



# The Effectiveness of the Ethnographical Viewpoint in Prevention

Enikő ALBERT-LŐRINCZ

Babeş-Bolyai University, Cluj-Napoca, Romania  
e.albert.lorincz@gmail.com

**Abstract.** Our theoretical goal is to promote health as a value and facilitate young people to pursue a healthy lifestyle. The novelty of our methodological approach is based on the knowledge of local customs in the community and that of the self-protective rituals in service of health promotion. Our analysis attempts to ascertain whether there are significant differences between adolescents from Târgu Mureş (Romania) and Eger (Hungary) regarding their attitudes towards the community and towards ethnobotanicals and their consumption patterns. We were also interested in whether there is any difference between the two local communities with regard to the experiences of the users that they are connected to. Our participants were 200 students aged 14–16. The methods we used were questionnaires, interviews, and projective tests. The data were processed mainly by qualitative analysis and content analysis was also performed. Our results show significant differences in the following: among the Romanian teenagers, situational anxiety, the needs for control, and self-realization were more frequent. Among the Hungarian teenagers from our population, we revealed that the search for situational and societal incentives and contingency, the need to improve performance, the need for protection, and the search for self-justification were more typical. We share a vision of prevention design in which the person is accustomed to local cultures (with the customs and values of the community). Community action will only be utilized by adolescents in situations when there is an emotional bond between the adolescents and the social environment. In order to ascertain this, we examined the importance of the community in the life of the adolescents.

**Keywords:** community custom, synthetic cannabis consumption, health promotion

## Background

Because social progress is a function of the younger generation's ability to adapt to social change, we must place great emphasis on the prevention of deviant behaviour patterns. Prevention is none other than the health development, the

establishment of healthy lifestyle needs and practices. Therefore, prevention, even in the case of drugs, is not just about narcotics, but also propagates health as a value. Prevention assumes continuous non-action, long-term activities whose secondary goal is a drug-free life (Rácz 2007). The ultimate goal consists of a healthy lifestyle and independent activity for health. The disclosure of information, the knowledge by itself is not always sufficient. Information provided should not be a deterrent and it must rely on genuine facts. By giving adequate reasons and by committing, we must exercise influence on beliefs, targeting pro-health attitudes and positive health behaviour. This is possible only through the development of the personality (health education through acquisition of skills) and environmental interaction (through health promotion measures). In this sense, the goal is not primarily the development of knowledge; it rather consists of influencing the attitudes and behaviours towards a healthy lifestyle. The goal is to facilitate young people to pursue a healthy lifestyle, to maintain physical and mental health, and to reveal their personalities.

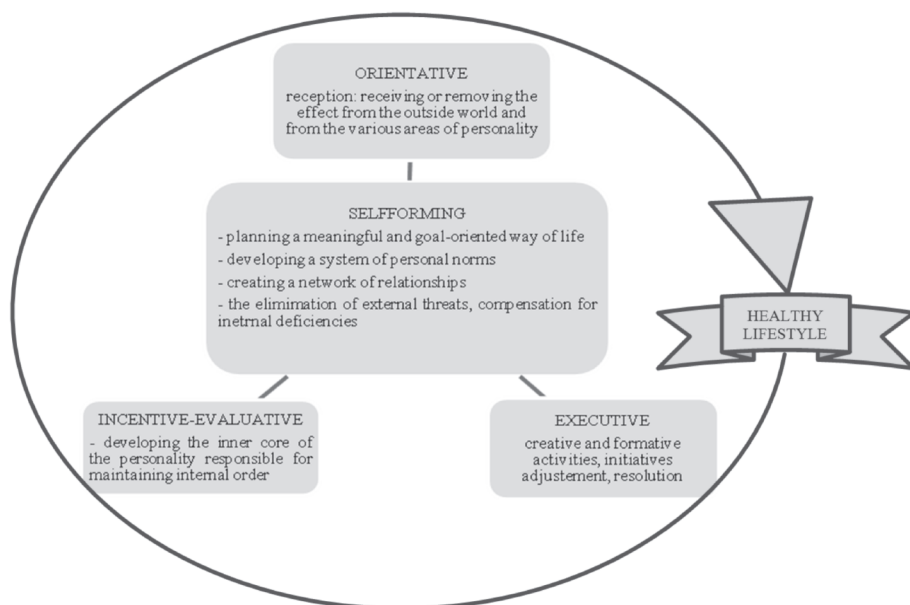
Today, one form of prevention or another have become almost standard practice in schools, yet, unfortunately, the statistics on drug use have not improved substantially (ESPAD 2011, Elekes 2009, Felvinczi and Varga 2009, Huebner 2004). We are faced with altered patterns of consumption, a change in the order of preferred drugs, and, in essence, the rate of self-destruction by the young has not improved.

In the recent years, we have noticed a change in the approach towards the research into the drug problem in the sense that qualitative analysis has come to the fore. Not only are statistics communicated to the researchers, but we can also read narrative analyses, interviews, and content analyses that point to the deeper background factors of the phenomenon. This change in the approach should also be used in the case of prevention. Thus, prevention programmes containing more or fewer changes (so-called adaptations) are increasingly being used from Central America to the neighbouring Eastern European countries. Neither local community specificity, nor the ethnic characteristics of local communities are left out, and it is supposed that the low effectiveness of previous prevention programmes might have resulted from a much too general character that these programmes had.

We believe that the drug issue must address problems from an ethno-psychological viewpoint in order to discuss psychological disorders, their possible causes, and the treatment of patients by taking into account the cultural group features of these patients and the traditional systems of healing. The procedure must be customized according to the specific traditions and mentality of the community and community knowledge, while also building on the customs of the community, cultural models, and systems of meaning. At the same time, adapted prevention seeks to strengthen the individual's natural network of relationships. Thus, a reinterpretation of prevention means the following: customization to the individual and its community; the unfolding of the personality (to facilitate

the individualization process); the basic needs of development, the overcoming of obstacles, as well as the establishing of internal and external opportunities; finding the self-fulfilment: activation of self-development, self-determination skills; the capacity to accept change and experiences that promote development; empowerment (endowment with strength); aiding commitment to positive values and to health promotion (Albert-Lőrincz 2013).

In this sense, prevention is not intended to develop the personality and its components (elements such as skills) but to affect the entire personality, facilitating development and evolution. We assume that awareness and the development of skills are not enough for the development of adequate attitudes against drugs. Prevention primarily focuses on encouraging the incentive-evaluative area of the personality – the emotional-motivational structure, needs, desires, fears, complexes – as well as the basis of the axiological-exploratory dimension in order to facilitate the harmonious development of the personality. Prevention, as illustrated below, is not limited to knowledge transfer and skill development; it also develops the self-regulatory, incentivizing, and controlling dimensions of the personality through involvement in life situations with its roots in the community. Participation in community activities awakens the ancient health protective energies that have been preserved by the internal rules of traditional communities. This requires inter-generational cohesion and communication to facilitate the transfer of community culture.



Source: author's proposal

**Graph 1.** *Prevention as the aid to personality development*

The novelty of our methodological approach is based on the knowledge of local customs in the community and that of the self-protective rituals. The difficulty is that the healing traditions of community customs and values have been forgotten. Therefore, the first step in prevention is to bring to the surface those characteristics of the community which strengthen the sense of belonging and bring traditions to life. This requires the persons to identify with his/her family and with the community. A synthesis between past and present is required, the continuity of the roots, the foundation of a sense of belonging needs to be established, and we must strengthen the feeling of perspective or future vision so that the prospect of an attractive future exceeds present difficulties. A community tradition drawing on such situations in life lessons should be made the focus of the attention of adolescents. It is necessary to reveal the customs of the community, and we must look for avenues of action that can mobilize the archetypal resources of adolescents. This would allow the conditions of individualization (Jungian perception: initiation, sitting inside the hero, in contrast – shadow, anima–animus –, balancing differentiation and autonomy) to manifest. In this way, prevention is not taking place only in the classroom, but it could be a natural part of life.

## **The goals and methods of the analysis**

Previous research (Albert-Lőrincz 2009) drew attention to community attitudes that were able to promote the spiritual traditions of coming of age and that are no longer present in today's world of adolescent experience. In order to see more clearly and to design the prevention, we started studying one of the latest challenges, the use of ethnobotanical drugs. Our study seeks to answer if there are significant differences between the Târgu Mureş (Romania) and Eger (Hungary) adolescents regarding their attitudes towards the community and towards ethnobotanicals and their consumption patterns. We were also interested in whether there is any difference between the two local communities with regard to the experiences of the users that they are connected to.

The analysis presented in this study is based on data collected from a population of 200 students (100 from Eger and 100 from Târgu Mureş, aged 14–16). Data gathering took place in spring 2013 and involved two 7<sup>th</sup> and two 8<sup>th</sup> grade classes from a central and a suburban school from each city.

The methods we used were questionnaires, interviews, and projective tests. In addition, we used web interfaces available for drug experience reports. The data were processed mainly by qualitative analysis and content analysis was also performed. We were primarily interested in the motivation underlying the use of ethnobotanicals and whether there was any difference in the cities studied.

We assume that consumer habits and motivation for specific consumption shows differences depending on the local community, and that prevention should be performed specifically and in a differentiated way.

Next to the general considerations of prevention, it should also take into account the local features and psychological characteristics of the affected community. For the last decades, community customs have lost their importance and have no longer been in the centre of attention; we believe their merits should be restored first. If we want to improve the practice of prevention, we also need to concentrate on how adolescents relate to today's social environment – the local community – in which they live. To reach our goal – to mobilize the archaic resources in prevention, to enhance activities that had protected mental health for centuries –, we must achieve emotional attachment and connection to the communities in which the adolescents live. Thus, a community development approach is necessary that could reinstate the life functions of communities such as retention, protection, control, and reward–penalty forces. We would like to restore a tradition that has – from generation to generation – fulfilled health care and, based on this, to establish a new style of prevention that would correspond to the needs of the adolescents in the twenty-first century.

Our research focuses on the following main directions: adolescents' attitudes toward ethnobotanical drugs, analysis of the factors underlying consumption, and adolescents' relationships with local communities.

## **An excerpt from the results of the study**

### **The features of ethnobotanical drug consumption**

Ethnobotanical consumption has been a problem in Romania since 2008 until today. Since then, despite large and small setbacks – as a result of legislation –, their use has been spreading. Acquisition was done mainly in 'dream shops' (there were 91 of them as of April 2011), and via Internet shopping. A survey by the National Anti-Drug Agency (Botescu 2011) places Romania in the fourth place in online shopping after England, Germany, and the Netherlands. The most popular products are Diesel, Pure, Katana, and Magic, but both their names and their composition are being rapidly altered to circumvent the prohibitions.

In Romania, there are two groups known as so-called 'legal drugs' (Botescu 2011): 'Spice'-type products obtained from plant extracts and chemical compounds (56.1% frequency of consumption); Energizing and / or hallucinogenic effects of synthetic psychoactive substances, mainly in injectable (characteristic to every sixth consumer, one third of whom are infected with hepatitis B, C, or HIV) and snuff form (43.9% frequency of consumption).

In 2009, 1,300 people in Romania needed medical care following the consumption of hallucinogenic substances purchased in so-called ‘dream shops’ or off the Internet. In 2010, by the end of May, emergency care units from around the country had received 206 people intoxicated with substances that have psychoactive effects (Report: Prevention of ethnobotanical consumption, <http://www.aspbacau.ro>). In the last five years, the situation has abated somewhat, but still, the prevalence of new psychoactive substances (NPS) at least once during their lifetimes (in the last year and the last month) places these substances among the most consumed drugs (5.3%) among 16-year-old students in Romania, according to ESPAD studies performed in 2011.

The analysis of our research data shows that of the Târgu Mureş sample 78.8% of students who have tried drug consumptions (excepting alcohol and tobacco) have experience with ethnobotanicals, while in Eger 48.6% have consumed ethnobotanicals out of the students who have tried drugs in their lifetime (the difference is significant:  $p < 0.001$ ).

When comparing the frequency of ethnobotanical consumption in a Romanian and a Hungarian town, we find that although the annual prevalence of illicit drug use was significantly higher in Eger (4.8%) than in Târgu Mureş (3.5%), Romania has a lead in ethnobotanical drug consumption ( $p < 0.002$ ).

The socio-demographic profile of new psychoactive substances shows that most of them are socially integrated young people from good financial backgrounds and even with good academic records.

In this part of our study, our main goal was to examine what underlies the consumption indices and what the motivation for consumption is.

The explanation for why herbal drug consumption is more common in the Romanian city is – in addition to factors we have not yet discovered – that the Târgu Mureş locals often refer to legal drugs as easily available, relatively inexpensive. As they are considered ‘legal,’ they are thought to be much less dangerous than other psychoactive drugs. This argument is brought by fewer adolescents from Eger.

The justification for consumption experiences was provided by the interviews and the content analysis of the web reports. Several categories were identified and included in the table below. The first column sets up categories derived from the narratives of reasoning that are provided by consumers in terms of motivations and use-related experiences. In the second column, there are the spiritual needs which we tried to identify and link to the corresponding categories of reasons. We made no distinction between the Romanian and Hungarian (Eger) population.

**Table 1.** *Backgrounds of consumption*

<b>Reasons of consumption</b>	<b>Unfulfilled needs (Csirszka 1998; Maslow 1971)</b>
Assuming a position: decision, selection – self-determination, self-enhancement (self-efficiency)	Life stability, lack of influence, metaphysical needs: experiencing the meaning of life, perceiving one's own position and role – SECURITY
Social and situational incentives	Social needs: establishing and maintaining relationships – STATUS
Self-regulation: elimination of the negative internal state, establishment of a pleasant state	Lifestyle-related needs: coping, aesthetic needs: harmony, beauty – SELF-REALIZATION
Experience of control (the illusion of influencing the situation created)	Self-expression and self-validation – SELF-REALIZATION
Correction of cognitive functioning (or the illusion thereof)	Productivity, self-fulfilment value needs: intellectual, mental construction – SELF-REALIZATION
Self-determination: self-confidence, independence	Freedom, autonomy, independence SELF-REALIZATION AND ACCEPTANCE
Craving (intense inner motivation)	Obtaining experience – AUTONOMY

The table shows us that the archetypal structure responsible for the healthy development of the personality – which directs emotional processes – has not awakened in the souls of these adolescents. If we think along the lines of the Jungian individualization process, we can see – based on the themes of ethnobotanical use – that there is a developmental disruption because:

- the fight against reality is erroneous (we can see the idealization of curiosity);
- the differentiation of emotional acceptance (internalization) does not come to pass – because the master, the borders, and the theme of the hero are missing –; all of these functions are fulfilled by the drugs;
- inner contradictions become more pronounced, self-knowledge is superficial because of the lack of attention to internal experiences (the integration of the shadow, of the anima–animus);
- there is no value integration, no assumption of a calling or responsibility or commitment (the empty longing for the experience, slaked by chemicals, remains);
- there is no synthesis in the interest of reconciling the self-image, the career image and the representation of society, which in turn should emerge as the core of the personality (the sense of independence and autonomy cannot come into being).

As a consequence, they are left with the craving for the numinous experience that would ensure finding autonomy (the primary core) and could tame the destructive forces of the soul to become healing ones.

In the case of these two Central and Eastern European towns, adolescents differ significantly from each other in the following:

- Târgu Mureş, Romania: situational anxiety, the need of control and self-realization were more frequent. These needs reveal curiosity, loneliness, and inferiority complexes. Themes suggesting dynamism and activity were more common.

- Eger, Hungary: The search for situational and social incentives and contingency, the need to improve performance, the need for protection, and the search for self-justification were typical. These needs are mostly fed by curiosity and guilt complexes.

The following apply to both samples:

- Lack of operational differentiation and ineffectiveness in behaviour (externalization) because of a disruption in the guiding and evaluative systems operation can be identified, which may result in aggressive and/or self-destructive manifestations.

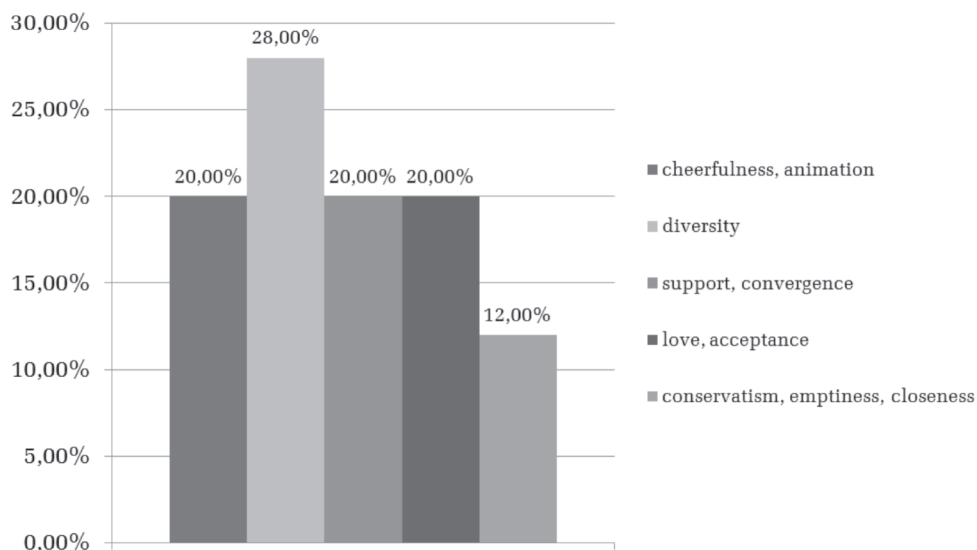
- Self-development and self-restoring operations are necessary.

## **Prevention requirements**

The characteristics (developmental hurdles) described above are treated as targets for prevention. In this concept, prevention design should be carried out on the basis that the person is accustomed to local cultures (with the customs and values of the community). This requires us to strengthen solidarity and communication between generations in order for the culture of mental health protection to be handed down to young people. These are the activities that, in past centuries, had served to satisfy basic psychological needs and that can be passed on to adolescents today.

Community action will only be utilized by adolescents where there is an emotional bond between the adolescents and the social environment. In order to ascertain this, we examined the importance of the community in the life of adolescents. We asked the adolescents studied from both cities to think about the local community they belong to and to write down what it means to them and what emotions this community may be described with. We found (Graph 2) that the community is an asset to them – it represents togetherness, love, support, and inclusion; thus, the power of the community can be used as prevention, too.





**Graph 2.** *Characteristics of the community based interventions on the experience of the adolescents*

We also asked what experiences these emotions stem from. Although there were a low number of experiences related from both cities (e.g., town fairs, arts and crafts activities with parents, neighbourhood cleaning, harvest ball, joint sports activities), these events were remembered as positive experiences by the adolescents. This means that adolescents can be included and can be active participants in the life of a community where they can feel useful alongside the adults; they have the opportunity to achieve success and can experience the joy of closeness.

We can trust in the power of influence community activities have because through them the differentiation and the maturity of the adolescent personality may be developed. Themes carrying pro-social and personal development themes can be established by the transference of community customs, traditions, and values. However, this requires research efforts aimed at identifying traditions that are specific to each local community and are able to satisfy the emotional needs that aid in the development of the personality. Lacking these, adolescents will turn to artificial means to satisfy their needs, e.g. drugs. We assume that an unconscious compulsion, a search for an experience underlies consumption, one that is related to the archetypal structure of the human soul. We have found that the consumption of ethnobotanicals can also be a search during which experiences are artificially provoked from which they – mistakenly – expect spiritual growth, differentiation, and ultimately becoming an adult. If the search for experience arising from an internal need – such as action required for development – is not done along positive values, then it will not serve the growth but the destruction of the personality.

The needs and themes that we observe behind drug consumption accurately show what type of activities needs to be organized in the individual local communities. For example, healthy emotional development would be best served in Târgu Mureş by reducing the anxiety and increasing self-worth and in Eger by enabling the experience of togetherness and usefulness.

## Summary

A characteristic community life results in significant differences in the attitude towards specific drugs and the frequency of their consumption. The system of predictive and protective factors shows dissimilar situations in the two populations. In order for prevention to become effective, the specific traits of the community must be taken into account. Factors that aid spiritual maturity should be offered to adolescents not only in an artificial form (e.g. group training sessions) but as a natural way of life – as part of a 21<sup>st</sup> century lifestyle –, in the shape of community activities. We are aware of the fact that it is not a matter of a lifestyle change made overnight but a process that should be started at once in the soil of community traditions. Prevention must mobilize the internal resources characteristic of the individual community that are rooted in common desires, fears, and daily practices – customs and values. Only community actions can breathe life into the archetypal resources of the personality and be of assistance in a healthy development.

## References

- Albert-Lőrincz, Enikő. 2009. *A drogfogyasztás prevenciója. Az integrált megelőzés elmélete és gyakorlata*. Cluj-Napoca: Presa Universitară Clujeană.
2013. Need to Change the Optics in the Prevention of Addictive Behaviors. The Role of Local Communities in Prevention of Smoking. *Procedia – Social and Behavioral Sciences* 92: 16–21.
- Botescu, Andrei. 2011. *Evaluarea riscurilor asociate consumului de substanțe noi cu proprietăți psihoactive în rândul copiilor și tinerilor din România*. Raport de cercetare ANA, UNICEF.
- Csirszka, János. 1998. *Élményterápia*. Csíkszereda (s.e.).
- Elekes, Zsuzsanna. 2009. *Egy változó kor változó ifjúsága*. Budapest: L'Harmattan.
- Felvinczi, Katalin–Varga, Orsolya (eds.). 2009. *Jelentés a magyarországi kábítószerhelyzetről*. Budapest: Szociális és Munkaügyi Minisztérium.
- Jung, Carl G. 1964. *Man and His Symbols*. Chicago: Ferguson Publishing Company.

- Huebner, E. Scott–Valois, Robert F.–Suldo, Shannon M.–Smith, Laura C.–McKnight, Caroline G. S.–Eligson, Julie L.–Zulling, Keith J. 2004. Perceived Quality of Life: a Neglected Component of Adolescent Health Assessment and Intervention. *Journal of Adolescent Health* 34: 270–278.
- Maslow, Abraham. 1971. *The Farther Reaches of Human Nature*. New York: Viking.
- Rácz, József. 2007. A droghasználat megelőzése – prevenciós modellek és programok. In: Demetrovics, Zs. (ed.), *Az addiktológia alapjai* I: 417–446. Budapest: Eötvös Kiadó.
- The 2011 ESPAD Report Substance Use among Students in 36 European Countries. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). ([http://www.can.se/contentassets/8d8cb78bbd28493b9030c65c598e3301/the\\_2011\\_espad\\_report\\_full.pdf](http://www.can.se/contentassets/8d8cb78bbd28493b9030c65c598e3301/the_2011_espad_report_full.pdf) - last visit June 12, 2015).
- Report: Prevenirea consumului de etnobotanice. Direcția de Sănătate Publică Județeană Bacău ([http://www.aspjbacau.ro/index.php?option=com\\_content&view=article&id=266:prevenirea-consumului-de-etnobotanice&catid=52:actualitate](http://www.aspjbacau.ro/index.php?option=com_content&view=article&id=266:prevenirea-consumului-de-etnobotanice&catid=52:actualitate) – last visit June 12, 2015).