

The dialogical relationship between adolescents and parents: prevention of risk behaviour

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SUMMARY

Risk behaviour amongst adolescents represents a major public health challenge in South Africa particularly when considering the statistics on sexually active youth, adolescent pregnancies, smoking, drinking and drug abuse amongst the youth. Although various reasons can be given to explain this phenomenon, the parent-adolescent relationship has proven to be a huge factor in the prevention of risk behaviour. However, even though the importance of such a relationship has been proven, risk behaviour amongst adolescents still persists. This study specifically looks at the dialogical parent-adolescent relationship and how adolescents who engage in risk behaviour are affected by the relationship and how it can prevent risk behaviour. The content of section A explains the orientation towards the research, the problem rationale and the goals and objectives of the study. The researcher followed a qualitative approach as she tried to obtain an understanding of adolescent risk behaviour and how the nature of the dialogical parent-adolescent relationship could prevent such risk behaviour. Semi-structured interviews were conducted with five girls and three boys who lived in Pretoria, as well as with their parents. The adolescents were between the ages of 14 and 17 and all engaged in risk behaviour. In section B a literature study is given with a brief outline of the methodology that was used. Specific focus falls on the findings of the study. Section C contains the summary, evaluation and conclusions of the overall study. This research was done in order to make recommendations to parents of adolescents who engage in risk behaviour as a possible way to prevent it. This study highlighted how unprepared and uninformed parents were in terms of their parental skills and the needs of their adolescent children. The study also highlighted the need of the adolescents to be validated, and the lack of understanding and warmth in the manner that their parents relate to them. Adolescents still need parental guidance and a sense of belonging. The very poor relationships that exist between parents and adolescents strengthened the researcher's hypothesis that the adolescents get involved in a range of dubious activities and their parents' ineffectiveness to intervene and assist their adolescents through these challenging times, may lead to risk behaviour.

Keywords: adolescents, parents, risk behaviour, dialogue, dialogical relationship, Gestalt

OPSOMMING

Riskante gedrag onder adolessente verteenwoordig 'n groot publieke gesondheids uitdaging in Suid-Afrika, veral as die huidige statistieke oor seksuele aktiewe jong mense, tiener-swangerskappe, rook, alkohol en dwelm misbruik geraadpleeg word. Alhoewel verskeie redes vir hierdie fenomene aangevoer kan word, is die ouer-kind verhouding 'n groot faktor in die bekamping hiervan, maar ten spyte van die feit dat dit 'n bekende feit is, gaan riskante gedrag steeds voort onder adolessente. In hierdie studie word die dialogiese ouer-adolessent verhouding ondersoek en gekyk na hoe adolessente wat betrokke is by riskante gedrag deur die verhouding met hulle ouers geraak word. Die inhoud van afdeling A bied 'n oorsig oor die navorsingsdoel, die objektiewe asook die rasioneel vir die studie. Die navorser het 'n kwalitatiewe benadering gevolg in 'n poging om die aard van riskante gedrag onder adolessente te ondersoek en verstaan hoe die dialogiese ouer-adolesente verhouding dit kan voorkom. Semi-gestruktureerde onderhoude is gevoer met vyf meisies en drie seuns woonagtig in Pretoria, sowel as hulle ouers. Die adolessente was tussen die ouersdom van 14 en 17 en almal was betrokke by 'n vorm van riskante gedrag. In afdeling B word 'n literêre ondersoek gegee sowel as 'n kort opsomming van die metodologie wat vir die studie gebruik is. Die bevindinge van die studie word ook hier bespreek. Afdeling C bevat die opsomming, evaluasie en bevindinge van die studie. Die navorsing is gedoen sodat aanbevelings gemaak kan word aan ouers van adolessente wat betrokke is by riskante gedrag as 'n moontlike poging om dit te voorkom. Hierdie studie beklemtoon die behoeftes van adolessente in terme van die verhouding wat hulle het met hulle ouers. Die studie het beklemtoon hoe voorbereid en onvoorbereid ouers was ten opsigte van hul ouer-vaardighede en die behoeftes van hul adolessente. Ook het die studie beklemtoon hoe die behoeftes van die adolessente geoordeel moet word en die tekort aan begrip en warmte ten opsigte van hoe ouers hul adolessente hanteer. Adolessente benodig ouerlike leiding en het 'n behoefte daaraan om te behoort. Die swak verhouding tussen ouers en adolessente versterk op 'n manier die navorser se hipotese dat adolessente betrokke raak by verskeie twyfelagtige aktiwiteite. Hul ouers se oneffektiwiteit om in te gryp en hul adolessente deur so 'n uitdagende tydperk te help, en by te staan, kan lei tot riskante gedrag.

Sleutelwoorde: adolessente, ouers, riskante gedrag, dialoog, dialogiese verhouding, Gestalt

FOREWORD

This dissertation is presented in article format in accordance with the guidelines as set out in the **Manual for Postgraduate Studies – 2008** of the North-West University. Each section has its references at the end. Section A consists of a general introduction to the dissertation and also includes the aims, motivation and methodology overview of the study. Section B consists of the manuscript to be submitted for publication (article). However, for the purpose of examination the length of this section has been adapted and needs to be reduced when submitted for possible publication. Section C is a summary and review of the study and also includes recommendations for future studies.

The technical editing was done within the guidelines and requirements as described in Chapter 2 of the manual. Editing was done by Deidre Conway (BA Hons Masters Diploma Human Resource Management) PO Box 390, Paarl, 7620

I hereby declare that **THE DIALOGICAL RELATIONSHIP BETWEEN ADOLESCENTS AND PARENTS: PREVENTION OF RISK BEHAVIOUR** is my own work and that I have acknowledged all the references used and referred to in this study.

Estelle Bailey

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SECTION A: ORIENTATION TO THE RESEARCH

1. ORIENTATION AND PROBLEM STATEMENT

Childhood ends with the start of adolescence and this life stage warrants interest because of the crucial developmental tasks that need to be addressed (Schochet Dadds, Ham &, Montague, 2006:172). These include the acquisition of the learning skills that are necessary for higher education or work, psychological autonomy, forming close relationships with those of the same and opposite gender, and developing a sense of self-identity (Cicchetti & Rogosch, 2002:8).

Anna Freud (in Herbert 2006:195), writing on adolescents in the 1950's, said it was 'abnormal' if a child kept a steady equilibrium during this period and added that "normal abnormalities happen so often that it is abnormal if everything passes normally". Although this generalisation is undoubtedly exaggerated, current studies prove that as many as one in five adolescents do experience significant psychological problems (Strasburger, Wilson & Jordan, 2009:32; Flisher, Bhana, Petersen, Swartz & Richter 2010:144). Among these are anxiety, conduct problems, eating disorders, substance abuse, risk behaviour, and depression (Thom, 1990; Gouws, Burger & Kruger, 2008:79; Flisher *et al.*, 2010:145). Risk behaviour such as cigarette smoking, alcohol and drug misuse, and sexual behaviour that influence healthy pregnancy or disease, are the most costly problems that society faces (Holder, 2005:14; Miller, 2005:46; Flisher *et al.*, 2010:143).

According to the World Development Report 2007 (WHO 2007), 70%-75% of all adolescents are drinking alcohol by the age of 17. In Europe, of the 60% who reported drinking, 10%-30% engaged in binge drinking. In South Africa, the proportion of male Grade 11 learners who reported binge drinking in the two weeks prior to the survey was 36.5% and 53.3% in Cape Town and Durban respectively (Flisher *et al.*, 2010:138-140). Despite it being illegal to sell tobacco to persons under 18 years of age, studies have shown that on average 28.8% of the adolescents in Cape Town smoke (Aggleton, Ball, Man; 2006:74). In addition, 25% of these adolescents smoked marijuana regularly (Aggleton *et al.*, 2006:82).

According to Djamba (2006:156) the three types of sexual risk behaviour that have received the most research attention in South Africa are: being sexually active (as opposed to abstaining from or postponing sexual activity), having many sexual partners and practising unprotected sex. Despite the lack of accurate national figures on the age of sexual debut, studies suggest that at least 50% of adolescents are sexually active by the age of 16 and approximately 80% by the age

of 20 (Djamba 2006:160). It was estimated that 60% of adolescents are not using condoms at all. Risk taking behaviour should be prevented and/or minimised as far as possible as it can lead to long-term problems, which include drug abuse, sexually transmitted diseases and unplanned parenthood to name a few (Aggleton *et al.*, 2006:17).

Kumpfer and Alvarado (2003:73) hypothesize and are supported by Biglan (in Biglan, Brennan, Foster & Holder, 2005:124), that it is strong family units that are the key to prevention of risk behaviour among the youth. Kumper and Alvarado (2003:89) support this by saying that clear communication and understanding at the interpersonal level between the parent and the adolescent is needed in order to prevent possible risk behaviour.

Research strongly supports the link between the absence of parental monitoring and diverse adolescent risk behaviour (Ammerman & Hersen, 1997:301; Goldston, 2003:63; Devore, 2006:59; Marcus, 2007:56). Romer (2003:241) agrees by saying that settings in which early adolescents are unsupervised present opportunities for them to experiment with various behaviours. Parents who know where their adolescents are, are aware of what they are doing and interact with them regularly are in a better position to reinforce desirable behaviour and prevent or discipline risk behaviour (Ammerman & Hersen 1997:312-314; Romer, 2003:241). Schochet *et al.*, (2006: 289) propose three connected aspects of parenting that are important when parenting the adolescent: motivation (representing the parents' social-cognitive framework including norms, values and goals); parental monitoring (parents' tracking and structuring of the adolescent's activities and environment) and behaviour management (shaping the adolescent's behaviour through the use of reinforcement, limit setting, negotiation and incentives).

The Iowa Strengthening Families Program (ISFP) described by Foster (in Biglan *et al.*, 2005:128) also emphasises the importance of the parent-child relationship. The ISFP was established in 1999 and is a seven-week intervention programme that focuses on building better relationship skills in both parents and their children. During a two year follow-up, alcohol consumption differed significantly among children who were receiving the programme versus those who had no intervention. Whereas 30% of adolescents in the control group (no intervention) had begun to use tobacco, alcohol or other drugs between year one and two follow-ups, only 15% of adolescents in the ISFP group did so. Amongst the control group, 19.1% reported having been drunk while only 9.8% of the ISFP group reported this (Biglan *et al.*, 2005: 42-45).

Research has shown that from pre-adolescence to adolescence the time spent with parents diminishes while time spent with peers increases (Darlon, 2007:65). Gouws *et al.* (2008:108) agree with this stating that both developmental trends, i.e. greater autonomy from their families combined

with greater involvement with the peer culture, result in early adolescence being a time when relationships with parents shift gradually toward more adult-like interaction with parents and toward greater vulnerability to peer influences. Darlon (2007:61), Rhodes (2007:368) and Devore (2006:27-29) concur that parent-child conflict increases during this time and negative opinions expressed towards parents increase markedly from ages 12 to 15 and decrease thereafter. Despite this, parents as authority figures may influence health-seeking behaviour, serve as role-models, are major sources of information regarding sexual behaviour and contraception and instil values and moral structure within their children (Djamba, 2006:213).

However, from looking at adolescent risk behaviour and dealing with it in therapy with adolescents and their parents, it is the researcher's hypothesis that many of the parents of these adolescents may believe they are spending sufficient quality time with their children and that a good relationship exists between them, when in fact this is not the case, particularly when examined from the point of view of the adolescent. Other experts in the field such as Van der Merwe (2010) and Krige (2010) confirm this dire situation. The parent-adolescent relationship is strained possibly because a dialogical relationship does not exist between parents and adolescents. Therefore, while studies have shown that parent-child relationships have a diminishing effect on risk behaviour; risk behaviour is still a reality in the lives of adolescents.

The focus of this study intended to investigate the nature of the dialogical relationship between adolescents who display at-risk behaviour, and their parents. The aspect of the parent-adolescent relationship that was studied was in the context of existential dialogue, which is defined in terms of presence, inclusion, confirmation, commitment to dialogue and dialogue as lived (Yontef & Fuhr, 2005:95). Yontef (1993:226) describes the relationship as having a mutual effect and being there for each other. He goes further by saying that: "in the horizontal relationship the focus is on fully being there with each other, fully seeing, hearing and expressing in a present-centred way".

Although the importance of the relationship between parent and adolescent has been emphasized in the literature and linked to research aimed at preventing risk behaviour, the risk behaviour nevertheless continues (Strasburger *et al.*, 2009:5). A different perspective is therefore necessary, hence the focus on the dialogical relationship.

Risk behaviour, for the purpose of this study, includes either smoking, regular misuse of illicit drugs, risky sexual behaviour (risk of falling pregnant or contracting disease) or excessive use of alcohol (binge drinking or consuming more than two drinks on average every day).

A research question was formulated based on the above problem formulation. According to Mouton (2005:97), the research question assists in “focussing the project” and answers the question: what does the researcher want to find out about the topic? The research question for this study was: What is the nature of the dialogical relationship between adolescents who display at-risk behaviour and their parents?

2. GOALS AND OBJECTIVES

A goal is described as a broad and abstract idea towards which research efforts or ambitions are directed (Fouché & De Vos, 2011:94). The goal of this study was to explore the nature of the dialogical relationship between parents and adolescents who display at-risk behaviour.

3. CENTRAL THEORETICAL STATEMENT

Although the relationship between the adolescent and the parent is not the only factor determining success in life, it does play a crucial and prominent role (Biglan *et al.*, 2005:241). However, despite the fact that parents know this, risk behaviour still exists and, as, statistics reveal, is on the increase amongst adolescents (Strasburger *et al.*, 2009:5-7; Flisher & Gevers, 2010:143). If a strong parent-adolescent dialogical relationship is a protective variable in preventing risk-taking behaviour, this study may be relevant as a stepping stone to determining preventative interventions.

4. METHODS OF INVESTIGATION

4.1 Analysis of literature

Literature in various books and journal articles on the relevant topics was consulted. Electronic databases were studied. The literature study focused on:

The relational perspective and a Gestalt approach. Theoretical areas of focus were: the field theory, integrated with the systemic approach (Kempler in Becvar & Becvar, 2006), Gestalt existential dialogue (Hycner & Jacobs, 1995; Yontef & Fuhr, 2005), the self (Polster, 2005), contact and contact boundaries (Clarkson, 1989) as well as developmental theories (McConville & Wheeler, 2001; Berk, 2005). In addition, literature was consulted to gain an understanding of the

current trends and to determine what research has been done on risk behaviour among the adolescent population.

4.2 Empirical investigation

4.2.1 Research approach and design

A qualitative approach was followed, focusing on solving a specific problem in practice with an instrumental case study (Fouché & de Vos, 2011:90) as design. The type of research was explorative and descriptive in nature (Bless & Higson-Smith, 1999:65; Mouton, 2005:240). According to Fouché and Schurink (2011:312), this is used to elaborate on a theory or gain a better understanding of a social issue. In this study the researcher tried to obtain an understanding of adolescent risk behaviour and how the nature of parent-adolescent relationships could prevent it.

4.2.2 Methods for obtaining results

For the empirical study, semi-structured interviews, as described by Nieuwenhuis (2010:87) and Henning (2004:70), were conducted separately with the adolescents and their parents respectively. Permission to approach the learner was sought from the principals of five public high schools in Pretoria. All the schools refused to grant permission for different reasons. Two non-governmental organisations, Castle Carey Rehabilitation Centre and Ado Krige Rehabilitation Centre in Pretoria were also approached, with the same outcome. Although statistics provided by ADARU (2008) and Narconon South Africa (2008) show that risk behaviour among adolescents is a huge phenomenon, it was difficult to find participants for this study.

The cases that were referred to the researcher by the social worker were documented, but the researcher chose to not read the files. She did however have a short background history on each case in terms of the adolescents' ages, their schooling and parental circumstances as well as the type of behaviour they were engaging in. Written permission through the use of consent forms was sought from all the participants in this study. At the time that the study was conducted the researcher was affiliated with UNISA. In each case the researcher did the interview with the adolescent first and then with the parent. In only three cases was it possible to have a joint interview with the adolescent and his parent once the initial separate interviews had been conducted. This was because of difficulty in getting the parties together within the time frame available, because of proximity; while in one case there was a complete breakdown in the

relationship between the adolescent and parent resulting in them no longer being in contact with one another.

4.2.3 Participants

Arkava and Lane (1983) describe the universe as all the potential subjects who possess the attributes in which the researcher is interested. The universe for this study was adolescents between the ages of 14 and 17 who engage in risk behaviour and who live and go to school in Gauteng, as well as their parents. The target population can be defined as a specific pool of cases in the universe that a researcher wants to study (Newman, 1997:203). The population for this study was adolescents in Pretoria between the ages of 14 and 17 who engage in risk behaviour, as well as their parents. In order to identify a relevant group from the population, a non-probability purposive sampling method was followed (Fife-Schaw in Breakwell *et al.*, 2005: 99). The sample comprised of a total of eight families.

The average age of the participants was 15 for the girls and 16 for the boys. The group consisted of three boys and five girls from eight families, all living in and around Pretoria, Gauteng and attending three different high schools in the city. Six families were referred to the researcher to partake in the study by the Christian Social Council (CSC), Roodeplaat. The adolescents in this study all engaged in one or more forms of risk behaviour. The adolescents who were referred by the CSC were identified because their parents had approached the Department of Social Services. The reason that they turned to social services was that they were not coping with their adolescents' behaviour and needed guidance and help. The remaining two families were referred to the researcher by acquaintances.

The use of drugs or alcohol by anyone under the age of 18 is punishable by law in South Africa, which could be one reason why the parents as well as the adolescents were initially reluctant to discuss this behaviour with the researcher. However, as the process continued they became more willing to talk openly about it.

Criteria for inclusion were:

- Adolescents needed to have engaged in at least any one form of risk behaviour as was defined for the purpose of this study;

- Risk behaviour referred to: cigarette smoking, alcohol and drug abuse, and sexual behaviour that risks pregnancy and disease;
- There was no discrimination in respect of the language, sex, race or culture of the participants. Culture is seen as “the customs and beliefs, art, way of life and social organization of a particular country or group” (Wehmeier, 2005:357). All adolescents between the ages of 14 and 17 who engaged in risk behaviour were considered, as well as their parents.

4.2.4 Measuring instruments

Data for the study was obtained by using semi-structured interviews with adolescents who engage in risk behaviour and their parents. Interview schedules were developed after a thorough study of the relevant literature had been conducted. All questions related back to the research question. The interviews were held in places that best suited the participants and all the interviews were recorded. The researcher made use of field notes to keep a record of information such as the date, place, time as well as observations and details that were gathered during the interviews. All the interviews were then transcribed and the data was combined for analysis.

4.2.5 Data analysis

Data analysis is described by Schurink *et al.*, (2011:403) as the "process of bringing order, structure and meaning to the mass of collected data". Nieuwenhuis (2010:99) also refers to order by stating that data analysis is a search for patterns of recurrent behaviour, objects, or a body of knowledge. The researcher is able to interpret the information only once patterns have been established.

Various qualitative analytic methods can be used to analyse the data. However for the purpose of this study, thematic content analysis was used. This can be described as a "method for indentifying, analysing and reporting patterns or themes within the data" (Braun & Clarke, 2006:79). A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set.

All the data was transcribed, organised and then coded. This was done to establish categories and themes within the data. Nieuwenhuis (2010:111) describes the interpretation of the data and forming of themes as searching for emerging patterns, associations, concepts and explanations.

The researcher worked until the theme was saturated, which according to Henning (2004:79) is the point at which no new ideas or insights are brought to the fore. The identified themes were then

discussed (see section B) and where applicable were corroborated with existing literature (Nieuwenhuis, 2010:111). Measures of trustworthiness were based on Lincoln and Guba's (1985) criteria of credibility, transferability, dependability, confirmability and authenticity (Schurink *et al.*, 2011:419-421; Maritz & Visagie, 2009:8).

5. ETHICAL ASPECTS

According to Babbie (2001:470), anyone doing scientific research needs to be aware of the general agreement about what proper ethical conduct is and what it is not. Rubin and Babbie (2005:71) agree by saying that ethics involves the making of (difficult) decisions concerning that for which there are no prescribed answers. Ethical decision-making is based on the convictions, beliefs and values of the individual, rather than on facts.

When conducting research a few main ethical aspects need to be considered. According to Strydom (2011:128), these aspects include possible harm to respondents, consent, deception, privacy and confidentiality of data. With this in mind, the following ethical considerations were followed:

- The participants were thoroughly informed beforehand regarding the purpose of the study, the qualifications of the researcher and role that their participation would play. They were given the opportunity to volunteer their participation of their own free will and to withdraw anytime they so wished. They were briefed on all possible foreseeable discomforts. All the questions, thoughts and concerns they had were clarified and addressed;
- The privacy and confidentiality of the information disclosed was addressed. Although all the interviews were recorded, the researcher strongly emphasised that the data gathered would be dealt with confidentially. The participants were given the choice as to whether they wanted to face the video camera or maintain privacy by turning their backs to the video camera;
- Every interview ended with a time allocated to debriefing and feedback during which the researcher was particularly sensitive towards the emotional wellbeing of the participant;
- In the joint interviews, the researcher maintained confidentiality by only discussing with the parents and adolescents that information for which she had received their prior permission;
- In every case a suitable referral was suggested for further therapy and support;

- Addendum 3 contains the consent to participate form that was given to all participants to complete as well as the application form to the ethics committee at the time (see p.76).

6. REPORT LAYOUT

Section A: Orientation to the research

The first section serves as a general introduction to the study. The problem statement, central scientific paradigm, research methodology and a description of concepts, among others, are set out within this section.

Section B: Journal article (Child & Family Social Work)

This section is comprised of an article entitled: *An exploration of the nature of the dialogical relationship between adolescents who display at-risk behaviour and their parents*

Section C: Summary, evaluation, conclusions and recommendations

This section of the study comprises the summative research findings and the conclusions and recommendations that have been reached through this study.

Section D: Addenda

Section E: Reference list

This section comprises a consolidated list of references that were used throughout this study.

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Manuscripts should normally be a maximum of 7000 words, including abstract and references, although shorter papers will be welcomed. One copy of an abstract, not exceeding 200 words, should accompany the manuscript. The abstract should be followed by up to six keywords. The title page should display the title of the paper; names of the author(s); position and place of work; and the full postal address, telephone number and e-mail address of the author to whom correspondence should be addressed. All figures and tables should be referred to in the text and their appropriate positions indicated in the text. The use of footnotes should be avoided. Details of research methodology should be included in the manuscript where appropriate.

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SECTION B: ARTICLE

AN EXPLORATION OF THE NATURE OF THE DIALOGICAL RELATIONSHIP BETWEEN ADOLESCENTS WHO DISPLAY AT-RISK BEHAVIOUR AND THEIR PARENTS

E. Bailey

H. Grobler

ABSTRACT

This study focused on the dialogical parent-adolescent relationship that develops between adolescents who engage in risk behaviour and their parents. The research was done to gain a deeper understanding of how the nature of the relationship between parent and adolescent can be addressed in order to prevent risk behaviour. The population included adolescents between the ages of 14 and 17, who engaged in risk behaviour, and their parents. The adolescents lived in and around Pretoria, South Africa and attended three different high schools in the city. The sample comprised of a total of eight families. A qualitative approach was followed and the type of research was both explorative and descriptive. For the empirical study, semi-structured interviews were

used and a thematic content analysis was conducted to capture the data that was gathered. The overall findings were that adolescents who engage in risk behaviour did not experience the necessary guidance from their parents, and that a warm and caring relationship did not exist between them. It was determined that, although not a reason for their risk behaviour, had the parent-adolescent relationship been more caring and the adolescent felt more supported, the extent of the risk behaviour may have been diminished.

KEYWORDS

Adolescents, parents, risk behaviour, dialogue, dialogical relationship, Gestalt

1. INTRODUCTION

Many assumptions have been made about why adolescents demonstrate risk behaviour. Initially it may be assumed that adolescents take risks because they lack knowledge about the consequences of risky behaviour. However, some research has shown that adolescents are aware of the risks involved in certain behaviours (Romer, 2005:37; Papalia et al. (2006: 28). Other researchers postulate that adolescents take risks because they think they are infallible and what they are doing is harmless. Rice and Dolgin (2008:84) agree by saying that experimentation with alcohol and tobacco is extremely common during adolescence, and that in South Africa these substances are often not regarded as drugs. Many adolescents perceive the use of alcohol and tobacco as acceptable within the peer context (Lerman et al, 2008:149).

Research strongly supports the link between the absence of parental monitoring and diverse adolescent risk behaviour (Annerman & Hersen, 1997:301; Goldston, 2003:63; Devore, 2006:59). Settings in which early adolescents are unsupervised, present opportunities for them to experiment with various behaviours (Romer, 2003:241). Parents who know where their adolescents are, are aware of what they are doing and interact with them regularly are in a better position to reinforce desirable behaviour and prevent or discipline risk behaviour (Ammerman & Hersen, 1997:312-314).

Parents as authority figures may influence health-seeking behaviour, serve as role-models, are major sources of information regarding sexual behaviour and contraception and instil values and moral structure within their children (Djamba, 2006:213). Schochet et al. (2006:289) propose three connected aspects of parenting that are important when parenting the adolescent, namely motivation (representing the parents' social-cognitive framework including norms, values and

goals); parental monitoring (parents' tracking and structuring of the adolescent's activities and environment) and behaviour management (shaping the adolescent's behaviour through the use of reinforcement, limit setting, negotiation and incentives). Although the importance of the relationship between parent and adolescent has been emphasized in the literature and linked to research aimed at preventing risk behaviour (Lerman et al., 2008:167; Strasburger et al. 2009:5), risk behaviour nevertheless persists. A different perspective is therefore necessary, hence the focus on the dialogical relationship approach.

2. PROBLEM STATEMENT

According to Strasburger et al. (2009:5), the well-being of children is heavily influenced by the healthy functioning of families, with the family being recognised as the primary social context from within which variations in children's adaptive and maladaptive behaviours develop. However, from looking at adolescent risk behaviour and dealing with it in therapy with adolescents and their parents, it is the researcher's hypothesis that many of the parents of these adolescents may believe they are spending sufficient quality time with their adolescents and that a good relationship exists between them, when in fact this is not the case, particularly when examined from the point of view of the adolescent. The parent-adolescent relationship is strained possibly because a dialogical relationship does not exist between parent and adolescent. Adolescents who do not feel supported, affirmed and nurtured in a contact-full relationship struggle to move towards the healthy development of independence (Toman & Bauer, 2005:191)

3. FOCUS OF THE STUDY

The focus of this study intended to investigate the nature of the dialogical relationship between adolescents who display at-risk behaviour and their parents. The aspect of the parent-adolescent relationship that was studied was in the context of existential dialogue, which is defined in terms of presence, inclusion, confirmation, commitment to dialogue and dialogue as lived; as described by Yontef and Fuhr (2005:95).

For the purposes of this study the focus was on three adolescent risk behaviours: cigarette smoking, alcohol and drug abuse, and sexual behaviour that risks pregnancy and disease. These risk behaviours were chosen for several reasons. Firstly, they represent the most costly problems that society faces (Miller, 2006:31). These costs are separated by Biglan (2005:34-35) into four categories, namely medical costs, resource costs, work-loss costs as well as the cost to quality of

life. Secondly, according to Flisher and Gevers (2010:143) adolescents who engage in any one of these behaviours are highly likely to engage in other risk behaviours as well. The third reason is that experts confirm that most typical adolescents engage in these behaviours to some extent (Donald et al., 2006:126). It can therefore be agreed that these are problematic because of the serious consequences they can and often do produce.

4. LITERATURE REVIEW

Alcohol is by far the most widely used intoxicant among adolescents in the U.S. with the rates of use increasing with age during this developmental stage (Morris & Parry, 2010). By the 8th grade, 37% of students have tried alcohol. This increases to 72% by the 12th grade. Similarly past-month rates for intoxication increases from 5% to 27%, and the consumption of five consecutive alcoholic drinks within a previous two week period increases from 8% to 25%. Also, nicotine is fairly widely used, with 6% of 8th graders reporting any use in the past month, compared to 20% of 12th graders. Marijuana is the second most used intoxicant, with 16% of 8th graders and 42% of 12th graders reporting use at least once in their lifetime and 21% of high school seniors endorsing past-month use (The Substance Abuse and Mental Health Services Administration [SAMSHA] 2010). Other drug use is not as widespread yet still concerning, with past-month use among 12th graders of amphetamines and misused narcotic pain pills at 3% and 4%, respectively (SAMSHA, 2010). Approximately 8% of those aged 12–17 meet the criteria for substance abuse or dependence in the past year, but this peaks between ages 18–25, when 21% meet the diagnostic criteria for a substance abuse disorder (SAMSHA, 2010). It is reported that by the age of 17, 80% of adolescents have engaged in sexual intercourse.

While in many respects the broad profile of risk behaviour among South African adolescents appears to be similar to that reported in other countries throughout the world, a number of factors uniquely complicate the local scenario.

Firstly, although some years have passed since the change to a democratic government, South Africa remains a country in a state of rapid political, social, demographic and economic transition (Biglan, 2005:17). Gouws et al. (2008:225) agree with this by saying that the South African youth find themselves having to adapt to ongoing change, consider new opportunities and cope with unique challenges. As such, consideration of risk behaviour among South African youth must be seen within the wider context of transition.

Secondly, among South African adolescents there are considerable and significant variations across age, gender, school level, race and provinces (Reddy et al., 2003:18). In 2007 Statistics South Africa estimated that in a typical suburban school of 1200 to 1400 learners, one to three girls will fall pregnant, while in some rural schools, according to the United Nations (2007), 60% to 70% of the girls will fall pregnant. The HIV/Aids prevalence amongst adolescents in Sub-Saharan Africa and South Africa in particular, supports this point (Djamba, 2006:63). Estimates made by the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2006) suggested that nearly half of all new cases of HIV occur among those less than 25 years of age. However, there are substantial differences in the prevalence of HIV/Aids among different racial groups with the prevalence among black South Africans being 13.3% compared to 2.0% in the remainder of the population (Macleod & Tracey, 2010:18-31). People living in urban informal settlements have by far the highest incidence of HIV (5.1%), followed by those living in rural informal areas (1.6%) and urban formal areas (0.8%) (Human Science Resource Centre HIV survey, 2006).

In South Africa, casual sex, multiple concurrent partners and less than regular condom use are known to be common sexual risk practices among adolescents (Djamba, 2006:65). Again, however, such practices vary significantly within different racial groups. According to the 2007 HIV risk survey, fewer white learners (25.9%) reported ever having had sex compared to black learners (43.6%) and significantly more white (49.8%) and coloured learners (39.5%) than black learners (26.9%) reported using condoms consistently (Djamba, 2006:67).

A growing body of research supports the clustering of substance abuse and sexual risk taking (Biglan et al., 2005:101). Macleod and Tracey (2010:23) add to this by saying that adolescents in KwaZulu-Natal who used alcohol or smoked cigarettes were two to three times more likely to be sexually active. In Cape Town, Flisher and Gevers (2010:145) found that youth who had initiated sexual intercourse were more likely to be current smokers, recent binge drinkers and lifetime marijuana users.

4.1 Tobacco

While levels of tobacco consumption have been decreasing in the past decade in developed countries, tobacco use is becoming more of a problem in African countries and other parts of the developing world (Pahl et al., 2010:68). In South Africa, an estimated 20 000 adults die from tobacco-related causes per annum (Mzileni et al., 2004:13:396-399).

A smoker is defined as 'someone who smoked at least three days in the past 30 days'. (World Health Organisation report, 2011). In an extensive study on adolescent nicotine dependence of

over 500 South African adolescents, Panday and colleagues (in Reddy et al., 2003:36) found that weekly smokers were more likely to be dependent on nicotine than monthly smokers. In addition, there is indirect evidence that many adolescents who smoke cigarettes become dependent on nicotine.

Cigarette smoking is often seen as a gateway drug. In a later survey done by Panday and colleagues (in Reddy et al., 2007:36) it was ascertained that the group most likely to try all substances by the beginning of the ninth grade was comprised of individuals who began substance use by smoking cigarettes. However, Panday's survey (in Reddy et al., 2007:36) found that alcohol was the more common first substance that the participants experimented with, suggesting that those who experimented with cigarettes first may be an at-risk minority of adolescents. Sitas et al. (2004:13:396-399) confirm this by saying that more adolescents reported having tried only alcohol than those who reported having tried only cigarettes, which is also consistent with previous American and South African reports (Parry et al., 2004; Flisher et al., 2003). Youth who were only using cigarettes were most likely to progress towards trying all substances. These findings echo the results of Graham, Collins, Wungalter, Chung and Hansen (1991); Collins et al., (2006) and Sitas et al. (2004). Previous research points to the ambiguity of the roles that cigarettes and alcohol may play in the progression of substance use Reddy et al., 2007) suggesting that cigarettes may play a prominent role as a gateway substance to cannabis (dagga) and hard drug use, whereas alcohol use may be a more stable behaviour unto itself. This is supported in current sample studies conducted with boys (Phal et al., 2010). However, girls who had only tried alcohol at the age of 14 were just as likely as girls who had only tried cigarettes to progress to cigarette, alcohol, and dagga use by the age of 15.

Studies found that nicotine dependence is associated with elevated levels of adolescent violence (Marcus, 2007:103), binge drinking, marijuana use, and other illicit drug use (Biglan et al., 2005:142), as well as with early sexual intercourse, inconsistent condom use, and having multiple sexual partners (Djamba, 2006:78). When asked why they smoke, adults and young people themselves frequently give accounts that make reference to some form of peer pressure. This is probably one of the most commonly discussed risk factors for youth drug abuse (Aggleton et al., 2006:183).

4.2 Alcohol and drug abuse

Alcohol abuse, according to Rice and Dolgin (2008: 21), is the use of alcohol to the point that it causes physical damage, impairs physical, social, intellectual or occupational functioning; or

results in behaviours harmful to others. Gouws et al., (2008:213) describe alcoholism as a disorder that involves long-term, repeated, uncontrolled, compulsive and excessive use of alcoholic beverages that impairs the drinker's health, work and social relationships. For the purposes of this study excessive use of alcohol was regarded as binge drinking or the consumption of more than two drinks every day on average.

However, many people do not think of alcohol as a drug because the use of it is common in everyday life. Its effect on the nervous system is to relieve inhibitions; making a person feel more spontaneous and socially at ease, which according to Gouws et al. (2008:214) could be a reason why adolescents drink. They add that the adolescent's physical development is accompanied by heightened awareness of body sensations and the use of alcohol has a relaxing effect that may accentuate these bodily sensations. Rice and Dolgin (2008:163) say that adolescents use alcohol and drugs out of curiosity or as a desire for sensation, because of peer pressure or as an escape from overwhelming problems.

Research shows that the human brain continues to develop into the early twenties (Berk, 2005:190). Research indicates that adolescents who abuse alcohol may remember 10% less of what they have learned than those who don't drink (Johnston et al., 2005). Studies of adolescent alcohol and marijuana use indicate weaknesses in neuropsychological functioning in the areas of attention, speedy processing of information, spatial skills, learning and memory, and complex behaviours such as planning and problem solving even after 28 days of sustained abstinence (Morris & Parry, 2010). This is confirmed by other evidence in which, compared with other students, frequent heavy drinkers have mostly low grades (D's and F's) in school (Hunt, 2006: 87). High school students who use alcohol or other drugs frequently are up to five times more likely than other students to drop out of school (Hunt, 2006:87).

In addition to alcohol, illicit substance use is on the rise in South Africa, according to Morris and Parry (2010). Flisher and Gevers (2010:146) confirm that methamphetamine use in particular, is rapidly increasing and has become the main drug of abuse reported at treatment centres in the Western Cape.

South African adolescents first used either cigarettes or alcohol, and then progressed to cannabis use, followed by experimentation with ecstasy or crack (Flisher et al., 2002). This pattern held for both boys and girls (Flisher et al., 2003; Reddy et al., 2003; National Institute on Drug Abuse, 2005). The role of inhalants has been included in substance use initiation patterns less often, but results suggest that inhalants are initiated at the most serious level of poly-drug use in the current

sample. Adolescents who had tried inhalants had also tried alcohol, cigarettes and dagga, which suggest that trying inhalants may be a specific indicator of risk for poly-drug experimentation (Flisher et al., 2002).

According to Rice and Dolgin (2008:32) the intoxicating effect of inhalants is similar to that of alcohol. Excessive doses of both can lead to unconsciousness and even death. Long-term use can lead to damage to the kidneys, the nervous system, brain tissue and bone marrow. The use of cannabis can harm the adolescent's effective and social development and affect school performance. It impairs the functioning of the hippocampus, the region of the brain responsible for learning, memory and motivation and also has a negative effect on the short-term memory (Rice & Dolgin, 2008:38; Gouws et al., 2008:221).

Overall prevalence of substance use among the youth in Cape Town was similar to that of their American counterparts. Gender discrepancies in substance use were however more pronounced among South African youth, with boys on average reporting higher levels of use than girls for alcohol, cannabis and inhalants (Reddy et al., 2003; National Institute on Drug Abuse, 2005). Studies targeting South African adolescents have found a relationship between illicit substance use and sexual risk behaviours. It was found, for example, in studies of contraceptive non-use among sexually active high school students, that the use of inhalants increased the risk of unprotected sex (Flisher & Gevers, 2010:147). Similarly, studies conducted outside South Africa found that illicit drug use was linked to condom non-use and multiple sexual risk behaviours (Biglan et al., 2005; Djamba, 2006). It is therefore crucial to measure problematic drug use as well as alcohol use in relation to sexual behaviour.

4.3 Sexual risk behaviour

Young people have been well documented as a special-needs group in the field of sexual health, not least for their combination of risky sexual behaviour and frequent lack of information and access to services (Romer, 2003; Djamba, 2006; Flisher, 2010). The adolescent period of development includes rapid and uneven physical, psychological and social growth and development as well as the onset of sexual activity that is often combined with a lack of knowledge and skills to make healthy choices. This period is often characterized by patterns of thinking in which immediate needs tend to take priority over long-term implications and by the initiation of behaviours that may be perpetuated over a lifetime.

4.3.1 HIV/AIDS

The poorest, most undeveloped region in the world, Sub-Saharan Africa, faces by far the highest rate of HIV infection. Although Africa accounts for only 10% of the world's population, 85% of AIDS deaths occur in Sub-Saharan Africa. Almost one third of those living with HIV globally are under the age of 25. The 2008 national estimate of HIV prevalence among South Africans of all age groups is that 5.2 million people of the total population is HIV-positive (South African National HIV prevalence, behaviour and communication survey, 2008). One of the concerning findings of the 2008 survey is the sustained high levels of HIV infection among young females. Among the group of 15 to 19-year-olds, the prevalence is 2.7 times higher for females than for males.

The most common mode of HIV-transmission in South Africa according to the survey is through heterosexual sex. Indicators related to sexual behaviour risk for HIV infection, are the age of sexual debut, multiple sexual partnerships, unprotected sexual intercourse and age mixing. Early sexual debut increases vulnerability to HIV infection among young people, especially females. According to the 2008 results of HIV-positive respondents, the percentage of males who reported having started sex before the age of 15 was nearly twice that of their female counterparts (11.3% vs. 5.9%).

Intergenerational sex, or age mixing, is an important social determinant of HIV infection (Djamba, 2006:72-74). The age differential is determined by calculating the difference between a person's age and the age of their sexual partner. Youth who have partners five or more years older than themselves are more at risk, because they are exposed to an age group where there is a higher prevalence of HIV infection. The percentage of adolescents who reported having a sexual partner who was more than five years older than themselves, increased substantially from 9.6% in 2005 to 14.5% in 2008 (Macleod & Tracey, 2010:20). The same pattern was found among females with an increase from 18.5% in 2005 to 27.6% in 2008.

Multiple sexual partnerships substantially increase the chances of HIV transmission through sexual networks that facilitate the spread of the disease. When groups of people are linked in a sexual network, a new infection has the potential to move rapidly between people because of the high viral load in the early phase of infection, where transmission is up to 10 times more likely to occur than during the latent phase of HIV infection (SA HIV survey, 2008). In the 15 to 19-year-old age group, there were significant increases found in the percentages of both males and females who reported having more than one sexual partner in the past 12 months. This increased from 9.4% in 2002 to 19.5% in 2008 among males and from 1.6% in 2002 to 3.7% in 2008 among females.

4.3.2 Adolescent pregnancies

The 1998 South African Demographic and Health Survey (SADHS) conducted by The Department of Health (2002), indicated that 35% of women had had a child by the age of 19 years, while according to the 2003 SADHS (Department of Health, 2007) this had decreased to 27%. Various factors may have contributed to this decrease, such as a decline in fertility rates (Moultrie & McGrath, 2007; Macleod & Tracey, 2010:25) and an increase in education. According to the 2003 SADHS 20% of 15 to 19-year-olds with a grade six to grade seven education reported ever having been pregnant while only 7% with a higher education reported having ever been pregnant. However, a relatively reliable indicator of unwanted pregnancies is termination of pregnancy (TOP). An eight week study of age-related TOP rates at a hospital in Soweto (Macleod & Tracey, 2010:26) proved that more young teenaged women have unwanted pregnancies than older women:

- 13-16 years: 23%
- 17-19 years: 14.9%
- 20-34 years: 12%
- 35+ years: 16%.

The potential consequences of teenage pregnancies include the disruption of schooling and the negative effects on reproduction and health (Djamba, 2006:67). Many young women only report for antenatal testing in their second or third trimester, which leaves them less likely to be informed about the signs of complications in pregnancy or to receive any supplements (Moultrie & McGrath, 2007:442-443). In addition there are a host of challenges facing the adolescent parent, both, for the parent as well as the child (Berk, 2005:214).

Young people's sexual risk behaviour factors are influenced by both cultural factors and economic factors (Flisher & Gevers, 2010:148); this means their environment and living conditions are extremely important determining factors. The 1966 theory of Sutherland and Cressey (in Gouws et al., 2008:129) states that the all-important parent-child relationship, a high priority over many years (long duration), characterised by close emotional attachment (high intensity) and a maximum amount of contact and communication (high frequency), has the most positive effect on children's development. If one applies this model to a negative parent-adolescent relationship, the disastrous effect can be seen. Djamba (2006:79) confirms this by saying that young people who live with their parents are less likely to have emotional problems and their parents are more likely to be able to control their behaviour.. Most students' sexual activities occurred when parents were away or when the students were staying with relatives.

4.4 The dialogical parent-adolescent relationship

In this section the parent-adolescent relationship is explored from a Gestalt theoretical perspective. In order to clarify the concepts as they are used in this study, descriptions and definitions of the following concepts are offered: dialogical relationship and parent-adolescent relationship.

4.4.1 Dialogical relationship

The Gestalt theory as it is applied in Gestalt therapy emphasises the relationship between people as the most important aspect of therapy (Yontef, 1993:3). According to Yontef, the self can only be understood in relation to others. The self is that part of the field that is opposed to the otherness. The self comes into being with the other; there cannot be a self without the other. Therefore the self is formed and developed in relation, and according to Hycner and Jacobs (1995), the two functions of relatedness are both contact with and withdrawal from others. Within this relationship between the one and the other, dialogue takes place.

The dialogic relationship in Gestalt therapy can therefore be described as an attitude of genuinely feeling, sensing and experiencing the other and a willingness to sincerely 'hear' the other person's experience without prejudgement or presuming to 'know' (Joyce & Sills, 2010). Hycner and Jacobs (1995) add that it is also the readiness to 'hear' what is not said and 'see' what is not visible. Mackewn (1997) describes dialogue as the interaction between people where a desire to genuinely meet the other person is present. It occurs when two people meet and each are willing to be open to, impacted upon and responsible for each other. It is also when both parties respect and value the 'otherness' of the other person. This is in accordance with the 'I-thou' philosophy of Martin Buber that refers to a real all-inclusive meeting between people.

4.4.2 Parent-adolescent relationship

According to Gouws et al. (2008:80), among the most critical developmental tasks that have to be performed by the adolescent are:

- Socialisation
- Finding their place in society
- Acquiring interpersonal skills
- Cultivating tolerance for personal and cultural differences
- Developing self-confidence

The result is that this is seen as the developmental stage of human life during which relationships usually change. The adolescents gradually move away from their parents and acceptance by the

peer group becomes more important. Papalia *et al.* (2006:81) say that during adolescence, friendships with members of the same gender deepen and heterosexual relationships assume a romantic or sexual dimension. Mitchell and Ziegler (2007:91) describe this as the stage when the relationship between parent and child is restructured. In their pursuit of independence, adolescents increasingly question their parents' values, interests, attitudes and opinions in order to form their own independent thinking and opinions. According to Finkenauer, Engels, Meeus and Oosterwegel (2002:32), the boundaries within the family structure are being negotiated and re-negotiated during this process of change within the adolescent.

According to Thom (1990:393), becoming emancipated and gradually loosening the ties of parental authority is a major developmental task of adolescence. She adds that unless the adolescent masters this task successfully, he cannot hope to contract adult relationships or develop his own identity and value system and become a member of society in the fullest sense. McConville (2003) describes the changing developmental tasks of adolescence as maintaining a place in the family field (a place of belonging) while also forming a 'self' separate from the family (Toman & Bauer, 2005:182).

Research has shown that the following three objectives are pursued in the process of becoming independent (Thom, 1990:431; Newman & Newman, 1997: 121):

Behavioural autonomy. Adolescents want to be able to decide for themselves who to be friends with, how late they should be out at night, what hairstyle, clothes and make-up they should favour and how they should spend their money and leisure time.

Emotional autonomy. Adolescents endeavour to be self-reliant, to control themselves and accept responsibility for themselves.

Moral autonomy. Adolescents want to develop their own value system to regulate their behaviour. Although parents' value systems usually serve as a guideline, they nevertheless question and evaluate the parents' moral standards and values.

Studies by Elkind and Weiner (in Thom 1990:436) indicate that the pursuit of independence is a complex phenomenon and that there are two sides to the parent-adolescent relationship. One side is the adolescent's aspiration and willingness to make independent decisions and accept responsibility. On the other side is the parent's willingness to allow the adolescent to make independent decisions and accept responsibly.

4.5 The Gestalt theory

Gestalt theory is essentially a field model of human experience and behaviour (Toman & Bauer 1995:183). All human psychological phenomena, according to Perls et al., (1952:30), must be understood in terms of the dynamic interaction of the organism or person and his environment. Yontef (1993:51) concurs that 'the way in which the organism and individual connects to and forms its relationship with the surrounding world is of central importance to Gestalt theory'.

The adolescent developmental stage can, according to McConville (1995:22), be supported by the phenomenological-existential approach of the Gestalt theory. Toman and Bauer (2005:182) agree stating that 'Gestalt theory offers much to anyone who seeks to understand the intrinsic and unfolding meaning of adolescent development.' Gestalt is particularly effective in helping adolescents integrate the polarities within themselves as this is often seen as a time of internal struggles. Polar tensions for the adolescent include dependent/independent; disciplined/impulsive; lazy/industrious; family loyal/peer loyal or controlled/uncontrolled (Thom, 1990; McConville 1995; Toman & Bauer, 2005).

The researcher describes the following Gestalt terms which focus on the relational aspects – the contact between adolescent and parent:

4.5.1 The 'I-it' and 'I-thou'

Martin Buber's writing and teaching had a profound influence on Gestalt theory. According to Buber (in Kaufmann, 1970:17) there are two types of relationships, also called modes of existence; 'I-it' and 'I-thou'. Hycner and Jacobs (1995:63) agrees by saying that dialogue takes place in the realm of the 'between'. It encompasses two polar stances, the 'I-thou' and the 'I-it'. These are the two primary attitudes that a human being can adopt towards others. One is an attitude of natural connection and the other an attitude of natural separation, all attaining the 'between' (Hycner & Jacobs, 1995:7-8).

4.5.2 Contact boundaries

In Gestalt terms the relationship phenomena is spoken of in terms of contact between the individual and the environment and between the individual self and the other selves. Contact is the 'functioning of the boundary of the organism and its environment' (Perls et al., 1952:229). The boundary in this context refers to their processes of interconnectedness. These processes join the individual to his surroundings, but simultaneously separate or 'bound off' the self from others, 'limiting, containing and protecting' the self (Perls et al., 1952:229). According to Polster and Polster (2005:19), the contact boundary is the point at which one experiences the 'me' in relation

to that which is not 'me'. All meeting happens at the boundary. The developing capacity for contact (that is, establishing boundary conditions that support both joining and separating) is what adolescence is all about (Toman & Bauer, 2005:184).

There is also the changing and reorganising of the adolescent relationship to self. Biological changes happen to the body affecting sexual arousal, acute body consciousness, concerns over physical strength and attractiveness, sudden outbursts of anger, strange sensations of heaviness and emptiness (Gross, 2009:638); all of this leading to the changed internal world of the adolescent. The underlying and unifying theme of adolescent development is described by McConville (1995:8) as the maturation of contact functions and the boundary process. The challenge that the adolescent self is faced with during this developmental stage reflects the developmental reworking of his relationship to the family as well as his internal relation to his self (Polster, 2005:145).

4.5.3 Field theory

A psychological relationship must, according to Kurt Lewin (1952), a German psychologist and the founder of the Field theory as quoted by Toman and Bauer (2005:183), be viewed in terms of the surrounding field. He postulated that it is impossible to view a person except in the context of his environmental field. The theory focuses on three areas of phenomenological investigation; the internal world of the person, the external world or environment and the ever-changing relationship between them. This can be called the field (Joyce & Sills, 2010:24).

Toman and Bauer (2005:183) describe the field as '... continuous in space and time'. When working with adolescents, according to Bauer and Toman (2005:182), the field or 'life span' includes the 'genetic and physiological givens, the familial, social, cultural, political and geographical aspects of development as well as the experiential domains of thought, need, fantasy, and personal organisation'. The field therefore consists of the external world as well as the internal world of the person.

In Gestalt, the whole or the self is considered in the context of the field as it exists here and now (Yontef, 1993:326). Yet, development implies that the self and the field are changing and shifting over time. Often the family does not easily tolerate such changes and shifts and tries to maintain the equilibrium of an earlier developmental stage. McConville (2003:216) describes the changing developmental task of adolescence as maintaining a place in the family field (a place of belonging) while also forming a 'self' separate from the family. This can occur through rebellion, disowning, separating, or what he calls 'disembedding'. As adolescents disembed from the family field, they

often become very critical of family members and replace them by forming relationships with trusted others outside the family such as their peers. After that, adolescents turn inward to find their own voice and develop their own selves (Toman & Bauer, 2005:183).

4.6 The meaning of genuinely meeting the other through the dialogical relationship

Adolescents need to feel a sense of belonging to something larger than themselves: to belong to a family, to be part of a group, to participate in a tradition, to be anchored in enduring relationships (Polster, 2005:132; Flum & Lavi-Yudelevitch, 2008:153). The way parents manage the contact boundary is helpful in providing (or failing to provide) for their adolescents' need for connectedness. Adolescent development in particular, is influenced by how parents make contact with their individual child's emergent adolescent selves and thrives when the parents can respond to their full range of contact needs (McConville, 1995:134; Toman & Bauer, 2005:186). Oaklander (2006:94) believes that ideally parents convey their ongoing connectedness to their adolescent through support, acceptance, interest, validation and a willingness to accommodate their ever-widening wants and interests. Adolescents' needs are for parents to confirm their developmental process of becoming an individual self, thus confirming their separateness, but within the context of still being and belonging to the family 'tribe' (McConville, 1995:134).

Adolescents often feel misunderstood and unheard, especially by their parents. Seeing the self mirrored by the other, through the other's emphatic response, is affirming. Research has revealed that the quality of the attachment that adolescents have with their parents, impacts more on their self-esteem than the quality of peer attachment (Armsden et al., 2006; Flum & Lavi-Yudelevitch, 2008:160). However, adolescents who don't feel validated, affirmed and grounded by the relationship that they have with their parents may turn to friends and peers for the acceptance and validation that they so crave, often with dire consequences.

The quality of the dialogical relationship between the adolescent and parent may or may not, in the researcher's opinion, determine the successful completion of the developmental tasks of this phase of human development. It is within this relationship that the uniqueness of the other is recognised and enables the adolescent to grow and develop.

5. RESEARCH METHODOLOGY

A qualitative approach was followed, focusing on solving a specific problem in practice with an instrumental case study (Fouché & de Vos, 2011:90) as design. Qualitative research is concerned with understanding phenomena within their natural occurring context and with the intention of developing and understanding of the meaning(s) imparted by the participants (Nieuwenhuis, 2010:51). The type of research was explorative and descriptive in nature (Bless & Higson-Smith, 1999:65; Mouton, 2005:240). According to Fouché and Schurink (2011:312), this is used to elaborate on a theory or gain a better understanding of a social issue. In this study the researcher tried to obtain an understanding of the nature of the dialogical relationship between adolescents with at-risk behaviour and their parents.

Background information was collected through a literature study on the prevalence of risk behaviour amongst adolescents as well as a study of the dialogical parent-adolescent relationship from the Gestalt perspective. The researcher also consulted with experts on drug and alcohol abuse in South Africa (van der Merwe 6 April 2010; Krige 19 October 2010) regarding adolescents who use and abuse alcohol and drugs for the purpose of gaining information on the topic for the study. Data was obtained from adolescents who engage in risk behaviour and their parents, using semi-structured interviews. These are referred to as a 'conversation with a purpose' during which the interviewer tries to understand the experience of other people as well as the meaning they attach to that experience (Strydom, 2011:335). The aim of this type of data gathering was to obtain rich descriptive data that will help to understand the participant's construction of knowledge and social reality (Nieuwenhuis, 2010:87). Semi-structured interviews are especially suitable where the issue that is being researched is controversial or personal (Strydom, 2011:296), as is the case here. The interviews were conducted at places that best suited the participants. Some were at the homes of the participants, two were at the offices of the Christian Social Council (CSC) in Roodeplaat, two were at the workplaces of the parents participating and one was conducted after school at the school that the participant attends. All the interviews were recorded.

5.2 The participants

In this study the focus was on three adolescent risk behaviours: cigarette smoking, alcohol and drug abuse, and sexual behaviour that risks pregnancy and disease. The researcher therefore included in this study adolescents who engage in at least any one form of these risk behaviours.

The target population according to Newman (1997:203) can be defined as a specific pool of cases in the universe that a researcher wants to study. A sample is composed of elements that contain the most characteristics that are representative of and are typical attributes of the population (Strydom & Delpont, 2011:392). This study included adolescents between the ages of 14 and 17 who engage in risk behaviour and who live and go to school in Pretoria, it also included their parents. The average age of the participants was 15 for the girls and 16 for the boys. The group consisted of three boys and five girls, all living in and around Pretoria, Gauteng and attending various high schools in the city.

A total of eight families participated in the study. Although the circumstances differ in each case the researcher was satisfied that she continued until the theme was saturated. Six of the families were referred to the researcher by the CSC in Roodeplaat. The adolescents in the study all engaged in one or more forms of risk behaviour. The adolescents who were referred by the CSC were identified because their parents had approached the Department of Social Services/CSC for assistance. The reason that they turned to social services was that they were not coping with their adolescents' behaviour and needed guidance and help. The remaining two families were referred to the researcher by acquaintances.

The cases that were referred by the social worker at CSC were documented, but the researcher chose to not read the files. She did however have a short background history on each case in terms of the adolescents' ages, their schooling, parental circumstances as well as the type of behaviour they were engaging in. After the interviews the researcher did check with the case workers and with Dr Mariette van der Merwe to see whether her observations corresponded with theirs. In each case the researcher conducted the interview with the adolescent first and then with the parent. In only three cases was it possible to have another joint interview with the adolescent and the parent after the initial separate interviews. This was due to time constraints, difficulty getting the parties together because of proximity and in one case a complete breakdown in the relationship between the adolescent and parent resulting in them no longer wanting to have contact with one another.

5.3 Data analysis

Data analysis is described by de Vos, Fouché and Schurink (2011:403) as the 'process of bringing order, structure and meaning to the mass of collected data'. Various qualitative analytic methods can be used to analyse the data. However for the purpose of this study thematic analysis was used. This can be described as a method for identifying, analysing and reporting patterns or

themes within the data” (Braun & Clarke, 2006:79). A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set. Nieuwenhuis (2010:111) describes the interpretation of the data and forming of themes as searching for emerging patterns, associations, concepts and explanations. In order to analyse the data it was all transcribed, coded and then organised into categories and themes. The researcher worked until each theme was saturated, which according to Henning (2004:79) is the point at which no new ideas or insights are brought to the fore.

6. RESULTS

6.1 Adolescents’ perspectives on the dialogical relationship with their parents

The following seven themes were identified in respect of the relationship that the adolescents have with their parents.

6.1.1 Adolescents voiced a need for recognition, acceptance, warmth and love

All the adolescents mentioned that they want acceptance from their parents but that instead they feel rejected by them. Not one of the adolescents who participated in this study felt that their parents fully accepted them. Adolescents also felt that they were not recognized for who they were. They did not experience warmth and love from their parents and felt isolated in the relationship. Typical responses were:

- *“Whenever I talk to my mom, she just ignores me and walks away”*
- *“I feel that she pushes me away and doesn’t want to have anything to do with me”*
- *“We just don’t talk to each other anymore”.*

Gouws et al. (2008:83) confirm that to be recognised and accepted is one of the biggest needs that adolescents have and according to Hendrix and Hunt (1997:199) acceptance is an important component of love. Adolescent development in particular is influenced by how parents make contact with their individual child’s emergent adolescent selves and thrives when the parents can respond to their full range of contact needs (McConville, 1995:134). Ideally parents convey their ongoing connectedness to their adolescent with support, acceptance, interest, validation and a willingness to accommodate his ever-widening wants and interests.

All the participants were of the opinion that this was one of the biggest sources of conflict in their relationship with their parents. Typical responses were:

- *“If I try to talk with my mom, she either swears at me or ignores me”*
- *“I don’t want to have anything to do with my mother because she does not treat me right”.*

Another participant said that her mother only tells her that she loves her when she is drunk and adds that the loving feeling only lasts until the mother is sober again.

The adolescents also felt that their younger siblings experienced more acceptance from their parents and that they were disowned and ostracised by their parents. One of the girls said that her mother only speaks to her when she needs her help with her younger siblings. In response to one of the questions, seven of the eight adolescents indicated that they would want to spend more time with their parents. Five participants also described a longing for *‘the way it was’*, referring to specific life events during which time they felt that they had more contact with their parents. One of the adolescents made the following reference: *“before my parents started their fighting”* and another said: *“while we still lived in another area”*.

6.1.2 Adolescents emphasised the importance of their relationship with friends

According to all the adolescents that participated in this study, their relationships with their friends were the most important relationship in their lives because it was *“the only place”* where they felt acceptance, warmth and a positive regard. *“My friends are the only people that I can trust”* and *“I can only talk to my friends about issues that worry me”* were typical responses from the participants.

According to Gouws et al. (2008:93), the peer group plays a crucial role in the socialisation of the adolescents and offers a bridge that enables them to gradually gain independence from their parents. During the emancipation process adolescents begin to realise that they must loosen the ties with their parents and stand on their own feet and make their own decisions. Rice and Dolgin (2008:23) add that acceptance by the peer group leads to positive self-concept formation and self-acceptance.

However, all the participants also reported that their involvement in risk behaviour was a direct result of their relationship with a friend or friends. In every case it was a friend who introduced them to alcohol, smoking, drugs or risky sexual behaviour.

Typical responses were:

- *“I know that it is not good to drink or smoke, but I will rather do it and still have a friend, than losing the only person that cares about me”*
- *“My boyfriend loves and cares for me and I sleep with him”*

Where the relationship between parents and their adolescents is completely dysfunctional, the adolescent may turn to friends for overall acceptance. Flisher et al. (2010:155) maintain that conforming children turn to their age-mates less by choice than by default due to the vacuum left by the withdrawal of parents and adults.

6.1.3 Adolescents' experiences of the many changes that is part of this developmental stage

Many of the adolescents felt that their parents do not keep up with all the changes that they are undergoing. They want more freedom to explore and do not want to be treated like children any more. *"I want to decide for myself and not have to listen to my parents who are making decisions on my behalf, I am big enough now"*, is how one participant explains herself. Another one said: *"I don't have my time for myself; my mother treats me like a child and just assumes that I will be available to help her when it suits her"*.

They also felt that they need to have access to technology such as the internet, Facebook, etc. *"My cell phone is my lifeline"* was the response from one participant. Other responses were: *"The worst was when my mother confiscated my cell phone once"* and *"Technology is the way we communicate"*. This incapability of the parents to understand and keep up with the changes that their adolescents are dealing with enhances the feeling of *"it is only my friends that understand and care about me"*. Another participant said that when she is upset or unhappy and cannot talk to her friends, either on-line, in-person or on the telephone, she just goes to sleep, hoping that she will feel better when she wakes up.

The adolescent developmental stage is one of transition whereby the child undergoes physical, cognitive, social, emotional, moral and religious development (Thom, 1990:58; Biglan et al., 2005:78). Rice and Dolgin (2008:79) and Gouws et al. (2008:6) refer to this generation of adolescents as generation Y, the millennium generation. They were born in the years between 1980 and 2000 in which computers; internet and cell phones have been an integral part of their lives. Their exposure to information, knowledge and therefore a variety of influences in their lives is vastly different to that of their parents. Longitudinal studies have linked exposure to sexual content in mainstream media with more rapid progression of sexual activity, earlier coital behaviour, greater risk for unplanned pregnancy and sexually transmitted diseases (Chandra et al., 2008).

6.1.4 Adolescents need freedom and trust from their parents

All the adolescents voiced the need for freedom and trust. They said they wanted to be able to decide for themselves who they want to be with and for how long. One adolescent said that she wished her parents would allow her more freedom to do the things that she enjoys and not always the things that they want her to do. Another adolescent stated that she did not want to be treated like a child anymore (she is 16 years old).

The adolescents also want their parents to trust them to make their own decisions. The aspect of trust is an area that they felt was badly handled by their parents, although they all acknowledged that from time to time they do lie to their parents. Their reasons for lying varied in each case, but most of them felt that they wouldn't have had to lie if their parents trusted them more.

Many described their parents' behaviour as inconsistent and vacillating between sometimes instructing them in an authoritative way and other times leaving them to decide for themselves in a permissive way. Typical responses were:

- *"I cannot trust my parents because they change all the time and I don't know how they are going to react"*
- *"when I tell them the truth, I don't know if they are going to believe me anyway, so it doesn't matter"*
- *"I cannot trust my mom because she does not trust me and so we have nothing in common".*

This inconsistency also contributes to the lack of contact that the adolescents make with their parents. Parents who continuously react inconsistently and erratically can, according to Thom (1990:95) and supported by Gouws et al. (2008:128), cause their adolescent to have poor moral learning, disobedience, instability and feelings of confusion and anxiety.

6.1.5 Adolescents experienced conflict and poor communication with parents

All the participants felt they were in conflict with their parents. In some cases the communication has been disrupted to such an extent that there is no communication at all between the adolescents and parents. They all felt that they are not being understood and if they try and explain themselves to their parents it inevitably results in conflict. One adolescent said that he hadn't spoken to his father for almost four years because of conflict. Other responses were: *"We are fighting all the time, it is pointless to even try and talk 'normally' with my mom"* is how one participant described her relationship with her mother. *"I will rather keep quiet and hide myself than talk to my mom"*, said another participant.

In the case of two of the participants in the study, conflict with their parents resulted in the adolescents being removed from their parents' care and placed in foster care. In another case conflict lead to physical violence which left the adolescent traumatised. Two of the adolescents said that they did not want to live with their parents anymore and were hoping that social services would place them with someone else. Some of the participants were also at the centre of their parents' marital conflict, siding with the one parent against the other. *"My mom is as horrible and ugly to my father as she is to me and I can understand why he wants to leave her for another woman"*, is how one participant described her situation. Research done by Noller et al. (2009) has shown that parent-adolescent conflict can escalate and is made worse by marital conflict. Adolescents, whose relationship with their parents is characterised by high levels of conflict which leads to increased emotional distance between them, are more likely to engage in risk behaviour (DiClemente et al., 2009:44).

6.1.6 Adolescents experienced a lack of privacy and confidentiality in their homes

Privacy and confidentiality was an important theme for all the adolescents participating in this study. They all valued their privacy and felt that it was violated in their families. One participant said that she cannot confide in her parents because *"it will be broadcasted to the whole family"*. The adolescents want their parents to trust them, but they don't trust their parents especially with their feelings and emotions. This was evident in the following responses:

- *"If I tell her something than she just says that I am looking for sympathy and attention and then she tells it to everyone in the household"*
- *"I cannot trust my parents with any information because they will just twist it and use it against me when there is a conflict again"*
- *"I feel safer talking to my friends about personal issues than with my parents"*.

Some of the adolescents reported that they would rather keep sensitive information to themselves than confide in a friend as they are not necessarily trustworthy either. They also stated that they would not discuss issues concerning sexual relationships and their smoking or drinking habits with their parents. This leaves them without the necessary guidance that they still require (Gilman et al., 2009:123:274-281).

Seven of the adolescents said that they feel that one parent can be trusted more than the other one, but that it is still too risky to expose themselves to their parents. They felt criticised and rejected by their parents on those occasions when they tried to be open with them. One participant said that her mother only wants to break her down and that she uses anything that she says against her. This was also a potential area for conflict for a couple of the participants and they felt that it is safer not to share information with their parents. These participants reported that they would rather talk to their peers about issues, *“I can only talk to my friends about issues”*, said one participant. Some of these adolescents felt that they had been let down too often by adults, be it their parents, family members or school teachers, with the result that they do not easily trust adults. Peers have a strong influence on the attitudes and behaviour of the adolescent and can influence him to participate in risk behaviour (Richter, 2010:41).

6.1.7 Adolescents’ perspective of risk behaviour and parental involvement

All the adolescents who participated in this study engaged in one or more forms of risk behaviour. This ranged from drug and alcohol abuse, cigarette smoking and promiscuous as well as risky sexual behaviour. In two of the cases the adolescents were apprehended by die South African Police Department (SAPD) for drug use. One adolescent was removed from his parent’s care because he was taking drugs. All the boys smoked cigarettes and abused alcohol. All the girls used alcohol regularly and all except one smoked. Typical responses were:

- *“All adolescents do it, the trick is just to not get hooked on it”*
- *“Every adolescent either smokes, drinks alcohol, or has sex, everyone wants to be accepted and be cool with their friends.”*

One of the participants, a boy aged 14 at the time of the incident; had spent a weekend in a holding cell after his father reported him to the police for being in possession of dagga. He said that he knew his father had only tried to help him by sending him to jail. Most of the participants said that they don’t talk to their parents about their substance habits and that they don’t think their parents care to know about what they are doing. In the case of each of the participants interviewed for this study, peer influence was mentioned as the reason why they participated in risky behaviour.

According to the research, one consistent and significant influence on the prevalence of adolescent smoking is the presence of parents who smoke (Conrad et al., 2008: 87, 1711-1724). Peers also greatly influence the smoking trends of the youth (Gilman et al., 2009:123:274-281). The inclusion in peer groups, need for social approval and exposure to peer smoking are all

factors that relate to the onset of smoking among the youth. All the participants in this study were exposed to at least one adult member of their family that smoked.

All the participants, except for one, have engaged in sexual behaviour. Two of the girls have had more than one long-standing sexual relationship. One girl practised prostitution. The participants were all aware of the risk of sexual diseases and said that they use condoms. One girl (16) said that she will take care of her child herself should she fall pregnant while the others stated that they would consider abortions. According to Statistics SA (2007) 71 000 adolescent girls reported pregnancy as the main reason for not attending an educational institution in 2006. Puberty during the adolescent developmental stage leads to heightened sexuality and can therefore be cited as a reason for teenage pregnancies (Gouws et al., 2008:208) as it also leads to experimenting with sex. When asked what it is about being sexually active that is attractive to them, some participants responded by saying that it is viewed as a sign of maturity and a status symbol. Others said that it pleases their partner, emphasising their need to feel loved and needed in the relationship.

The Alcohol and Drug Abuse Research Unit (ADARU) (2008) suggests that young people use alcohol and drugs because of their personality attributes, friendship networks, low levels of parental involvement and community and societal pressure. This study confirms the low level of parental involvement, at least from the adolescents' point of view, as well as the influence of the friendship network. One of the participants described it by saying: "*My parents don't care where I am or what I do; it is only my friends who care about me*".

6.2 Parents' perspective on the dialogical relationship with the adolescents

6.2.1 Parents experienced conflict with adolescents

All the parents interviewed said that they were struggling with conflict in their relationships with their adolescents. Many also said that they didn't feel that they had much of a relationship with their adolescent as a result of all the conflict. However, all the parents blame their adolescents' changing personalities as the source of the problem, saying that they were moody, irritable, fighting with everyone and generally causing an unpleasant atmosphere in the household. One parent commented that as a result of her daughter's moodiness, she had no patience with her anymore and would rather leave her to herself and ignore her because "*it is just too hard to deal with her outbursts*". That was the opinion of many of the parents; they did not want to be with their adolescent because the conflict was just too difficult to manage. When asked to identify the source

of conflict, most parents said that the adolescent was critical of the parent's behaviour and blamed the parents for everything. Typical responses from the parents were:

- *"I cannot talk to my daughter because she wants to bite my head off if I say anything"*
- *"It is easier to just leave her to herself because that way there is no fighting".*

The parents felt that the adolescents were opposing them in all their decision-making as well as general behaviour. They felt helpless and frustrated with the situation and often found it easier to just ignore or leave the adolescents to be on their own, so avoiding contact.

Conflict between parents and adolescents is well documented (Hendrix & Hunt, 1997; Thom, 1990; Louw, 1998; Gouws et al., 2008). There are many self-help books available on how to deal with the adolescent. However, although some of the parents who participated in the study have read up on the topic, none found that it helped them with their particular situation with their adolescent. They said the best they could do was to rely on their own experiences as an adolescent and that they use their own interpretation of child-rearing practises based on their own experiences. Thom (1990:92) maintains that the likelihood of conflict increases when there are large differences between the generations with regard to cultural outlook, educational opportunities and occupational trends. These views have been echoed in some of the more recent sources such as Gouws, et al. (2008), Flisher and Gevers (2010) and MacLeod and Tracey (2010). Differences of opinion that result in conflict are also more common in fast-changing societies in which technology is mushrooming. Many of the parents said that their adolescent children spent a lot of their time chatting to their friends on their cell phones and that although they did not approve of it, they did not know how to change it. *"My daughter sees her cellular phone as her life-line"* is how one parent described it. *"She is very secretive about what goes on with her cellular phone"*, said another parent.

6.2.2 Parents found it difficult to approve of the adolescents' friends

Most of the parents said that they did not approve of some of their adolescents' friends. One parent said that she knew her child was involved with the wrong crowd but that she dreaded the conflict that arose when she tried to talk with her about it. They recognised the huge effect that friends have on their adolescent children and were concerned about the influences that they were being exposed to. Typical responses were:

- *"She will choose to be with her friends instead of at home with the family"*
- *"I know she is involved with the wrong crowd of friends, but I don't know how to deal with the situation anymore and just leave her now".*

However, many were not informed about who their adolescent's friends were nor did they know where and with whom they were at different times during the day. In one case, an incident involving rape is how the parent first became aware of her adolescent's choice of friends. All the parents said that they were not fully aware of what is happening on their adolescents' cellular phones and with whom they are in contact through their phones. In most cases this was because they respect the adolescent's privacy although two parents did mention that they just did not care enough anymore. Those two parents felt their adolescents could do whatever they wished to, as the effort involved in parenting them was just too much for them.

6.2.3 Parents found it difficult to discipline their adolescents

All the parents struggled with disciplining their adolescent child, knowing how to set boundaries and appropriately reward or punish them. Most of the parents in the study were under-involved, making as few demands as possible on their adolescent child, allowing them to do what they want to and offering very little guidance. Typical responses were:

- *“Whatever I say just gets refuted by her, so it is best to keep quiet and stay out of her way”*
- *“I cannot even talk to her let alone discipline her; she wants to bite my head off”.*

In all the cases, the participating parents said they did not know of any other way to manage their adolescent. One parent acknowledged that she should be stricter with her adolescent child and lay down more rules. When an attempt was made to punish the adolescents, the conflict escalated to such an extent that they were reluctant to do it again. In one case the adolescent who was grounded just defied her parents and left home and went missing for a couple of days before returning home. Her parents contacted social services because they were 'fed up' with trying to be responsible parents to her.

The main challenge during this developmental phase is for the adolescent to develop a strong sense of self with answers to the questions: “who am I?” and “where am I going?” (Cawood, 2007:106). Adolescents do this by testing parental values, asserting their need to control and by making their own choices and mistakes. They need strong assertive parents who can withstand their attempts at breaking down boundaries. Adolescents need limits and rules against which they can rebel, and in the process develop their own identity (Cawood, 2007:108; Leman, 2008:53).

6.2.4 Parents experience a lack of communication between them and their adolescents

Many of the parents said that they previously had good communication with their children, but that this was no longer the case. *"We always enjoyed talking together, but that has now changed"*, is what one parent said. Another parent adds: *"I used to know what was happening in my child's life, but not anymore. He does not want to share with me."*

In none of the cases was there open and warm communication, as viewed from the parents' perspective. Much as they recognised that such communication must start with them, they either no longer knew how to initiate it, or they felt it was too late to rectify the damaged situation. They also said that their adolescents did not confide in them and that they were not always sure about whom they do talk to, or if anyone was giving them guidance. It is clear that they recognised that there was a large part of their adolescent's life that they were not part of and knew almost nothing about. Only in two cases were the parents still willing to try and work at the relationship with their adolescent in the hope that the outcome would be positive.

Research has proven that parents who are authoritative and democratic in their discipline style are the most successful at promoting responsible and independent adolescent behaviour (Thom, 1990:28; Papalia et al., 2006). However, parents who exercise erratic, inconsistent parental control confuse their adolescents. Due to the lack of clear guidelines, these adolescents become insecure, tend to be rebellious and often display anti-social delinquent behaviour (Gouws et al., 2008:86). It seems that parenting styles have a marked influence on adolescents' social and emotional development. Louw (1998:261) agrees, saying that the parents' style of parenting determines their children's self-concept formation, self-actualization and academic performances.

According to Gestalt, relationship is the most important between people. The dialogical parent-child relationship grows out of contact between them. Yontef (1993:218) states that adolescent development is particularly influenced by how parents make contact with the individual child's emerging adolescent self and thrives when the parents can respond to the adolescent's full range of contact needs. Toman and Bauer (2005:18) add that what adolescents need from their parents is confirmation of their developmental process of authorising a self. Parents confirm adolescents by acknowledging their separateness and their ownership of self, all within the unmistakable context of belonging to and within the family (McConville, 1995:135).

6.3 The parent-adolescent relationship from both the parent and adolescent's perspective

In the two joint interviews that were conducted with both the parent and the adolescent, the following information surfaced:

Parenting an adolescent is often a daunting task for people and they are not equipped with adequate knowledge and skills to cope with the challenges of this developmental stage. In both the interviews the parents said that they experience their adolescent as difficult. They did not know how to handle them and that is why they turned to social services for help. *“I feel like giving up on my adolescent”* and *“we want someone else to take control of our adolescent”*, were responses from these parents.

Both parties acknowledged the need for communication and undertook to be more tolerant of each other. The parents recognised how difficult things were for the adolescents and how they were affected by this stage in their development. The parents also undertook to equip themselves with knowledge on adolescence and risk behaviour and recognised its effect on their own adolescent. The adolescents said that they will stop with whatever risk behaviour they are engaging in.

In one case the parent said that he did not have a problem with his child’s alcohol intake because he also used alcohol and smoked. He did however say that he would like to have a better relationship with his adolescent and would try and understand him better. The researcher referred each case to a suitable helping professional for appropriate parental guidance and all of them were happy to comply with that suggestion. Although the relationship between the parents and adolescents was strained, both wanted it to improve and were willing to work at it.

The influence of the family structure on adolescent risk-taking behaviour is related to characteristics of the parent-adolescent relationship (DiClemente et al., 2009:43). Adolescents may also ‘learn’ to engage in risk behaviour by observing and modelling their parent’s behaviour and attitudes toward substance use and risk-taking behaviour. Studies have shown that adolescents are less likely to abuse substances and to initiate sexual activity when parents provide emotional support and acceptance and have close relationships with their adolescents (DiClemente et al., 2009; Flisher et al., 2010).

7. CONCLUSIONS AND RECOMMENDATIONS

It is clear from the research that although risk behaviour is a tendency amongst adolescents, what is more concerning is how uninformed the participating parents are about it. From this study it is also evident that they do not know how to be effective in their relationship with their adolescents.

In the section on the dialogical relationship of Gestalt therapy, the importance of a warm, inclusive and caring environment in which the adolescent can explore his developing sense of self is emphasised. The very poor relationships between the parents and adolescents in this study is a strong indication of how little warmth, willingness to open communication, confirmation of each other and general lack of commitment to dialogue there is between them. This strengthens the original hypothesis that adolescents get involved in a variety of dubious activities and that their parents don't know or don't care to know about it. Adolescents don't need their parents to be their friends, but rather to be parents to them. Adolescents need their parents to confirm their developmental process of gaining independence by confirming their separateness, while still being part of and belonging to the family.

Based on the information gathered from the interviews, the researcher is also of the opinion that the relationships that existed between the parents and adolescents may not have been much stronger prior to puberty, but that the adolescent developmental stage served to amplify the shortcomings of the parent-adolescent contact.

Another finding is that the current modern era with all the technological advances brings new challenges to parenthood that parents today are possibly not equipped to deal with, especially parents who don't keep up with all the changes. Adolescents are exposed to explicit material on the internet as well as on their cellular phones. Parents must educate their children from an appropriately young age about their sexuality and make them aware of the dangers that exist concerning this. They must also be aware of their adolescent's social exposure especially on network sites such as Facebook and MXit. Ideally there should two-way communication in the parent-adolescent relationship that is open and honest.

Many parents are struggling financially due to their circumstances such as divorce or single parenting, which depletes them and leaves them with insufficient energy to deal with a challenging adolescent. In such instances it is easier to leave the adolescents to themselves. Parents should be aware of their own limitations and seek help that is available to them such as psychotherapy,

debt-counselling or the legal system. Social services also provide support as well as various organisations such as churches and clinics.

Adolescents need guidance and support and the ideal is that they receive that from meaningful contact with their parents. This however is not always possible for various reasons. It is therefore recommended that they have at least one meaningful relationship with another capable adult such as a grandparent, family member, teacher or preacher who can act as a mentor in their lives. Parenting an adolescent is often a daunting task for people and a developmental stage for which they are not skilled or equipped with enough knowledge. In light of the fact that parenting an adolescent is a daunting task, the researcher recommends workshops for parents with adolescents, as well as support groups where they can share their experiences and gain knowledge and skills.

8. LIMITATIONS OF THE STUDY

A shortcoming of this study was the participant population. The researcher would have liked to have had a more heterogeneous group ranging from affluent families to poor families. The participants in this study would be considered in the middle to lower income group. However, the impact of this study could only be determined if a follow-up study was conducted with these participants over a period of time.

9. SUMMARY

The researcher is of the opinion that although a good parent-adolescent relationship is not a guarantee that the adolescent won't engage in risk behaviour, the adolescent may feel more grounded, better supported and less likely to continue with risky behaviour if a good relationship exists. It is clear from this research that the adolescents feel that they are not being cared for; especially by their parents and that they want acceptance, recognition and care. Despite living in this era where there is an abundance of information available to parents, they remain uninformed on many topics regarding adolescent development, and the adolescents are left to navigate themselves through this challenging developmental stage.

Although peer group relationships are very necessary for the development of the adolescent, the researcher believes after having done this study that parents are letting go of their adolescents too soon. The adolescents are being left to their own devices at too young an age and they are not sufficiently guided or mature enough yet to make their own decisions. The parents that

participated in this study follow an erratic and often permissive parenting style, which contributes to the adolescents feeling vulnerable, uncared for and unloved.

Parents need more education and knowledge on how to skilfully parent their adolescent children. No two adolescents are the same, but general guidelines for parents of adolescents are recommended. This must be made available to them, possibly through their adolescent's schooling system and support groups at churches and in the communities.

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SECTION C: SUMMARY, EVALUATION, CONCLUSIONS AND RECOMMENDATIONS

1. INTRODUCTION

The following section aims to provide a summative overview and the most significant findings concluded from this research study. It also contains shortcomings of this study as well as recommendations.

2. SUMMARY OF SIGNIFICANT FINDINGS

It is clear from the research that although risk behaviour is a huge tendency amongst adolescents, what is more concerning though is how poor the parent-adolescent relationships were. In all the literature that was studied the importance of the adolescent-parent relationship was emphasised. When considering the Gestalt dialogical relationship, a warm, confirming, inclusive relationship with a willingness to open communication is held up as the ideal. This study has highlighted the adolescents' need to be validated in such a way as well as the lack of understanding and warmth in the manner that their parents relate to them. Although the adolescent is in a transition period of becoming emancipated and gradually loosening the ties of parental authority – gaining independence is a major developmental task – they still need parental guidance and a sense of belonging. The pursuit of independence is a complex phenomenon. In the parent-adolescent relationship there is on the one hand the adolescent who wants to be independent and responsible

for themselves and their choices. On the other hand the parents need to be willing to allow the adolescents their independence and allow them to take responsibility for their actions. The adolescents however are often confronted with experiences and decisions for which they are not prepared. In this study a few of the adolescents voiced a longing “for the way it used to be”, suggesting a return to their more carefree childhood years.

The parents vacillate between relief that their adolescent child is growing up which exempts them from the tedious part of parenting thereby allowing them more freedom; and feeling disappointed by the reality of their adolescents’ choices and behaviour, which in most cases involved friends who expose them to risky and dangerous situations. This study highlighted how unprepared and uninformed parents were in terms of their parental skills and the needs of their adolescent children.

Papalia et al. (2006:51) said that parenting styles have a marked influence on the adolescent’s social and emotional development. The styles can hamper or enhance the development of independence and determine the conflict between parent and adolescent. Discipline must be consistent to be effective. Rice and Dolgin (2008:89) say that erratic parenting leads to poor moral learning, confusion, anxiety, disobedience and instability. If harshness and rejection accompany the inconsistency, the effect is most damaging and may lead to anti-social and deviant behaviour.

The parents who participated in this study tended to exercise discipline and authority in an erratic and inconsistent way. In many instances the parents avoided talking to their adolescents about issues, even serious ones, in order to avoid the conflict that may arise. They often yield and allow unacceptable behaviour from their adolescent, because accepting and dealing with the conflicts that ensue demands too much of them. The nature and the extent of the conflict between the adolescents and their parents has created deep disappointments and mistrust between them.

In some cases, even though the parents knew their adolescents were involved with ‘the wrong things’ they didn’t acknowledge the situation because of the conflict between them and their adolescent. Even in cases where they knew of other adolescents, such as friends of their adolescent, who were engaging in serious risk behaviour they did not intervene or attempt to address the situation. They were erratic in the way they reacted, at times adopting harsh and controlling measures, while at other times simply ‘giving up and letting go’.

The very poor relationships between the parents and adolescents in this study, serves to strengthen the original hypothesis that the adolescents get involved in all sorts of dubious activities and that their parents are ineffective in intervening and guiding their adolescents through this

challenging developmental stage. Based on the information gathered from the interviews, the researcher is of the opinion that these relationships may not have been much stronger prior to puberty, but that the adolescent developmental stage served to amplify the shortcomings.

Another finding is that the current modern era with all the technological advances brings new challenges to parenthood. Parents today are possibly not equipped to deal with these challenges, especially parents who don't keep up with all the changes.

Many parents are struggling financially because of the current economic situation and due to circumstances such as divorce or single parenting, which depletes them and leaves them with insufficient energy to deal with a challenging adolescent. The easier option is to leave the adolescents to themselves.

Effective communication is particularly important between parents and adolescents because the way parents communicate (talking and listening) to their adolescent has, according to Hendrix and Hunt (2005:106), a profound effect on who they become. Words can shape a person's identity. Through this study, the researcher aimed to bring awareness to both the adolescents and the parents of the effect that their relationship – the way they relate to each other – has on them.

The aim of this study was also to give the parents insight into the experiences that their adolescents have to deal with. Yontef (1993:51) says that insight and awareness leads to change and growth. Although this group of participants were only a sample of the population of adolescents and parents who need intervention in their relationships, the researcher believes that this study has benefited them and that the effect of it may reach others too.

3. EVALUATION OF THE STUDY

The focus of this study was to investigate the dialogical relationship between adolescents who engage in risk behaviour, and their parents. The aspect of the parent-adolescent relationship that was examined was in the context of existential dialogue, which is defined in terms of presence, inclusion, confirmation, commitment to dialogue and dialogue as lived (Yontef & Fuhr, 2005:95). Yontef (1993:226) describes the relationship as having a mutual effect and being there for each other.

In evaluating this study, the following aims and objectives were reached:

- The researcher gained a deeper understanding of the parent-adolescent relationship as well as of risk behaviour amongst adolescents. This was done through a study of existing literature, consulting with experts in the field as well as by conducting interviews with adolescents and their parents on the topic of their relationship and how they are affected by it.
- In conducting the research, the researcher hoped to reach parents and adolescents who needed guidance in their relationship as a way to prevent risk behaviour. This was possible by creating awareness of how each one is affected by the relationship between them. The participants of this study were made aware of how their relationship is impacting on them and were given guidance on how to change and improve it. How successful this was can only be determined if a follow-up study involving the same participants is conducted in a few months.

The needs of the adolescent as highlighted by the findings of this study are:

- The need for recognition and acceptance. Acceptance is an important component of love, according to Hendrix and Hunt (2005:270). One way to demonstrate their love for their adolescent child is to know and accept the adolescent exactly as he is. Too often parents project their own hurts, disappointments and insecurities onto their adolescent through their own unawareness and ignorance. The adolescents participating in this study all voiced the same unmet need for recognition and acceptance from their parents.
- The need for friends. Part of the disembedding process as discussed by McConville (2005) is the shifting away from dependence on parents towards independence and acceptance by the peer group, which is highly significant for self-concept formation and for self actualisation (Louw, 1998:529). During adolescence the quality of peer-group friendship changes and relationships become more meaningful (Flum & Lavi-Yudelevitch, 2008:157). The adolescents' needs for friendship tend to be intense and occupy a great deal of their thoughts and time. The adolescents' needs for love, care, recognition and acceptance that are not met by parents then get transferred to their friends and they rely on their friends to meet those needs in their lives, often with dire consequences such as peer pressure influencing them to engage in risk behaviour.
- The need for freedom and trust. The adolescents want to become more responsible for themselves and want their parents to trust them in their decision-making. Parents must not

withhold responsibility from their adolescent when they are ready to undertake such responsibilities, make independent decisions and bear the consequences of their actions. With appropriate guidance parents must allow their adolescent the freedom to act independently. The adolescents in this study felt that their parents don't trust them and that they have little freedom, which makes them feel resentful towards their parents and contributes to the breakdown in contact with their parents. They also felt that they can't trust their parents with information about themselves.

- The need for communication. The adolescents felt that their parent's do not listen to their ideas and do not even try to understand their point of view, which leaves them feeling uncared for and unloved. Open communication between adolescents and parents is most important for a positive parent-adolescent relationship (Gouws et al., 2008:82). The adolescents need a warm, caring and nurturing home environment from which they can explore their developing sense of self. Without that in the home, they may depend more on their friends to meet that need and they may withdraw from their parents and not disclose their feelings, thoughts or behaviour, which in turn adds to the lack of contact and the poor relationship between them.

With regard to risk behaviour, many adolescents experiment with risk behaviour during this stage of their development, but the researcher is of the opinion that the ones who become dependent are those who feel that they have nothing else to 'fill the gap'. What they are reaching for (independence) is not yet sufficiently established and what they are leaving behind (a nurturing home environment) is not there anymore.

4. CONCLUSION

It is clear from the research that although risk behaviour is a huge tendency amongst adolescents, what is more concerning is how uninformed the parents are about it. In the section on the dialogical relationship of Gestalt therapy, the importance of a warm, inclusive and caring environment in which the adolescent can explore his developing sense of self is emphasised. The Gestalt theory is applied to how the adolescent makes contact with others. The very poor relationships between the parents and adolescents in this study is a strong indication of how little warmth, willingness to communicate openly, confirming of each other and general lack of commitment to dialogue there is between them. This strengthens the original hypothesis that

adolescents get involved in all sorts of dubious activities and that their parents don't know or don't care to know about it.

Based on the information gathered from the interviews, the researcher is also of the opinion that these relationships may not have been much stronger prior to puberty, but that the adolescent developmental stage served to amplify the shortcomings.

A shortcoming of this study was the participant population. The researcher would have liked to have had a more heterogeneous group, ranging from affluent families to poor families. The participants in this study would be considered in the middle to lower income group. However, the effect of this study will only be evident if a follow-up study of the participants is conducted over a period of time.

5. RECOMMENDATIONS

In terms of the risk behaviour of adolescents, the researcher recommends that parents need more education and knowledge on how to skilfully parent their adolescents. Furthermore the style of parenting is crucial. Neither overly permissive nor overly authoritarian parenting styles are appropriate, but even less desirable is an erratic style switching between the two extremes. No two adolescents are the same, but it is recommended that general parenting guidelines be made available for parents of adolescents. These could possibly be available to them through their adolescent's schooling system, either through certain subjects such as life skills or in the form of joint workshops for both parents and adolescents held at the schools.

The modern era with rapid technological advancement brings new challenges for parents and especially those parents who don't keep abreast of the changes are ill-equipped to cope. Adolescents are exposed to explicit material on the internet as well as on their cellular phones. Parents must educate their children from an appropriately young age about their sexuality and make them aware of the dangers that exist concerning this. They must also be aware of the adolescent's social exposure especially on network places such as Facebook and MXit. Ideally there should be two-way communication in the parent-adolescent relationship that is open and honest.

Many parents are struggling financially because of circumstances such as divorce or single parenting, which depletes them and leaves them with insufficient energy to deal with a challenging

adolescent. In such instances it is often easier to leave the adolescents to themselves. Parents should be aware of their own limitations and seek the help that is available to them such as psychotherapy, debt-counselling or the legal system. Social services also provide support as well as various organisations such as churches and clinics.

Adolescents need guidance and support and the ideal is that they receive that from meaningful contact with their parents. This however is not always possible for various reasons. It is therefore recommended that they have at least one meaningful relationship with another capable adult such as a grandparent, family member, teacher or preacher who can act as a mentor in their lives. Schools can also provide a support structure possibly in the form of group therapy for adolescents struggling with various topics, as a means to provide them with guidance and support.

Parenting an adolescent is a daunting task for people and parents are often not equipped with adequate knowledge and skills to cope with the challenges of this developmental stage. The researcher recommends workshops for parents with adolescents as well as support groups where they can share their experiences and gain knowledge and skills. This could possibly be made available to parents through their adolescent child's school at the initiative of the school and also at churches and clinics in the communities.

6. REFERENCES

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SECTION D: ADDENDA

ADDENDUM 1: INSTRUCTIONS FOR AUTHORS: CHILD & FAMILY SOCIAL WORK

1. GENERAL

Child & Family Social Work provides a forum where researchers, practitioners, policy-makers and managers in the field exchange knowledge, increase understanding and develop notions of good practice. In its promotion of research and practice, which is both disciplined and articulate, the Journal is dedicated to advancing the wellbeing and welfare of children and their families throughout the world.

Child & Family Social Work publishes original and distinguished contributions on matters of research, theory, policy and practice in the field of social work with children and their families. The Journal gives international definition to the discipline and practice of child and family social work.

2. MANUSCRIPT TYPES ACCEPTED

Manuscripts should normally be a maximum of 7000 words, including abstract and references, although shorter papers will be welcomed. One copy of an abstract, not exceeding 200 words, should accompany the manuscript. The abstract should be followed by up to six keywords. The title page should display the title of the paper; names of the author(s); position and place of work; and the full postal address, telephone number and e-mail address of the author to whom correspondence should be addressed. All figures and tables should be referred to in the text and their appropriate positions indicated in the text. The use of footnotes should be avoided. Details of research methodology should be included in the manuscript where appropriate.

3. MANUSCRIPT FORMAT AND STRUCTURE

3.1. Format

Language: The language of publication is English. Authors for whom English is a second language must have their manuscript professionally edited by an English speaking person before submission to make sure the English is of high quality. It is preferred that manuscripts are professionally edited. A list of independent suppliers of editing services can be found at http://authorservices.wiley.com/bauthor/english_language.asp. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

3.2. References

Harvard style must be used. In the text the names of authors should be cited followed by the date of publication, e.g. Adams & Boston (1993). Where there are three or more authors, the first author's name followed by et al. should be used in the text, e.g. Goldberg et al. (1994). The reference list should be prepared on a separate sheet with names listed in alphabetical order. The references should list authors' surnames and initials, date of publication, title of article, name of book or journal, volume number or edition, editors, publisher and place of publication. In the case of an article or book chapter, page numbers should be included routinely.

3.3. Tables, Figures and Figure Legends

Tables: These should only be used to clarify important points. Tables must, as far as possible, be self-explanatory. Tables must be typewritten on a separate sheet. No vertical rules should be used. Units should appear in parentheses in the column headings. All abbreviations should be defined in a footnote. The tables should be numbered consecutively with Arabic numerals.

Figures: All graphs, drawings and photographs are considered figures and should be numbered in sequence with Arabic numerals. Each figure should have a legend and all legends should be typed together on a separate sheet and numbered correspondingly.

ADDENDUM 2: INTERVIEW SCHEDULE

Questions to the adolescents:

Describe the relationship between yourself and your parents (mother and father).

How much time do you spend together and what do you do in that time?

How do you describe the dialogue between yourself and your parents?

With whom do you share your thoughts, feelings etc?

Would you want to spend more time with your parents and what would you want to do in that time?

If you could give your parents advice about their parenting skills, what would you want them to know?

Questions to the parents:

Describe the relationship that you have with your adolescent.

How much time do you spend together and what do you do in that time?

How much do you know about what is happening in your adolescent child's world?

How would you describe the dialogue between yourself and your adolescent child?

What would you want your adolescent child to know about your position as a parent?

ADDENDUM 3: CONSENT TO PARTICPATE IN RESEARCH

Huguenot College, UNISA CONSENT TO PARTICIPATE IN RESEARCH

Risk behaviour: investigating the dialogical relationship between adolescents and their parents

TO: Parents of participants

You are asked to participate in a research study conducted by Estelle Bailey BA Hons (BPsyh) from the North-West University South Africa as part of a Masters Degree thesis. You were selected as a participant in this study because your adolescent son/daughter responded positively when asked to participate in this study.

1. PURPOSE OF THE STUDY

The purpose of the study is to explore the nature of the parent-adolescent relationship between adolescents who display at-risk behaviour and their parents, how the adolescent is affected by this, and how it can be supported in order to reduce or prevent risk behaviour in adolescents.

2. PROCEDURES

If you volunteer to participate in this study, this will be the procedure that the researcher proposes to follow:

- i. The researcher will first interview your child.

- ii. The researcher will then interview you, the parent at a time convenient for you. This interview will last no longer than one and a half hours. It will be conducted at a place most convenient for you. Either or both parents are welcome.
- iii. Finally the researcher will interview the parent together with your child, again at a convenient time, at a place most convenient for you.

3. POTENTIAL RISKS AND DISCOMFORTS

The interview may be emotionally discomfoting. The researcher will offer to refer distress participants to therapists in the area should this become necessary or requested by him/her. This cost will be for your own account. The participants are asked to keep to the scheduled time and honour the appointments.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The researcher aims to gain an understanding of what the relationship is like between parents and adolescents and how the nature thereof can prevent possible risk behaviour in adolescents, thereby nurturing the health and well-being of the adolescents.

5. PAYMENT FOR PARTICIPATION

No payment will be received or paid whatsoever.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. The researcher will take field notes during the interviews and also record the interviews by means of video.

Confidentiality will be maintained by means of:

The field notes will be brief notes for the researcher to remember what is being discussed and will be coded according to similar themes for data-processing.

These field notes will be kept safely and out of reach of anyone except the researcher at her home in Magalieskruin, Pretoria.

The same applies for the videotapes which will only be used as a form of back-up for the data-processing as well as a way to protect the researcher should there be an inquiry into the nature of the interview.

The videotapes will be kept in a safe place for the required period of time which is prescribed by the university where the researcher is registered for the thesis. All interviewees will have the right to view the video tapes of their own interviews. The supervisor and external examiners may ask to view the tapes.

If any results are to be published the researcher will protect the identity of the participants and they will remain anonymous.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact

Estelle Bailey (0832920651) or Dr Herman Grobler, supervisor of this research at (021) 873-1181

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Prof Naas Swart at the Unit for Research Development, Huguenot College.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me, (name) _____ by Estelle Bailey in Afrikaans and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

Name of Subject/Participant

Name of Legal Representative (if applicable)

Signature of Subject/Participant or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] and/or [his/her] representative _____ [*name of the representative*]. [He/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/*English/*Xhosa/*Other*] and [*no translator was used/this conversation was translated into* _____ by _____].

Signature of Investigator

Date

**Lennox College, UNISA
PARTICIPATE IN RESEARCH**

Risk behaviour: investigating the dialogical relationship between adolescents and their parents

TO: The Grade 10 pupil

You are asked to participate in a research study conducted by Estelle Bailey BA Hons (BPsych) from the North-West University of South Africa as part of a Masters Degree thesis. You were selected as a participant in this study because you responded when asked to participate.

10. PURPOSE OF THE STUDY

The purpose of the study is to explore the parent-child relationship, how the adolescent is affected by this, and how it can be supported in order to reduce or prevent risk behaviour in adolescents.

11. PROCEDURES

If you volunteer to participate in this study, this will be the procedure that the researcher proposes to follow:

- j. The researcher will first interview you at school or at a place convenient for you. This interview will last no longer than one and a half hours.
- ii. The researcher will then interview your parent at a time and place convenient to the parent.
- iii. Finally the researcher will interview your parent together with you, again at a convenient time and place for you.

12. POTENTIAL RISKS AND DISCOMFORTS

The interview may be emotionally discomfoting. The researcher will offer to refer distress participants to therapists in the area should this become necessary or requested by him/her. This cost will be for your parents' account. The participants are asked to keep to the scheduled time and honour the appointments.

13. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

The researcher aims to gain an understanding of what the relationship is like between parents and adolescents and how the nature thereof can prevent possible risk behaviour in adolescents, thereby nurturing the health and well-being of the adolescents.

14. PAYMENT FOR PARTICIPATION

No payment will be received or paid whatsoever.

15. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. The researcher will take field notes during the interviews and also record the interviews by means of video.

Confidentiality will be maintained by means of:

The field notes will be brief notes for the researcher to remember what is being discussed and will be coded according to similar themes for data-processing.

These field notes will be kept safely and out of reach of anyone except the researcher at her home in Magalieskruin, Pretoria.

The same applies for the videotapes which will only be used as a form of back-up for the data-processing as well as a way to protect the researcher should there be an inquiry into the nature of the interview.

The videotapes will be kept in a safe place for the required period of time which is prescribed by the university where the researcher is registered for the thesis. All interviewees will have the right to view the video tapes of their own interviews. The supervisor and external examiners may ask to view the tapes.

If any results are to be published the researcher will protect the identity of the participants and they will remain anonymous.

16. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

17. IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact

Estelle Bailey (0832920651) or Dr Herman Grobler, supervisor of this research at (021) 873-1181

18. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Prof Naas Swart at the Unit for Research Development, Huguenot College.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to my child by Estelle Bailey in Afrikaans and my child is in command of this language or it was satisfactorily translated to him/her. My child was given the opportunity to ask questions and these questions were answered to my child's satisfaction.

I hereby consent that my child may participate in this study. I have been given a copy of this form.

Name of Subject/Participant

Name of Parent/Legal Representative (if applicable)

Signature of Parent or Legal Representative

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant*] and/or [his/her] representative _____ [*name of the representative*]. [He/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in

[Afrikaans/*English/*Xhosa/*Other] and [no translator was used/this conversation was translated into _____
by _____].

Signature of Investigator

Date

ADDENDUM 4: ETHICAL APPLICATION FORM

ETHICS COMMITTEE APPLICATION FORM

UNIVERSITY OF SOUTH AFRICA

RESEARCH PANEL

28 June 2010

Application to Institute for Child, Youth and Family Studies at the Huguenot College
for clearance of new research project

Name: Mrs. Estelle Bailey

Position/Professional Status: STUDENT

Affiliation: Research Programme/Institution: UNISA/HUGENOTE COLLEGE

Title of research project:

Risk behaviour: investigating the dialogical relationship between adolescents and parents

Where will the research be carried out?

Magalieskruin, Pretoria

1. FUNDING OF THE RESEARCH: How will the research be funded?

Privately by the researcher

2. PURPOSE OF THE RESEARCH:

The purpose of the study is to explore the parent-child relationship, how the adolescent is affected by this, and how it can be supported in order to prevent risk behaviour in adolescents.

3. AIMS AND OBJECTIVES OF THE RESEARCH:

The goal is to investigate the dialogical relationship between parents and adolescents that could prevent adolescent risk behaviour.

The objectives of this study are:

- To conduct a literature study from books, articles, theses and published research on the parent-child relationship, risk behaviour the dialogical relationship and developmental theories;
- To conduct a qualitative study first using semi-structured interviews respectively with the adolescents and their parents to gain an understanding of how both view their relationship and how the adolescent is affected by it.
- To secondly use semi-structured interviews with the two together in order to explore how the dialogical parent-child relationship can prevent the risk behaviour of the adolescent;
- To analyse the data according to Creswell's spiral and get to a conclusion;
- To discuss data in the form of a literature control
- To make recommendations to parents and adolescents on the topic.

4. SUMMARY OF THE RESEARCH

The focus of the study is to study existing parent-adolescent dialogical relationships and explore how it can prevent risk behaviour. The research question that will be looked at is: How can the dialogical relationship between parent

and adolescent be addressed in order to prevent adolescent risk behaviour? The population is a minimum of 10 grade 10 pupils, selected according to a non-probability purposive sampling method, and their parents. A qualitative approach will be applied, using semi-structured interviews with parents and adolescents separately, as well as together. The data will be analysed according to the Creswell spiral method. What the researcher hopes to achieve is an understanding of what the dialogical relationship is like between parents and adolescents and how the nature of the dialogue between them can prevent risk behaviour. By illustrating this aspect to parents, it is hoped to be able to enhance the health and well-being of adolescents.

5. NATURE AND REQUIREMENTS OF THE RESEARCH

5.1 How should the research be characterised (Please tick ALL appropriate boxes)

5.1.1 Personal and social information collected directly from participants/subjects	x
5.1.2 Participants/subjects to undergo physical examination	
5.1.3 Participants/subjects to undergo psychometric testing	
5.1.4 Identifiable information to be collected about people from available records	
5.1.5 Anonymous information to be collected from available records	
5.1.6 Literature, documents or archival material to be collected on individuals/groups	x

5.2 Participant/Subject Information Sheet attached? (for written and verbal consent)

YES	x
NO	

5.3 Informed Consent form attached? (for written consent)

YES	x
NO	

5.3.1 If informed consent is not necessary, please state why:

NB: If a questionnaire, interview schedule or observation schedule/framework for ethnographic study will be used in the research, it must be attached. The application cannot be considered if these documents are not included.

5.4 Will you be using any of the above mentioned measurement instruments in the research?

YES	x
NO	

Interview schedule will be compiled according to literature study and is thus not available yet

6 PARTICIPANTS/SUBJECTS IN THE STUDY

6.1 If humans are being studied, state where they are selected:

The research participants are adolescents and their parents and they will be selected from the two high schools in the northern part of Pretoria

6.2 Please mark the appropriate boxes:

Participants/subjects will:	YES	NO
be asked to volunteer	x	
be selected	x	

6.2.1 State how the participants/subjects will be selected, and/or who will be asked to volunteer:

The researcher will initially do a factual presentation on risk behaviour to all the grade 10 adolescents at both schools with the permission of the headmasters, and then ask for volunteers to participate in further study by giving them a form to complete with their names and a contact number and a yes or no option to choose from. She will then obtain permission from the parents for their children to participate in the study.

6.3 Are the participants/subjects subordinate to the person doing the recruiting?

YES	
NO	x

6.3.1 If yes, justify the selection of subordinate subjects:

6.4 Will control participants/subjects be used?

YES	
NO	x

6.4.1 If yes, explain how they will be selected:

6.5 What records, if any, will be used, and how will they be selected?

No records

6.6 What is the age range of the participants/subjects in the study?

Grade ten pupils and their parents

6.6.1 Was assent for guardians/consent for participants/subjects obtained?

YES	
NO	x

If YES, please attach the appropriate forms.

6.6.2 If NO, please state why:

This will be obtained after proposal has been approved

6.7 Will participation or non-participation disadvantage the participants/subjects in any way?

YES	
NO	x

6.7.1 If yes, explain in what way:

6.8 Will the research benefit the participants/subjects in any direct way?

YES	x
NO	

6.8.1 If yes, please explain in what way:

It is hoped that the research will better inform parents of protective variables in their adolescents' possible risk behavior, thereby helping to prevent such behavior

7. PROCEDURES

7.1 Mark research procedure(s) that will be used:

Literature	X
Documentary	
Personal records	
Interviews	X
Survey	
Participant observation	
Other (please specify) _____ _____	

7.2 How will the data be stored?

Field notes and videos to be stored safely and privately by the researcher at her house in Magalieskruin, Pretoria

7.3 If an interview form/schedule; questionnaire or observation schedule/framework will be used, is it attached?

YES	
NO	x

7.4 Risks of the procedure(s): Participants/subjects will/may suffer:

No risk	
Discomfort (emotional)	x
Pain	
Possible complications	
Persecution	
Stigmatisation	
Negative labeling	
Other (please specify) _POSSIBILITY OF EMOTIONAL UNEASE_____	The researcher will try her utmost to keep the identity of the participants confidential, but should they choose to disclose it to their friends, they will be informed and advised of possible negative labeling by their peers.

7.4.1 If you have checked any of the above except "no risk", please provide details:

8. RESEARCH PERIOD

(a) When will the research commence:

As soon as the research proposal is accepted__ ____

(b) Over what approximate time period will the research be conducted:

The researcher propose that the interviews be conducted during the six week school holidays in June/July 2010_____

9. GENERAL

9.1 Has permission of relevant authority/ies been obtained?

YES	
NO	Not yet, but it will be done ASAP

9.1.1 If yes, state name/s of authority/ies:

9.2 Confidentiality: How will confidentiality be maintained to ensure that participants/subjects/patients/controls are not identifiable to persons not involved in the research:

Their participation will be on a voluntary basis. Their identity will be protected by keeping all records safe and maintaining confidentiality. Only supervisor and external examiners may ask to view the videos. They however also stand under ethical codes of conduct

9.3 Results: To whom will results be made available, and how will the findings be reported to the research participants

General results will not be made available, but benefits are expected to accrue to the participants during the course of the research interviews.

9.4 There will be financial costs to:

participant/subject	
institution	
Other (please specify) _____ _____	No

9.4.1 Explain any box marked YES:

9.5 Research proposal/protocol attached:

YES	x
NO	

9.6 Any other information which may be of value to the Committee should be provided here:

From dealing with adolescents in her field during therapy sessions, the researcher is of opinion that this is an issue that causes much distress to the adolescents.

Date:

Applicant`s signature

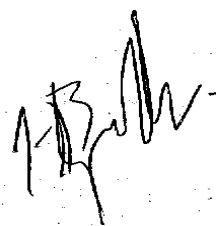
Who will supervise the project?

Name: Dr Herman Grobler

Programme/Institution/Department: MDIAC PLAY THERAPY

Date: 28/06/2010

Signature:



Director/Head/Research Coordinator of Department/Institute in which study is conducted:

Name: Dr Retha Bloem

Date: 28/06/2010

Signature:



SECTION E: CONSOLIDATED LIST OF REFERENCES

ADARU (The Alcohol and Drug Abuse Research Unit) Medical Research Council 2008: available of www.mrc.co.za/adarg.drugabuse.pdf

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