ISSN:2471-061X

Journal of
Addiction and Dependence

Khumalo, T. (2019) J Addict Depend 5(1): 1-15.
DOI: 10.15436/2471-061X.19.2608
Volume 5 | Issue 1
OPEN ACCESS

Research Article

'*Izingane zethu* / Those are our children': An Interpretative Phenomenological Analysis of Recovery from Whoonga

Thabani Khumalo*

The Department of Psychology, School of Applied Social Sciences, University of KwaZulu-Natal, Howard College

***Corresponding author:** Thabani Khumalo, The Discipline of Psychology, School of Applied Human Sciences, University of KwaZulu-Natal, Howard College Campus, Mazisi Kunene Road, Durban, 4041, South Africa, E-mail: 9604368@stu.ukzn.ac.za / thabani.khumalor@yahoo.com

Abstract

This paper reports on findings of a study that set out to describe what it is like to recover from whoonga. The study hopes to garner an empathic understanding of the plight of persons addicted, and those recovering from whoonga. Such an understanding is a humanistic appeal to support recovery. A sample of six young Black African males who had desisted from whoonga use for an average of 3,3 years was recruited from Inanda, Ntuzuma, and KwaMashu (INK) townships. A qualitative methodology, interpretative phenomenological analysis (IPA) was used. IPA sets out to understand phenomena from the perspective of participants: addicts 'in recovery'. Main participants, aged 20 to 33 were at early and stable stages of recovery. They were recruited using the snowball effect and were interviewed in-depth in their homes. To verify desistance, a measure that triangulated data sources, and to tease available recovery capital during desistance from whoonga use, participants directed the researcher to a family member and an immediate neighbour. This secondary sample included interviews with ordinary community members and community support structures, namely, police and social service officials. These interviews were per interview schedule guided by addiction and recovery literature. They were recorded and transcribed. Transcripts were subjected to IPA. To illuminate recovery from whoonga addiction by this sample, this paper will discuss four group themes: life-in-transit, all-consuming, abstinence for recovery, and moving away from the drug scene. Recovery-orientated community support initiatives are recommended as appropriate for a whoonga situation in South Africa.

Keywords: Addiction; Interpretative phenomenological analysis; IPA; Recovery; Whoonga/nyaope; Townships

Introduction

Amongst a multitude of illicit drugs attracted by the South African democratic environment, whoonga or nyaope is the most enduring opioid popular since the early 2000s amongst Black African youth in townships and squatter settlements around the country[1-4] (American Academy of Addiction Psychiatry, 2015; Ephraim, 2014; Montesh, Sibanda, Basdeo, & Lekubu, 2015; Moodley, Matjila, & Moosa, 2012). Its prevalence was reported to have peaked in Durban, and is now confirmed to be nationwide; having spilt to rural areas and neighbouring countries[5-7] (Dube, 2014; Kapitako, 2017; Nevhutalu, n.d.). A call for what needs to be done to address whoonga addiction was made in the context of a need to support those wishing to cease using whoonga[8] (Mokwena, 2016). These are concerns with how people might be supported to initiate a recovery journey[9] (Best et al., 2010). Other support options point to community-based approaches[10-12] (Mohasoa, 2018; Mokwena, 2015; Ramson, 2017). Such views are derived from a consideration of the enormous number of whoonga addicts given limited access to rehabilitation centres, both public and private, as well as to the non-existent after-care facilities[11,13,14] (Mahlangu & Geyer, 2018; Mokwena, 2015; Mokwena & Huma, 2014; Mokwena & Morojele, 2014). In that space, the professional intervention will be systematically availed to communities[8] (Fernandes & Mokwena, 2016). The roll-out of a drug has also been advanced[15,16] (Cole, 2016; Marks, Gumede, & Shelly, 2017). Community-based approaches are further suggested in situations where, despite the availability of rehabilitation centres, drug addictions do not diminish[12] (Ramson, 2017). These suggestions propose a need to address the context of drug addictions at different levels of ecological functioning[12] (Ramson, 2017). This is a proposal for the consideration of social and environmental factors in curbing whoonga addiction (Mokwena, 2019). This view proposes that interventions should be multi-faceted and must address "individual, family, and/or community levels"[17] (Ramson, 2017, citing

Received Date: September 09, 2019
Accepted Date: November 13, 2019
Published Date: November 18, 2019

Citation: Khumalo, T. '*Izingane zethu* / Those are our children': An Interpretative Phenomenological Analysis of Recovery from Whoonga. (2019) J Addict Depend 5(1): 1-16.

Griffin & Botvin, 2010). Similar proposals are linked to the acknowledgement that these factors are the cause that determines and influences the course of drug addictions[11,17] (Mohasoa & Mokoena, 2017; Mokwena & Morojele, 2014). Psychological consequences of poverty can lead to economic behaviours that make it difficult to escape poverty[18] (Haushofer & Fehr, 2014). Inadvertently, they find limitations in acute care: individuals return to communities, the environment that caused addiction in the first place; hence often relapsing[19,20] (Davidson et al., 2010; Mokwena, 2016).

The study aimed to understand lived experiences in recovery from whoonga addiction. The idea is that effective ways of dealing with whoonga addiction would begin with studying and acquiring a comprehensive understanding of this phenomenon. This involves the study of what it is like to be addicted, and to recover from whoonga addiction, the subject of this report. The study used the IPA[21] (Smith, Jarman, & Osborn, 1999). IPA aims to understand what it is like to be experiencing a phenomenon, for a particular person, in a particular context[22](Larkin, Eatough, & Osborn, 2011). Owing to its newness, and despite widespread use (Mokwena, 2019; Mokwena & Huma, 2014), very little is known about recovering from whoonga, let alone from an insider perspective. Equally considered is the role of preceding approaches to studying and understanding drug addiction. These approaches are largely characterised by moral overtones and pathological or disease perspectives[23] (White, Taylor, & McDaid, 2010). The study of addiction as a complex, meaningful, human phenomenon subsumes subjective experiences overlooked by the mechanistic/reductionist approach concerned with the moral aspects of addiction[24] (Williams, 2002). For Bloom (2016)[25], what experts ponder about addiction is important, and they could even be correct. However, a proper understanding of addiction is an experiential/phenomenological understanding. In a Taiwanese study on addiction to heroin, researchers noted physical, psychological, and economic struggles endured by dedicated drug users. Researchers associated the prevalence of negative attitudes − stigma and marginalization − with lack of empathy and understanding of addicts' lived experiences[26] (Hsieh, Tsai, Tsai, Hsu, & Hsu, 2017).

The study conceptualises addiction to whoonga from a recovery perspective. Recovery advocates acknowledge an increasing awareness that people do recover from drug addiction[27-29] (Best & Lubman, 2012; McIntosh & McKeganey, 2000, citing Waldorf, 1983 & Prince, 1994). News media have presented this evidence[30,31] (Molobi, 2018; Mtika, 2019). In the context of heroin addiction in other countries, studies have used phenomenological approaches, particularly IPA, to excavate pathways to recovery as well as experiential overlays of addiction and recovering from it[24,25,32-34] (Bloom, 2016; Flaherty, Kurtz, White, & Larson, 2014; Rossini, 2016; Shinebourne & Smith, 2010; Williams, 2002). Dominant methods in contemporary drugs research remain quantitative[35] (Rhodes & Moore, 2001,). Qualitative research methods are considered appropriate for the study of experiences with drug addiction[35] (Rhodes & Moore, 2001). A strong case for phenomenology in psychology, the dedicated study of human beings, is made by Molenaar (2005)[36]. In a manifesto for idiographic psychology, the focus on subjective experiences is considered the putting back of man into psychology[36] (Molenaar, 2005). Larkin and Griffiths (2002) find subjective experiences of addiction psychology of addiction. IPA's focus on idiography is a look at experiences as they are; how they are experienced by a person in a certain context, to make sense of the phenomenon[34,37] (Shinebourne, 2011; Todorova, 2011). For Smith (2018a)[38], an event turns into an experience by the significance bestowed on it by the person participating in, and potentially changed by, what is happening. ''Recovery'' signifies profound and personal experience[39] (Kelly & Hoeppner, 2014).

Objectives and Aims of the Study

In a study on long-term recovery from addiction, participants considered themselves to be 'in recovery', rather than 'recovered'[40] (Shinebourne & Smith, 2010). This notion was adopted to refer to participants in this study. It accords with an attempt to study addiction from the perspective of those involved, hence IPA was used[21] (Smith et al., 1999). The study is a recovery-orientated approach to whoonga addiction that stresses long-term recovery support and management[41,42] (McKeganey, 2010; White & Kurtz, 2006). The aim of inducing an empathic understanding[47-49] (Hooker, 2015; More, 1996; Wright & McCarthy, 2008) of the plight of those addicted, is an attempt to encourage support for recovery at individual and community levels. This study is an attempt at untangling how communities who are not inert, and who can be vindictive and vengeful to the addicts and their families, can embrace change[50-52] (Evans, Lamb, & White, 2013; Masikane, 2018; White, 2009). The study is not merely a presentation of success stories, although celebrating recovery includes such. It is an attempt to support a cessation initiation. The maintenance of long-term sobriety uses peers to model and encourage sobriety within a pro-recovery family and social/community environment. Such support addresses the plight of whoonga addicts. It shows whoonga addicts what they can do to recover, presenting recovery as a choice. Participants represent the hope that recovery is possible.

Heidegger's account of empathy delimits and illuminates the field of possibilities of authentic human relationships as a multi-dimensional process[53] (Agosta, 2014). For Agosta (2014)[53] this can contribute to understanding and implementing empathic human relations. Empathy involves experiencing another person as a subject, rather than simply as an object among objects. In doing so, one can experience oneself as seen by the 'other'; and the world in general as a shared world instead of one only available to oneself[43,45] (Beyer, 2018; Husserl, 1962). Empathy occurs during our conscious attribution of intentional acts to other subjects, in the course of which we put ourselves into the other one's shoes[43] (Beyer, 2018). When one person knows the internal state of another, that person may be motivated to respond with sensitivity[45] (Batson, 2009). As a vehicle for change, this humanistic view counts on human sensitivity to the way the other is affected by his or her situation[45] (Batson, 2009). This is linked to knowledge of the feelings and thoughts of the other, evidenced in neuroscience[45] (Batson, 2009). The knowledge of meanings individuals attach to their experiences with addiction to the drug and recovering from it, can assist us to provide the necessary support[26] (Hsieh et al., 2017). Attached to understanding subjective experiences as they are, IPA involves comprehending our embodied selves[37] (Todorova, 2011). IPA illuminates the importance of situating embodied personal experience in the context of meaning, relationships, and the lived

world[22](Larkin, Watts, & Clifton, 2006).

Method

I shall address my conceptions of IPA in this section. This will further present own experiences navigating the theoretical framework, presenting what I have uncovered. The need to explicate philosophical underpinnings is argued by Giorgi (2000a, 2017)[54] to be essential on a phenomenological project. This was accentuated by a response to what was perceived as an attack on phenomenology[55] (Giorgi, 2000b). These concerns involved its application in caring professions, as well as elements thought to be similar to traditional mainstream approaches in psychology that this version of (scientific) phenomenology presented[55,56] (Giorgi, 2000b; Paley, 2018). The need to explicate philosophical underpinnings is further compelled by claims that IPA lacked it, or more correctly, that it did not explicate its roots in the philosophical literature that bore phenomenology[34,57,58] (Giorgi, 2011, 2017; Shinebourne, 2011; Smith, 2010). What others could also consider being appropriations of Gadamer's philosophical hermeneutics in the service of non-methodical praxes[59] (Applebaum, 2015). A conception that it was a step-by-step approach appeared to mean that it could be used as a cookbook without due diligent attention paid to its unique ontological stance. Its position is oppositional to 'natural science' on which psychology is based. It was this dissatisfaction with the trajectory psychology was taking that gave rise to phenomenology in the first place[60,61] (Brooks, 2015; Husserl, 1970). Husserl believed that the existing methods were inappropriate for the examination of human experience[60] (Brooks, 2015). While familiarity with its theoretical underpinnings is considered essential, Giorgi acknowledges that it can be difficult over the span of a research project[62] (McAnultyDuquesne, 2013). Originating literature is dense, and the readings, particular the German jargon in Heidegger, is admittedly difficult.

IPA guides how it is conducted, without being prescriptive. This presents a methodolatory type concern[58] (Smith, 2010). This flexibility, rendering IPA a research methodology rather than a research method, including its accessibility, has propelled IPA to widespread use beyond psychology and particularly health psychology that gave birth to it[56] (Shinebourne, 2011). The appeal renders it fashionable, for me and other researchers, is a realistic element characteristic of phenomenology in which it approaches research, that simply feels right, intuitively[62,63] (Hefferon & Rodriguez, 2011; Jeong & Othman, 2016). IPA has not lost touch with research studies aims at improving care and caregiver-patient relationship, evidenced by the phenomenology's appeal to caring professions[54] (Giorgi, 2000a). IPA finds compatibility with such professions[64] (Barros, 2012; Bartoli, 2017a). IPA's value is found in its distinct approach, a focus on the idiographic component lacked in qualitative research methods rather than a consideration as a step-by-step approach[22] (Larkin et al., 2006). At this stage, however, it is perhaps important to shed light on navigating IPA at the period at which this project was conducted.

Of course, Smith had addressed Giorgi's concerns, about the science of IPA, particularly concerns with replicability, a stringent criterion for scientific/quantitative research[57] (Smith, 2010). In accepting Smith's (2010) argument, I found Kvale(1992)[65] to have provided similar arguments. Qualitative studies have been judged using positivistic ideas. Importantly, not to alienate quantitative readers, an acknowledgement of their concerns is made, setting appropriate checks and balances (Kvale, 1992)[65]. For qualitative methods in general, Yardley (2008)[66], Lincoln and Guba (1989)[67], and others (for example Shenton, 2003)[68] have been used to explicate criteria. I believe that 'subjectivism' is finding its space in an 'objective/subjective' dichotomy transposing into quali-/quanti- wars. IPA can be conceived to be a new and empathic brand of phenomenology (Willis, 2004)[113]. Particular conceptions of what is scientific, and prescriptions of what is phenomenological, prevail[57] (Smith, 2010, 2018b). These objections were important, coming from insiders and prominent figures in phenomenology[56,70] (Giorgi, 2011; van Manen, 2017). Objections would, however, be unfair if founding literature explicating the theoretical position of IPA had already been available but not taken into account[57] (Smith, 2010). Some attempts at corrections have been made, even though original concerns do not seem to have changed[70] (van Manen, 2018).

Without name dropping, and thanks to ResearchGate, I requested the article that explicated IPA's phenomenological links to its founding literature, sent by Prof. Jonathan A. Smith himself (Smith, 2007)[71]. It seemed clear at that time that the professor understood the crisis for a novice researcher created by such an article[70] (van Manen, 2017). As soon as his rebuttal was accepted for publication, he sent it on to me[72] (Smith, 2018b), perhaps to reassure me. It suffices, for this presentation, briefly to discuss important figures explicating elements that inform IPA, introducing essential concepts. To start with, IPA is hermeneutic phenomenology with an idiographic component. Phenomenology, hermeneutics and idiography are the three main theoretical influences[73] (Bartoli, 2017a). The component of symbol interactionism defines its strand among qualitative methods. IPA is concerned with how things appear to participants and how participants make sense of that personal experience; IPA is phenomenological[74], (Smith, 2004, citing Giorgi & Giorgi, 2003). It draws from hermeneutic phenomenology, a strand espoused by Martin Heidegger (1889-1976), and elaborated on by Hans Georg Gadamer (1900-2002). Analysis, particular the concepts of the hermeneutic circle and double hermeneutics draw from Heidegger and expansion of his concepts by his student Gadamer. The idiographic component that Smith saw lacking in psychology, prompted him to developed IPA as a methodology within psychology, refusing to borrow from anywhere (Smith, 2011a)[76]. IPA aligns with symbolic interactionism in ascribing events happening to an individual of central concern, to be only accessible through an interpretative process[77] (Biggerstaff & Thompson, 2008). As a qualitative methodology, IPA is similar to a qualitative research method. It was developed after discourse analysis had already been established to include the idiographic component[76] (Smith, 2011a). Narrative approaches have both the phenomenological and the interpretative (hermeneutic) component (Biggerstaff, 2012)[78]. But, without an ideographic component, for Smith (2011b)[79], there is no IPA. Unlike grounded theory, it does not hope to develop theories. Thematic and content analyses are too limited for the in-depth focus IPA aims for (Biggerstaff, 2012)[78]. IPA tries to understand 'lived experiences' from the innermost reflections

by research participants[80](Alase, 2017).

IPA claims to be phenomenology because it studies phenomena from the perspective of subjects[75] (Smith, 2004, citing Giorgi & Giorgi, 2003). The 'I' (interpretative/interpretive - UK/US) in IPA denotes the hermeneutic phenomenology it draws from. The particularity and the idiography it added manifests in detailed and nuanced analyses at individual participant level or case studies, before pooling such to group levels. Martin Heidegger, a student to the founding father of phenomenology, Edmund Husserl, differs from his teacher around epoche or bracketing[81,82] (Finlay, 2009; Osborne, 1990). In research studies, this denotes phenomenological reduction[83] (Giorgi, 2007). The setting aside of preconceived notions in the analysis is achieved in descriptive/transcendental phenomenology[84] (Laverty, 2003). The idea is a pursuit of universal truths about a phenomenon[85] (Lopez & Willis, 2004). It involves suspending preconceived notions about that phenomenon, seeking the essential structures for the phenomenon to impose itself[83] (Giorgi, 2007). This position is not itself amenable to the practical application of ideas about or around such a phenomenon. The idea of 'radical autonomy', Husserl (1970, cited in Lopez & Willis, 2004) introduced is divorced from ideas of human beings being influenced by culture, politics, and society. Such an approach would not address application needs that consider the immediate context that this research garners. For Heidegger, the conception of a person-in-context, 'dasein' designates, and defines the act of being human as interpreting beings constantly making sense and using the tools of this world in doing so. This being-in-the-world cannot extract itself from the context[85] (Lopez & Willis, 2004) being indivisibly woven into their lived world[86] (Eatough & Smith, 2008). Experiences are seen to be shaped and organized by historical, social, and political forces[85] (Smith 1987, cited in Lopez & Willis, 2004) that the person-in-context cannot abstract themselves from (Larkin et al., 2006). The position is that bracketing is not fully possible even were it desirable[22,87] (Larkin et al., 2006; Tufford & Newman, 2010, citing Cohen and Ormond, 1994 & LeVasseur, 2003).

The concept of bracketing takes in everyday ideas of how one filters what one ultimately considered truth. The misrepresentation of phenomenological reduction is found when it is presented as a form of "closure" or "objectification"[22] (Larkin et al., 2011). Such a framing usually means that subjectivity is 'laundered' out[22] (Larkin et al., 2011). In qualitative psychology, bracketing is found to be consonant to the tradition which questions the status of "facts" as objective constants in the social sciences[22] (Larkin et al., 2011). These authors find bracketing to be an open-mindedness than it is about doubt. They refer to Finlay (2002) [81], who sees bracketing as a means of exposing and engaging with one's presuppositions[22] (Larkin et al., 2011). IPA is guided by double hermeneutics[88] (Peat, Rodriguez, & Smith, 2019). The process is reflective, interrogating what is presented. The researcher seeks to make sense of the participants making sense of their worlds[81,88,89] (Finlay, 2002; Peat et al., 2019; Smith & Osborn, 2007). The concept of reflexivity means 'being aware' and bringing to light how the researcher influences the research process[88] (Peat et al., 2019).

The reflection on the encounter with the new alters one's conception of the truth. This occurs when human beings realise such a truth together, sharing their horizons, and such an encounter expands horizons for both. Reporting is guided by the hermeneutic circle. This is an iterative process involving moving between the smaller units of meaning and the larger units of meaning. It is considered the movement between the parts and the whole of the investigated phenomenon or lived experience[88] (Peat et al., 2019). IPA involves the analysis at individual participant (idiographic) level, and commonalities at group or pool level while discussing convergences and divergences[39] (Kelly & Hoeppner, 2014).

Conducting IPA

The researcher collects detailed, reflective, first-person accounts from research participants[22] (Larkin & Thompson, 2012). Unstructured interviews are the dominant way of collecting accounts in IPA. In this study, interviews were guided by an interview schedule. This interview schedule based its questions on viewing recovery as stages of cognitive change processes that lead to recovery. The metatheoretical model of change proposed by Prochaska and Di Clemente (1982, 1983)[90,91] was used to understand this transition. Studies on components of drug addiction as well as recovery stressed the inevitable change of identity. While it was expected and could be deduced from participants' accounts, it was used to prompt and to serve as a checklist. These questions (6) were supporting the initial instruction that requested participants to relate their personal addictive lives from inception to recovery from whoonga. Two questions were intended to probe the change of the self and identity, creating a comparison with established understandings in this field. In the analysis, to understand stages of recovery, suggestions by The Betty Ford Institute Consensus Panel (2007)[92] were mined for recovery-aligned notions of recovery. The panel proposes a longer-term process that aligns with the constructions of the concepts of recovery. Two participants each needed prompting with one question, because to my mind they had not been answered. In these interviews, spanning hour-and-forty-five minutes to about two-hours-and-fifteen minutes, participants related all the stages of addiction and the transition to recovery that included turning points. Deduction of recovery pathways taken by participants was made from methods participants took, referencing this from dominant literature on recovery[29,93-96] (Cloud & Granfield, 2001; El-Guebaly, 2012; Matheson, 2015; Waldorf, 1983; Waldorf & Biernacki, 1979).

Through the voices of those who have experienced both addiction and recovery (White, 2002) this study contributes, presenting a South African experience, to the study of addiction and recovery, from an insider perspective. Such studies have contributed to the understanding of this personal journey involving profound internal change[28,97] (McIntosh & McKeganey, 2000, 2001). In IPA, the object of analysis is recorded transcripts. Transcripts from the main participants were transcribed by the researcher himself. This step-by-step analysis involves reading and reading transcripts, at first making notes on the left margin of the transcript. Developing emergent themes and how these themes connect. These steps are repeated for each participant.

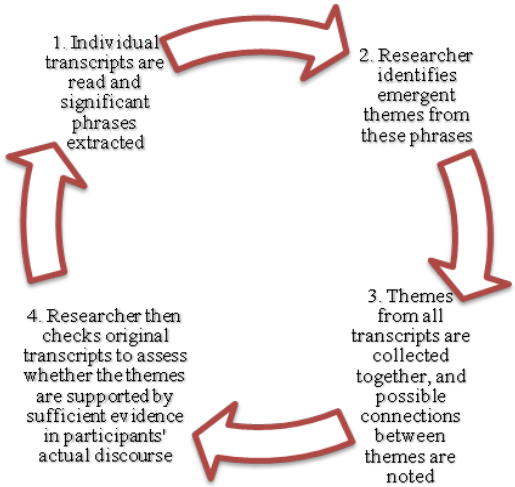

Figure 1: IPA - (Bartoli, 2017b)

Superordinate themes emerge when pooling themes into group themes, before pulling them and checking across participants. Figure 1 represents this process as illustrated by a researcher who used IPA.

In this study, transcripts were not translated into English. The concern was to be true to the participants' views on the subject matter. Phenomenology's golden rule involves adherence to the utterances of the participants. The idea was to provide English translations when presenting findings. Both the supervisor and I are native isiZulu speakers, both brought up in a similar environment from which participants in this study come. Transcripts in isiZulu limit exploring data using available programmes that could assist with the feel of the data. No programmes capable of transcribing this language were found, and those that could be 'trained' were at their elementary stages.

Reading and rereading

Immersion in the participants' account started with transcriptions. Transcriptions are labour-intensive. They take much more time than one would imagine from reading about the experiences of previous researchers. Concerning the language, it improved towards the end when the computer had accumulated some vocabulary to help with autocorrect; however, this could still be disruptive. The forms that words assume in this language hardly follow those of English. For example, while 'sihambe' may transmit the same idea as 'going', 'sahamba' presents other nuances of doing the same act, and they should not be replaced. Replaced means correcting them again for this particular context. An overwhelming view about transcriptions is that they are conducted by the researcher. This meant finding verbatim extracts, particularly when pooling themes, looking for the exact language used. This does not make an appreciable dent in the need to read and reread transcripts. The advantage of the researcher conducting transcription is that it assists in finding verbatim utterances. Even on soft copies, word search will offer limited assistance. One almost had an idea where to find verbatim extracts in each participant, particularly because the transcripts morphed into hundreds of pages after creating spaces for analysis. As described below, this involved moving margins into moderate on a Microsoft Word document.

Initial noting: Two copies of completed transcripts were made for each main participant. The idea was to perform initial coding on both, starting afresh after a few days with each participant. The transcripts are merged into one copy, transposing all to one copy in blue. These initial nothings ranged from initial conception around available, feelings, thoughts, own reflections, paraphrasing, mood, all on the left-hand margin of the transcript.

Developing emergent themes: considered chunks, these themes merge notes, including observational 'notes'.

Searching for connections across emergent themes: This involves the consideration of how these chunks of data that had emerged, relate to one another. One needs to discover how these themes merge them. It helps to write this separately; as notes within notes. You now have a cluster of themes connecting chunks. At this stage, you have a solid case study about any one particular participant.

Moving to the next case: In front of you is the next participant, a 'new' case of accounts. It helps if the cases are different. One must examine each case with what is considered 'open and fresh eyes'. To me, this involved considering the participants as different cases. The same processes as mentioned above take place with the participant and each transcript.

Seeking patterns across cases: This report begins at this level of analysis in which themes or qualities identifiable across cases were made. This further involves the noting and commenting on convergences and divergences in particular or idiosyncratic differences among cases.

Moving the interpretation to a deeper level: Themes are reviewed across these accounts. The presentation would be to use metaphors, temporal references to elicit the meaning of experience[39] (Kelly & Hoeppner, 2014).

Accounts Collection

The first encounter with the participants was telephonically followed up by a personal encounter at a pre-arranged meeting place. These meetings were intended for the researcher and participant to meet and greet, arranging a venue for interviews, and meeting secondary participants. The venue was the participants' homes. Participants who belong to this community's support structures, interviews were held in their offices. The main participants had been referred by these support structures (1), by each other (2), by community members (2), and by responding to the advertisement (1). When interviews took place, the following day or later that same day, participants had been verified on whether met the criterion. This was that they were no longer taking whoonga, were older than 18 and young than 35 as per requirements of this study focused on the youth of consenting age. The atmosphere was largely pleasant, and a high level of rapport was established.

Sample

The study recruited the main sample of six young Black African males between the ages of 20 and 33, using the snowballing method. IPA uses a small relatively homogenous sample (Wagstaff & Williams, 2014). This number of participants is consid-

ered sufficient for a PhD research project in IPA[22] (Larkin & Thompson, 2012). There is anecdotal evidence and studies have also confirmed the widespread use of whoonga in townships, researchers concluding that this was at epidemic levels (Dintwe, 2017; Grelotti, n.d.). Studies that have provided evidence of the use of whoonga at Inanda, Ntuzuma, and KwaMashu (INK) townships, north-west of Durban (N. M. Khumalo, 2016)[98], from where participants in this study hail. The secondary sample consisted of family members (6), three mothers, two older sisters, and a cousin.

Ethical Considerations

Research studies conducted at the University of KwaZulu-Natal are guided by and granted ethical clearance by the Human Social Sciences Research Ethics Committee, as was this study. (Research Protocol Number: HSS/016/019D). Custodians and important stakeholders of substance abuse in South Africa, the Departments of Social Development and Health, granted permission to conduct this study at INK townships. Senior police officials commanding three police stations within these townships granted permission for themselves and their colleagues to be interviewed. Individual participants consented to be interviewed and to record interviews by signing a consent form.

Participants' Accounts

I begin this section on participants' accounts by introducing them. This will include demographics, how they recovered, and the stages of their recovery process. Sipho (26) is described to have suffered dry detoxification. This is considered weaning off whoonga addiction without help from professionals, institutions, or medication. He chose to desist from whoonga ingestion after he was alarmed by the possibility of a drug overdose after a three-day-binge. When he ventured outside, people who saw him took fright at his appearance: this perturbed him. Sipho chose to stop ingesting whoonga at all costs, warding off diarrhoea and sleeplessness by using milk and cannabis. He reported having suffered for two weeks feelings of disjointedness, pain, and general discomfort, coupled with incessant yawning. Symptoms subsided fully after three weeks when he felt the need to join an older group of friends who were not smoking whoonga. Currently, he is employed as an intern. After desistance, his family, particularly his employed sister, funded his recovery and his tertiary education that led to his employment.

The next participant, Mandla (26), was rowdy at school, however, completed matric. In the community, he was involved in thieving and other serious crimes that included housebreaking and entry. He was arrested three times. On his arrests, he suffered dry detoxification upon entry to a cell, desisting from whoonga. He would return to its use upon release. The first two arrests he considers wrongful: he is still angry about them. On his third arrests, three months after awaiting trial imprisonment, he was sentenced to three years. Seeing his mother cry and realising that his predicament was caused by whoonga, he made a resolution to desist. He did not have to suffer immediate withdrawal symptoms because of this decision. Upon return, a year-and-a-half after this decision, he found several jobs. His current employment is promising. It involves the skills he acquired while in prison. Mandla found prison to have helped allow him to desist and provide some skills, including life-skills. However, Mandla still joined a gang, having a trajectory for career criminality. Mandla was regretful of his whoonga life, a status he finds difficult to shake off. Mandla comes from a family whose situation he describes as difficult. He finds that he would have made a change had he not committed to whoonga.

Tshepo (33), like Mandla, was also arrested. He had long since dropped out of school when he experimented with whoonga. He did not like it at first, trying it when he was employed. Increased theft at work to feed whoonga addiction led to his resignation, discontinuing work for fear of arrest. He desisted from whoonga use by attending a rehabilitation institution. His mother-in-law waited for him to be ready and sponsored his enrolment fee. Tshepo describes this institution to be religiously based. It did not administer opioid substitution therapy (OST) or methadone at that time. Tshepo describes a situation in this centre to require funding. It could not afford methadone. However, there are speculations now that it could be administering methadone to its patrons. Tshepo finds that pain does not lead to desistance. He was arrested twice. Like Mandla, Tshepo returned to whoonga use after release. He thinks he needs strong reasons, motivation, and inner resolve to consider desistance. In his case, he found that whoonga addiction made him abandon his responsibilities as a father. When he became a whoonga addict, his children were portrayed as playthings. His recovery was monitored. A platform was given on which to affirm his commitment to abstinence. After discharge, he returned to his original home. He was not trusted at first. Three-and-a-half years after acquittal, he has not found employment.

Mondli (20), the youngest participant, started using cannabis before graduating to whoonga. He had also experimented, like Tshepo, with Mandrax before whoonga. After taking whoonga, Mondli left school in Grade 8, six-and-a-half years before desistance. Whoonga was his drug of choice. Mondli would take 'rock' if whoonga did not suffice. Mondli found that he could satiate on whoonga. He became a 'crowbar burglar specialist' in the community. He is grateful that he left the whoonga life unscarred physically. Multiple drug ingestion could also have led to his acquittal. A pill he acquired to 'fool' the grandmother as an alternative to methadone he did not buy, led to an aversive reaction. His grandmother instructed Mondli to take the pill. To appease her, he did this, the results being adverse, leading to his desistance.

Lunga (29) was expelled from school in Grade 11. He smoked cannabis and presented with discipline problems. After taking to whoonga, he was involved in criminal activities. Particular to Lunga is that he ingested the drug away from his family as well as his immediate neighbourhood. It was concluded that this could have assisted him to be recommended for a job. He reported that he chose to leave early from home to avoid being seen as a whoonga smoker. He admits to behaviour and signs that he was a smoker but did not steal from his family or the neighbourhood. A friend (the community member that directed me to Lunga) that he thinks could be the only person who could direct me to him; must have been a recovering whoonga smoker himself. He made this justification based on the conviction that his addiction to whoonga was kept a secret. So, for him a person who would know would have known about it would be someone he met in dealers' houses as a whoonga smoker himself. It bothered Lunga that his former whoonga addiction could be known.

Perhaps for fear of reprisals but also because his secret did not seem a secret if a stranger (such as myself) could find him. Lunga continued to smoke whoonga while he was employed. He would smoke at work. He also spent time with smoking friends after work before returning home to sleep. Whoonga proved to be expensive for Lunga; he made plans to cease using it. He acquired methadone while decreasing his whoonga intake. His desistance was medication-assisted.

Sizwe's (27) desistance from whoonga was also assisted by medication. He was in Grade 9 when he presented at school with discipline issues and was expelled. He smoked cannabis. Not going to school encouraged him to join a group of whoonga-smoking friends in the township. He became addicted to whoonga and took to crime. Sizwe considers people to have no respect for whoonga smokers, derogatorily referred to as 'amaphara'.

Themes

This analysis moves to the group themes, discussing commonalities in experiences with whoonga addiction among participants. The section will contrast these commonalities as they manifest among participants. The literature will further be used to elaborate on some relevant issues. To understand whoonga addiction and recovery from addiction to whoonga, four themes will be discussed. These themes present whoonga addiction as a dedicated endeavour. To feed an addiction, victims' whoonga addiction lives are fluid, requiring a life-in-transition. The drug requires constant supply that goes beyond the need to ward off withdrawals. Given favourable conditions, when whoonga is aplenty, participants took every available chance to binge, living in the moment. Most participants do not reach satiety with whoonga ingestion. They will take it as long as it is available. One participant reported to alternate it with other drugs that include Mandrax and 'rock', but for most users, whoonga is an all-consuming drug, demanding dedicated usage.

Themes on recovery suggest that recovery from whoonga by participants in this sample necessitates abstinence. Perhaps because methadone is not easily available, there is an indication that abstinence is necessary for some participants to recover from whoonga addiction. Most participants suffered dry detoxification or elements of dry detoxification to recover, such as for those who were arrested, every time they were arrested. For some participants, the pain experienced is a deterrent to relapse. For others, it is not enough. An internal resolve and motivation is needed for one to consider desistance. Participants stopped whoonga use because it placed them in a difficult position, requiring the resolve to cease the drug use. These reasons were both a need to improve one's life, as well as to remove the negative effects that come with whoonga addiction. Most participants were in their original homes, making amends with their family members. The journey of recovery requires such amends, making new identification, and removing oneself from the drug scene. Participants in stable recovery had mended their lives within the community.

Lives-in-transit

At the height of their addiction, participants lived a busy, precarious, and migratory life. Sizwe reminisced that the group of friends who had introduced him to whoonga could not continue to support his regular need, as he became addicted to whoonga. After 'freebees', they gave him as a 'newbie', their initiate to the drug, they told him in no equivocal terms that whoonga, ' … this thing, iyaphantelwa'- one hustles for it. Participants found that whoonga addiction drives the need to hustle. Tolerance of the drug leads to binges, and this is costly. Participants who were employed spent their salaries on whoonga; and for Tshepo, stealing from work increased. Lunga found that he spent his salary on whoonga. Both victims would come back from work, smoke with friends, and return home to sleep; or return in the morning to prepare to go to work again. Lunga estimated that his monthly salary was lower than the amount he would spend per month as an addict. The literature on whoonga addiction implies that the prevalence of whoonga as a drug arises from its being cheaper. Participants propose that, even if it were cheap, the need for hits increases as individual progresses along the course of addiction. The increase in hits and uptake of whoonga requires committed hustling.

Participants hustled in various ways that always landed them in trouble with their families, community, peers, and police. The common modus operandi of acquiring the next fix largely involved stealing. Tshepo started with 'stuff that is less visible' to the owner. These are appliances and equipment that are hardly used, usually new, and stored away. Together with Sipho, Tshepo also found that, after the family learned that he was stealing because of his addiction to whoonga, they were vigilant whenever he was around. Mondli, when known to be a thief, would struggle in his hustle, returning home to wait for the moment to steal. Mandla and Tshepo graduated to muggings, eventually leading to their arrest. Both broke into houses. Mondli was a specialist crowbar man at entering through a window. For Sipho, after being caught stealing from the community, he learned that not just the family members but the community were vigilant when he was around. Barring Lunga and Sizwe, participants were at different times beaten by the community. Families and communities limited their movements within the house and the community. Most addicts would resort to selling scrap metal. Mandla thinks that even selling scrap metal involved getting it from somewhere, which involves stealing it from the community.

After stealing from his neighbourhood, Sizwe ran away to a relative. Both Sizwe and Sipho who had run away from their neighbourhood found that they were unable to hustle well in a new area.

'Mhlampengithingiyafikanalaphongiyabonaukuthieyilanaangikwazimhlampeukwenzanjengalaebengihlalangakhona, ngekengik-waziukubhema, ngitshontshemhlampei-phone yomuntuwakhonangivelengisukekanjalo. Sengiyahambasengiyohlalakwenyeindawo la engibonakhona mina ukuthikungcono,kuyakwaziukunyakazeka…'

'Sometimes I would get to this new place and I can see that in this place I cannot be able to do as I am used to doing where I was staying, so I won't be able to smoke, I would steal a phone belonging to one of the people in this household, and I would leave like

that. I would go and stay somewhere else, where I see that it is better, I can be able to move …'

After taking off with a relative's phone, Sizwe moved to another area. He had left the initial neighbourhood running away from community wrath. He found that he was not able to steal in this area.

Sizwe was forced to run away and seek refuge elsewhere after he had stolen, and to run away from this new place after stealing again. In a semi-rural setting, Sipho had run to, he was unable to hustle at all. He felt obliged to return to his home neighbourhood. He learnt that when he returned, a familiar environment allows one to hustle. For Sizwe, the criterion of any viable environment to stay in is that it must allow him to hustle. Sipho joined his gang of friends who allowed him to smoke again. Participants ran away from facing the crimes they committed. They would also steal in that community and be forced to run away again. The place they would run to was supposed to support their habit.

All-consuming

Addictions are considered in literature a compulsion and appetitive (Larkin & Griffiths, 2002). The need to take the drug is largely associated with the need to evade withdrawal. At the height of whoonga addiction lives, whoonga addicts seem to undergo drug binges at every opportunity the drug avails itself plentifully. This continuous need to take the drug is so consuming, addicts dedicate their lives to the consumption of the drug. Participants reported a need to have a morning and an evening smoke. For Mondli, this morning ingestion is so compelling that he would work on his 'arranged' piece-job he had with a local joint owner, on the understanding that he was paid before he worked. Mondli needed whoonga to allow some form of normal functioning. 'Ukuqaqa', a term describing this phenomenon is a word that translates to 'release'. At night again, before they sleep, addicts need to smoke. Withdrawal from whoonga is characterised by insomnia. Most participants reported that it is restlessness, and incessant yawning and terrible stomach cramps that accompany sleeping without a fix. The afternoon smoke is needed to avoid withdrawal pains. This is the common conception explaining difficulty with desisting from ingesting whoonga. But, as Mondli indicates below, whoonga addiction is not limited to ukuqaqa. Mondli describes whoonga addiction as insatiable. Even after a fresh smoke, and when not feeling pain, he is still craving for whoonga. Before the current high even subsides, he is thinking about the next 'skyf' (Afrikaans word for a smoke). He describes this need as hugely compelling.

Mondli: 'Kodwangingashoukuthii-addicted lento; aybo …ngobamekewayibhemauyayifunaenyemanje. Awuzwa pain,awuzwalutho, angazi, la uyayifunaenye; la uyayifuna, hard ntswempu…'

Mondli: 'I can tell you that this thing is addictive: Aybo … once you have smoked it, you want another one, now. You do not feel pain, you do not feel anything, I do not understand why you want another one here and now and you want it bad, hard … very hard'

In a situation where there are enough drugs, and there is money to buy them, Mondli reported that he would get enough of whoonga. He would sometimes vomit when he had taken whoonga in large quantities, in episodes of bingeing. But perhaps for Mondli, who is a polydrug user, this allowed him to take 'rock'. Like Tshepo, Mondli moved to whoonga use after he had experimented with Mandrax. Mondli prefers whoonga. All participants admit that it is 'nice'- produces pleasurable sensations, and he would seek it the most. He would consider 'rock' only when there was sufficient whoonga, and there was money to buy 'rock'. When there were sufficient drugs to consume, Mondli found that the combination of rock and whoonga assisted him to continue smoking. Continuous smoking appears an end in itself. One gets the feeling that participants are content with just smoking whoonga. The literature on addiction to whoonga indicates episodes of this alternating use of a stimulant and a euphoric depressant drug.

Sipho: Ungakwaziukwenzaluthoucobekenjemawushawai-arostakodwamekewabhema-kemase … uyakwaziukuthiuqhubekeukuyozamake, ubheme. Kuphelaukuthileyanto, awunelii-whoonga. Mawubhemai-whoonga, ngishoungaphathauR500, kuzothiumakushonailangausuphelile.AkucabangekiukuthinjengobanginoR500, angikengibhememhlampeuR100ukuzengizokwaziukuthingibheme … NgizobhemauR100namhlanje … ngizobhemauR100kusasa, ngibhemeuR100ngokulandelayo until kuzekuphele u-5 days, awuk'cabangelilokho. UmungatholauR500manje, uwubhemawonkeuwuqede. Kusasafuthisikwenyei-game. Kusasausuyozama.'

Sipho: 'Unable to do anything, and you feel lethargic and the cravings are hitting hard, you need to smoke before you are okay… then you can be able to go and hustle so that you can smoke. The only thing about this thing is that you cannot get enough of whoonga. If you smoke whoonga, you can have R500, let me smoke R100 today … so that I can smoke R100 tomorrow and the next day for five days; you do not think about that. If you get R500 now, you will smoke the rest of it and finish it up. Tomorrow again, you are in another game. Tomorrow, you are going to hustle.'

But for most participants, craving for whoonga is insatiable − one cannot get enough of the drug. Sipho confirmed a need to take whoonga, toward himself off whoonga cravings so that he would be in a position to hustle for the next fix. In cases when he had money, he would binge on whoonga. He would not consider the future. If he spent money for essential smokes, he reflects that this would save him a need to hustle.

As a whoonga addict, Sipho thought that he lacked foresight and the ability to plan. For him, tomorrow was another game. Together with Tshepo and Mondli, they related that the next thought after smoking would be to summon sufficient energy to be able

to hustle so that they could smoke again. Tshepo considers whoonga jealous drug that 'took over' his life. When his mother-in-law learned that Tshepo was smoking, together with her daughter, they provided for the morning and the evening fix that the whoonga addict cannot 'live without.' But for Tshepo, this was not enough. He described his whoonga addiction as all-consuming.

Abstinence for recovery

Participants regarded abstinence from whoonga ingestion as a requisite to recovery. That said, in discussing this theme, two caveats must be presented. As a criterion for recruitment, participants must have desisted from whoonga use. Underlying this conception are assumptions that recovery begins after desisting from ingesting whoonga. Participants in this study had desisted from whoonga; and for them, this was the beginning of recovery. Some regard pain and discomfort as essential to the recovery process. The pain was not enough of a deterrent to relapses. The idea of an individual resolve, a personal decision to initiate recovery is regarded as the most important factor. The conditions under which participants desist from taking whoonga are confounded by post facto rationalization about the reasons that prompted a need to desist. Reasons which participants provided for desisting from whoonga are both positive and negative. There is a pull to embrace change in their lives, to act normal, and be responsible, as well as to improve themselves and their families. There is also a reason to avoid the baggage of iphara identity for an individual in the community. The wish to be seen as 'normal' in the sense of not being 'troublesome', to lead a life the family and the community approves of.

Participants would at different times during the course of their addiction suffer withdrawal, till they can smoke. These episodes of withdrawal are unbearable, warranting a hustle and causing a relapse. When times were difficult, sometimes the remorse from the damage they had caused or if they were unable to get a fix, there were many failed attempts to desist. Mondli describes these attempts of dry detoxification as 'ukuyiyekangengazi'. He describes the pain that would come with such an attempt. He admits to having only thought about attempts, but never succeeded in carrying them out. On the other hand, Sipho underwent full dry detoxification. No evidence suggests that cannabis ameliorated any pain. But there is evidence that Sipho used it as a detoxicant. Milk he acquired from his mother was a home remedy he and his mother thought would assist with excruciating stomach-aches. Mondli believes that it is important for whoonga addicts to suffer pain, that pain serving as a deterrent. Mondli believes that the fear of pain he suffered reminds him why he would not go back to smoking again. Both Tshepo and Mandla suffered dry detoxification when they were arrested. They would be discharged and would return to smoking again. This kind of pain did not prevent participants from relapsing upon return from prison.

Mandla decided in prison when his three-year sentence was handed down, that he would desist from smoking whoonga. In two previous cases of arrests, he had suffered dry detoxification, but once out of prison, he smoked again. Mandla reflected when the sentence was handed down, that he had reached where he was because of whoonga. He also witnessed his mother cry, and he swore that he would never make her cry in pain again. Tshepo insists that there must be strong reasons for a person to desist from taking whoonga. In this rehabilitative institution, he learned that whoonga withdrawal, while painful, is not a strong enough reason to desist. The institution thought that it was an individual resolve and motivation to want to desist that guided successful recovery.

'Ungayiyekiswaukuthiingobaiyakuhlukumezangobamhlampekubuhlungunomaiyakutshontshisa, yazi; ibanesizathuesibambekayo.'

'You should not stop because it makes you uncomfortable because perhaps it is painful or because you steal, you must know; you must have a sound reason.'

Both Lunga and Sizwe decided to take OST when they resolved to cease smoking whoonga. Even though both concluded that whoonga was stifling their progress in life, this seems a post facto reflection. Perhaps at rock bottom, Sizwe had not lived at home for a long time. He returned when the couple he had boarded with evicted him. Sizwe felt that whoonga tampered with his dignity and made him behave badly towards others. Lunga and Sizwe's recovery was deliberate. They both reported wanting to see progress in their lives. Tshepo wanted to be a providing father, and not a joke portrayed by his children of an 'iphara'.

At the time of the interview, there was a feeling that Mondli's recovery, other than that it was early, six months after desisting, was fragile. Part of this fragility arises from the observation that he did not seem to have had a particular resolve. He desisted because the medication his grandmother made him take gave him harrowingly painful and negative physical effects. Sipho also desisted from taking whoonga, suffering dry detoxification, as a result ending his addiction career. His resolve when he was shocked by the response of people who saw him after a three-day binge. Unlike Tshepo, both Sipho and Mondli did not seem to have time to reflect on their need to desist. For Mandla, this resolve happened when he was not smoking. He would have identified as a smoker, who, upon release from prison, would smoke again as he had done on two previous occasions.

Participants reported that the reasons for desisting could either be a pull towards a better life or a need to move away from a life that is not suited to their character. Mondli reports that girls would talk to him about his state, and as a whoonga addict, he took no notice. None of them took him seriously. For Lunga, he thinks that others did not respect him, because he was also not respecting himself as a whoonga addict.

'Ngobanayeubehleziengitshela, kodwanakhonaubonaukuthi,'abasangihloniphiphelanabo', yabo? Nami shuthingangisengingazihloniphi,yabo?'

Sizwe: 'Because she was always telling me because you could also see that, 'they do not respect me because they can see,' you see?

I was also not respecting myself, you see?

As part of recovery, Lunga believed that, at 29, he needed a job, and to have a stable relationship. Mondli hoped that going forward, he would be able to buy his grandmother a house and take good care of his family. This resolve also went for Tshepo as far as improving his family situation. Sipho wanted to be able to participate in outings from which his family had excluded him. As a whoonga addict, Sipho felt abandoned. Sizwe reflects that part of this abandonment was his own making. Both Mandla and Sizwe admitted to being rowdy, having a temper, disrespecting people, and behaving like animals. This prevented Sizwe from spending time with his family.

Tshepo: 'Bengingabhemi … yabo? EWestvillebengizibhemelaugwayi.Into eyangenzaukuthingiqalelephansi,ukungashintshiabantu-ohlalanabo.Ngavelengabuyelaku-same bantuesasibhemanabo, senza yonkeleyonto, ngabuyangahlalanabo, ngazwananabo.'

Tshepo: 'I was not smoking … you see? At Westville (prison), I was smoking cigarette. What makes me start again was because you do not change people you stay with. I went back to the same people I was smoking with, doing all those things, I came back and stayed with them, they were my friends.'

Sizwe: 'Ngibuyemanjeutholeukuthinginenhliziyoencaneyabonjeangisakwazinjeukuhlalane-family yami…'

Sizwe: 'And you would find that now I am irritable, you see, I cannot stay with my family … '

Sipho wanted a sense of a normality. He longed to be thought of as a normal boy hanging around with his friends. A normal boy is not looked at by the community with suspicion whenever he passes by. For Mandla, the community welcomes you when they know that you have desisted from taking whoonga. Sizwe was welcomed by his friends who gave him alcohol, a sign that he was sober, and he would get drunk with them. For Mandla and Sizwe, the community was excited about their recovery and welcomed them. I was directed to Mondli by his grandmother's sister, who was pleased that he had ceased taking whoonga.

Movement away from the drug scene

Except for Sipho and Mondli, and Mandla who was arrested, desisting from whoonga use required a deliberate decision to desist. It involves moving away from the drug scene, the removal of obstacles that could entice a relapse. This further includes desisting from smoking cannabis, in a deliberate act of removing oneself from the company of addicts, as well as seeking new, progressive relationships. Tshepo regards his relapse after return to prison, to friends he returned to after his release.

Tshepo: 'Bengingabhemi … yabo? EWestvillebengizibhemelaugwayi. Into eyangenzaukuthingiqalelephansiukungashintshiabantu-ohlalanabo. Ngavelengabuyelaku-same bantu esasibhema, senza yonkeleyonto, ngabuyangahlalanabo, ngazwananabo.'

Tshepo: 'I was not smoking … you see? At Westville (prison), I was smoking cigarette. What makes me to start again was because you do not change people you stay with. I went back to the same people I was smoking with, doing all those things, I came back and stayed with them, they were my friends.'

When Tshepo had decided to desist, this movement away from the drug scene involved quitting smoking cannabis; however, he continued to smoke cigarettes. Tshepo states that cannabis joints would remind him of whoonga, and this could lead to a relapse. Most participants did not necessarily desist from smoking cannabis or cigarettes. Sizwe was excited about drinking with his friends who welcomed him by sharing alcohol. Mondli and Sipho reported not being interested in alcohol as a whoonga smoker. For Sizwe's friends, alcohol provided proof that he was no longer smoking whoonga. Therefore, abstaining from whoonga for participants means the removal of the powder in a 'zol', but does not include abstaining from cannabis and cigarettes or alcohol.

After recovery, Sipho sought friends he had known before his whoonga addiction. For Sizwe, there was a deliberate act of moving away from the company he kept as a smoker. This was intended to avoid a pull to use again.

Sizwe: 'Ngahlehlafuthikubonangobanjalongiyazingekengiqhubekelephambiliumangisahlalanabo.Ngizophindengiyihalelengiphin-dengiyibheme…'

Sizwe: 'I pulled back from them because I know that I will never progress if I am still staying with them. I am going to crave for it again and return to smoking it …'

He found that the new group of friend he spent time with, welcomed him. First, participants were all living in their original homes with their parents or guardians. Moving back home signalled sincerity with attempt to desist whoonga use. Staying at home assured Sizwe's sister that he was desisting. She bought him methadone. After desistance, the community welcomed him.

Abanganibaminjengiyabonaukuthibayangithandalabaabangabhemiand ngenza sure ukuthiangifuniukuhlalanalabaababhemayo.

Nalaphosigcinangokubingelelanaemgwaqeni, ukuyohlalanabo, hhayi …'

'For my friends, I can see that those who do not smoke love me, and I make sure that I do not spend time with those who are smokers. Even at that, we just meet and greet in the streets, to hang with them, no…'

Sizwe maintained that whoonga-smoking friends would entice him to use whoonga. He now waits for employed friends to return from work, whom he socialises with then and on weekends. For Mondli, staying put at home was a sign of getting well, returning to an old routine watching his favourite 'soapies'. But for Sipho, it was a refuge away from prying eyes who could have witnessed the whoonga state that motivated him to desist. Living at home is a sign of good behaviour, a proof that an individual has changed. This counteracts life in transit enmeshed in drug-focused subcultures[23].

Summary

The need to survive as a whoonga smoker with ever-present possibilities of arrest could account for the latent affiliation with prison gang members. It does not explain this affiliation before whoonga use that seemed the case with Sipho. Mandla confirmed that, as a subculture, it appeals to young INK males. This was a culture that was repudiated since inception. Outliers who did not want to be inducted into the Apartheid work system particularly in mines, resisted by choosing career criminal lives that further preyed on communities[98] (van Onselen, 1977). Fear allowed it to continue, and there is an indication that parents are afraid of their children who are whoonga smokers. It is not clear whether this culture embraces cannabis use. From the participants' accounts, cannabis use was normal. It was preferable to whoonga use. Lunga, who was afraid to be known as a whoonga addict, smoked cannabis at home. While cannabis may not necessarily be accepted by these communities, it seems, however, hardly to be sanctioned. Whoonga addiction seems to make cannabis use among youngsters acceptable. Recovery from whoonga addiction does not for the majority of the participants include desisting from cannabis use.

From the sample descriptives, participants began smoking whoonga at an average age of 14 years. These participants had smoked cannabis before, and some had graduated to other drugs. These drugs were less intense than whoonga. Whoonga creates a dedicated user in that it is compulsive and appetitive. Participants preferred whoonga over other drugs including alcohol. The exception seems to be that, when Mondi has had enough whoonga, a satiation point is reached. For others, whoonga addiction is compelling; it requires attention close to, if not superseding, being employed. Lunga calculates that he spent more money as an addict than he does employed. For him, this comparative analysis proposes that whoonga is an expensive habit. At the height of addiction, taking whoonga was a full-time job. During this dedicated use, addicts would not wash. The idea that 'whoonga and water do not mix' seems true (Dintwe, 2017); even though for Mondli he found it soothing to sleep clean. Mondli did not wash; neither did Lunga, whose mother was reported to be strict. She raised her children to be clean, Lunga had to run away to avoid such a close inspection by the family. Other than on their appearances, whoonga addicts incited scolding from the community members. Participants were found to have lost respect and dignity. They were the pariahs for children and the community, who approached them with contempt.

Recovery from whoonga, for most participants, was difficult. It was characterised largely by dry detoxification. Others augmented withdrawal with methadone. The need to desist was spurred by both a need to see positive outcomes in their lives but also by the need to move away from being derided by the family and community. In recovery, participants were welcomed by the community and allowed to participate in communal activities they had previously been sanctioned from.

Conclusion

This report presented an Interpretative Phenomenological Analysis of addiction and recovery from whoonga. The first section described each participant, focusing on what was particular to each addict, considering the research questions. Pooled themes covered the addiction experience, the transition to recovery, using pathways. There is evidence that whoonga withdrawal is often painful, participants experiencing pain at different times as addicts, and for some, even during desistance. Participants had intended to stop several times before they achieved success. Peers are the most dominant factor in addiction lives as well as in recovery. Some family members were engaged. Some would, over the course of the family member's addiction career, become disengaged. Participants went for days at a time without their whereabouts being known to their family members. Families are affected by the family member who is addicted to whoonga. While some avoid stealing from their own homes, the majority of addicts were indiscriminate, with some tinges of interpersonal violence with others. In recovering, participants were their own worst enemies. They were not assisted in time because they could not be trusted with money. Whoonga addicts lie. This lack of trust is justifiable, considering that whoonga addicts admit to having behaved badly towards their caregivers. It becomes difficult to trust addicts with their welfare. The hope that they would make a better decision for their benefit is thwarted. Recovery proves that they could, as most participants recovered through their own volition.

The title of this paper resonates with the direct utterances by a senior police officer in this community. He related a case of an encounter with the community members who prided themselves in the killing, beating up, and then arresting whoonga addicts. This title is a denouncement of treating whoonga addicts a pariah. In his encounter with a rare case, the senior police officer and his colleagues met young adults whom he sent to rehabilitation, where three of four recovered. He and his colleague were involved in community programmes that address communities about mob attacks on whoonga addicts. In one of these communities, this senior police officer invited a young recovering addict to address the youth. This young man was presented as possibilities, to which

whoonga addicts could aspire. It is both leadership of these senior officials that recovery approaches that further demonstrates that recovery models emerge out of necessity, unprompted. White (2011)[99] find this true around the world, making a case that they predate even mutual aid organisations like AA/NA. The study advocates the adoption of recovery frameworks as complementary to harm-reduction measures at local and community levels, despite diverging aims. The study presents a realistic and pragmatic approach to curbing whoonga addiction in South Africa; focusing on engaging communities[100]. The notion of a community advanced here refers to people who feel related to one another, have a relationship with one another, and identify with a place[101]. Such support for those with little or no 'access to recovery' – destitute, involves strengthening internal resources. Recovery-support services can offer positive role models of recovery as well as ongoing "coaching" or "mentoring," thus enhancing hope/motivation[102]. Necessity have seen the emergence of similar initiatives in the case of whoonga addictions in South Africa[103]. Recovery from dependent drug use is about sustained, not temporary, abstinence[102-115].

Funding: The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the National Institute of Human Social Sciences (NIHSS) grant number: ABS 19/ SDS/15/1119.

References

1. American Academy of Addiction Psychiatry. Erratum: Davis G, Surratt H, Levin F, et al. Antiretroviral medication: an emerging category of prescription drug misuse. (2015) Am J Addict 24(8): 768.
   Pubmed | Crossref | Others
2. Ephraim, A. Nyaope's deadly and addictive mix. (2014) Mail & Guardian.
   Pubmed | Crossref | Others
3. Montesh, M., Sibanda, O. S., Basdeo, V., et al. Illicit Drug Use in Selected Schools in Mamelodi Township. (2015) Acta Criminologica: 96-113.
   Pubmed | Crossref | Others
4. Moodley, S. V., Matjila, M. J., Moosa, M. Y. H. Epidemiology of substance use among secondary school learners in Atteridgeville, Gauteng. (2012) South Africa J Psychol 18(1): 1-9.
   Pubmed | Crossref | Others
5. Dube, V. Nyaope hits Bulawayo streets. (2014). Bulawayo24.
   Pubmed | Crossref | Others
6. Kapitako, A. Namibia: Nyaope Slowly Poisons Namibian Youth. (2017) New Era (Windhoek).
   Pubmed | Crossref | Others
7. Nevhutalu, P. P. The Impact of Nyaope use amomg the Youth in the Rural Communities of Thulamela Municipality, Vhember District, Limpopo Province, South Africa. (2017)
   Pubmed | Crossref | Others
8. Fernandes, L., Mokwena, K. E. The role of locus of control in nyaope addiction treatment. (2016) African Journal for Physical, Health Education, Recreation and Dance (AJPHERD) 58(4): 153-157.
   Pubmed | Crossref | Others
9. Best, D.W., Bamber, S., Battersby, A., et al. Recovery and Straw Men: An Analysis of the Objections Raised to the Transition to a Recovery Model in UK Addiction Services. (2010) J Groups in Addiction & Recovery 5(3-4): 264-288.
   Pubmed | Crossref | Others
10. Mohasoa, I. P. Perceptions of Substance Abuse Prevention Programmes Implemented in the Ramotshere Moiloa Local Municipality, South Africa. . (2018) UNISA
    Pubmed | Crossref | Others
11. Mokwena, K. E. The Novel Psychoactive Substance 'Nyaope' Brings Unique Challenges to Mental Health Services in South Africa. (2015) Int J Eme Mental Heal Human Resil 17(1): 251-252.
    Pubmed | Crossref | Others
12. Ramson, S. Illicit Drug Intervention at Grassroots: A Community Upliftment Model. (2017) Acta Criminologica: Southern African J Criminology 30(1).
    Pubmed | Crossref | Others
13. Mahlangu, S. H., Geyer, S. The Aftercare Needs of Nyaope Users: Implications for Aftercare and Reintegration Services. (2018) Social Work/Maatskaplike Werk 54(3): 327-345.
    Pubmed | Crossref | Others
14. Mokwena, K. E., Huma, M. Experiences of 'nyaope' users in three provinces of South Africa. (2014) African J Physical, Heal Edu Recreation Dance: 352-363.
    Pubmed | Crossref | Others
15. Cole, B. Gound breaking methadone trial for Durban drug addicts. (2016) Daily News.
    Pubmed | Crossref | Others
16. Marks, M., Gumede, S., Shelly, S. Drugs are the solution not the problem: exploring drug use rationales and the need for harm reduction practices South Africa. (2017) Acta Criminologica: Southern African Journal of Criminology 30(5): 1-14.
    Pubmed | Crossref | Others
17. Mohasoa, I. P., 0Mokoena, S. Factors Contributing to Substance (Drug) Abuse Among Male Adolescents in South African Public Secondary Schools. (2017) Int J Social Sci Humanity Stud 9(1): 108-120.
    Pubmed | Crossref | Others
18. Haushofer, J., Fehr, E. On the psychology of poverty. (2014) Science 344(6186): 862-867.
    Pubmed | Crossref | Others
19. Davidson, L., White, W.L., Sells, D., et al. Enabling or engaging? The role of recovery support services in addiction recovery. (2010) Alcoholism Treatment Quarterly 28(4): 391-416.
    Pubmed | Crossref | Others
20. Mokwena, K. E. "Consider our plight": A cry for help from nyaope users. (2016) Health SA Gesondheid 21: 137-142.
    Pubmed | Crossref | Others
21. Smith, J.A., Jarman, M., Osborn, M. Doing interpretative phenomenological analysis. (1999) Qualitative Heal Psychol
    Pubmed | Crossref | Others

22. Larkin, M., Eatough, V., Osborn, M. Interpretative phenomenological analysis and embodied active, situated cognition. (2011) Theory & Psychology 21(3): 318-337.
Pubmed | Crossref | Others
23. White, W. L., Taylor, P., McDaid, C. Recovery and citizenship. (2010).
Pubmed | Crossref | Others
24. Williams, M. A. A. You don't know what it's like: the lived experience of drug dependence. (2002) Massey University.
Pubmed | Crossref | Others
25. Bloom, K. Turning Points: The Lived Experience of Addiction Recovery. (2016) International Development, Community and Environment (IDCE): 137.
Pubmed | Crossref | Others
26. Hsieh, M.H., Tsai, S.L., Tsai, C.H., et al. What Is the Addiction World Like? Understanding the Lived Experience of the Individuals' Illicit Drug Addiction in Taiwan. (2017) Perspectives in Psychiatric Care 53(1): 47-54.
Pubmed | Crossref | Others
27. Best, D.W., Lubman, D. I. The recovery paradigm: A model of hope and change for alcohol and drug addiction. (2012) Aust Fam Physician 41(8): 595-597.
Pubmed | Crossref | Others
28. McIntosh, J., McKeganey, N. Addicts' narratives of recovery from drug use: constructing a non-addict identity. (2000) Soc Sci Med 50(10): 1501-1510.
Pubmed | Crossref | Others
29. Waldorf, D. Natural Recovery from Addiction: Some Social-Psychological Processes of Untreated Recovery. (1983) J Drug Iss 13(2): 237-280.
Pubmed | Crossref | Others
30. Molobi, T. From nyaope boy to national hero. (2018) City Press.
Pubmed | Crossref | Others
31. Mtika, G. Saving Jesus: How addict Jesus survived the Nyaope Epidemic (G. Mtika, Trans.). (2019).
Pubmed | Crossref | Others
32. Flaherty, M.T., Kurtz, E., White, W.L., et al. An Interpretive Phenomenological Analysis of Secular, Spiritual, and Religious Pathways of Long-Term Addiction Recovery. (2014) Alcoholism Treatment Quarterly 32(4): 337-356.
Pubmed | Crossref | Others
33. Rossini, J. C. Heroin Addiction and Recovery: An Interpretative Phenomenological Analysis. (2016) The University of Texas.
Pubmed | Crossref | Others
34. Shinebourne, P. The Theoretical Underpinnings of Interpretative Phenomenological Analysis (IPA). . (2011) Existential Analysis 22(1): 16-31.
Pubmed | Crossref | Others
35. Rhodes, T., Moore, D. On the qualitative in drugs research: part one. (2001) Addiclion Research The 9(4): 279-297.
Pubmed | Crossref | Others
36. Molenaar, P. M. C. A Manifesto on Psychology as Idiographic Science: Bringing the Person Back Into Scientific Psychology, This Time Forever. (2005) Measurement 2(1): 201-218.
Pubmed | Crossref | Others
37. Todorova, I. Explorations with interpretative phenomenological analysis in different socio-cultural contexts. (2011) Health Psychology Review 5(1): 34-38.
Pubmed | Crossref | Others
38. Smith, J. A. Participants and researchers searching for meaning: Conceptual developments for interpretative phenomenological analysis. (2018) Qualitative Res Psychol 16(2): 166-181.
Pubmed | Crossref | Others
39. Kelly, J.F., Hoeppner, B. A biaxial formulation of the recovery construct. (2014) Addiction Research & Theory 23(1): 5-9.
Pubmed | Crossref | Others
40. Shinebourne, P., Smith, J. A. 'It is Just Habitual': An Interpretative Phenomenological Analysis of the Experience of Long-Term Recovery from Addiction. (2010) Int J Mental Heal Add 9(3): 282-295.
Pubmed | Crossref | Others
41. McKeganey, N. (2010) The Lancet: 375.
Pubmed | Crossref | Others
42. White, W. L., Kurtz, E. The varieties of recovery experience: A primer for addiction treatment professionals and recovery advocates. (2006) Int J Self Help Self Care 3(1-2): 21-61.
Pubmed | Crossref | Others
43. Agosta, L. A rumor of empathy: reconstructing Heidegger's contribution to empathy and empathic clinical practice. (2014) Med Health Care Philos 17(2): 281-292.
Pubmed | Crossref | Others
44. Beyer, C. (2018). Edmund Husserl. In E. N. Zalta (Ed.), Stanford Encyclopedia of Philosophy Archive. Stanford University: Metaphysics Research Lab.
Pubmed | Crossref | Others
45. Husserl, E. Ideas: General Introduction to Phenomenology (W. R. B. Gibson, Trans.). (1962) London: Collier, MacMillan.
Pubmed | Crossref | Others
46. Batson, C.D. These Things Called Empathy: Eight Related but Distinct Phenomena. In J. Decety & W. Ickes (Eds.) The Social Neuroscience of Empathy (pp. 3-15). (2009) Cambridge: The MIT Press.
Pubmed | Crossref | Others
47. Hooker, C. Understanding empathy: Why phenomenology and hermeneutics can help medical education and practice. (2015) Med Health Care and Philos, 1-12.
Pubmed | Crossref | Others
48. More, E. S. Empathy as a Hermeneutic Practice. (1996) Library Publications and Presentations.
Pubmed | Crossref | Others
49. Wright, P., McCarthy, J. Empathy and Experience in HCI. (2008) Paper presented at the CHI 2008 Proceedings.
Pubmed | Crossref | Others
50. Evans, A.C., Lamb, R., White, W.L. The Community as Patient: Recovery-focused Community Mobilization in Philadelphia, PA (USA), 2005–2012. (2013) Alcoholism Treatment Quarterly 31(4): 450-465.
Pubmed | Crossref | Others
51. Masikane, S. VIDEO: Gauteng community allegedly necklace 'nyaope boy'. (2018) eNCA.
Pubmed | Crossref | Others

52. White, W.L. The mobilization of community resources to support long-term addiction recovery. (2009) J Substance Abuse Treat 36(2): 146-158.
Pubmed | Crossref | Others
53. Agosta, L. A rumor of empathy: reconstructing Heidegger's contribution to empathy and empathic clinical practice. (2014) Med Health Care Philos 17(2): 281-292.
Pubmed | Crossref | Others
54. Giorgi, A. Concerning the Application of Phenomenology to Caring Research. (2000a) Scand J Caring Sci 12(1): 11-15.
Pubmed | Crossref | Others
55. Giorgi, A. The status of Husserlian phenomenology in caring research. (2000b) Scandinavian Journal of Caring Sciences 14(1): 3-10.
Pubmed | Crossref | Others
56. Paley, J. Phenomenology and qualitative research: Amedeo Giorgi's hermetic epistemology. (2018) Nurs Philos 19(3): 1-9.
Pubmed | Crossref | Others
57. Giorgi, A. IPA and science: A response to Jonathan Smith. (2011) J Phenomenological Psychology 42(2): 195-216.
Pubmed | Crossref | Others
58. Shinebourne, P., Smith, J. A. 'It is Just Habitual': An Interpretative Phenomenological Analysis of the Experience of Long-Term Recovery from Addiction. (2010) Int J Mental Heal Add 9(3): 282-295.
Pubmed | Crossref | Others
59. Applebaum, M. H. (Mis) Appropriations of Gadamer in Qualitative Research: A Husserlian Critique (Part 1). (2015) Indo-Pacific Journal of Phenomenology 11(1): 1-17.
Pubmed | Crossref | Others
60. Brooks, J. Learning from the life world: Introducing alternative approaches to phenomenology in psychology. (2015) The Psychologist 28(8): 642-643.
Pubmed | Crossref | Others
61. Husserl, E. The Crisis of European Sciences and Transcendental Phenomenology An Introduction to Phenomenology (D. Carr, Trans.). (1970) Evanston: Northwestern University Press.
Pubmed | Crossref | Others
62. McAnultyDuquesne (Producer). (2018).Dr. Amedeo Giorgi interview.
Pubmed | Crossref | Others
63. Hefferon, K., Rodriguez, A. Interpretative phenomenological analysis. (2011) Methods 24(10): 756-759.
Pubmed | Crossref | Others
64. Jeong, H., Othman, J. Using Interpretative Phenomenological Analysis from a Realist Perspective. (2016) The Qualitative Report 21(3): 558-570.
Pubmed | Crossref | Others
65. Barros, F. A. An Exploration of choice in Heroin Addiction: 'An Interpretative Phenomenological Analysis of a small sample of people in recovery'. (2012) (Doctoral Programme in Counselling Psychology and Psychotherapy), New School of Psychotherapy and Counselling.
Pubmed | Crossref | Others
66. Kvale, S. Ten Standard Responses to Qualitative Research Interviews. (1992) J Phenomenological Psychology.
Pubmed | Crossref | Others
67. Yardley, L. Demonstrating validity in qualitative psychology. (2008) Qualitative psychology: A practical guide to research methods 2: 235-251.
Pubmed | Crossref | Others
68. Lincoln, Y. S., & Guba, E. G. (1989). Ethics: The failure of positivist science. The Review of Higher Education, 12(3): 221-240.
Pubmed | Crossref | Others
69. Shenton, A. K. Strategies for ensuring trustworthiness in qualitative research projects. (2003) Education for Information 22: 63-75.
Pubmed | Crossref | Others
70. Willis, P. From "the things themselves" to a "feeling of understanding": Finding different voices in phenomenological research. (2004) Indo-Pacific J Phenomenol 4(1): 1-13.
Pubmed | Crossref | Others
71. van Manen, M. But is it phenomenology? (2017) Qualitative Health Research 27(6): 775-779.
Pubmed | Crossref | Others
72. Smith, J. A. Hermeneutics, human sciences and health: Linking theory and practice. (2007) Int J Qualitative Studies Heal Well-being 2(1): 3-11.
Pubmed | Crossref | Others
73. Smith, J.A. "Yes It Is Phenomenological": A Reply to Max Van Manen's Critique of Interpretative Phenomenological Analysis. (2018b) Qualitative Health Research 28(12): 1955-1958.
Pubmed | Crossref | Others
74. Bartoli, A. Every Picture Tells a Story: combining Interpretative Phenomenological Analysis with Visual Research. (2017a) Sage Journals.
Pubmed | Crossref | Others
75. Smith, J. A. Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. (2004) Qualitative Res Psychol 1(1): 39-54.
Pubmed | Crossref | Others
76. Smith, J. A. Commentary: Evaluating the contribution of interpretative phenomenological analysis. (2011a). Heal Psychol Review 5(1): 9-27.
Pubmed | Crossref | Others
77. Biggerstaff, D., Thompson, A. R. Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. (2008) Qualitative Research in Psychology 5(3): 214-224.
Pubmed | Crossref | Others
78. Biggerstaff, D. Qualitative Research Methods in Psychology. (2012) In G. Rossi (Ed.), Psychology - Selected Papers: InTech.
Pubmed | Crossref | Others
79. Smith, J. A. Evaluating the contribution of interpretative phenomenological analysis: a reply to the commentaries and further development of criteria. (2011b) Heal Psychol Review 5(1): 55-61.
Pubmed | Crossref | Others
80. Alase, A. The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach. (2017) International Journal of Education and Literacy

Studies 5(2).
Pubmed | Crossref | Others
81. Finlay, L. Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. (2002) Qualitative Research 2: 209-230.
Pubmed | Crossref | Others
82. Osborne, J. W. Some basic existential-phenomenological research methodology for counsellors. (1990) Canadian J Counselling Psycho 24(2).
Pubmed | Crossref | Others
83. Giorgi, A. Concerning the phenomenological methods of Husserl and Heidegger and their application in psychology. (2007) Collection du Cirp 1(1): 63-78.
Pubmed | Crossref | Others
84. Laverty, S. M. Hermeneutic Phenomenology and Phenomenology: A Comparison of Historical and Methodological Considerations. (2003) International Journal of Qualitative Methods, 2(3), 21-35.
Pubmed | Crossref | Others
85. Lopez, K. A., Willis, D.G. Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. (2004) Qualitative Health Research 14(5): 726-735.
Pubmed | Crossref | Others
86. Eatough, V., Smith, J.A. Interpretative Phenomenological Analysis. (2008) Birbeck.
Pubmed | Crossref | Others
87. Tufford, L., Newman, P. Bracketing in Qualitative Research. (2010) Qualitative Social Work 11(1): 80-89.
Pubmed | Crossref | Others
88. Peat, G., Rodriguez, A., Smith, J. Interpretive phenomenological analysis applied to healthcare research. (2019) Evid Based Nursing 22(1): 7-9.
Pubmed | Crossref | Others
89. Smith, J. A., Osborn, M. Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. (2007) Psychol Heal 22(5): 517-534.
Pubmed | Crossref | Others
90. Prochaska, J. O., Di Clemente, C. C. Transtheoretical therapy toward a more integrative model. (1982) Psychotherapy Theory, Res Prac 19(3): 276-288.
Pubmed | Crossref | Others
91. Prochaska, J. O., Di Clemente, C. C. Stages and processes of Self-Change of Smoking: Toward An Integrative Model of Change. (1983) J Counselling Clinical Psychol 51(3): 390-395.
Pubmed | Crossref | Others
92. Betty Ford Institute Consensus Panel. What is recovery? A working definition from the Betty Ford Institute. (2007) J Substance Abuse Treatment 33(3): 221-228.
Pubmed | Crossref | Others
93. Cloud, W., & Granfield, R. (2001). Natural Recovery from Substance Dependency. Journal of Social Work Practice in the Addictions, 1(1), 83-104.
Pubmed | Crossref | Others
94. El-Guebaly, N. The meanings of recovery from addiction: evolution and promises. (2012) Journal of Addiction Medicine 6(1): 1-9.
Pubmed | Crossref | Others
95. Matheson, C. (2015). Natural Recovery from Alcohol and Drug Dependence. Academic Primary Care. University of Aberdeen.
Pubmed | Crossref | Others
96. Waldorf, D., Biernacki, P. Natural recovery from heroin addiction: A review of the incidence literature. (1979) J Drug Iss 9(2): 281-289.
Pubmed | Crossref | Others
97. McIntosh, J., McKeganey, N. Identity and Recovery from Dependent Drug Use: the addict's perspective. (2001) Drugs: Edu Prev Pol 8(1): 47-59.
Pubmed | Crossref | Others
98. van Onselen, C. South African Lumenproletarian Army: 'Umkhosi wa Ntaba' - 'The Regiment of the Hills', 1890 - 1920. (1977) Inst Commonwealth Stud (21): 77-103.
Pubmed | Crossref | Others
99. Khumalo, N. M. Understanding the Bio-psychosocial Effects of Whoonga Use by Youth in KwaMashu Township, North of Durban. (2016) (Master of Social Work), University of KwaZulu-Natal, Durban.
Pubmed | Crossref | Others
100. White, W. L. Non-clinical addiction recovery support services: History, rationale, models, potentials and pitfalls. (2011) Alcoholism Treatment Quarterly 28(3): 256-272.
Pubmed | Crossref | Others
101. Khumalo, T., Shumba, K., Mkhize, N. Ecological and Recovery Approaches to Curbing Whoonga Addiction in South Africa: A Critical Hermeneutical Review of Literature. (2019) J Addiction Research Therapy 10(4: 388).
Pubmed | Crossref | Others
102. McKnight, J., Block, P. The abundant community: Awakening the power of families and neighborhoods. (2011).
Pubmed | Crossref | Others
103. McKeganey, N. (2010) The Lancet: 375.
Pubmed | Crossref | Others
104. Khumalo, Z.. The war on nyaope can be won. (2017) Kathorus Mail.
Pubmed | Crossref | Others
105. White, W.L. Beating the dragon: The recovery from Dependent Drug Use. (2002) Addiction 97: 918-921.
Pubmed | Crossref | Others
106. Wagstaff, C., Williams, B. Specific design features of an interpretative phenomenological analysis study. (2014) Nurse Res 21(3): 8-12.
Pubmed | Crossref | Others
107. van Manen, M. Rebuttal Rejoinder: Present IPA For What It Is—Interpretative Psychological Analysis. (2018) Qualitative Heal Res 28(12): 1959-1968.
Pubmed | Crossref | Others
108. Tufford, L., Newman, P. Bracketing in Qualitative Research. (2010) Qualitative Social Work 11(1): 80-89.
Pubmed | Crossref | Others
109. Smith, J. A., Osborn, M. Pain as an assault on the self: An interpretative phenomenological analysis of the psychological impact of chronic benign low back pain. (2007) Psychol Heal 22(5): 517-534.
Pubmed | Crossref | Others
110. Smith, J. A. Evaluating the contribution of interpretative phenomenological analysis: a reply to the commentaries

and further development of criteria. (2011b) Heal Psychol Review 5(1): 55-61.
Pubmed | Crossref | Others

111. Smith, J. A. Interpretative phenomenological analysis: A reply to Amedeo Giorgi. (2010) Existential Analysis 21(2): 186-193.
Pubmed | Crossref | Others

112. Nevhutalu, P. P. The Impact of Nyaope use amomg the Youth in the Rural Communities of Thulamela Municipality, Vhember District, Limpopo Province, South Africa. (2017)
Pubmed | Crossref | Others

113. Osborne, J. W. Some basic existential-phenomenological research methodology for counsellors. (1990) Canadian J Counselling Psycho 24(2).
Pubmed | Crossref | Others

114. Larkin, M., Thompson, A. Interpretative phenomenological analysis. In A. Thompson & D. Harper (Eds.), Qualitative research methods in mental health psychotherapy: A guide for students and practitioners (2012) Oxford: John Wiley & Sons 99-116.
Pubmed | Crossref | Others

115. Larkin, M., Watts, S., Clifton, E. Giving voice and making sense in interpretative phenomenological analysis. (2006) Qualitative Research in Psychology 3(2): 102-120.
Pubmed | Crossref | Others