programmes at the youth and psychiatric patients. These recommendations are brought in because marijuana is illegal in many countries, including in South Africa, but almost all the psychiatric patients interviewed in this study said that they obtain marijuana easily, they further said that it is either they get marijuana very cheap or free of charge. At the moment, the SAPS are already launching campaigns on the dangers of substance abuse, including marijuana, they also conduct in-service training at mental health care institutions across the country.
- Mental health care sectors should strive to work together with non-government organisations and other government departments in order to help any person who is smoking marijuana by means of workshop, campaigns and mental health education.

4.5.3.2 Treatment or Rehabilitation of psychiatric patients diagnosed with Marijuana-induced psychosis

- First of all, psychiatric nurses should collect suitable information and identify people who can assist such as teachers, church leaders and counsellors, speaking in a caring and kind way, suggesting a person or a place like rehabilitation centres, where psychiatric patients and other marijuana users can go for help and support to quit smoking marijuana.
- Based on the findings that marijuana is mostly used by the youth and psychiatric patients, it is recommended for nursing practice that psychiatric nurses and other mental health care providers should build trust relationships between themselves and the psychiatric patients and the youth in general, in order to be able to help them effectively.
- Psychiatric patients who are already admitted due to marijuana-induced psychosis, should be referred to rehabilitation centres for specialised care, treatment and rehabilitation. These psychiatric patients should be engaged in discussions of health issues and negative effects associated with marijuana use (See negative effects of marijuana use in Chapter 3). Psychiatric nurses should also assist these psychiatric patients in their intentions to stop smoking marijuana because this seems to be difficult for some patients.
- Psychiatric nurses in practice should also educate families, groups and communities about the dangers or negative effects of marijuana in order to promote and maintain mental health of patients, families, groups and communities in order to have a mentally healthy country. In addition, when the families of these psychiatric patients visit at psychiatric hospitals or at rehabilitation centres, psychiatric nurses should emphasise to them that family care and support and improved socio-economic conditions would help to discourage psychiatric patients to use marijuana.

- Mental health care institutions such as a psychiatric hospital where data for this study were collected must have policies addressing issues of marijuana use by psychiatric patients. Nurses as the backbone of the health sector in general, should be included in policy committees of the concerned mental health care institutions. The management of those mental health care institutions should also make sure that these policies are known by all the personnel, especially the nursing staff. These policies must be known and implemented.

In addition, management of psychiatric patients with marijuana-induced psychosis should integrate principles of dual diagnosis management as described by Drake and Mueser (2000:111-113) as well as Hughes (2009:131-150):

- The nurses should maintain a non-confrontational, non-judgmental and respectful attitude towards psychiatric patients who use marijuana;
- Psychiatric nurses to be empathic of the patient's subjective experience of marijuana use;
- Psychiatric nurses should focus on meeting the psychiatric patient's immediate needs rather than focusing on cessation of marijuana use;
- Psychiatric nurses have to assist psychiatric patients to make up their own mind about change;
- Psychiatric patients should be educated about marijuana and the problems that may be associated with misuse including the effects on mental health;
- Psychiatric nurses should integrate the treatment of mental health problems and marijuana-related problems (e.g. detoxification, suicide risk, psycho-social rehabilitation); and
- Psychiatric nurses should also monitor mood and mental state of psychiatric patients and strengthen social support.

4.6 CLOSING REMARKS

The purpose of this study was reached, which was to explore and describe the perceptions of psychiatric patients regarding marijuana use in Potchefstroom, North-West Province. The exploration and description of these psychiatric patients' perceptions regarding marijuana use provide insight into more appropriate care and treatment in order to reduce the readmissions of psychiatric patients due to marijuana-induced psychosis.

The findings and conclusions of this study indicated that psychiatric patients use marijuana, there are negative effects of marijuana use, there is a relationship between marijuana use and mental illness and most of the psychiatric patients want to stop smoking marijuana, although some patients realise that this might be difficult, on the other hand, some patients want to go the extra mile by helping other people to stop smoking marijuana. Other psychiatric patients expect external groups to terminate the use of marijuana, namely: foreigners, the police and the Rastafarians.

Recommendations for nursing education, nursing research and nursing practice were made. These recommendations have the potential to improve mental health care and limit re-admissions of psychiatric patients diagnosed with marijuana-induced psychosis.

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APPENDIX A: PERMISSION FROM THE ETHICS COMMITTEE OF THE NORTH-WEST UNIVERSITY



Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

E Du Plessis

Ethics Committee
Tel +27 18 299 4850
Fax +27 18 293 5329
Email Ethics@nwu.ac.za

2009-08-31

ETHICS APPROVAL OF PROJECT

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title	The perceptions of psychiatric patients regarding marijuana														
	Student working on project: A Sehularo														
Ethics number:	N	W	U	-	0	0	0	3	5	-	0	9	-	A	1
	Institution				Project Number					Year	Status				
	<small>Status: S = Submission, R = Re-Submission, P = Provisional Approval, A = Authorisation</small>														
Approval date:	3 August 2009					Expiry date:					2 August 2014				

Special conditions of the approval (if any): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- The project leader (principle investigator) must report in the prescribed format to the NWU-EC:
 - annually (or as otherwise requested) on the progress of the project,
 - without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviation from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.
- In the interest of ethical responsibility the NWU-EC retains the right to:
 - request access to any information or data at any time during the course or after completion of the project;
 - withdraw or postpone approval if:
 - any unethical principles or practices of the project are revealed or suspected,
 - it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,
 - the required annual report and reporting of adverse events was not done timely and accurately,
 - new institutional rules, national legislation or international conventions deem it necessary.

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

**APPENDIX B: REQUEST TO THE NORTH-WEST PROVINCIAL
DEPARTMENT OF HEALTH TO CONDUCT RESEARCH**

The Department of Health
North West Province
South Africa

Dear Sir/Madam

**REQUEST TO THE DEPARTMENT OF HEALTH FOR PERMISSION TO
CONDUCT RESEARCH**

I am currently studying for the MCur (Psychiatric Nursing Science) degree at the North-West University, Potchefstroom Campus. I am working on a research project for completion of my studies.

I hereby request permission to conduct the research on: **Exploring the perceptions of psychiatric patients regarding marijuana use.** This study has been approved by the School of Nursing Science as well as by the ethics committee of the North-West University (Appendix A).

The purpose of the research is:

To explore and describe the perceptions of psychiatric patients regarding marijuana use as well as to make recommendations for nursing education, nursing research and nursing practice to ensure more appropriate care and treatment in order to reduce readmissions of psychiatric patients due to marijuana-induced psychosis.

In order to achieve the above purpose, unstructured individual interviews will be conducted with psychiatric patients at a psychiatric hospital admitted due to marijuana-

induced psychosis. The central question that will be asked will be: What is your perceptions regarding marijuana use?

The criteria for selection of psychiatric patients are:

Patients should be:

- admitted to a psychiatric ward with a history of marijuana use and diagnosed with marijuana-induced psychosis.
- tested positive for marijuana use by urine analysis for marijuana.
- able to communicate in English.
- willing to participate in the study, and given a written informed consent, after having been informed about the purpose of the study and the use of an audio-tape recorder.
- found to be psychotic and stabilised based on the report of the multiprofessional team as well as the researcher's own assessment.

The interviews for those who voluntarily consent to participate in the research will be conducted during December 2009 till February 2010.

Your favourable consideration of the above matter and a response at your earliest convenience will be appreciated.

Yours faithfully

Mr LA Sehularo

MCur-student

Supervisor: Dr E du Plessis

Co-supervisor: Miss B Scrooby

APPENDIX C: PERMISSION FROM THE NORTH-WEST PROVINCIAL DEPARTMENT OF HEALTH TO CONDUCT RESEARCH



Health & Soc Dev

Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA

DIRECTOR:
POLICY & PLANNING

13 FEB 2010

DEPARTMENT OF HEALTH
PRIVATE BAG X2068 MMABATHO 2735

2ND Floor Tirelo Building
Dr. Albert Luthuli Drive
Mafikeng, 2745
Private Bag X2068
MMABATHO, 2735

DIRECTORATE POLICY, PLANNING AND RESEARCH

Tel: (018) 387 5757
Fax: 086 631 8540
smalakane@nwpg.gov.za

To : Mr L.A. Sehularo
North West University
From : Director: Policy, Planning & Research Directorate
Mr K.Rabanye
Date : 19 February 2010

Subject: Request for approval: Perception of psychiatric patients regarding Marijuana

The above stated subject matter has the following reference

This communiqué serves to inform your good self that permission to undertake a study as indicated above has been granted by the Office of the Superintendent –General of the Department of Health and Social Development.

Arrangements with managers at District level will be facilitated by the researcher. We apologize for any inconvenience caused.

Attached please find an agreement letter to be signed by you , an indication as to when the final results would be furnished to the Department is quiet crucial.

Yours truly

Mr K.Rabanye

Chairperson: PHRC –Health Branch

North West Department of Health and Social Development

APPENDIX D: REQUEST FOR PERMISSION TO THE MANAGEMENT OF A PSYCHIATRIC HOSPITAL TO CONDUCT RESEARCH

The Hospital Manager
Private Bag X253
Potchefstroom
2520

Dear Sir/Madam

REQUEST TO THE MANAGEMENT OF A PSYCHIATRIC HOSPITAL FOR PSYCHIATRIC PATIENTS TO PARTICIPATE IN RESEARCH

I am currently studying for the MCur (Psychiatric Nursing Science) degree at the North-West University, Potchefstroom Campus. I am working on a research project for completion of my studies.

I hereby request psychiatric patients to participate in research on: **Exploring the perceptions of psychiatric patients regarding marijuana use**. This study has been approved by the School of Nursing Science and the ethics committee of the North-West University, Potchefstroom Campus (Appendix A) as well as the North-West Provincial Department of Health (Appendix C).

The purpose of the research is:

To explore and describe the perceptions of psychiatric patients regarding marijuana use as well as to make recommendations for nursing education, nursing research and nursing practice to ensure more appropriate care and treatment in order to reduce readmissions of psychiatric patients due to marijuana-induced psychosis.

In order to achieve the above purpose, unstructured individual interviews will be conducted with psychiatric patients at a psychiatric ward where they are admitted. The

individual interview will be conducted with psychiatric patients during December 2009 till February 2010; the date will be arranged with potential participants. The central question that will be asked will be: What is your perceptions regarding marijuana use?

Psychiatric patients to be selected to participate in this research must be:

- admitted to a psychiatric ward with a history of marijuana use and diagnosed with marijuana-induced psychosis.
- tested positive for marijuana use by urine analysis for marijuana.
- able to communicate in English.
- willing to participate in the study, and given a written informed consent, after having been informed about the purpose of the study and the use of an audio-tape recorder.
- found to be apsychotic and stabilised based on the report of the multiprofessional team as well as the researcher's own assessment.

Attached please find the research proposal for further information.

Thanking you in advance

Yours faithfully

Mr LA Sehularo
MCur-student

Supervisor: Dr E du Plessis

Co-supervisor: Miss B Scrooby

**APPENDIX E: PERMISSION FROM THE MANAGEMENT OF A
PSYCHIATRIC HOSPITAL TO CONDUCT RESEARCH**



Health & Soc Dev

Department:
Health & Social Development
North West Provincial Government
REPUBLIC OF SOUTH AFRICA



Private Bag X253
POTCHEFSTROOM
2520
Enquiries: Dr T G K Oosthuizen

**WITRAND HOSPITAL
OFFICE OF THE SENIOR MANAGER:
MEDICAL SERVICES**

Tel: (018) 294 5221 x 2002
Fax: (018) 294 6435
TOosthuizen@nwpg.gov.za
rrasmussen@nwpg.gov.za
Mrs I Maree (Secretary)

04/03/2010

Mr L A Sehularo

Dear Sir

**RESEARCH REQUEST: THE PERCEPTIONS OF PSYCHIATRIC PATIENTS REGARDING
MARIJUANA**

1. We acknowledge your request to do research on the above-mentioned topic
2. Permission is hereby granted on condition:
 - No cost to the Department
 - Patients need to consent to partake and to be consentable by age and mental status
 - A copy of your final research to be submitted to the Institution within 14 days of completion

Kind regards

DR T G K OOSTHUIZEN
SENIOR MANAGER: MEDICAL SERVICES; WITRAND HOSPITAL



APPENDIX F: WRITTEN INFORMED CONSENT BY PSYCHIATRIC PATIENTS TO PARTICIPATE IN THE RESEARCH

I ----- hereby consent to voluntarily participate in the research project titled: **Exploring the perceptions of psychiatric patients regarding marijuana use**. I give permission that an interview will be conducted with me as personally arranged and that it will be audio-taped.

I also understand that my participation is voluntarily and that I have the right to decide whether or not to participate in a study, without the risk of penalty or prejudicial treatment. I also have the right to withdraw from the study any time I so wish, to refuse to give information or to ask for clarification about the purpose of the study.

The results will be included in a research report and a scientific article. Confidentiality will be upheld at all times.

Signature of participant: ----- Date: -----

Signature of researcher: ----- Date: -----

APPENDIX G: REQUEST TO ACT AS CO-CODER IN RESEARCH PROJECT

I am currently studying for the MCur (Psychiatric Nursing Science) degree at the North-West University, Potchefstroom Campus. I am working on a research project for completion of my studies.

The title of the research is: **Exploring the perceptions of psychiatric patients regarding marijuana use**. This research has been approved by the School of Nursing Science and the ethics committee of the North-West University, Potchefstroom campus (Appendix A), North–West Provincial Department of Health (Appendix C) as well as the Clinical Manager of a psychiatric hospital where data will be collected (Appendix E).

The purpose of the research is:

To explore and describe the perceptions of psychiatric patients regarding marijuana use as well as to make recommendations for Nursing Education, Nursing Research and Nursing Practice to ensure more appropriate care and treatment in order to reduce readmissions of psychiatric patients due to marijuana-induced psychosis.

In order to achieve the above purpose, I hereby request your assistance as co-coder. Unstructured individual interviews will be conducted with psychiatric patients at a psychiatric hospital admitted due to marijuana-induced psychosis. The central question that will be asked will be: What is your perceptions regarding marijuana use?

Enclosed please find the research proposal that has been approved by the above mentioned institutions and people. This proposal gives an outline of what the research entails.

Your favourable consideration of the above matter and a response at your earliest convenience will be appreciated.

Yours faithfully

Mr LA Sehularo

MCur-student

Supervisor: Dr E du Plessis

Co-supervisor: Miss B Scrooby

APPENDIX H: EXAMPLE OF A TRANSCRIPT OF AN INDIVIDUAL INTERVIEW WITH A PSYCHIATRIC PATIENT

R – Researcher

P – Participant

R – Good afternoon sir

P – Good afternoon sir

R – How are you today?

P – Today I'm feeling well, I'm feeling fine, and my mood yeah is correct

R – You are feeling fine; you are feeling well, the mood is correct?

P – Yes, uhmmm, I'm feeling normal today, I'm feeling like my old self again

R – You are feeling normal again?

P – Yes

R – Mmmm

P – I'm feeling like the way I used to feel when I was a baby, when I was growing up, before I started using drugs, because when I was using marijuana, I didn't think the same, I was forgetful, and was in an abnormal mood

R – Mmmm

P – I always feel down, always not with energy but now yeah I can feel this energy

R – You are feeling alright now?

P – I'm feeling alright now

R – You are yourself now?

P – I'm myself now; I'm able to do the things I normally love to do

R – Mmmm

P – I can also take care of myself now

R – Mmmm

P – Yeah, not that laziness is gone

R – Congratulation on being yourself again and on being normal again

P – Yeah I can take the medication which they gave me because the medication has helped me a lot

R – Thank you for telling me how you are feeling today, you said you are feeling alright, you feel normal, you are yourself again, and let me thank you again for signing the consent form on this Research, the topic is, Exploring the perceptions of psychiatric patients regarding marijuana use, and you have signed the consent form.....

P – Yes

R – And I believe you understood everything that is written on the consent form?

P – Yes I understood everything and I'm willing to participate, I'm willing to talk about this, I'm willing to actually open up about my perceptions regarding marijuana use

R – Can we start now, what are your perceptions regarding marijuana use?

P – Well, my perceptions regarding marijuana use is that marijuana can actually make you mad, a mad person, it can actually change the way you are, it can change the way

your mind is working, it can actually make you feel abnormal, you can actually become something which you are really not

R – Mmmm, can you explain more, what do you mean when you say it can make you mad, it can make you abnormal, it can make you the person you are not, what do you mean, can you explain further?

P – Alright, uhmmm, for my own perception, the way I was when I was using marijuana is that, I couldn't cope without marijuana, I needed it more everyday, I couldn't feel normal when I did not smoke marijuana, I had to go on for marijuana everyday but then again it will take me to another drug again, because it has a need of assistance of another drug, it doesn't go on its own

R – It needs the assistance of other drugs?

P – It needs the assistance of another drugs because once you use marijuana, it becomes a normal thing to yourself, it becomes something which you are so used to that you cannot feel it anymore, when you smoke it, it needs another drug

R – Can you give me the example of those other drugs that you can use when using marijuana?

P – Well, I have used alcohol, and the way I was using alcohol, it was in an abnormal way because the way I was drinking alcohol, I would drink like water, I will not stop drinking it, because there's this urge, this need within me that I must get more drunk and more drunk to feed my hunger within, the urgency I had

R – So you mean when you smoke marijuana, you go to other drugs and you drink lots of alcohol again?

P – Yes I was drinking alcohol; I was drinking it like water because it needs a strong drug, something which will make your mind to go crazy again

R – Mmmm

P – It doesn't need to stand on its own, it cannot stand on its own, it needs something just to assist it, to give you that kick that you need, to give you that, you know when your mind is off is desperately needs that

R – Mmmm

P – So on my side, I then became psychotic, I started believing things which were not there about myself, I started hearing voices, when I was actually drunk, and started fighting with the people, then my life became a mess

R – Mmmm, your life became a mess?

P – My life became a mess because now I started fighting with my family

R – Mmmm

P – Believing that they were against me, believing that they were taking my money and that I had lots of money

R – Mmmm

P – And I believed I was owning everything

R – You believed that you were owning everything?

P – I believed so, I believed so, I believed that I could get anything that I want anytime that I want, and started to be asking for keys, telling people to give me the keys and yeah, it was a strong belief for me, and then again as I used to it, it then gave me the feeling that I was a son of God Jesus Christ

R – Mmmm

P – That I came to die on the cross, and that I had to follow that to die like the way he died

R – Mmmm Mmmm (nodding the head)

P – I remember I bought myself a DVD of the passion of Christ, I wanted to copy the things that he did and I wanted my friends to do those things to me, uhmmm, because I had a strong belief that I was him

R – Mmmm

P – And that I was born again to come and die for the second time, I remember telling one of my friends that I had to meet Mr. Eugene Terreblanche, and he had to punish me, that was my belief about Mr. Eugene Terreblanche, I wanted to meet him, I wanted him to punish me, they said he punished Jesus, I wanted him to nail me on the cross. Those were my perceptions, those were the things that I wanted to do, my plans, and if somebody doesn't want to take care of those plans, I will really get upset with that person and I want to kill him

R – Mmmm mmmm

P – Because I wanted it done, I wanted somebody to do it, and then I promised my friends to give them money which they have to do it, some of them were afraid

R – Mmmm

P – Because I wanted it done and I could not take a no as an answer, I wanted them to do it

R – Mmmm, mmmm, what other perceptions do you have with regard to marijuana use, other perceptions?

P – My perception is that marijuana can make a person lazy, because I quitted my job

R – Mmmm

P – I started not going to work, I did not feel like washing my body, I went on the day without washing and I did not have problem with that, I became a very unclean person and I had no problem with that

R – Mmmm

P – So marijuana had also taken away the perception that I should take care of myself, I did not care

R – You did not care?

P – I did not care, I did not care, I will go on a day without food and I did not care about it

R – Without foods?

P – Without foods yes

R – But you did not care?

P – I did not care just as long as I can get more marijuana. All that I needed was more marijuana more marijuana and more alcohol. And yeah, if I get marijuana and alcohol that's all I have in the world and it make me believe that I own every woman in this world and that I can marry any girl I want to marry

R – Mmmm

P – Yeah, it gave me that mindset that I could become a child again and could die today and tomorrow I could get another body, that's one thing I believed, so my family got lucky because they heard about my plans, some of my friends told them that yeah, I wanted to kill myself on that day

R – Because of.....?

P – Because of marijuana

R – You wanted to commit suicide just because of marijuana?

P – I wanted to commit suicide because of marijuana

R – Mmmm

P – Yes

R – It seems as if marijuana is a bad drug, the way you have been explaining?

P – It is definitely a bad drug, it is definitely a bad drug I would want to stay away from it, I want nothing to do with it, because now that I'm clean, I am able to see things from another point of view

R – Mmmm

P – Not the same way that I saw things before, now I am able to see the bad things that I was doing, now I'm able to know without being told by anybody that I need to take care of myself

R – Mmmm mmmm

P – Because now the medication is helping me a lot, my mind is clean

R – Your mind is clean now?

P – My mind is clean now

R – Mmmm

P – Because I had a problem with breathing

R – With breathing?

P – With breathing yes, I couldn't breath, I was sometimes at night I will feel myself struggling to breath but at least now I can breath, I can yeah, I have energy again in my body

R – It sounds as if your life is normal again since you are here, because now you are not smoking?

P – Yes my life is normal again and I have enough energy for the day, the things that I think now are normal because I don't believe I have a lot of money now, I don't believe those things which I believed in when I was using marijuana

R – You mean when you smoke marijuana you have a strong belief?

P – Yes you have a strong belief at things and no body can tell you anything, if you want to belief that you are Nelson Mandela you just belief that you are Nelson Mandela and no body can tell you anything about that, you just believe crazy things

R – Mmmm mmmm

P – If you see something, for instance, I tend to believe that the TV was talking to me, when I'm watching TV, and I look at the pictures, those people will be actually communicating a message to me and I will actually laugh and people will be wandering what am I laughing at

R – Mmmm

P – When something bad is happening, I will actually get angry, very angry and then start to fight people around me

R – Mmmm, can we go back to that one when you said, marijuana can make you mad, can you explain further on that one, You said it can make a person mad?

P – Yes marijuana can make a person mad because now your mind set is no longer working according to the way it's supposed to work

R – Mmmm

P – Yeah, now the things that you see and the things that you hear that other people can't hear

R – Oh you see things that other people cannot see and hear things that other people cannot hear?

P – You see things that are not there and you start to hear things that other people cannot hear and those things you believe that they are there

R – Can you give me example, you see things like what?

P – For instance I saw doves, I believed that they were able to talk, and believed that animals were able to talk to me

R – Mmmm

P – And I remember seeing another baby only three years old, I believed she could talk to me

R – Mmmm

P – One day I wanted to kill that baby, because I was afraid of her

R – You wanted to kill the baby?

P – I wanted to kill that baby because I was so afraid, I thought that baby was actually someone who came back from the.....(Can't hear)

R – Was it a real baby that others can also see or it was a baby that other people cannot see?

P – Is a real baby that you can see

R – It was a real baby

P – I wanted to kill that baby; it's just that I was so afraid

R – It sounds as if you nearly make a big mistake just because of marijuana, By killing the baby?

P – Yes I almost ended up in prison; I almost ended up in prison because of marijuana, because now these visions when you see them, they are real to you

R – They are real to you?

P – They are real to you, it doesn't happen like something which is unreal, it happens so real, you can actually see things that other people can't see, but they can only be seen by you

R – Mmmm

P – No body can see those things except you

R – It seems as if this marijuana is very strong?

P – It is a very strong drug, it is a very strong drug, when it's so clean to your body, as long as your mind is adapted to it, and you will actually start to create those things

R – Mmmm

P – At first you know they are not real but when the marijuana is so used to your mind you start to believe they are real

R – Mmmm mmmm

P – And you can believe that you are not able to die, that is why the suicidal thought comes in

R – Oh, you mean that when you are under the influence of marijuana you become suicidal?

P – You get easy to become suicidal

R – Mmmm, how, can you explain?

P – For instance, I had voices, when I'm sad it will tell me you have to die, it start to tell me you must die, you must die, and then when I want to follow those voices, I was actually scared to kill myself, I wanted other people to kill me. For instance, I've got a scar underneath my arm where I got injured by another old man (The researcher saw the scar), he was going to work another day and I met him I was so angry at him then I started to fight with him, unfortunately I had nothing in my pocket to defend myself, and he defended himself against me and then he hurt me

R – You did not have anything in your pocket, something like what?

P – Something like a knife to defend myself, but I wanted to fight, marijuana give you the energy that you can fight everybody, it tells you that you are undefeated

R – Mmmm

P – The things that you see on the movies you believe them and you actually want to practice them

R – When you are under the influence of marijuana?

P – When you are under the influence of marijuana, you become totally crazy, you become totally mad, and if the people around you are not telling you the truth about marijuana, like for instance my friends couldn't tell me that I'm mad, they kept on telling me that everything was okay, I wanted to believe those things, I remember I was standing on the street smoking marijuana and waiting for the police to pick me up because I wanted to go to prison to visit, to visit the guy who was arrested, I believed that I could go to prison and get out anytime I want, so that was the things that marijuana made me to do

R – It seems as if it has done a lot of things to you like you said you wanted to kill a baby, you wanted the cops to arrest you, you were provoking people on the street, wanting the police to come, and it can make you mad or crazy, to start to believe things which are not there, you hear the voices of people which you can't see and you see things which other people can't see, it seems as if it has done a lot of things in your body or in your mind after smoking it?

P – Everything it's like adventure when you smoke it

R – It's like? (Researcher didn't hear well)

P – It's like an adventure, you want to do something crazy everyday, each and every day, it doesn't go without something crazy

R – Oh, when you smoke marijuana something is coming, which is saying you must do something crazy?

P – Yes, definitely something which other people cannot do

R – Mmmm

P – Fortunately for me I was not a person who is able to steal

R – To steal?

P – Yes, I was not a thief, but for my friends when we are sharing, because we seated as a group and we were telling each other what happens when we smoke, and most of my friends are thieves, they steal

R – They steal?

P – They steal

R – They steal before smoking marijuana or after smoking marijuana?

P – After smoking marijuana because before smoking marijuana you cannot do anything

R – You can't do anything without marijuana?

P – You can't do anything without marijuana because it feels like you are dead without marijuana

R – It's like you are dead?

P – It's like you are dead without marijuana

R – And after smoking?

P – After smoking you started coming to life and then you will want to do those crazy things

R – Mmmm

P – And you are not afraid, you are not ashamed of anything, but before you smoke marijuana you are ashamed of the people around you, you are ashamed of everything and then when you smoke marijuana that shame goes, you are not ashamed, you are not scared of anything

R – It sounds like marijuana make you brave?

P – Yeah, from my perspective it makes you brave, it makes you definitely brave, like for instance the things that I said I wanted to do, you want to do a lot of things at the same time, and all of those things are very crazy, when you are not smoking, so that's the reason why, that is the only way that other people can see you, they can see you as a mad person, but you don't see yourself as mad, you see yourself as a hero

R – As a hero?

P – As a hero

R – Mmmm

P – Because I've known myself as a hero, I've known myself as a right person, as a person who can actually save the world, as a person who can actually come up with something new which other people cannot do, things which actually will make me known for ever, because marijuana it definitely make you feel like you own the world

R – You own the world?

P – The world

R – Mmmm

P – Yeah, you'll suddenly feel like you are the boss for everything and no body can tell you anything, you can just take anything from somebody, for instance, I will start to take things from people without paying for them

R – Things like what?

P – People who are selling on the streets, and now they are telling me that I owe lots of lots of people but I don't remember anything (Researcher and participant laughing), I can't remember, and I took those things, yeah

R – Mmmm

P – With the intentions to fight

R – You were taking them with the intentions to fight?

P – Yes, I take the things with the intentions to fight and I don't pay, promised them that I will pay the next day, and I did not pay

R – Mmmm

P – All I wanted was a fight

R – Was a fight?

P – Yes

R – So marijuana makes you strong?

P – It makes you strong and it make you believe that you are really really strong, a strong person, and you just need the pain, another pain, it makes you desire to feel the pain in your body

R – What do you mean, Can you explain?

P – For instance, like I said I was in pain and I did not mind and when you are without pain, it feels abnormal, it felt abnormal, you need to feel the pain, when you are under the influence of marijuana you just need to feel the pain, that’s why sometimes you just start a fight so that the people can hurt you and can feel the pain, because pain starts to provoke you

R – Mmmm

P – You cannot be provoked without feeling the pain, that’s why most of the people who smoke marijuana they are always on a fight

R – On a fight?

P – They are always on a fight

R – Mmmm

P – You can never be without a fight when you are actually smoking marijuana, you are always on a fight, most of them have scars because they enjoy the pain

R – They enjoy the pain?

P – They enjoy the pain, they enjoy the pain and they start to hate other people as well

R – Mmmm

P – To hate other people, for instance, I hated my family

R – Mmmm

P – I did not want to spend anytime with them, I did not want to be around them, I hated them so much because of marijuana

R – From what you have been saying, for the whole of this interview, it sounds as if marijuana is a bad drug, it leads you to do wrong things, it leads you to be dangerous to other people?

P – Yes dangerous, but not only to other people but also to yourself

R – Mmmm

P – Because you cannot be alone, because you cannot be alone, when you are alone you are suicidal, when you are around other people you want to murder them, you want to hurt them, It definitely makes you a bad person

R – It makes you a bad person?

P – A very bad person, I will not encourage anyone to use that drug

R – You will not encourage anybody to use it?

P – Definitely not, definitely not because it took me a great pain to be here, I’m also at rehab and I will encourage no one to take this drug at all

R – You will encourage no one to take marijuana?

P – No one, no one, because it’s a very bad drug,

R – It’s a very bad drug?

P – It’s a very bad drug and when you use it you can become mentally disabled for the rest of your life

R – How do you know that, can you explain further?

P – I know most of the people who are now mentally challenged, they were my friends

R – Mmmm

P – They are now forever mentally challenged because they started using marijuana, and I'm lucky because I came to (mentioned the name of the hospital)

R – Mmmm

P – Because I was on the road to be that mentally disabled, for instance, now the way my speech is, it's not normal

R – Mmmm

P – But I'm feeling normal on my mind

R – Mmmm

P – But I'm waiting for the recovery because it definitely destroyed my speech pattern, the way I speak

R – Your speech pattern is disturbed?

P – Yeah

R – Because of what?

P – Because of marijuana, it disturbs your speech, you don't speak normal, the way you used to speak

R – Mmmm

P – It's like your tongue is tied on something

R – Mmmm

P – And then when you try to speak, it's hard to speak normal again, you have to use your hands, you have to use everything just to be able to express yourself

R – Body language?

P – You use your body language

R – Mmmm

P – But yeah, it's definitely bad for everyone

R – It's bad for everyone?

P – It's bad for everyone, I will not encourage any single person to take marijuana

R – The word everyone, it's bad for everyone, can you explain the word everyone?

P – It means nobody, it can be good for nobody, nobody, it is bad for everybody

R – Marijuana is bad for everybody?

P – It is bad for everybody; I encourage no person to take marijuana, because at first when you are a new smoker, it sounds cool

R – It sounds cool?

P – Yeah, at least, for new smokers it sounds cool, it sounds as if you can actually make it, because marijuana is a very addictive drug

R – Its addictive drug, what do you mean?

P – It is more dangerous than any other drug because it leads to more drugs

R – Oh, it leads to more drugs?

P – It leads to more drugs; it's like a doorway to more drugs

R – It's like a doorway to more drugs?

P – Yes, if you want to use marijuana you are also going to use any other drug

R – You mean other drugs like?

P – Like mandrax, like cocaine, it's impossible that you can smoke cocaine without starting smoking marijuana first

R – Oh, people who smoke cocaine, started with marijuana?

P – All the people, they start with marijuana

R – Mmmm

P – All the smokers, all the drug abusers, they start with marijuana because marijuana is the first drug, it is easy to buy, it's cheap, it's cheaper than any other drug

R – It's cheaper than any other drug?

P – Yes, but once you get more addicted to it you want more drugs and then you want to stop marijuana and get to other strong drugs

R – Mmmm

P – Because basically when you smoke other drugs, you normally mix it with marijuana

R – Mmmm

P – Uhmmm, yeah, it is a doorway

R – It's a doorway to other drugs?

P – It's a doorway to other drugs because no way in which you will say no to other drugs if you use marijuana

R – You will say no to other drugs when you smoke marijuana?

P – When you smoke marijuana, you won't be able to say no to other drugs, you are just opened to any other drug, any new drug, it doesn't matter whether it's mandrax, whether is a new drug, you won't say no

R – Do I understand clear that most people who are using other drugs like mandrax, cocaine, heroine, alcohol and others, there is this possibility that they started with marijuana?

P – You can say it's only twenty percent which did not start, but eighty percent they started with marijuana

R – Eighty percent started with marijuana?

P – They started with marijuana because it is the first drug which you learn to be high, it sounds so simple like cigarette you are smoking, and when you are addicted to it, you want more drugs

R – When you are addicted, then you want more drugs?

P – When you are addicted to it, you want more drugs, and it leads you to very very strong drugs other than alcohol, because I was lucky because they don't sell other drugs where I'm staying, they only sell alcohol, but I was in urgent need, I remember myself asking for mandrax, there was a guy who told me he know the place where they sell mandrax, I promised to give him one thousand rand if he can bring me that

R – One thousand rand?

P – One thousand rand

R – For mandrax?

P – For mandrax

R – Mmmm

P – Because he told me that they sell it for one thousand five hundred rand and he can organise for me to get it by one thousand rand, and I said yes, I wanted it, because now you need, you need other drugs

R – You need other drugs?

P – You need other drugs

R – You can't smoke it alone?

P – You can't smoke it alone, you desperately need others, it's like you will die without them

R – Mmmm

P – You are in desperate need of other drugs, you feel like you can get more and more and more other drugs, but yeah, like I say the way I was drinking alcohol, it was not in a normal sense, I was abusing it, I will buy a great (meaning twelve courts) and I will feel nothing, just a great of beers

R – Great?

P – Yes, twelve beers was nothing, because I wanted more and more and more, marijuana was making it.....(didn't hear) You don't become drunk like other people

R – Mmmm, how do you become drunk?

P – When you smoke marijuana you need more alcohol and you don't become drunk easily, you stand

R – Mmmm

P – That's why most people who are smoking marijuana, they are not like normal people, they don't become drunk with two beers, two beers is definitely nothing, and twelve beers is also definitely nothing, they want more than that, they need strong, strong alcohol like brandy or whiskey, it's insufficient to make you drunk

R – To make you drunk?

P – Yes

R – Mmmm

P – You need something strong every time, even if is a cocaine, you need something strong, you started something and then it becomes weak, because marijuana is actually telling your mind that everything you know is weaker than the thing you don't know

R – Mmmm

P – You want to try and experiment something new every time

R – Mmmm

P – Yeah, my perception is definitely not for anyone to use it

R – No one must use it?

P – No one must use it, it's hard to get out of it when you are actually in it

R – But you are using it?

P – I used it but I will never use it again

R – You will never use it again?

P – Definitely never

R – Why not?

P – Because I have learnt my hard lesson, I wouldn't have discussed it now, I almost lost my life because of that drug, now that I'm clean, I don't want to use it again, never,

R – Mmmm

P – Never, I also wanted to start a campaign for the Youth against drugs

R – Mmmm

P – If I can get help that I need, I will actually go on with that campaign, because I have learnt, I have learnt the hard way, I wouldn't be in this place, if it was not because of marijuana

R – Now do I understand clear that you are here because of marijuana?

P – I'm definitely here because of marijuana and my life has stopped, everything has stopped, it make you loose everything, it can make you loose your job if you are working, but everything is done slowly, slowly by slowly, you won't see, it's not fast but things are done slowly, at the end of the day you notice that you have lost everything

R – Mmmm

P – I'm very fortunate to be actually clean from this drug, I'm fortunate

R – To be clean from what?

P – To be clean from marijuana, yeah, because I was also forgetful

R – Mmmm

P – That is how I accused everybody, I accused everybody for taking my money, I accused everybody for taking the things that I owned, because I had forgetfulness, you become forgetful

(Silence)

R – Mmmm, Thank you very much for talking to me about your perceptions regarding marijuana use, and if you want something from me, I'm available, if you have any questions maybe now you can ask your questions

P – Yeah, I'm so relieved now, so much that I definitely don't have any questions, I'm just glad to become myself again and yeah it's actually my pleasure to speak about this, because I don't want to go back to it again, I want to talk more about it when I go back to my community

R – Mmmm, you want to talk more about it?

P – Yeah

R – What are you going to say about it?

P – I want to advise young people not to start with marijuana because I know at school it's definitely where they start smoking marijuana

R – At school?

P – At school

R – Mmmm

P – Because it's fun there, when your friends give you marijuana you become like a super hero

R – Mmmm

P – Yeah, definitely I will advise young people not to take this drug

R – Thank you for talking to me and if I can summarise what we have just said here, you said marijuana is a bad drug, it can make you mad, it made you to be admitted here, and you nearly killed a child because of marijuana, you lost the job because of marijuana, you went to work without washing because of marijuana, you will not encourage anybody to use marijuana and you said it start at school, and you said marijuana is cheap and you will never encourage anybody to smoke it, you also said you have quitted, you will never never go back to it again, thank you very much sir for talking to me about your perceptions with regard to marijuana use

P – It's my pleasure sir

R – Thank you

P – Bye.

THE END!!! THE END!!! THE END!!!

APPENDIX I: FIELD NOTES

INTERVIEW 1

DEMOGRAPHIC NOTES

This first unstructured individual interview with a psychiatric patient was conducted in a psychiatric hospital in Potchefstroom, North-West Province on the 12th April 2010 between 16h30 and 18h00. The weather temperature was around 25 and 26 degrees Celsius. The interview was conducted in an office which was locked, and a notice of “no disturbance, interview in progress” was put on the office door to avoid disturbance by other psychiatric patients or the ward staff. All the ward staff members were informed about this interview to avoid disturbance. The demographic conditions were thus conducive to an interview to take place effectively.

DESCRIPTIVE NOTES

A 28-year-old male coloured psychiatric patient who had been admitted on the 24th March 2010 as section 25 (voluntary care, treatment and rehabilitation) with a diagnosis of substance abuse, gave written permission to participate in the research interview titled “exploring the perceptions of psychiatric patients regarding marijuana use”. According to this patient, he came to a psychiatric hospital voluntarily because he has lost a car, job and a girlfriend just because of substances like marijuana, cocaine, heroin and alcohol. At the time of interview, he was not working and still single. He verbalised that the reason for him to agree to participate in this research is because he wanted to quit all the above-named substances and he also wanted to help other people to stop using substances like marijuana. This is the patient who said, if it was not because of marijuana, he could have been far in life.

REFLECTIVE NOTES

The interview started after the researcher had explained the topic and the purpose of the study again to the patient. The psychiatric patient seemed very relaxed during the interview as he verbalised that he started smoking marijuana since 15 years of age. He was very knowledgeable and open about his perceptions regarding marijuana use. He maintained eye contact from the beginning until the end of the interview, and at times he was using hands to explain his perceptions well. Sometimes he was using Afrikaans because he was saying he is not good in English. However, his perceptions regarding marijuana use were well understood by the researcher.

INTERVIEW 2

DEMOGRAPHIC NOTES

This second unstructured individual interview with a psychiatric patient was conducted in an office of a psychiatric ward, admission ward, on the 13th April 2010 between 17h00 and 18h20, the weather was conducive to a research interview. The room was noise-free as all other psychiatric patients were under the supervision of the nursing staff. However, the room was locked to avoid unintentional disturbance. The room was thus conducive to a research interview to take place.

DESCRIPTIVE NOTES

A 26-year-old male black psychiatric patient who had been admitted on the 5th March 2010 as section 27 (Assisted Care, treatment and Rehabilitation) with a diagnosis of marijuana-induced psychosis gave written permission to participate in this study. The patient matriculated in 2004, he is still single and employed as a general worker. According to him, he obtained three distinctions in matric, and he was supposed to further his studies at the University, but could not make his dreams true because of financial problems. He started using marijuana while still in middle school.

REFLECTIVE NOTES

As in all other interviews, the researcher started the interview by explaining the topic and the purpose of the study again to the patient. At the time of the interview, patient was discharged and waiting for his relatives to come and collect him. However, he seemed so relaxed and open about his perceptions regarding marijuana use. He answered all the questions with ease and confidence.

INTERVIEW 3

DEMOGRAPHIC NOTES

This third unstructured interview with a psychiatric patient was conducted in a doctor's room of a rehabilitation and a mood ward on Wednesday the 21st April 2010 from exactly 17h00 until 17h35. Permission was granted by the sister in charge of the ward to use the doctor's room for this study. The notice of "no disturbance, interview in progress" was put on the door of the room to avoid disturbance by the nursing and the medical staff. The interview progressed well from the beginning until the end without any disturbance. The patient seemed relaxed in this room.

DESCRIPTIVE NOTES

A 36-year-old male psychiatric patient who had been admitted on the 24th March 2010 as section 33 (involuntary care, treatment and rehabilitation) with a diagnosis of substance induced mood and psychosis gave written permission to participate in this study. The patient has Grade 12, is married with three children and works as a miner. At the mines, where he started smoking marijuana because of the pressure he was getting from other miners, they were telling him that to be strong and think straight, you must smoke marijuana. After the interview, he said that he does not want to see marijuana again in his life because marijuana has destroyed him badly.

REFLECTIVE NOTES

During the interview, the psychiatric patient seemed relaxed with a soft tone of voice when he was sharing with the researcher his perceptions regarding marijuana use. The psychiatric patient said because of his age, he does not want to smoke marijuana again because he is supposed to be a role model for his children, unlike other role models who appear in the newspapers on a daily basis because of smoking or arrested for marijuana. He was repeatedly saying people especially the youth, should not copy wrong things that the celebrities are doing. He even mentioned a lot of celebrities who have even died because of smoking marijuana.

INTERVIEW 4

DEMOGRAPHIC NOTES

The interview was conducted in an office of a rehabilitation and a mood ward of a psychiatric ward in Potchefstroom, North-West Province. It was on the 22nd April 2010 on Thursday. The time of the interview was between 14h30 and 15h15. The interview room was relatively noise-free. The interview progressed well without any disturbance and the patient was very relaxed. The room was thus conducive to a research interview to take place.

DESCRIPTIVE NOTES

A 25-year-old white male psychiatric patient who had been admitted on the 14th April 2010 as section 33 (involuntary care, treatment and rehabilitation) with a diagnosis of bipolar mood disorder (depressed), severe without psychotic features and substances gave written permission to participate in this study. The patient is single with only one child and he works as an electrical engineer.

REFLECTIVE NOTES

From the beginning, the psychiatric patient was very brief in his answers but the answers were relevant to the topic. He is the only psychiatric patient who differed with other psychiatric patients. For example, according to him, marijuana is not dangerous like other substances such as alcohol, that is the reason why he is smoking marijuana almost everyday because it's not dangerous.

INTERVIEW 5

DEMOGRAPHIC NOTES

The interview took place in a relatively noise-free office of a rehabilitation ward of a psychiatric ward on the 23 April 2010. The interview started later than the planned time due to the fact that the patient was still with his parents. The researcher respected the parents rights and waited for the patient to finish with them. While still waiting for the parents to finish with the patient, the researcher was busy testing whether the tape recorder and the batteries are still in good working conditions. The interview started 45 minutes late, and lasted from 15h45 until 16h55. Otherwise the interview progressed well.

DESCRIPTIVE NOTES

A 26-year-old male psychiatric patient who had been admitted on 30 March 2010 as section 27 (assisted care, treatment and rehabilitation) due to marijuana-induced psychotic disorder gave written permission to participate in this study. The patient is single, not married and started using marijuana five years ago. He stays with his parents who did not know that he was smoking marijuana until he was admitted to a psychiatric hospital due to marijuana-induced psychotic disorder. At the moment, the patient is unemployed, and, according to him, he is not working because he was caught smoking marijuana on his employer's premises. He said he nearly killed other people because of

smoking marijuana. He also said he was happy to be admitted at a psychiatric hospital because of smoking marijuana because he has learned a lot of things at the hospital.

REFLECTIVE NOTES

Patient was relaxed from the beginning until the end of the interview. He was open to share his perceptions of marijuana use with the researcher. The interview with him is the longest because he had a lot of perceptions with regard to marijuana use. He was describing himself as a suitable participant in this study because of the knowledge he possesses regarding marijuana use.

INTERVIEW 6

DEMOGRAPHIC NOTES

The interview was conducted in a very quiet, well ventilated office of a rehabilitation ward in Potchefstroom, North-West Province, on 24 April 2010 between 13h00 and 13h50. The office was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient.

DESCRIPTIVE NOTES

The interviewee was a 20-year-old male psychiatric patient who had been admitted on the 12th April 2010 as a readmission, section 33 (involuntary care, treatment and rehabilitation). He was re-admitted due to marijuana-induced psychotic disorder. The patient started using marijuana while he was in a primary school and he said he knows all types of marijuana, he has smoked them.

REFLECTIVE NOTES

The patient seemed relaxed throughout the interview. Even though he was readmitted within two weeks due to marijuana-induced psychotic disorder, he said during the interview that he wanted to stop smoking marijuana and he also wanted to help other people who are smoking marijuana. He repeatedly said that marijuana is a bad drug even though he smoked it himself.

INTERVIEW 7

DEMOGRAPHIC NOTES

This interview with a psychiatric patient was conducted on Saturday 22 May 2010 around 17h00–18h05. The weather temperature was 26 degrees celcius. The interview was conducted in an office which was very quiet and locked to avoid disturbance by other patients as well as the ward staff. The demographic conditions were thus conducive to an interview to take place effectively.

DESCRIPTIVE NOTES

A 24-year-old male psychiatric patient interviewed in this study was admitted on 12 May 2010 as section 27 (assisted care, treatment and rehabilitation) due to substance induced mood and psychotic disorder. The patient is single, employed at South African Defence Force. He started smoking marijuana while still in high school. He says when he is under the influence of marijuana he can propose to four to five ladies in one night and he can also dance the whole night. Marijuana is helping him to dance and it makes him brave for the ladies.

REFLECTIVE NOTES

The patient was relaxed during the unstructured individual interview with him. His speech was slow and soft-spoken but relevant to all the questions asked. He was speaking a very good English and he said marijuana helped him with vocabulary because most of the times he was reading English books after smoking marijuana. However, before the end of the interview he concluded that marijuana is a dangerous drug, and can make you mad.

INTERVIEW 8

DEMOGRAPHIC NOTES

The interview was conducted on 9 October 2010 between 10h00 and 10h40 in a very quiet office of the admission ward of a psychiatric hospital where research was conducted. The weather temperature was 34 degrees celsius. The fan was put on to make the room cool and conducive to the research interview because it was too hot on that day. All the ward staff members were informed about this interview to avoid disturbance. The demographic conditions were thus conducive to an interview to take place effectively.

DESCRIPTIVE NOTES

A 21-year-old male psychiatric patient gave written consent to participate in this study on a totally voluntary basis. The patient was admitted on the 7 October 2010 as section 27 (assisted care, treatment and rehabilitation) due to marijuana-induced psychosis. The patient started using marijuana only four months before his admission date, and he is mixing marijuana with alcohol most of the times. According to him, marijuana is not a dangerous drug as compared to alcohol, he said he can even encourage his own children to smoke marijuana. He is smoking four to five zols of marijuana every day.

REFLECTIVE NOTES

The patient was relaxed during the interview, maintained eye contact from the beginning until the end of the interview. He was very brave to share his positive perceptions with regard to marijuana use. The tone of voice and the way he was using body language showed that he really enjoyed talking about marijuana use.

INTERVIEW 9

DEMOGRAPHIC NOTES

The interview was conducted on 9 October 2010 between 11h00 and 11h35 in a very quiet office of the admission ward of a psychiatric hospital where this research was conducted. The weather temperature was 34 degrees Celsius. The fan was put on to make the room cool and conducive to the research interview because it was too hot on that day. All the ward staff members were informed about this interview to avoid disturbance. The demographic conditions were thus conducive to an interview to take place effectively.

DESCRIPTIVE NOTES

A young male, well-groomed psychiatric patient gave written consent to participate in this study voluntarily. He was admitted on the 2nd September 2010 as section 33 (involuntary care, treatment and rehabilitation) due to Paranoid Schizophrenia with substances. The patient is using marijuana, alcohol and glue. He said the prices of marijuana are not the same in all the places, because marijuana is very scarce in some places. The patient said that marijuana helped him a lot in school, from high school until tertiary level because he was a top student, and this was because of marijuana. However, he believed that marijuana is the cause of his mental condition and he does not want to smoke marijuana again in his life. He said that marijuana is dangerous for all people, young and old.

REFLECTIVE NOTES

The patient seemed anxious before the beginning of the interview but became relaxed just immediately after the commencement. He was very talkative and loud while sharing his perceptions with the researcher regarding marijuana use. He maintained very good eye contact.

INTERVIEW 10

DEMOGRAPHIC NOTES

The interview was conducted on 9 October 2010 between 12h15 and 12h55 in a very quiet office of the admission ward of a psychiatric hospital where this research was conducted. The weather temperature was 34 degrees Celsius. The fan was put on to make the room cool and conducive to the research interview because it was too hot on that day. All the ward staff members were informed about this interview to avoid disturbance. The demographic conditions were thus conducive to an interview to take place effectively.

DESCRIPTIVE NOTES

A 22-year-old colored psychiatric patient was admitted on 07 October 2010 under section 27 (assisted care, treatment and rehabilitation) due to marijuana-induced mood and psychosis. The patient was admitted for hearing and seeing things, talking a lot and abusing marijuana. He is abusing marijuana and alcohol equally. He was still single and unemployed at the time of the interview.

REFLECTIVE NOTES

The interview started after the researcher had explained the topic and the purpose of the study again to the patient. The fully stable (apsychotic), relaxed psychiatric patient

maintained good eye contact from the beginning until the end of the interview. He repeatedly mentioned that marijuana is the most dangerous drug.