

ABSTRACT

BLOUNT, TAHEERA NADIYAH. A Phenomenological Study of African American Women Substance Use Recovery Experiences: Utilizing Spirituality, Religion, and Family to Achieve Sustained Recovery. (Under the direction of Dr. Edwin R. Gerler).

The purpose of this transcendental phenomenological qualitative study is to examine the lived experiences of African American women that have achieved long-term sustained recovery from substance use. Utilizing three theoretical frameworks, including the Black Feminist Thought, Recovery Capital, and the Transtheoretical Model, this study sought to inquire how African American women have been able to overcome systemic forms of oppression that existed in their environment at the time of substance use and their ability to utilize various sources of recovery capital such as the Black church, spirituality, religion, and family to achieve sustained recovery.

This study seeks to answer the following research questions: 1) How do African American women become addicted to substances? 2) How do African American women describe their lives while addicted to substances? 3) How do African American women negotiate systemic forms of oppression that existed within their local environment during the time of substance use? 4) How do African American women redefine their lives through recovery? 5) How do African American women perceive sources of recovery capital? 6) How do African American women engage in the maintenance stage through the process of social liberation, helping relationships, and self- liberation?

To gain an in-depth understanding of participants' substance use recovery experiences, data were collected through demographic questionnaire, semi-structured interviews, and journal reflections to gain thick rich descriptions of how participants have been able to maintain their recovery for five or more years. Data were analyzed utilizing the

six-step process of Moutaskas (1994) transcendental phenomenology. Findings from this research study revealed 16 themes and 8 subthemes that emerged from participants' experiences. These themes highlight that participants became addicted to substances by people close to them and often resisted at the first request to engage thus experienced moments in which they yielded to use substances. Participants described that as they became addicted to substances, their lives began to spiral downward. As predicted from the Black Feminist Thought, participants' stories confirmed existing research literature, that the communities in which they lived were extremely oppressed as crack-cocaine was highly concentrated in communities, which in turn made drugs easily accessible for participants.

Participants described the pivotal life experiences that lead to recovery such as encountering *Damascus road* life experiences and having a deep desire to change. Results from participants' stories regarding their ability to redefine their lives consisted of utilizing the four components of recovery capital specifically spirituality and religion to achieve sustained recovery. Lastly, themes from the research question that explored how participants can maintain their recovery resulted in participants becoming involved in social liberation that involved participants' sharing their stories of hope and resiliency to help others that are dealing with substance use issues.

Within existing research literature, there has been a recent emergence and attention given to examining the role of spirituality and religion in recovery from substance use (Chu & Sung, 2008). Furthermore, results from this study revealed that there is a direct correlation between faith and sobriety. This study confirmed that substance use recovery is happening amongst African American women and sheds insight for professionals and researchers in the field of addiction that recovery is occurring with African American women primarily through

the use of spirituality, religion, and family. This study has important relevance for working with African American women in recovery and provides implications for faith organizations and helping professionals can assist individuals to reverse the current substance use trends within the African American community.

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A Phenomenological Study of African American Women Substance Use Recovery
Experiences: Utilizing Spirituality, Religion, and Family
to Achieve Sustained Recovery

by
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DEDICATION

First, I would like to dedicate this dissertation to my mother the late Gloria Blount Summers. Although you left this world before I anticipated, you were my source of strength and wisdom. Above all else, thank you for living a life filled with faith, prayer, and praise. I dedicate this Adinkra symbol to you.



Dwennimmen

Ram's Horn symbol of strength (in mind, body, and soul), humility, wisdom and learning. The ram will fight fiercely against an adversary, but it also submits humbly to slaughter, emphasizing that even the strong need to be humble (Willis, 1998).

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Mate masie

What I hear, I keep. Symbolizes wisdom, knowledge, and prudence (Willis, 1998)

BIOGRAPHY

Taheera Blount was born to the late Robert and Gloria Summers in Bronx, New York. She spent several of her formative years in New York City Public Schools before relocating to Pitt and Greene County located in North Carolina. Taheera received an Associate of Arts in Human Services Technology; Bachelor of Social Work from Barton College (*transfer honors program*); and a Master of Arts in School Counseling from North Carolina Central University *Summa Cum Laude*; and is a doctoral candidate in the Counselor Education program at North Carolina State University located in Raleigh, NC.

In addition, Taheera is a Licensed Professional Counselor, National Certified Counselor, Licensed Professional School Counselor, and Human Services Board Certified Practitioner. She has worked as a School Counselor with Durham County Public Schools, Clinical Case Manager with PORT Human Services, and Mental Health Technician at Vidant Medical Unit Behavioral Health Unit. Currently, she serves as a Licensed Clinician providing individual and family therapy to children, adolescents, and adults with mental health and substance use related disorders.

As a doctoral student, in 2012 Taheera participated in a study abroad trip to Ghana, West Africa. During this experience, she had the opportunity to broaden her horizons by becoming fully immersed in the Ghanaian culture. She participated in a community-led development project with the local junior high and secondary school in Atonkwa Village, and it was during this experience that Taheera's passion of international counseling and research emerged. She attended classes at the University of Legon and received instruction by the

leading authority on traditional African religion, from the world renowned Dr. Kofi Asare Opoku. From this study abroad experience, Taheera became a contributing member of the North Carolina State University Ghana Village Education Project in which she obtained school supplies for students living in Ghana, West Africa. In 2013, Taheera was selected to participate in the *Preparing the Professoriate Fellowship* program through North Carolina State University. During this experience, Taheera had the opportunity to gain teaching experience regarding the Psychology of the Black Experience (AFS 345) and African Civilizations (AFS 240) under the mentorship of Dr. Craig Brookins.

In 2015, Taheera was a selected recipient of the National Board of Certified Counselors Doctoral Minority Fellowship. In addition, Taheera has served in numerous leadership capacities within the counseling profession, including the secretary of the North Carolina Association for Multicultural Counseling and Development, past membership chair of the Nu Sigma Chi Chapter of Chi Sigma Iota, and social justice advocacy member with the North Carolina School Counselor Association. Taheera plans to continue her research by defining effective interventions for African American women with substance use disorders, continue to focus on the implementation of effective school counseling strategies to support students at risk of dropping out of high school, and explore how school counselors can effectively support students with substance use issues.

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You have shown me your greatness and your strong hand; for what God is there in heaven or on earth who can do such works and mighty acts as yours?

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TABLE OF CONTENTS

LIST OF TABLES	xviii
LIST OF FIGURES	xix
CHAPTER ONE: INTRODUCTION.....	1
Statement of the Problem.....	4
Purpose of the Study	6
Research Questions.....	7
Overview of Theoretical Framework.....	8
Black Feminist Thought.....	8
Recovery Capital.....	9
The Transtheoretical Model.....	9
Overview of Methodology.....	10
Significance of the Study	11
Definition of Key Terms.....	14
Chapter Summary	16
CHAPTER TWO: LITERATURE REVIEW.....	18
Historical Overview War on Drugs: Impact on African American Communities	18
The Crack Cocaine Era.....	21
Initiation to Substance Use among African American Women.....	22
Risk Factors in African American Women.....	24
Environmental.....	24
Trauma	26
Psychological Factors	27
Substance Use Treatment and African American Women.....	27
Barriers to Treatment for African American Women.....	29
Use of 12-Step Groups.....	31
Recovery	36
Defining Recovery	37
Natural Recovery	39
Time Frame for Recovery.....	42
Theoretical Framework.....	43

Black Feminist Thought.....	43
Recovery Capital.....	48
Transtheoretical Model.....	62
Chapter Summary.....	71
CHAPTER THREE: METHOD.....	73
Research Design.....	74
Qualitative Methodology.....	74
Transcendental Phenomenology.....	75
Role of the Researcher.....	77
Researcher’s Subjectivity Statement.....	78
Research Methods.....	79
Research Procedure.....	80
Instrumentation.....	85
Data Collection.....	94
Data Analysis.....	97
Validity and Trustworthiness.....	101
Chapter Summary.....	109
CHAPTER FOUR: RESULTS.....	110
Participants Background and Demographic Characteristics.....	112
Participant Portraits.....	118
Emergent Themes.....	129
Research Question One: How do African American Women Become Addicted to Substances?.....	129
Research Question Two: How do African American Women Describe their Lives While Addicted to Substances?.....	136
Research Question Three: How do African American Women Negotiate Systemic Forms of Oppression that Existed Within their Local Environment at the Time of Substance Use?.....	147
Research Question Four: How do African American Women Redefine their Lives Through Recovery?.....	151
Research Question Five: How do African American Women Perceive Sources of Recovery Capital?.....	163

Research Question Six: How do African American Women Engage in the Transtheoretical Model Maintenance Stage Through the Process Of Social Liberation, Helping Relationships, and Self- Liberation?.....	177
Chapter Summary	181
CHAPTER FIVE: DISCUSSION.....	182
Discussion of Research Questions	183
Research Question 1: How do African American Women Become Addicted to Substances?.....	184
Research Question 2: How do African American Women Describe their Lives While Addicted to Substances?	186
Research Question 3: How do African American Women Negotiate Systemic Forms of Oppression that Existed Within their Local Environment at the Time of Substance Use?	189
Research Question 4: How do African American Women Redefine their Lives Through Recovery?	194
Research Question 5: How do African American women perceive sources of Recovery Capital?	196
Research Question 6: How do African American Women Engage in the Transtheoretical Model Maintenance Stage Through the Processes of Social Liberation, Self-Liberation, and Helping Relationships?	205
Results Related to Theoretical Frameworks	210
Black Feminist Thought.....	210
Recovery Capital.....	213
Transtheoretical Model	214
Limitations of the Study	217
Implications for Clinical Practice	218
Implications for the Black Church.....	220
Recommendations for Future Research	221
Conclusion	223
REFERENCES	226
APPENDICES	262
Appendix A – Informed Consent.....	263
Appendix B – Screening Protocol Telephone Script	266
Appendix C – Background and Demographic Questionnaire (BDQ)	269

Appendix D – Interview Protocol..... 272
Appendix E: List Of Substance Use Community Resources..... 274

LIST OF TABLES

Table 1 <i>Assumptions and Themes of Black Feminist Thought (Collins, 1986)</i>	46
Table 2 <i>Components of Recovery Capital</i>	51
Table 3 <i>Stages, Processes of Change in the Transtheoretical Model</i>	65
Table 4 <i>DSM-5 criteria for substance use addiction</i>	83
Table 5 <i>Research Questions in Alignment with Interview Questions</i>	93
Table 6 <i>Research Questions and Themes</i>	111
Table 7 <i>Age, Martial Status, Education Level, and Years of Recovery</i>	114
Table 8 <i>Employment Status/Occupation/Household Income</i>	112
Table 9 <i>Substance of Choice</i>	116
Table 10 <i>Previous Treatment History</i>	117
Table 11 <i>Support Systems & Religion/Spirituality</i>	118

LIST OF FIGURES

Figure 1. Illustration of Moustakas (1994) data analysis 101

Figure 2. Participants' lives while addicted to substances 189

Figure 3. Illustration of Recovery Capital concept 205

Figure 4. Illustration of Sustained Recovery 209

CHAPTER ONE: INTRODUCTION

Addiction to substance use is an extremely complicated ongoing societal problem in the United States. Thus, it has become a serious dilemma that crosses all segments of the population and impacts a vast cross section of the American society (Sales, 1999). According to the National Institute on Drug Abuse (NIDA, 2015), substance use is the nation's number one public health problem. Often, individuals turn to substance use to cope with life challenges (Brome, Owens, Allen, & Vevaina, 2000).

Data results from the 2014 National Survey on Drug Use and Health ([NSDUH], 2014) revealed that 21.5 million Americans aged 12 and older were classified with substance dependence or abuse, creating a national average rate of illicit drug use of 10.2%. Scholars acknowledge the rate of illicit substance use among African Americans has increased in the past decade (Stevens-Watkins, Perry, Harp, & Oser, 2012).

For African Americans, the current rate of illicit substance use among the total population of African Americans ages 12 and older was 12.4% in 2013, higher than the national average of 10.2% (Substance Abuse and Mental Health Services, 2016). More specifically, the rate of illicit substance use amongst African American women is 6.7 %, which exceeds the national average for women of all races and ethnicities (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). Given these aforementioned statistics, this remains a growing concern within the African American community as this issue continues to have a calamitous effect especially upon individuals and families (Brome, Owens, Allen, & Vevaina, 2000).

Research postulates that African American women have the lowest rates of substance use treatment retention in comparison to other ethnic and gender groups (McCaul, Svikis, & Moore, 2001; Mertens & Weisner, 2000). This can be contributed to several reasons. Current trends in addiction recovery have a one-size fit all approach including the disease model to recovery and often the 12-step approach, which emphasizes powerless over addiction and for many African American women this has proven to be ineffective (Kruk & Sandberg, 2013; Center for Substance Abuse Treatment, 2014). For many African Americans stating that they are “powerless” over addiction fails to address the strength and resiliency that speaks to the African personality. Oftentimes African Americans enter treatment as a last resort during their drug using careers and are typically encouraged to attend treatment through the criminal justice system (Smith, Buxton, Bilal, & Seymour, 1993).

Notably, Boyd-Franklin (2003) indicates that there is often “a healthy cultural suspicion” to treatment (p. 24), which oftentimes causes African Americans to avoid governmental services and solve their own problems (Reddell, 2013). Given this, many individuals that are addicted to substances desire a way out and refrain from substance use treatment. Granfield and Cloud (2001) asserts that there is compelling evidence that supports the notion that recovery from alcohol and drug misuse without treatment is very common. Particularly, for many African Americans, they are forced to rely upon naturally prescribed pathways to achieve the journey towards recovery. Natural prescribed pathways to recovery consist of utilizing family support, a different network of friends, new environment,

spirituality, religiosity, and the Black church as traditional models to recovery have proven to be ineffective.

There has been a recent emergence and attention given to examining the role of spirituality and religion in recovery from substance use (Chu & Sung, 2008). In the United States, African American women are the most religious and spiritual group (Reed & Neville, 2014). Current research findings revealed religion and spirituality serve as a coping resource for various life stressors (Mattis & Watson, 2008; Taylor & Chatters, 1991). For instance, in a study conducted by Chatters, Taylor, Bullard, and Jackson (2008), found that African Americans have more active religious and spiritual lives than most Americans and that 80% of participants in their study identified as both religious and spiritual. Participants within this study attended religious services, were active members of their church, read their bibles, and watched religious programs.

Comparatively, researchers Chu and Sung conducted a logistical regression analysis that examined the levels of religious involvement amongst African American and Caucasian clients in drug treatment. The results from this study found that church attendance had a significant effect on African American clients desistance from drug use. Based on the results of this study, there is evidence to support the notion that engagement in religious activities has proven to combat substance misuse. As such, this study provides additional insight as to how eight African American women have been able to overcome substance use, redefine their lives, and achieve sustained long-term recovery without the aid of substance use treatment.

This chapter provides an overview of the following: statement of the problem, the purpose of study, research questions, overview of the theoretical framework, overview of methodology, significance of the study, definition of key terms, and chapter summary.

Statement of the Problem

Despite the emergence of research on female addiction over the past two decades, specific research regarding substance abuse in female African Americans remains limited (Ehrim, 2005). As a result, Wingo (2001) suggest that there remains a growing crisis within the African American community. This crisis affects African American women to a particularly strong degree because they are heads of household, pillars of the community, and essential to the well-being of the family system (Brome, Owens, Allen, & Vevaina, 2000). For instance, Stevens-Watkins, Perry, Harp, and Oser (2012) argued that historically, African American women have seldom been the focus of drug-use studies because of their overall lower rates of use compared with African American men and White men and women. Notably, a key limitation of the existing research is the failure to address African American women in recovery from illicit substance use and their ability to overcome (Sutherland, Stetina, & Hernandez, 2009). To this end, Sanders (2012) suggested that there is a need to add to the knowledge base of practitioners and researchers whose work focuses on African American women in addiction recovery.

Researchers suggest due to unique barriers in treatment, African American women typically enter substance use treatment as a last resort (Allen, 1995; Roberts & Nishimoto, 2006). Oftentimes, African American women encounter specific barriers to treatment access

including lack of transportation, childcare needs, insurance status, educational and employment challenges, and limited social supports from partners and/or family members (Greenfield et al., 2007). More importantly, African American women present unique predisposed risk factors such as gender, class, race, and economic disparities that impede their ability to seek treatment (Davis & Ancis, 2012). Wright (2003) concluded that for many African American women recovering from substance use, current treatment modalities and self-help groups do not meet their needs. This can be attributed to the fact that most treatment programs serving substance-dependent women are based on models developed for men and on the beliefs and values of the dominant Euro-American culture (Ehrmin, 2005). For instance, although the widely known 12-step recovery groups known as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are spiritually based, critics contend that women and people of color have historically encountered racism and discrimination in these groups just as they experienced in the larger culture (White, 2014).

In White's (2014) most recent work, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*, acknowledges that there are racial and class limitations regarding the effectiveness of AA/NA because even today groups still remain segregated by whites attending white groups and blacks attending black groups. Lastly, White concludes that whites create the largest percentages of participation in recovery programs. Moreover, researchers argue that 12-step fellowships with their religious/spiritual group membership may be potentially beneficial for some, but may not appeal to others (Laudet, Morgen, & White, 2006). Perhaps due to the limited prevalence of recovery groups comprised of people

of color, there is a need within substance use research to acknowledge the relevance of recovery capital influences such as spirituality and religion within African American communities as this protective factor enhances and secures the recovery process (Center for Substance Abuse Treatment, 2014).

Researchers contend that only a few treatment programs specifically address the social, cultural, and individual factors associated with substance use by African Americans (Longshore, Grills, Annon, Grady, 1998). Moreover, there has been an increasing call for treatment approaches that incorporate a strengths-based approach instead of relying on the traditional deficit models of recovery (SAMHSA, 2014). As a result, there is a need to explore not only how individuals initiate recovery but also how they have been able to maintain long-term recovery from substance use. By gaining a better understanding of how African American women sustain their recovery processes, this contributes to the decrease in substance use rate within African American communities by shedding light to how individuals can reverse dangerous substance use trends.

Purpose of the Study

The purpose of this study was to examine the subjective lived experiences of eight African American women in long-term recovery from substance use for five or more years. Particularly, this study examined the following: (a) how participants became addicted to substances; (b) their lives while addicted; (c) exploration of systemic forms of oppression that existed within their local environment; (d) how participants were able to redefine their lives; (e) perception of recovery capital; and (f) their ability to maintain recovery.

Laudet and White (2008) acknowledged that a current gap exists in the addiction literature because most studies speak to recovery initiation only, not the challenges and processes of maintaining recovery from illicit substance use. To this end, through transcendental phenomenological methodology, this study provides African American women the opportunity to share their experiences as to how they were able to overcome a life once filled with addiction to a new life of recovery and empowerment.

Research Questions

This transcendental phenomenological qualitative study addressed and explored the recovery experiences of eight African American women in long-term recovery from substance use for five or more years. Specifically, this study employed Moustakas's (1994) transcendental phenomenology that focuses on the description of the experiences of participants. Initially, the research study started out with four research questions; however, the first two research questions derived from interview data that emerged from participants' responses. As a phenomenological researcher, through this process, I was able to engage in the process of discovery, and as a result, I was able to understand participants' lived experiences of recovery (Hays & Singh, 2012). As a result, this research study sought to answer the following questions:

1. How do African American women become addicted to substances?
2. How do African American women describe their lives while addicted to substances?
3. How do African American women negotiate systemic forms of oppression that existed within their local environment during the time of substance use?

4. How do African American women redefine their lives through recovery?
5. How do African American women perceive sources of recovery capital?
6. How do African American women engage in the maintenance stage through the process of social liberation, helping relationships, and self- liberation?

Overview of Theoretical Framework

According to Ennis (1999), a theoretical framework provides structure and boundaries within which to work. The theoretical constructs that framed this study include Black Feminist Thought (BFT), Recovery Capital (RC), and the Transtheoretical Model (TTM).

Black Feminist Thought

There are several purposes for utilizing Black Feminist Thought. Asante (2003) acknowledged the importance of seeing African people as agents and subjects of their own experience by viewing social and human reality from an African perspective or standpoint. The lens of Black Feminist Thought sheds light on how African American women possess inner strength to reframe a negative situation and turn the situation into a positive one (Guy-Sheftall, 1995; Rousseau, 2013). Therefore, it is important to explore how African American women can overcome systemic forms of oppression through the practice of agency.

Witherspoon and Richardson (2006) emphasized that oppressive conditions experienced by African American women result from their racial, historical, and structural position in the American society. Notably, Collins (2009) distinctively described Black feminist thought as those experiences and ideas that provide a unique angle of vision on self,

community, society, and provides a means for interpreting these experiences. Furthermore, Burnham (2001) stated that the intersection of race, class, and gender must be understood by how they systematically produce an integrated examination of power and oppression. Hence, this study examined how African American women in long-term recovery from substance use have been able to actively engage in the process of empowerment as evidenced by their ability to overcome systemic forms of oppression, discrimination, and marginalization (Jackson & Greene, 2000).

Recovery Capital

White and Cloud (2008) defined recovery capital, as “the quantity and quality of internal and external resources individuals can draw upon to bear the initiation and sustain recovery from addiction” (p. 1). Researchers identified forms of resources defined as “capital” that aid in the natural succession of the recovery process (Granfield & Cloud, 1999). To this end, recovery capital includes four types of capital: social, physical, human, and cultural. This theoretical construct, as applied to the current study, promotes investigation of successful recovery capital resources employed by African American women. Hence, this study explored the four components of recovery capital individuals utilize to overcome substance misuse naturally.

The Transtheoretical Model

The third theoretical framework utilized in this study was the Transtheoretical Model (TTM). According to Prochaska and DiClemente (1984), the Transtheoretical model has emerged over the past two decades as one of the most influential models in the addictions

field. The purpose of this model was to understand what individuals go through to change their behavior (Prochaska & DiClemente, 2003). Faberman (2004) purported that this model serves as a framework for understanding the process of addiction recovery and has greatly influenced clinical practice, program development, and research. Within the TTM, people move through five stages of change to begin the change process, thus repeating the process until they have achieved sustained recovery (Hanson & Gutheil, 2004). Through which people move through the process of change that includes: (a) precontemplation, (b) contemplation, (c) preparation, (d) action, and (e) maintenance (Prochaska & DiClemente, 1992). How an individual process and progress through these stages, determines their ability to achieve and maintain recovery. Particularly, for African American women in recovery, this model helps to highlight the process through which participants within this study experience transformational change and their ability to maintain a changed lifestyle from substance use.

Overview of Methodology

The researcher employed a transcendental qualitative phenomenological approach to investigate, understand, and explore the meanings of the sustained long-term recovery experiences of eight African American women. According to Hausser and Biber (2005), phenomenology “is a theoretical perspective aimed at generating knowledge about how people experience things” (p. 24). There is comparatively limited amount of qualitative research that explores the experiences and perceptions of individuals in recovery (Watson & Parke, 2011).

Researchers Marshall and Rossman (1995) acknowledged that qualitative research methods are to be preferred when the phenomenon under investigation is: (a) a complex process, (b) little known, and (c) for which relevant variables have not been identified. Moreover, Merriam and Tisdell (2016) highlighted that the focus of qualitative research is on the process, understanding, and meaning in which the researchers are interested in how individuals interpret their experiences, construct their worldview, and how individuals derive meaning from their experiences. This research design was selected because according to Merriam and Tisdell (2016), the phenomenological approach is well suited for studying emotional and often intense human experiences.

Significance of the Study

Given the fact that research regarding how African American women experience recovery, this study is essential to the field of addiction. This study demonstrated that recovery is occurring without the aid of substance abuse treatment. Furthermore, this study confirms existing research literature that the theoretical concept of recovery occurred through the use of recovery capital resources such as spirituality, religion, the church, family, and community. As Elhrim (2005) argued, there is an increased need to understand the recovery care needs of culturally diverse clients. More importantly, White (2012) contends that because the efforts to measure recovery have been challenged by the lack of professional and cultural consensus, exploring the prevalence of recovery remains important. Since research regarding the recovery process of African American women is scarce within the existing literature, this study added to the existing research literature because it provided African

American women the opportunity to share their transformative process to change and their ability to maintain sustained long-term recovery.

This study added value to the addiction literature as this study explored the impact of the War on Drugs epidemic and the Crack-Cocaine era that occurred in the United States. More specifically, during this era, stereotypes were formed about African American women. According to Zachery-Jordan (2008), during this period the value of African American women was looked upon harshly as stereotypical statements were ascribed to African American women during the crack-cocaine era such as “welfare queens” and “crack heads.” This study demonstrated through the practice of Black Feminist Thought, how participants were able to redefine their lives thus contesting stereotypical images that were placed upon African American women during the crack-cocaine era. Through the practice of self-value and self-definition, this study showed that participants decision to use substances were often unavoidable as substances were highly available based upon their living environment.

Secondly, this research confirmed how major roles within the African American community aid in the recovery process such as religious institutions, spirituality, and religion, the church, and family for African American women. Research acknowledged religion and spirituality as core elements of many African American lives (Reed & Neville, 2013). For instance, studies have shown that church involvement and spiritual beliefs are protective factors for drug use, and spiritual engagement is positively correlated with recovery (Miller, 1998). However, key gaps in the research literature exist, and some researchers admit that little is known about how religion and spirituality influence the

recovery experiences of African American women (Miller & Bogenschutz, 2007; Pardini, Plante, Sherman & Stump, 2000). As cited in a quantitative descriptive survey design by Hall, Burkhold, & Sterner (2014), extensive counseling literature emphasizes that spirituality and religion are important areas of research within the helping professions and counseling. In this study, the researcher sought to understand the significant impact of spirituality and religion within the recovery process.

Finally, this study was significant because the process of recovery from substance use encourages practitioners to understand how individuals engage in the recovery process, beginning with recovery initiation to recovery maintenance thus achieving sustained long-term recovery. For recovery to occur, there must be an absence of the substance an individual is attempting to overcome. In a mixed method study conducted by Laudet (2007) that investigated if recovery requires total abstinence from all drugs and alcohol and how participants define the process of recovery. The study concluded that recovery from substance use is a process of change and growth in which abstinence from the particular substance serves as a necessity for change.

There are few studies that have examined specifically how African American women have been able to maintain their recovery from substance use. In fact, this topic warrants considerable concern among counselors because they are encouraged to demonstrate multicultural competence, egalitarianism, and empowerment to address the specific needs of client populations (Davis, Ancis, & Ashby, 2012). This study offers implications to

practitioners to consider the impact of employing various cultural strategies that may aid in the recovery process for various ethnic groups.

Definition of Key Terms

For the purposes of this study, relevant definitions pertaining to this study were utilized.

- *Drug eras*: a term describing a point in a historical period when a substance is introduced, adopted, and “institutionalized within certain segments of the population” (Johnson, Golub, & Dunlap, 2000, p.21).
- *Long-term recovery*: defined according to this study, as those individuals who have been able to remain abstinent from substance use for a period of five years or more.
- *Recovery*: the personal change process that can include treatment and various supports to initiate and promote the maintenance of a sober lifestyle (Kelly & White, 2011). Researchers have coined the term recovery to encompass several meanings. Recovery has been utilized in the healthcare setting amongst individuals suffering from a chronic medical illness (The Betty Ford Institute, 2007). In Laudet (2007) study that explored recovery definitions and experiences of persons in recovery, she acknowledges that although there is no clear definition of recovery. The outcome of her study revealed that recovery requires total abstinence from illicit drug use and is seen as a process of change and growth.
- *African American women*: women who live in the United States and whose ancestors arrived from Africa (Center for Substance Abuse Treatment, 2014).

- *Recovery Capital*: this terminology was introduced into the substance use recovery literature and developed by Cloud and Granfield in the late 1990's (Cloud & Granfield, 2001; Granfield & Cloud, 1999); it refers to "the quantity and quality of internal and external resources that one can bring to bear to initiate and sustain recovery from addiction" (Grandfield & Cloud, 1999, p.3).
- *Spirituality*: refers to belief in God, the Creator, or a Higher Power and the power of spiritual beliefs in one's life (Mattis, 2002; Pargament, 2007; & Walsh, 2009).
- *Religiosity*: Although there are multiple definitions of religiosity, this study will explore religiosity as, "one's adherence to the prescribed beliefs and ritual practices associated with the worship of God or a system of gods" (Mattis & Watson, 2008, p. 92). Furthermore, Sterling, Weinstein, Losardo, Raively, Hill, Petrone, and Gottheil (2007) defined religiosity as a set of shared behaviors within a group that establishes principles for worshipping a higher power.
- *Substance abuse/Substance use disorders*: occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. (Substance Abuse and Mental Health Services Administration, 2014). The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; *DSM-5*; American Psychiatric Association, 2013) is the most widely accepted nomenclature used by clinicians and researchers for the classification of mental disorders. The *DSM-5*, defined substance use disorders as mild, moderate, or severe to indicate the level of

severity, which is determined by the number of diagnostic criteria met by an individual.

Chapter Summary

The process towards recovery from substance use is highly complex and challenging involving the exploration of multiple factors that influence the recovery experience of individuals (McIntosh & Knight, 2012). This study described the lived substance use recovery experiences of African American women who were able to achieve sustained long-term recovery for five or more years. As previously mentioned, treatment retention rates for African American women are relatively low as compared with other ethnic groups (McCaul, Svikis, & Moore, 2001; Mertens & Weisner, 2000). Given this, through a transcendental phenomenological research design, this study provides thick rich descriptions of eight participants' that have opted out of receiving substance use treatment and decided to utilize internal and external resources to redefine their lives and achieve sustained recovery. Laudet (2007) suggested that there is a need to document the paths to how individuals not only initiate recovery but also sustain recovery.

The following chapter of this study provided an exhaustive review of the literature regarding substance use and recovery. This section began with the discussion of the War on Drugs epidemic, Crack-Cocaine era, pre-disposed risk factors for African American women, and barriers to treatment. Furthermore, theoretical underpinnings that support the study were explored including: (a) Black Feminist Thought; (b) Recovery Capital; and (c) the Transtheoretical Model of Change. Chapter three provided a detailed description of the

methodological approach utilized for the study. This section discussed why the qualitative approach was deemed appropriate, methods to data collection, and data analysis. Chapter four presented results collected from the following sources: (a) demographic questionnaires; (b) semi-structured interviews, (c) journal entries; and (e) field notes. Moreover, this section provided an overview of participant profiles and emergent themes formulated from semi-structured interviews. Chapter five discussed how emergent themes supported existing research literature related to each research question. The chapter concludes by discussing key limitations, implications for practice, and future research.

CHAPTER TWO: LITERATURE REVIEW

Although research has documented multiple pathways to recovery from substance use, a key limitation of the existing research is the failure to address African American women in recovery from illicit substance use and their ability to overcome (Sutherland, Stetina, & Hernandez, 2009). Previous research indicates that there is a need to document the stories of individuals that have utilized natural forms of recovery from substance use (Laudet, 2007). The purpose of this qualitative research study is to gain an in-depth understanding of how eight African American women were able to achieve long-term sustained recovery from substance use.

This chapter begins by providing a historical overview of substance use within African American communities. Specifically, the review of literature examined how the War on Drugs epidemic and Crack Cocaine era had a devastating impact on African American communities. Next, I explored pre-disposed risk factors, substance use treatment, and barriers to treatment that exist for African American women. A particular focus will be given to one of the most prominent treatment modalities, the 12-step group, and the degree to which it is appropriate for African American women. An overview of several theoretical frameworks that guided this study was explored. Finally, the chapter concludes with a summary of the existing research literature presented within this study.

Historical Overview War on Drugs: Impact on African American Communities

To gain further understanding of the impact of substance use within the United States, it is imperative to explore how the War on Drugs epidemic received public prominence,

particularly among inner-city African American communities as drugs began to infiltrate these communities.

The first “War on Drugs,” initially declared under the administration of President Richard Nixon in 1971, was designed to enforce greater drug policies that aimed to eliminate the flow of drugs across the United States borders and eradicate illegal drug use (Mallea, 2014; O’Neil, 2011). As a result, policymakers enforced harsh drug sentencing and law enforcement within communities. Researchers argued this policy resulted in great disaster, and the policies from the first War on Drugs are flawed (Mallea, 2014).

According to Eisenhart (2015), after the Nixon administration, America’s War on Drugs remained stagnant until Ronald Reagan entered office. During the Reagan administration, the second War on Drugs was launched in 1982 at the same time that crack cocaine began to spread swiftly in poor black neighborhoods of most major cities (Alexander, 2010). Moreover, the crack cocaine epidemic gained public prominence portrayed through the media. According to the American Civil Liberties Union (American Civil Liberties Union, 2005), First Lady Nancy Regan began to publicize the campaign of “Say No to Drugs,” which resulted in the onset of pervasive media coverage that gained national attention. To note the impact the media played on this issue, it is estimated that more than 1,000 stories appeared about crack cocaine epidemic via national press like NBC News, *Time Magazine*, and *Newsweek* (ACLU, 2005).

In *The New Jim Crow*, Alexander (2010) examined the War on Drugs and acknowledged that as a result of the media’s attention to crack cocaine, “almost overnight the

media was saturated with images of black “crack whores,” “crack dealers,” and “crack babies,” which seemed to confirm the worst negative racial stereotypes about impoverished inner-city residents (p. 5). Consequently, these negative media images of low-income African Americans had a glaring effect on the public’s perceptions of African Americans’ drug use and criminality (Windsor & Negi, 2009).

There is evidence in the research literature that supports the impact of the War on Drugs within the African American community. Researchers Dunlap, Golub, and Johnson (2006) examined the devastation of crack cocaine on distressed inner city families and emphasized the importance of understanding the recent histories that contributed to the prevalent circumstances and conditions African Americans were placed in during this time. In another study conducted by Hagan and Coleman (2001) posited that the War on Drugs caused a major disruption in the lives of the African American family unit.

Historically, it is imperative to understand the lives of African Americans in the early 1980’s that caused systemic forms of oppression to exist within communities. According to *The Truly Disadvantaged*, Wilson (1987) acknowledged that a form of urban poverty emerged when society began to shift within the African American communities. Prior to the drug era, researchers argued that African American communities lost manufacturing jobs as these jobs moved overseas, which resulted in a significant number of African Americans becoming jobless and more women became sole caregivers of dependent children (Sampson, 1987; Wilson, 1987). Comparably, researchers Small and Newman (2001) asserted that, “as working families departed inner-city neighborhoods to relocate to the suburbs, nonworking

families stayed behind the inner-city neighborhoods and as a result became mired in concentrated poverty” (p. 26). Consequently, this resulted in severe systemic forms of oppression with negative consequences causing African Americans to experience oppression at a heightened rate (Anderson, 1999; Bourgois, 1995; Duncan & Brooks-Gunn, 1997). According to Dunlap, Golub, and Johnson (2006), in an attempt to escape the systemic forms of oppression, the negative consequences resulted in “overcrowded housing, poor physical and mental health, despair, post-traumatic stress, school drop-out, teenage pregnancy, crime, and domestic violence” (p.118).

The Crack-Cocaine Era

The crack-cocaine era became a social phenomenon, particularly within African American communities. As Ryder and Brisgone (2013) posited, “in 1983, a new, cheap version of cocaine was disproportionately introduced into poor African American neighborhoods across the United States, where its use quickly expanded” (p. 40). Crack was cheaper and more affordable than powder cocaine and smoking crack was a socially acceptable gendered norm, particularly compared to injecting heroin (Ryder & Brisgone (2013). Researchers Dunlap et al. (2006) acknowledged the crack-cocaine era further contributed to the oppressive despairs of inner-city African American families during the 1980’s and throughout the 1990’s. Sterk (1999) asserted that as crack-cocaine use during the 1980’s became prevalent in African American communities, African American women were drawn to crack-cocaine at an alarming rate. For instance, many individuals that became

addicted to crack-cocaine organized their lives around obtaining the substance and as a result, their lives became unpredictable, unstable, and chaotic (Dunlap et al., 2006).

Even though the crack-cocaine era occurred during the 1980's, it continues to leave an impression on the top drugs of choice for African American women. According to the Treatment Episode Data Set (Treatment Episode Data Set, 2014) reported, the primary drugs of choice among African American women are crack, cocaine, and heroin. Numerous researchers contend that African American women use more addictive drugs and have the highest rate of drug-use related emergencies (Curtis-Boles & Jenkins-Monroe, 2000; Davis & Arcis, 2012; Wallace, 1999). Notably, according to Stahler, Kriby, and Kerwin (2007), the leading substance use problem among Black female admissions to treatment facilities was for crack cocaine.

Initiation to Substance Use among African American Women

Although the crack-cocaine era ended, the consequences of this epidemic continue to have a profound effect on the current generation (Ryder & Brisgone, 2013). As such, it is worth exploring how African American women are introduced to substances. There are multiple factors that contribute to initial substance use. Galea, Nandi, and Vlahov (2004) identified social networks and familial characteristics as the primary social factors to the initiation of substance use. Research suggests that for women, initiation of substance use typically begins after an introduction of substances by a significant relationship such as a boyfriend, partner, or spouse (Substance Abuse and Mental Health Services Administration, 2014). Several researchers acknowledged that higher substance use and related problems are

associated with peer and family encouragement of substance use, having close peer network members who use substances and seeking or receiving substance-related information from peers and family members (Tucker, Cheong, Chandler, Crawford, & Simpson, 2015). In a qualitative narrative study conducted by Ryder and Brisgone (2013) that examined the effects of the crack-cocaine era on two generations of females, authors concluded that females were exposed to drugs through romantic relationships with male partners, advanced to harder substances with intimate partners, and generally moved swiftly from initiation to drug dependence as their habits matched that of their older partner.

In addition to social influences, previous use of alcohol, tobacco, and marijuana may contribute to use of crack cocaine and other hard substances. A large number of individuals that misuse substances acknowledge the use of alcohol, tobacco, and marijuana as the gateway to harder substances. Marangoni and Oliveira (2013) explored factors that trigger substance use with 12 women referred to a toxicological care center. Findings from this qualitative descriptive study revealed the following: (a) participants began using drugs during adolescence (between 12 and 18 years of age); (b) tobacco and alcohol were initiation drugs; (c) the main reason claimed for the initiation of drug use was the presence of illicit drugs in the community; (d) friends were the main inducers for drug use; and (e) there was a strong addictive behavior in the families, characterized by the presence of multiple drugs, mainly alcohol, tobacco and crack.

Risk Factors in African American Women

In order to understand the pervasiveness of addiction amongst African American women, it is vital to further explore and understand risk factors many African American women encounter. The following section explored pre-disposed risk factors that are unique related to African American women substance use experiences.

Environmental

One of the most compelling risk factors to substance use involves the environment in which African American women live (Beatty, 1994). In *Sisters of the Yam: Black Women and Self Recovery*, hooks (2005) acknowledged that contrary to the beliefs of American society, African American women suppress oppressive forms of structural barriers. More importantly, hooks argued that by the inability to apply meaningful agency over their situations, African American women often revert to drugs in order to reduce the pain of systemic barriers related to the heightened forms of oppression.

Windsor, Benoit, and Dunlap (2010), conducted a case study that explored dimensions of oppression in the lives of impoverished Black women that used drugs in New York City. Utilizing a grounded theory approach, results from this study revealed settings in which oppression occurs and further explored the dimensions of oppression. Findings revealed that one of the key settings of oppression involved the housing and neighborhoods in which participants lived. Participants described growing up in impoverished and tenement projects, which were typically overcrowded. As a result of living in an oppressed neighborhood, participants acknowledged they were exposed to violence, unsanitary living

conditions, and drug use. Consequently, participants further acknowledged the same issues were present in their current housing. This study implied that exposure to oppression from childhood to adulthood has a devastating impression upon the lives individuals, thus making it difficult for individuals to escape systemic forms of environmental oppression. To this end, research suggests that experiencing the stress of daily living in oppressed neighborhoods often contributes to the cycle of substance use among African American women (Uziel-Miller, Lyons, Kissiel, Love, 1998).

In an ethnographic study conducted by Ehrmin (2002) that examined the care needs of African American women who currently reside or previously resided in an inner-city transitional home for substance use. The goal of this study was to uncover the meanings and expressions of recovery care and explore how individuals worked through past, current, and painful life experiences without resorting to alcohol or drugs. The researcher selected a convenience sample of 12 key and 18 general participants for the study. For the purposes of this study, participant observation and semi-structured interviews data were utilized. The findings from data analysis revealed six subthemes that identified patterns of emotional painful life experiences that included: (a) the death of loved ones, particularly mothers; (b) prejudice, including racism, both overt and covert; (c) rejection; (d) physical abuse from parents, siblings, male relationships, and kin; (e) incest and sexual abuse; and (f) rape. Results suggest that many women believed their alcohol and drug use served to numb the unresolved emotional pain from their life experiences and practices. This confirms existing

research literature that indicates higher levels of stressful life events are associated with risk behaviors amongst addicted women (Gottlieb & Green, 1984).

Trauma

Many African American women that engage in substance use have experienced trauma (Blakey & Hatcher, 2013). Furthermore, Alim, Charney, and Mellman (2006) acknowledged that 65% of African Americans had exposure to trauma in their lifetime. Herman (1997) defined trauma as an event in which an individual has experienced, witnessed, or been confronted with actual or threatened death, serious injury, or threat to the physical integrity of self or others. Several studies indicate that exposure to traumatic events such as physical, sexual, and emotional abuse are recognized as common components of the life history of individuals who misuse substances and enter substance abuse treatment (Easton, Swan, & Sinha, 2000; McHugo et al., 2005). For instance, childhood abuse may be an important predictor of adult dysfunctional behavior, including substance abuse, mental health symptoms, and adult trauma exposure (Sacks, McKendrick, & Banks, 2008). Notably, as a result of traumatic life experiences, many African American women resort to alcohol and drugs to self-medicate and numb the emotional pain associated with these experiences (Ehrmin, 2002). Numerous studies estimated that 31% to 99% of the women who abused drugs and alcohol report being exposed to one or more traumatic events (Sacks, McKendrick, and Banks, 2008; Savage, Quiros, Dodd, & Bonavota, 2007). In a study conducted by Blakey and Hatcher (2013) explored 26 African American mothers with substance use histories who were trying to regain custody of their children. The results from this case study

revealed that the effects of trauma cause a myriad of difficulties. Participants within this study acknowledged that traumatic experiences occurred when they were children and adults. Participants described examples of trauma that included sexual abuse, physical abuse, rape, and exposure to violence. The contextual risk factors of race, gender, socio-economic status, and early life trauma are contributing factors to why African American women are predisposed substance use.

Psychological Factors

African American women encounter psychological factors that cause them to revert to substance use. Psychological factors can range from individuals suffering from low self-esteem, history of trauma, depression, anxiety, and suicidal thoughts (Gil-Rivas, Florentine, & Anglin, 1996). Several researchers maintain that oftentimes African American women are ashamed to disclose or acknowledge their substance use problems, which results in feelings of powerlessness and alienation (Rhodes, 1997; Staples 1990). A review of existing research literature indicated that women with trauma experience a range of mental health difficulties including anxiety, panic disorders, major depression, personality disorders, dissociative disorders, psychotic disorders, somatization, eating disorders, and posttraumatic stress disorder (Huntington, 2005).

Substance Use Treatment and African American Women

Knowledge about women's substance use has generally been limited with respect to gender and culture (Becker & Walton-Moss, 2001). Most programs serving substance-dependent women are based on models developed for men and are structured around the

beliefs and values of the dominant Euro-American culture (Ehrmin, 2005). For many African-American women recovering from substance use, current treatment modalities and self-help groups do not meet their needs (Wright, 2003). To this end, substance use treatment rates of completion for African American women remain low, as researchers assert that African American women drop out of treatment early (Mertens & Weisner, 2000). This may be largely due to the likelihood that African Americans and individuals of color have been ill served by the acute-care approaches to addiction treatment (Achara-Abrabams et al., 2012). Although drug treatment programs have served clients from diverse cultures, many programs have difficulty recruiting, and retaining minority clients (Reddell, 2013). Researchers suggest that there is a bias against formal agency-based help by African Americans as a group because it represents the legacy of self-help (Finn, 1994; Fletcher, 1997), and reflects this population's continuing struggle with issues of self-identity, self-determination, and feelings of anti-psychiatry (Baker & Bell, 1999). In addition, according to research by Reddell (2013) that explored patterns of recovery from substance use in African American communities, negative experiences with society at large have made African Americans resistant to the idea of treatment provided by someone who represents the society they have grown to mistrust.

Palmer, Murphy, Piselli, and Ball (2009) conducted a mixed-methods study that explored reasons for premature termination of outpatient substance user treatment based on reports from client and clinician perspectives in which the majority of the participant sample were African Americans. The results indicated the most commonly reported reasons for dropout were individual or personal factors, implying that identification of early therapeutic

alliances and active problem solving of potential barriers to treatment for African Americans may help to influence treatment retention.

Barriers to Treatment for African American Women

Existing research literature acknowledged barriers to substance use treatment for African American women. Among these barriers, several authors identified the following impediments to substance use treatment: (a) lack of child care; (b) lack of money or insurance to pay for treatment; (c) no available treatment; (d) lack of transportation; (e) and lack of linguistically relevant services (Allen, 1995; Gehshan, 1993; Wechsberg, Zule, Riehm, Luseno, & Lam, 2007). Stack (1974) suggested that addiction treatment tends to focus on individuality, which is contrary to the African American cultural trait that one cannot understand an individual apart from community and family as lives are shared to maintain social relationships.

Historically, research indicates that historically Blacks and Hispanics have reported much poorer access to mental health and substance abuse treatment and use fewer services than their non-minority counterparts (Daley, 2005). Evidence suggest that as women begin entering treatment, substance use treatment providers are recognizing the special treatment needs of women, and are beginning to implement programs to address those needs (Connors, Bradley, Whiteside-Mansell, & Crone, 2001).

MacMaster (2005) conducted a qualitative exploratory study that explored African American women's experiences, perceptions, barriers to substance abuse treatment, and HIV services. The author conducted 11 semi-structured focus groups with a group of 89 African

American women who used crack cocaine. Many of the participants had prior experiences receiving substance use treatment services and several received services at the time of the study. The results from this study yielded eight themes highlighting barriers to receiving substance abuse treatment services within systems of care: (a) extended waiting list; (b) insurance and financial issues; (c) childcare; (d) the need to access services through other systems of care; (e) loss of entitlements; (f) transportation; and (g) individual level barriers consisted of lack of desire, fear, shame, and homelessness.

In another study conducted by Collins-Henderson (2012) that explored the importance of identity development among African American women in early and middle stage recovery, barriers to treatment can be categorized into three levels: intrapersonal, interpersonal, and sociocultural. In this study, the author described intrapersonal barriers that include health problems, psychological issues, motivational status, and treatment readiness. Interpersonal barriers may be relational issues including significant relationship, family dynamics, and support systems (Collins-Henderson, 2012; CSAT, 2009;). As stated in this study, childcare has been identified as one of the many obstacles particularly for African American women to entering, remaining in treatment, and attending mutual support or 12-step recovery meetings. Research literature supports the notion that current treatment modality utilized in most substance abuse facilities are not meeting the needs of women, particularly African American women.

Use of 12-Step Groups

For many individuals, the path to recovery can be attributed to the influence of the 12-step groups. For instance, Laudet (1999) posited that self-help groups have become of great importance to the treatment field due to their cost effectiveness. Likewise, numerous empirical research studies have documented that 12-step fellowships are the most frequently used resource for substance use-related problems in the United States (Kurtz, 1990; Room and Greenfield, 1990; Weisner et al., 1995). Previous studies indicated that the 12-step recovery concept is a leading model in the field of addiction treatment and is considered the primary means of guaranteeing long-term abstinence and sobriety through addiction recovery (Smith, Buxton, Bilal, & Seymour, 1993). Moreover, Cheppel (1999) suggested that the concept of 12-step self-help groups has been able to attract and help individuals maintain stable sobriety. Although this may be accurate for White, middle-class Americans, this may not be true for various diverse cultural populations (Smith et al., 1993). White (2014) argued that the 12-step approach has proven to be culturally insensitive to the needs of African Americans.

Historical overview of the 12-step movement. The 12-step program view of addiction and recovery originated from the tenets from the Oxford Group practicing First Century Christianity (Laudet, 2003; Marron, 1993). The most famous of the 12-step programs, Alcoholic Anonymous (A.A.), was developed by alcohol-dependent men and promotes reliance on a male deity, grounded in patriarchal thinking (Nelson-Zlupko, Kauffman, & Dore, 1995). Although there were many recovery movements that hit America

prior to the A.A. recovery movement in the 1930's, the culture of America was still politically, economically, and socially segregated for African Americans. The movement evolved and was defined by the gender, race, and social class of its' early members.

In *Slaying the Dragon*, White (2014) explored the early history of the 12-step movement. White asserted that during this time period in society, women that desired to attend self-help groups initially encountered barriers and were denied entrance to participate in recovery movements such as A.A. due to the gender role identities for women.

White also suggested that when African Americans reached out to the A.A. organization in the 1940's, they encountered resistance as most places were segregated as reflected within the American society and this caused a major controversy within the organization. For instance, in some areas, African Americans were denied formal membership but were granted special status to attend the meetings. According to White (2014), separate groups were created at the beginning of the movement because existing groups would not accept minorities. As a result, the founders of A.A. were extremely interested in getting African Americans involved. White points out the first A.A. support groups for African Americans occurred at the start of 1945 in Washington D.C., St. Louis, Missouri, and Valdosta, Georgia.

Cultural opposition of 12-step groups for African Americans. Several researchers contend the 12-step group remains the subject of controversy and several aspects of the recovery program have been stumbling blocks for both substance users and clinicians (Chappel & Dupont, 1999; Laudet, 2003). Previous research suggests the program emphasis

on spirituality, surrender, and powerlessness contradicts contemporary dominant western cultural norms of self-reliance and widespread secularism (Davis & Lansen, 1998). Smith, Buxton, Bilal, and Seymour (1993) conducted an analysis of research literature that explored the cultural points of resistance of the 12-step group and provided strategies for communities to implement effective models that met the needs of diverse populations. To this end, Smith et al. pointed out several reasons why many African Americans are resistant to the 12-step recovery process:

Many African Americans come into recovery very late in their drug-using careers and by the way of the criminal justice system. Programs for recovery are often looked at as part of a system that demands their adherence, thereby complicating the long-term recovery potential. In light of the history of slavery, African Americans often respond to these demands with resentment and insincerity. As a result, there is a long history of failure of African Americans in recovery programs, which is well known in the African American community (p. 99).

As previously mentioned, for many African Americans the 12-step model of recovery may not serve to meet their recovery needs, particularly for women as they have high failure rates for traditional drug treatment programs which incorporates the 12-step model of recovery. For example, Saulnier (1996) conducted a qualitative research study to examine African American women perceptions of the 12-step program and the consequences of membership in 12-step programs. Participants within this study were in recovery from alcohol and drug use. Saulnier (1996) contends that very little is known about how

marginalized people perceive or use twelve step programs or how they incorporate the powerlessness component of the program. Findings from this study revealed that African American women participants reported feeling a lack of understanding in 12-step meetings, many did not feel welcome, and often, members who attended the meetings did not comprehend what African-American women were saying. Saulnier proposed further exploration to study the emergence of the A.A.-focused 12-step program and to see how the lens of opposition to racism and oppression helped to shape the program.

Smith et al. (1993) provided an example of how the Reverend Cecil Williams of Glide Memorial Methodist Church developed a program entitled the African American Extended Family Program Model (AAEFP), which was an innovative way to adopt the 12-step recovery steps to meet the needs of African Americans. This program serves as a community-based support that provides education, rehabilitation, and model synthesis of community activity and involvement for those in crack cocaine recovery (Smith et al., 1993). Williams developed a way to adapt the 12-step fellowship recovery steps to meet the needs of African Americans instead of attacking the 12-step model (Smith et al., 1993). This process utilizes culturally relevant models, saved many lives, and has done much to counter the therapeutic cynicism that dominates many inner-city communities (Smith et al., 1993).

Williams (1992) described how he served as a guide for the church's response to addiction on the community level. Williams contends, "to a black person who has felt invisible and unheard all of his or her life, being anonymous is already a familiar way of life" (p. 8). 12-step anonymity is meant to protect members' everyday lives. Within Glide

AAEFP, the foundation was not anonymity and surrender, but recognition, a voice, and acknowledged heritage, to self-definition, rebirth in recovery, and community (Smith et al., 1993). When Williams explored limitations in the traditional A.A. recovery model when applied to African American community, it was clear why few African American substance users turned to 12-step programs.

According to Smith et al. (1993), Williams concluded the traditional values of the 12-step programs for recovery contradicted African-American cultural values. In order to respond to this issue, Williams (1992) initiated a list of ten *Terms of Resistance* that spoke to the needs of African American individuals in recovery. As an example, within the first step of the recovery principles, there is an admission to powerlessness; Williams (1992) converted this to “I will gain control over my life” (p.105). Williams’ first three principles spoke to the shift from inner-directed fear to outer-directed recovery that African Americans encounter as they gain control and recognize the importance of heritage within the extended family of other brothers and sisters in recovery.

In a study conducted by Laudet (2003) that investigated the attitudes and beliefs about 12-step groups in a sample of 101 clients in recovery and 102 clinicians providing outpatient substance abuse treatment. A large number of participants self-identified as Hispanic and African American. Clinicians were majority female and self-identified as African Americans or Hispanic ethnic groups. Participants completed questionnaires that consisted of structured items, inventories, and open-ended interview questions developed during the preliminary phase of the study. Nearly half of the clients who were not attending 12-step groups said they

did not feel they needed it. Major obstacles to 12-step participation cited within this study were the lack of readiness or motivation for change. In addition, over one-third of clinicians cited lack of transportation or childcare and scheduling as potential barriers to 12-step group participation. Furthermore, results from this study revealed that over one-half of participants and clinicians agreed the emphasis of powerlessness can be dangerous and the religious component of 12-step groups served as an obstacle for participants.

Overall, 12-step program has not provided the type of treatment to African Americans. This section presented cultural opposition to the 12-step model and provided strategies treatment providers can implement to make the approach more suitable for African Americans. The next section will provide an overview of recovery.

Recovery

Survey data results from the Partnership for Drug Free Kids and the New York State Office of Alcoholism Substance Abuse Services (2012) showed that there are over 23.5 million American adults ages 18 and older that consider themselves to be in recovery from drugs or alcohol abuse problems. This study contributes greatly to the field of addiction and the public's knowledge of recovery, as it denotes millions of Americans whose lives have improved as a result of recovery (Feliz, 2012).

There are multiple paths that individuals choose to recover from substance use. Several researchers indicate there are numerous service provisions that are available to individuals suffering from substance use addiction, such as: (a) detoxification; (b) residential intensive treatment; (c) residential supported recovery community reintegration facilities; (d)

outpatient services; and (e) mutual-aid groups, (Covington, 2002; Green 2006; Sun, 2009). Although there are various models of addiction treatment, this study examined how individuals choose to recover from substance use by natural prescribed forms of recovery. The following section provides an overview regarding the concepts of recovery, natural prescribed pathways to recovery, and the theoretical framework of recovery capital.

Defining Recovery

There are several loose terms members in society use to denote the process of recovery. White (1998) described these terms as *sober, on the wagon, drug free, clean, straight, abstinent, cured, recovered, and recovering*. Laudet (2008) proposed that several terms are used interchangeably within research studies such as *remission, resolution, and abstinence*. Therefore, in order to better gain a comprehensive understanding of the term recovery, it is important to provide clear definitions of this term.

Within existing research, there is a lack of clarity regarding the term recovery and there have been multiple definitions given to this term. White (2009) contends that the term recovery has not been fully defined by the addiction treatment and research community, thus making it difficult for the public to understand. For instance, Laudet (2007) expressed researchers have coined various definitions of recovery. Due to the lack of clarity, the Betty Ford Institute (BFI) Consensus Panel (2007) was charged with bringing together a group of experienced professionals that represented addiction treatment, policy, and research. The BFI Consensus Panel defined recovery as a “voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship” (p. 222). Comparatively, an individual in

recovery can be defined as one who has experienced a new sober and productive lifestyle as evidenced by resolving their dependence on alcohol or other drugs (BFI, 2007). According to White (2007), there have been more recent definitions that emphasize the experiential process of recovery as:

the experience (a process and sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) utilize internal and external resources to voluntarily resolve those problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life (p. 236).

El-Guebaly (2012) conducted a systematic review of the literature using MEDLINE and PsychInfo databases over the past 10 years to examine the evolution of the paradigm of recovery. El-Guebaly defined recovery from substance use as a long-term and ongoing process without an ending point. Although the concept continues to expand, El-Guebaly offered future implications for policy makers, managed care administrators, and various stakeholders. The findings from this study yielded several definitions regarding the concept of recovery. El-Guebaly recommended the following: (a) the goals of recovery must be clearly defined and agreed upon by various stakeholders; (b) recovery must include the lived experience by individuals and their families; and (c) physicians should incorporate recovery-oriented stages of care. Furthermore, Laudet (2008) suggests an important, albeit overlooked, question in research worth exploring is how individuals who are engaged in the recovery process personally view recovery.

Numerous researchers have documented the need to explore the process of individual recovery. In a qualitative study, Hansen, Ganley, and Carlucci (2008) sought to explore nine participants' experience with poly-substance abuse and their journey towards recovery. The authors incorporated the Transtheoretical Model by Prochaska and DiClemente (1983) and Mezirow's Transformative Learning Theory (TLT) to understand the recovery process of individuals. In order to participate in the study, participants were required to have over 10 years of a drug-free lifestyle and meet the DSM-IV (American Psychiatric Association, 2000) criteria for drug dependence. This study utilized a questionnaire and a one to two hours semi-structured interview. For the purposes of this study, interview questions focused on participants telling their story about addiction and recovery, providing reasons for recovery, and explaining how recovery has made a significant impact on their lives. Findings revealed that individuals viewed recovery as sustained abstinence, commitment to serving others, positive outlook and attitudes about life, and established relationships (Hansen et al., 2008). This research implied that recovery can be used a vehicle to help individuals to transform their lives.

Natural Recovery

The concept of natural recovery has been in existence for years and is the most common recovery pathway. In *Coming Clean: Overcoming Addiction without Treatment* by Granfield and Cloud (1999), defined natural recovery as "the resolution of alcohol and drug addiction without formal treatment" (p. 7). Based upon research conducted by Granfield and Cloud, the notion of recovery is more than two hundred years old and was first recognized by

Dr. Benjamin Rush, the only physician to sign the Declaration of Independence, who wrote considerably about recovery from alcoholism. Despite the prevalent existence of natural recovery, the phenomenon has received scant attention within the field of addiction.

Granfield and Cloud argue that natural recovery remains a disregarded perspective for several reasons: (a) most clinical training programs seldom examine distinctive pathways to understanding and responding to addiction; (b) most individuals in society associate the disease oriented theory addiction; and (c) the addiction industry is vastly lucrative (Granfield & Cloud, 1999).

Several studies indicate individuals that have achieved natural recovery report multiple reasons for avoiding formal treatment institutions and mutual aid societies. These factors include privacy, desire to avoid stigma of being labeled, a belief they can solve their own problems without professional treatment, and perceptions that mutual aid groups may be effective for some but not others (Burman, 1997; Cloud & Granfield, 1994; Sobell et al., 2000; White & Kurtz, 2005).

Consistent with the aforementioned investigations, there are a host of individuals that have chosen the natural pathway to recovery. These individuals opted out of receiving traditional models of treatment towards recovery and have utilized independent forms of recovery measures (Granfield & Cloud, 1999).

Cloud and Granfield (2001) conducted a qualitative study that explored three primary strategies used to escape addiction through the use of recovery capital. The concept of recovery capital explores the internal and external resources individuals bring to initiate and

sustain recovery. Data were collected through interviews with 46 former substance dependent persons who overcame their dependencies without treatment or participation in self-help groups. In order to participate in the study, authors established eligibility criteria. The eligibility criteria consisted of participants being drug or alcohol dependent for a period of at least one continuous year and participants could not have received treatment for their substance dependencies, including participation in 12-step groups.

In order to recruit participants, researchers utilized snowball sampling to select prospective participants. Initially, 62 prospective participants participated and after carefully listening to the 50 transcripts of those who made the final interviews, authors concluded that only 46 of the prospective participants met the established criteria for untreated recovery (Cloud & Granfield, 2001). Researchers conducted semi-structured interviews that were audio tape-recorded and transcribed. Results from this study indicated that of the 46 study participants, 29 reported that engaging in alternative activities facilitated cessation, while 28 and 23 respectively cited the importance of personal relationships and the avoidance of substances (Cloud & Granfield, 2001). Participants described alternatives to substance use, which included: (a) religion; (b) education; (c) physical activity; (d) reading/writing; (e) work; (f) community; (g) family; and (h) new friends as categorized relationships. Furthermore, through this study, results further indicated that to avoid substance use, participants had to detach themselves from the substance using the world as evidenced by discontinued relationships, physical relocation to another area, and departing the drug scene (Cloud & Granfield, 2001). The concept of natural recovery is an important component to the

concept of recovery capital because individuals are able to utilize natural resources to achieve sustained recovery.

Time Frame for Recovery

According to White (2007), many treatment outcome studies evaluate recovery between six and 24 months following admission or discharge from treatment. Scholars identified the first year of sustained recovery as one year of sustained remission, this is also known as early remission (APA, 1994; World Health Organization, 1992). Similarly, White (2007) asserts the terms *full recovery and recovered* are based on the presence of three criteria:

Sustained cessation or reduction in the frequency, quantity, and (high risk) circumstance of alcohol or other drug (AOD) use following a sustained period of harmful use or dependence (meeting DSM-IV criteria for abuse or dependence); absence of, or a progressive reduction in, the number and intensity of AOD-related problems; and evidence of enhanced global (physical, cognitive, emotional, relational, educational/occupational, ontological) health (p. 236).

In conclusion, this section provided a review of the various terms of recovery that are used interchangeably within the addiction field and an overview of the natural recovery process. The subsequent section provides a review of the existing research literature pertaining to the theoretical frameworks that guided this study.

Theoretical Framework

Black Feminist Thought

In order to give voice to African American women and their experiences, this study utilized the framework based on Black Feminist Thought. Bell, Orbe, Drummound, and Camara (2000) noted that Black Feminist Thought is grounded on the premise that African American women, as a group, share certain commonalities of perception and experiences. By achieving long-term recovery, this theory demonstrates how African American women have become active agents within the construction of their social worlds and personal lives instead of remaining victims of circumstances.

Collins (2000) suggested that Black Feminist Thought constitutes a conceptual framework approach that reflects on the unique standpoint African American women occupy and how they negotiate their positioning of self, family, and society. It is also important to understand the lens of African American women that are in long-term recovery from substance use and to hear their specific experiences. For instance, Stephens and Phillips (2005) assert the historical, economic, political, and social experiences that have shaped others' and their own perspectives of who and what Black women represent are central in Black feminism. Although substance use is seen as an individual problem, Achara-Abrahams et al. (2012) argued that substance use problems for people of color are not always rooted in the individual. Likewise, Achara-Abrahams et al. (2012) acknowledged, "there is a need to further consider how substance use is a result of the social, political, economic, and historical forces that have had a significant impact on individuals, families, and communities" (p. 267).

For instance Few, Stephens & Rouse-Arnette (2003) argued that Black feminism is more specific in its integration, validation, and centering of Black women's unique realities. Black feminism is generally defined as a pattern of thought that recognizes how systems of power are configured around and maintain socially constructed categories of race, class, and gender (Taylor, 1998). Existing Black feminist scholarship has given significant attention to the idea that in order to survive and succeed, African American women must develop a multiple consciousness in their everyday lives (Collins, 1990).

Historical development. Black Feminist Thought (BFT) is rooted in a womanist theory. Collins (2010) maintains the Black feminist movement began in the early 19th century with Black feminists such as Sojourner Truth, Shirley Chisholm, Ida V. Wells, Zora Neale Hurston, and Maria Stewart, who spoke to the experiences of African American women and women of the African diaspora. Similarly, Few (2007) acknowledged that, "Black feminist thought resulted from Black feminist activists and scholars feeling far removed from White, middle-class, liberal feminist discourses" (p.455). According to Taylor (1998), there were two waves of Black feminism that existed; the first wave was connected to the abolitionist movement that campaigned for equal rights for African American women. For instance, Sojourner Truth spoke to this issue in her famous speech in 1851 entitled, "Ain't I a Woman" (Truth, 1851). Within this speech, Truth highlighted the need to abolish slavery and grant equal rights to men and women (Taylor, 1998). The second wave was linked to the modern civil rights movement in which many African American women were involved. For example,

in 1973 the National Black Feminist Organization was founded in New York to address issues affecting African American women during this period.

Key premises and assumptions. Taylor (1998) defined Black feminism as a pattern of thought that recognizes how systems of power are configured to maintain socially constructed categories of race, class, and gender. African American women share a historical reality and thus share a worldview of historical resistance to their own oppression and dehumanization (Collins, 2000). Rousseau (2013) asserts that multiple interconnected oppressions have a bearing on all aspects of everyday life for Black women. For example, for many African American women race is the most salient construct centering both their individual and group identity (Shorter-Gooden & Washington, 1996). Black Feminist Thought validates the experiences of Black women in the creation of knowledge.

Collins (1986) defined assumptions and themes that underlie Black Feminist Thought, as illustrated below.

Table 1

Assumptions and Themes of Black Feminist Thought (Collins, 1986)

Assumptions	a. Black Feminist Thought is produced by black women
	b. Black women have a distinctive perspective of their experiences thus sharing commonalities as a group
	c. Diversity of class, region, age, and sexual orientation shape the lives of Black women
	d. Role of Black female intellectuals is to produce facts and theories about the Black female experience
Themes	a. Self definition and self valuation
	b. The interlocking nature of oppression
	c. The importance of women's culture

Collins (1986) first assumption is that the structure and thematic content are connected to the historical and physical conditions of the lives of Black women. Thus, Black Feminist Thought is produced by black women. In this study, a historical overview of several systemic forms of oppression that existed within the African American communities such as the War on Drugs and the Crack-Cocaine era and how this impacted the accessibility of substances particularly for African American women. The second assumption asserts that Black women have a distinctive perspective of their experiences thus sharing commonalities as a group (Collins, 1986). In this study, participants shared their unique experiences of being addicted to substances and how they recovered. The third assumption is that the diversity of class, region, age, and sexual orientation shape the lives of Black women. African American women are the center of this study thus acknowledging the influence of race, class, and gender that exist within this marginalized group of individuals. The fourth assumption is that the role of Black female intellectuals is to produce facts and theories about the Black female

experience. According to Collins (1989), “living as an African American woman is a necessary prerequisite for producing Black Feminist Thought” (p. 770). As an African American woman researcher, I offer a scholarly perspective contributing to the Black Feminist Thought through my personal experience of understanding African American women and their experiences of recovering from substance use.

Collins (1986) identified three key themes that represent Black Feminist Thought, that can be applied to understand African American women’s experiences as the following: (a) self-definition and self-valuation; (b) the interlocking nature of oppression; (c) the importance of women’s culture (Table 1). Within the theme of self-definition, Collins (2009) acknowledged the need to reject externally defined stereotypical images of African American women. Comparatively, self-valuation involves placing respect upon the lives of African American women, especially in a society in which many respect African American women (Collins, 2009). The second theme associated with Black Feminist Thought involves the interlocking nature of oppression. This theme seeks to explore the links between systems of race, class, and gender (Collins, 1986). Collins (1986) pointed out the “denying of Black women agency as subjects and treating them as objectified ‘others’ represents yet another dimension of the power that dichotomous oppositional constructs have in maintaining systems of domination” (p. S21). The third theme involves the importance of women’s culture. Collins (1986) asserts that it is important for African American women to be able to maintain culture that speaks to the self-definition and self-valuation of African American women. Examples of maintaining women’s culture according to Collins (1986) include

intrapersonal relationships such as sisterhood, which can be traced to slavery; commitment to the family including their children, the community's children, and extended families; and creative expression such as the arts. In conclusion, Collins (1986) maintain that the awareness of women's culture serves to help shape Black female consciousness about the systemic forms of oppression that exist.

According to Taylor (1998), one of the major key contributions of the Black feminist perspective that serves as a guiding principle is the way in which this theoretical framework addresses structure while simultaneously acknowledging agency among African American women. The next section will explore the recovery capital resources African American women utilize to achieve long-term recovery.

Recovery Capital

It is important to explore how individuals utilize various elements of recovery capital to achieve long-term recovery. According to Cloud and Granfield (2008), recovery capital (RC) is defined as “the breadth and depth of internal and external resources that can be brought to bear on the initiation and maintenance of substance misuse cessation” (p. 1972). Granfield and Cloud (1999) acknowledged that recovery capital is embodied in a number of “tangible and intangible resources and relationships and key personal and social resources” (p. 176). The purpose of the recovery capital construct is to explain the distinct ability and prospects that people have for defeating serious substance misuse related problems (Cloud & Granfield, 2008).

Historical development. The concept of recovery capital developed from the work of social scientists that were primarily interested in status attainment and examined behaviors associated with employment, education, and crime associated with addiction to substance use (Cloud & Granfield, 2008). This grounded theory developed through a qualitative approach with several studies that included, intense interviews with individuals who had overcome their addictions without formal treatment modalities, or mutual help communities (Cloud & Granfield, 1994; Cloud & Granfield, 2008; Granfield & Cloud, 1996). Founders sought to understand successful recovery and elucidate numerous types of resources that were adopted by individuals who overcome their substance misuse naturally without the assistance of formal treatment or mutual help.

The first study of recovery capital included 25 participants who successfully terminated their substance misuse, unaided by treatment, or participation in mutual-help groups (Cloud & Granfield, 1994). The second study included an additional 21 participants, who had also terminated their substance misuse in the same manner (Granfield and Cloud, 1996). In the third study, participants were African Americans from inner city neighborhoods and concurrently participated in 12-step groups. As a result of these studies, in 2001, the concept of recovery capital was developed (Granfield & Cloud, 1996). Hence, one of the central tenets of the recovery capital theory is that not all individuals utilize treatment to achieve sustained recovery, and there are multiple pathways to recovery (White & Kurtz, 2006).

Zschau, Collins, Lee, and Hatch (2015) asserts that the paradigm of recovery capital stresses that coming clean without treatment is not only possible but constitutes the most common route to recovery. The goal of studying recovery capital is to explore the personal and social resources individuals draw upon in their efforts to overcome substance misuse (Cloud & Granfield, 2008). Researchers acknowledge that addiction treatment should focus on building the personal, family, and community recovery capital required for long-term recovery maintenance instead of focusing on the acute care model of recovery initiation (White 2009; White, 2008). Cloud and Granfield, (2008) maintains that the development of recovery capital theory serves as a way to conceptualize the differential capacities that persons have for overcoming substance misuse related problems.

Key premises and assumptions. The concept of recovery capital opens up the possibility of broadening an understanding of recovery through a greater appreciation of the person who has experienced recovery (Granfield & Cloud, 2001). Recovery capital has four major constructs: (a) social, (b) cultural, (c) physical, and (d) human that can be accumulated or exhausted, as illustrated in Table 2.

Table 2

Components of Recovery Capital

Social	Social capital represents the resources that are developed through the structure and reciprocal functions of social relationships.
Physical	Physical capital represents economic or financial capital an individual has acquired that is typically tangible in nature.
Human	Human capital encompasses a broad scope of individual human characteristics that allow an individual to live and function successfully in society.
Cultural	Cultural capital represents cultural norms and the ability to act in one's interest within those norms to meet basic needs and maximize opportunities.

These forms of capital aid in the successful termination of substance misuse (Granfield & Cloud, 1999, Cloud & Granfield, 2008). This study explored all four components of recovery capital that individuals bring to sustain and overcome their addictions. The following section provides a detailed overview of the concept recovery capital.

Social capital. Developed from the work of Bourdieu (1986), social capital is a previously constructed term that utilizes status attainment. According to Cloud and Granfield (2001), “social capital represents the resources that are developed through the structure and reciprocal functions of social relationships” (p. 195). Examples of social capital consist of the following: (a) access to particular situations; (b) preferential treatment by others; (c) employment options; and (d) favors owed to an individual (Cloud & Granfield). To have social capital, offers individuals alternatives, resources, knowledge, and support needed when a major life obstacle occurs (Cloud & Granfield, 2008). Researchers suggest that persons who possess social capital are better able to initiate and uphold a thriving

recovery process than individuals who lack social capital, particularly that of associates and acquaintances (Cloud & Granfield, 2008).

Physical capital. As defined by Cloud and Granfield (2008), physical capital refers to economic or financial capital an individual has acquired that is typically tangible in nature. Examples of physical capital resources include the following: (a) employment; (b) income; (c) savings; (d) leave time available from work; (e) health insurance; (f) family members with resources; (g) automobiles; and (h) other financial assets individuals may possess (Cloud & Granfield, 2008). In a study that explored barriers to recovery in drug court, Wolf and Colyer (2001) identified network-based physical capital that may provide direct and indirect economic support such as tangible or intangible social support, friends, family, subsidized housing, child care, and transportation resources.

Human capital. Researchers Cloud and Granfield (2008) assert that human capital encompasses a broad scope of individual human characteristics that allow an individual to live and function successfully in society. Equally important, they acknowledge that human capital can be understood as resources that can be used to complete personal goals in order to combat substance use. Examples of human capital include: (a) knowledge; (b) skills and other personal qualities; (c) educational credentials; (d) health, and mental health. These resources can be drawn upon to assist the individual in negotiating personal difficulties (Cloud & Granfield, 2004; Coleman, 1990).

Cultural capital. According to Cloud and Granfield (2008), “cultural capital represents cultural norms and the ability to act in one’s interest within those norms to meet

basic needs and maximize opportunities” (p. 1974). Bourdieu (1986) defined examples of cultural capital to include values, beliefs, dispositions, perceptions, and appreciations that emanate from membership in a particular cultural group. Often persons from disadvantaged backgrounds or oppressed groups develop behavior patterns that can be seen as adaptive for coping with oppressive conditions (Cloud & Granfield, 2008). For the purposes of this study, spirituality and religion will be used to explore the cultural capital African American women bring to treatment.

Spirituality and religion as cultural forms of recovery capital. For many African Americans, religion and spirituality are paramount components to their lives (Reed & Neville, 2013). Maynard-Reid (2000) postulate that common African American North American religious and spiritual traditions can be traced to the West African cultural heritage, worldview, distinctive beliefs, and worship patterns. Examples include intense vocabulary, communication with the Holy Spirit, dancing, clapping hands, and various worship styles that may be spontaneous in nature (Chatters, Taylor, Bullard, & Jackson, 2008). Historically, spirituality and religion served as sources of comfort, strength, and sustaining power as African Americans endured years of slavery, discrimination, and oppression. It was through their faith, spirituality, and religious practices that African Americans have been able to endure such harsh circumstances. (Taylor, Chatters, & Levin, 2004). According to the United States Religious Landscape Survey (2014), data from The Pew Research Center Forum on Religion and Public Life indicated that Black Americans are the most religious cultural group. Furthermore, Chatters et al. (2008) reported that in general,

African Americans have more active religious and spiritual lives than do other Americans with more than 80% who identify as both religious and spiritual.

The Black church as a social form of recovery capital. In the South, the Black church has historically provided African Americans with spiritual, emotional, and social support, playing a pivotal role in the lives of those living in oppressive social, political, and economic conditions. Mattis (2002) argued that little empirical attention has been provided regarding the function of religion and spirituality in the lives of African Americans. Similarly, Reed and Neville (2013) maintain that African Americans are known for their fervent spiritual and religious beliefs and traditions. The Black church has provided a space for many African Americans to voice their concerns. For the purposes of this study, the Black church serves as a form of social capital within the lives of African Americans.

Historically, religious institutions have been central in African American communities, thereby providing a context for education, support, affiliation, socialization, and personal growth (Cheadle et al., 2014). For instance, researchers acknowledge the Black church has provided forums for the discussion of critical political issues and has offered key community resources such as social organizing, access to useful networks, and leadership training (Mattis & Watson, 2008; Taylor & Chatters, 1991). Particularly for African American women, religious institutions serve as important spaces within which to communicate, make meaning of, and negotiate the challenges of being both Black and a woman in a racist and sexist society (Higginbotham, 1997). A recent evaluation of gender-specific addiction treatment programs in Illinois found that a significant number of

recovering and recovered African American women are using the Black church as their primary sobriety-based support (White, Woll, & Webber, 2003). Clients of color may use one institution such as the Black church, a culturally indigenous institution, to initiate and sustain recovery (White & Sanders, 2008). At the community level, Black religious institutions such as churches serve as centers for African American spiritual life (Reed & Neville, 2013).

Cheney et al. (2014) conducted a mixed method study that compared and contrasted the religious and spiritual dimensions of cutting down and stopping cocaine use among a sample size of 28 African Americans in rural and urban areas in the south. The study used two phases to explore African American cocaine users' perceived need for substance abuse treatment and HIV testing services. The recruitment phase was ongoing, in which researchers spent time in cocaine areas, talked with community members about local cocaine use, and established rapport with key informants. For the qualitative and quantitative phases of the study, participants were separately recruited by using the Respondent-Driven Sampling (RDS; Heckathorn, 1997), which is deemed useful in recruiting hidden populations such as individuals that illegally use substances. A semi-structured interview protocol encouraged individuals to disclose about their substance use history.

Researchers utilized an inductive and iterative approach to code and analyze data. After the interviews were transcribed, a qualitative data analysis software program was utilized to identify eight overarching themes in which participants discussed the influence of religion and spirituality in their cocaine use. Results from this study revealed that participants

drew on diverse religious and spiritual beliefs and practices that consisted of the following: (a) participation in organized religion; (b) reliance on a personal relationship with God; (c) use of religious symbols and idiomatic expression; and (d) biblical scriptures to interpret and make sense of their substance-use experiences in order to cut down and stop cocaine use. Findings from this study recommend that within the field of addiction, there need to be culturally sensitive interventions concentrating on the influence of religion and spirituality that help to reduce substance use and assist individuals in achieving recovery, particularly for minority populations.

Spirituality. Belgrave and Allison (2010) indicated that the term spirituality comes from the Latin word *spiritus* (spirit). Mattis (2002) refers to spirituality as “an individual’s belief in the sacred and transcendent nature of life, and the manifestation of these beliefs in a sense of connectedness with others (e.g. human, spirits, and God), and in quest of goodness” (p. 310). Constantine, Lewis, Conner, and Sanchez (2000) asserted that spirituality is a core component of the lives of many African Americans. Researchers posit that the African belief system stresses that the psyche and the spirit are one (Mbiti, 1990; Nobles, 2004). This tradition continues to influence many persons of African descent today who experience the psychological and spiritual aspects of the self as deeply interconnected. In fact, many African Americans will express psychological pain or distress in spiritual terms (Boyd-Franklin, 2010; Constantine et al., 2000; McGoldrick et al., 2005; Wimberly, 1997). In times of trauma and loss, spirituality has also been a major vehicle for healing and recovery (Boyd-Franklin, 2010; Dass-Brailsford, 2010). Moreover, spirituality is a survival mechanism that has

contributed to the resiliency of African Americans in coping with the psychological pain of racism, discrimination, trauma, and oppression (Bowen-Reid & Harrell, 2002). Researchers suggest that African Americans depend on spirituality to help them through difficult challenges in life (Mattis, 2002; Pargament, 2007; Walsh, 2009). Brome, Owens, Allen, and Vevaina (2000) claim that for African American women in recovery, spirituality serves as a catalyst to help them express their problems and seek direction not only from other individuals but also from a higher power.

Brome, Owens, Allen and Vevaina (2000) conducted a quantitative study of 146 African American women in recovery from substance use. Researchers hypothesized the following about African American women in recovery who express higher levels of spirituality: (a) they will express more positive mental health outcomes than women who express lower levels of spirituality; (b) they will express more positive attitudes toward their family climate and parenting than African American women in recovery who express lower levels of spirituality; and (c) they will express greater satisfaction with their social support network than African American women in recovery who express lower levels of spirituality (Brome et al., 2000). Participants were administered several questionnaire measures including the Family Environment Scale (FES), the Behavioral Attributes and Psychological Competence Scale-Short Form (BAPC-S), Rosenberg Self-Concept Scale (RCS), the parenting questionnaire, the Spiritual Well-Being Scale (SWBS). In order to test the research hypotheses, participants were divided into high and low levels of spirituality groups using the median split method.

The results from this study revealed that spirituality is a key component of the African personality. More importantly, African American women in recovery from substance use with higher levels of spirituality reported the following: (a) significantly positive mental health; (b) revealed more positive self-concept; (c) active coping style; (d) positive attitude towards parenting, (e) positive perceptions regarding family climate; and (f) satisfaction with social support than those women who were in recovery but expressed a lower level of spirituality. Researchers Brome et al. (2000) recommended that additional research is needed to discover the developmental path that is important to the African American personality and how this process is interrupted by substance use and repaired through recovery.

Within the counseling profession researchers have identified spirituality as a core component of human development (Cashwell, Glossoff, & Hammond, 2010; Myers & Williard, 2003). Scholars of addiction and recovery management express an increasing need within their field to explore the role of spirituality as a form of faith-based recovery. Duvall, Staton-Tindall, Oser, and Leukeld (2008) acknowledged that a persistent reliance on faith has been shown to reduce substance use over time, suggesting that adherence to a stable belief system can minimize doubts and uncertainties in the recovery process and help maintain pro-social attitudes and behaviors. Scholars theorized that spirituality fosters personal growth that benefits substance users by promoting an overall sense of well-being (Fallot & Heckman, 2005; Sterling et al., 2007) and commitment to recovery (Tonigan, 2007).

In a qualitative study conducted by Wright (2003) that explored the essential elements of the lived experience of spirituality among 15 African American women recovering from

substance abuse. This study sought to describe how the role of spirituality allowed individuals to abstain from substances. The author succinctly presented procedures used to describe the process. Furthermore, this study utilized snowball sampling to recruit participants from women's shelter, community contacts with church support group members, and through networking. Data were collected through open-ended interviews lasting from 45-90 minutes and occurred in participant's homes or shelter.

Five major themes emerged from participants' narratives that consisted of: (a) the absence of spirituality was experienced as abandonment when there was no personal and intimate relationship with God; (b) spirituality was experienced as surrendering when there was a spiritual awakening; (c) spirituality was seen as reconnecting when there was recognition, a realignment, and engagement with God, self, and community; (e) spirituality was experienced as transformation when the women were able to transcend substance abuse and other difficulties and focus on restoration and growth towards new horizons; and (f) spirituality was experienced as maturation when there was attainment of newness in life. Participants noted that there was an increase in their spirituality since being drug free and identified their higher power as God or Jesus Christ.

Wright (2003) noted limitations such as a somewhat limited population of those in recovery to substance use, which limited the generalization of the results. Moreover, the sample was homogeneous in that it was primarily African American women. Furthermore, Wright (2003) discussed implications for professional practice for helping professionals to

become sensitive to the culture of African American women by integrating the cultural value of spirituality into the treatment and recovery for these individuals.

Religiosity. Belgrave and Allison (2010) assert that the word religion comes from the Latin word *religio*, meaning good faith. Researchers offer several terms for the meaning of religion. According to Boyd-Franklin (2010), religion refers: “to a core set of beliefs and the formal practice of those beliefs through membership in a church or other faith-based institution” (p. 978). Mattis and Jagers (2001) defined religion as a shared system of beliefs, mythology, and rituals associated with god or gods, whereas religiosity refers to one’s adherence to the prescribed beliefs, doctrines, and practices of a religion ” (p. 522).

Religiosity can be defined as attending church services or engagement with church activities. Furthermore, Mattis (2000) suggested that religion and religiosity are channels for achieving spirituality. Research has consistently shown that religion plays a protective role in drug addiction (Hodge, Cardenas, & Montoya, 2001; Lyons, Deane, & Kelly, 2010; Rote & Starks, 2010), and recent work found that religiosity was an especially strong deterrent in crack cocaine use (Allen & Lo, 2010). In a cross-sectional study conducted by Edlund et al. (2010) explored religiosity and decreased risk of substance use disorders among a nationally representative community sample composed of more than 36,000 participants. Results from this study concluded a highly significant, negative relationship between religiosity and the presence of a substance use disorder within the past year. Furthermore, researchers found that religiosity was common, and noted that there was a strong negative relationship between

religiosity and substance use suggesting that religion may play an important role in decreasing substance abuse in the United States.

Scholars assert that there is a lack of research on the effect of spirituality in helping individuals address substance use disorders (Heinz et al. 2010; Miller & Bogenschutz, 2007; Pardini, Plante, Sherman & Stump, 2000). Mattis (2002) conducted a qualitative study that examined ways in which 23 African American women use religion and spirituality to cope and to construct meaning in times of adversity. Mattis (2002) acknowledged that African American women have been presented with a wide range of adversities. The author provides an exhaustive review of literature regarding the clear definitions of the phenomenological link between the constructs of religiosity, spirituality, and meaning making in the lives of African-American women. Within this study, the overarching aim of the research study sought to answer how does religion and spirituality assist African American women with their ability to cope and construct meanings as a result of experiencing adverse life circumstances.

Participants were recruited through multiple means including electronic e-mail, fliers, and word of mouth in metropolitan centers in Michigan and New York. Mattis (2002) noted a limitation of the sample makes for a problem with being able to generalize results to different areas of the country. Participants completed a survey of African American women's experience of stress and coping and engaged in semi-structured interviews. Interviews were conducted in various private settings (e.g., in the homes of interviewees). Mattis (2002) noted

that the interviews were audiotaped and subsequently transcribed. No monetary compensation was provided to participants.

The results of the study identified eight descriptive themes that emerged from the narratives of the interviewees. The themes were: (a) interrogating and accepting reality; (b) gaining insight and courage needed to engage in spiritual surrender; (c) confronting and transcending limitations; (d) identifying and grappling with existential questions and life lessons; (e) recognizing purpose and destiny; (f) defining character and acting within subjectively meaningful and moral principles; (g) achieving growth; and (h) trusting in the viability of transcendent sources of knowledge and communication (Mattis, 2002). The results of the study provide several implications for researchers and practitioners. According to Mattis (2002), the analytic functions of religiosity and spirituality should inspire researchers and practitioners to explore more fully the ways in which Black women use religious and spiritual ideologies to formulate or challenge particular ideas about their experiences and the worlds in which they live. It is crucial that researchers, as well as therapists and service providers, develop methodologies that will allow individuals to use multiple modes of expression (verbal, behavioral, visual) in their discussions of religiosity and spirituality (Mattis, 2002).

Transtheoretical Model

The Transtheoretical Model (TTM) emerged over the past two decades as one of the most influential models in addictions field (Prochaska & DiClemente, 1984). This model serves as a conceptual framework for understanding the process of addiction recovery and

has greatly influenced clinical practice, program development, and research (Faberman, 2004). The Transtheoretical Model, also known as stages-of-change, is an integrative, bio-psychosocial model that conceptualizes the process of intentional behavior change by defining tasks, steps, experiences, and context that differentiate between success and failure (Prochaska, 1994). TTM posits that changing addictive behaviors is a process requiring a differential use of multiple cognitive and behavioral coping strategies in the different stages of change. To this end, this theory is comprised of stages, processes, and levels of change to address behavior change.

The purpose of exploring The Transtheoretical Model within this conceptual framework is to explore recovery experiences of African American women and how they progress from one level of change to another. More specifically, this research examines how individuals are able to maintain their recovery. Therefore, within this study, it is important to acknowledge how individuals have made the decision to refrain from substances.

Historical development. The Transtheoretical Model derived from a compilation of 18 different psychological and behavioral theories and provides a framework for understanding intentional behavior change (Prochaska & DiClemente, 1982). As DiClemente (2003) asserts, TTM developed out of a perceived need to identify the change process in individuals with a focus on changing addictive behaviors. Drs. James Prochaska and Carlos DiClemente, Professors of Psychology at the University of Rhode Island, developed this model in 1983. The framework developed initially as a model for understanding client-initiated attempts to modify their nicotine addiction. TTM has been applied to various

behaviors such as alcoholism, phobias, cocaine use, weight control, diet, adolescent delinquent behaviors, and alcohol (Prochaska, Velicer, & Rossi, 1994). Furthermore, TTM offers an integrative framework for understanding and intervening with human intentional behavior change (DiClemente & Prochaska, 1998).

Key premises and assumptions. The Transtheoretical Model operates on several critical assumptions that drive theory, research, and practice. Prochaska and Velicer (1997) noted the assumptions of TTM consist of the following: (a) no theory can account for the complexities of behavior change; (b) behavior change is a process that unfolds over time through a sequence of stages; (c) stages are both stable and open to change; just as chronic behavioral risk factors are both stable and open to change; without planned interventions; (d) populations will remain stuck in the early stages; and (e) chronic behavior patterns are usually under some combination of biological, social, and self-control. Hence, specific processes and principles of change need to be applied at specific stages if progress is to occur.

The Transtheoretical Model represents an effort to describe the change process that consists of three distinct dimensions, as illustrated in Table 3: stages of change and processes of change.

Table 3

Stages, Processes of Change in the Transtheoretical Model

Stages of Change	1. Precontemplation
	2. Contemplation
	3. Preparation
	4. Action
	5. Maintenance
Processes of Change	1. Consciousness raising
	2. Emotional arousal/dramatic relief
	3. Environmental reevaluation
	4. Social liberation
	5. Self-liberation
	6. Helping relationships

For each stage of change, different intervention strategies are most effective at moving a person to the next stage of change and subsequently through the model to maintenance, the ideal stage of behavior. Although behavioral processes of change exist within this theoretical framework, for the purposes of this study, behavioral processes of change will not be examined.

The Transtheoretical Model posits that individuals move through five stages of change: precontemplation, contemplation, preparation, action, and maintenance (Prochaska, DiClemente, & Norcross, 1992). Notably, the stages of change model help to address the problem of how to match an individual's treatment to his or her commitment to change and personal journey through the process of change (Connors, DiClemente, Velasquez, & Donovan, 2013).

The first stage, *precontemplation*, is marked by an individual's unwillingness to take action in the foreseeable future (Prochaska, DiClemente, & Norcross, 1992). The goal of the

precontemplation stage is for an individual to begin to consider changing the behavior (DiClemente, 2003). Individuals with substance dependence disorders do not view their drug related behavior as a problem. The specific task of this stage is for individuals to gain awareness that a behavior exists and that there is a need to change.

The next stage, *contemplation*, is the stage in which an individual is aware that a problem exists and is seriously thinking about overcoming the problem but has not yet made a commitment to take action (Prochaska & DiClemente, 1982). During this phase, individuals acknowledge maladaptive substance misuse behaviors and consider thinking seriously about changing them. Furthermore, individuals have begun to weigh the pros of changing but are also aware of the cons of change. The goal of the contemplation stage is for an individual to resolve ambivalence to move into the preparation stage (Connors, DiClemente, Velasquez, & Donovan, 2013). The time period of this stage is not specified. According to the Center for Substance Abuse Treatment (1999), “it is not uncommon for individuals to remain in this stage for extended periods, often for years, vacillating between wanting and not wanting to change” (p. 18).

The third stage, *preparation*, represents individuals who have made a decision and are ready to take action (Prochaska & DiClemente, 1982). Individuals within this stage have begun to make small changes to change behaviors. Typically, an individual in the preparation stage is intending to change in the next 30 days (Miller, 2002), and has attempted to change unsuccessfully in the past year. These individuals have a plan of action such as refraining from the addictive behavior. Although there may be a reduction in the problem behavior,

individuals in the preparation stage have not yet reached a criterion for effective action such as abstinence from smoking, alcohol abuse, or heroin use (Connors, DiClemente, Velasquez, & Donovan, 2013).

The fourth stage, *action*, is defined by individuals modifying their behavior, experiences, or environment to overcome their problems (Prochaska & DiClemente, 1982). Since this phase is observable, behavior change often has been associated with action. Individuals within this stage need specific behavior change methods included within their plan, and revision should be implemented if relapse were to occur (Connors, DiClemente, Velasquez, & Donovan, 2013). The task of the action stage is to make an effort to change the behavior and to continue the change for a period of time (DiClemente, 2003). The time period for an individual to be in the action stage is from one day to six months of changing and sustaining the behavior change (Prochaska et al, 1992).

The final stage outlined in this model is the *maintenance stage*. In this stage, individuals work to prevent relapse and consolidate the gains attained during action (Prochaska & DiClemente, 1982). The maintenance stage is a continuation, not an absence of change. For addictive behaviors, this stage begins six months after the initial action and can last indefinitely (Prochaska et al., 1992). To have a fully maintained behavior, little or no effort is necessary to continue the behavior (DiClemente, 2003). Being able to remain free of the addictive behavior and being able to consistently engage in new incompatible behaviors for more than six months are the criteria for considering someone to be in the maintenance stage.

Initially, the stage of change was conceptualized as a linear progression through the stages; however, Prochaska and DiClemente realized that a linear progression is possible but is relatively rare phenomenon with addictive behaviors (Prochaska et al., 1992). Rather, the stages of change are often referred to as a spiral model. Individuals may go through the stages numerous times or become stuck in one stage for a long period of time (Prochaska et al., 1994). Individuals may experience problems that send them back to an earlier stage and the problems may be identified as “relapse” (DiClemente, 1991, Prochaska, 1992). Prochaska et al. (1994) describe the process of going back through an earlier stage as “recycling” rather than relapsing (p. 48).

The second major dimension of the Transtheoretical Model is the process of change. TTM posits that changing addictive behaviors is a process requiring the differential use of multiple cognitive/behavioral coping strategies (i.e. process of change) in the different stages of change (Prochaska & DiClemente, 1984).

The initial five stages are called the experimental processes of the stages of change. *Consciousness raising* involves gaining an increased awareness about the causes, consequences, and cures for problem behavior (Prochaska et al., 1992). *Emotional arousal/dramatic relief* produces increased emotional experiences about one’s current behavior and allows one to become motivated to initiate change efforts (Prochaska & Velicer, 1997). Clients often become motivated to initiate change efforts. *Self-reevaluation* is the process of determining feelings about the self in regards to the specific problem behavior. During this process, clients begin to visualize the kind of individual they might be after

making a positive change. *Environmental reevaluation* combines both affective and cognitive assessments of the effects the presence or absence of a personal habit will have upon others and the environment (Prochaska & Velicer, 1997). Clients realize that their substance misuse has not only negatively impacted him or her but others such as the people in his or her life and the environment in which he or she functions. *Self-liberation* involves the belief that one can change and the commitment and recommitment to act on that belief. Clients begin to develop a belief in the ability to make choice and change behavior. *Social liberation* involves the awareness of social alternatives that are in support of behavior change. Through this process of change, clients utilize resources in the environment to alter and maintain changes in behavior (Connors et al., 2013). Within helping relationships, the client seeks and nurture relationships that provide support, care, and acceptance to behavior change involves clients (Connors, DiClemente, Velasquez, & Donovan, 2013)

Testability and usefulness. The Transtheoretical Model is perhaps the most prominent and most commonly used model of behavior change across the spectrum of the study of addictive and health behaviors. The hypothesis from this theory has been tested empirically and clinically. In an outcome research study, conducted by Stotts, Schmitz, Rhoades, and Grabowski (2001) found that cocaine users who received motivational interviewing intervention and achieved abstinence in a short detoxification program demonstrated an increase in the use of the experimental processes of stages of change, and had fewer cocaine-positive urine samples upon beginning the primary treatment relative to

those in a control condition. Several scales have been developed to measure the stages of change process.

The usefulness of the Transtheoretical Model has been applied, expanded, and validated for over 20 years. From the initial stages of smoking, the stage model rapidly expanded in scope to include investigations and applications with a broad range of health and mental health behaviors to include alcoholism treatment substance abuse, anxiety, panic disorders, delinquency, exercise eating disorders, HIV prevention, medication compliance, and unplanned pregnancy prevention. More importantly, Frasier and Solvey (2007) contend that addiction scholars have regarded the Transtheoretical Model as the standard to conceptualize how behaviors relate to addiction change overtime.

Patten et al. (2000) tested the Transtheoretical Model with intravenous drug users (IDUs) in hopes of reducing the risk of spreading HIV. The authors observed and interviewed health practitioners, needle exchange program nurses, and harm reduction coalitions who use the TTM framework and found that it is useful for those providers who work with IDUs in HIV prevention. The TTM framework is supportive with varied populations including high school students, university undergraduates students, and employed adults, industrial, retail, government, rural and urban area, medical conditions and countries (Rodgers, Courneya, & Bayduza, 2001).

Generalizability of Transtheoretical Model. Although scholars have applied the Transtheoretical Model to substance users in various settings, this framework lacks diversity of cultural research within sample populations. The stages of change are applicable to an

individual in recovery. Unfortunately, the use of this theoretical framework presents limited research regarding substance abuse, misuse, and recovery among varied ethnic groups, particularly African American women. The framework integrates social justice concepts such as the treatment of marginalized populations and individuals suffering from addictive behaviors; however, the scope is very limited.

Chapter Summary

This chapter provided a comprehensive review of the existing research that exists about substance use and recovery. There is historical evidence indicating African Americans are reluctant to use formal agency-based help as this represents a legacy of self-help (Finn, 1994; Fletcher, 1997).

Although substance use has been around for decades, this literature review specifically examined how the War on Drugs epidemic and Crack-Cocaine Era invaded African American communities, causing substance use rates to rise at an unprecedented rate. This presented numerous challenges for the addiction field, as there was an influx of the need for treatment among African Americans during the late 1980's and early 1990's. Even though there are several approaches to treating substance use addiction, the most common are 12-step groups, and African Americans report cultural opposition to the 12-step approach. Furthermore, research indicates that African American women have lower rates of treatment retention. Given this, it is worth to explore how African American women who have achieved sustained long-term recovery have been able to overcome addiction to substance use through the use of recovery capital resources including the black church, spirituality, and

religion. The following chapter provides a review of the methodology approach used to conduct this study.

CHAPTER THREE: METHOD

This study examined the subjective, lived experiences of eight African American women in long-term recovery from substance use. The central goal of this study was for participants to share how they were able to utilize sources of recovery capital to assist with the recovery process and to achieve sustained recovery. This study sought to answer the following research questions:

- (1) How do African American women become addicted to substances?
- (2) How do African American women describe their lives while addicted to substances?
- (3) How do African American women negotiate systemic forms of oppression that existed within their local environment during the time of substance use?
- (4) How do African American women redefine their lives through recovery?
- (5) How do African American women perceive sources of recovery capital?
- (6) How do African American women engage in the maintenance stage through the process of social liberation, self- liberation, and helping relationships?

Previous research findings from most studies solely address recovery initiation and fail to discuss the complexities and processes involved in achieving and sustaining long-term recovery (Laudet & White, 2008). More specifically, Duffy and Baldwin (2013) argue that most research studies of addiction recovery tend to employ quantitative measures instead of qualitative procedures that explore the recovery experiences of African American women.

Thus, this study employed qualitative methods to answer research questions addressed within the study.

This chapter presents the research design, rationale used in qualitative methods, researcher's subjectivity statement, participant selection recruitment strategies, procedures, data collection, and data analysis.

Research Design

This study employed a transcendental qualitative phenomenological approach to investigate, understand, and explore the meanings of the sustained long-term recovery experiences of African American women who are in long-term recovery from substance use. The following sections explored the components of the design of this study and how they align with the study's purpose.

Qualitative Methodology

There are several reasons to use qualitative methodology for this study. Collins (1989) indicated that there is a need for a methodological framework that gives voice to African American women's everyday experiences. Phenomenology is best suited to answer the research questions proposed within this study. Researchers Marshall and Rossman (1995) acknowledged that qualitative research methods are to be preferred when the phenomenon under investigation is: (a) a complex process; (b) little known; and (c) for which relevant variables have not been identified. As previously mentioned, representations of the lived experience of recovery among African American women remain limited within research

literature. To fill this gap, the researcher sought to elicit stories of the phenomenon of achieving long-term sustained recovery.

According to the National Survey of Drug Use and Health (NSDUH, 2010), the current rate of illicit substance use among African American women (6.2%) is higher than the national average (5.7%), and has increased in recent decades. Although substance use is at an alarmingly high rate for African American women, this study demonstrates their ability to overcome the stigmatization of being victims of circumstances. The best methodology to accomplish this goal is through qualitative measures. Notably, Merriam and Tisdell (2016) highlighted that the focus of qualitative research is on process, understanding, and meaning. Qualitative researchers are interested in how individuals interpret their experiences, construct their worldview, and how individuals derive meaning from their experiences. Lastly, one of the main ingredients of providing qualitative research focuses on the researcher providing thick rich descriptions of individual responses from data collected by transcribed interviews, field notes, and quotes (Merriam & Tisdell, 2016). Given the fact that little is known about how African American women engage in the recovery process, this qualitative approach provided a vivid understanding of how participants were able to engage in the recovery process and redefine their lives.

Transcendental Phenomenology

Specifically, within phenomenological research, the purpose is for the researcher to uncover the meaning of the phenomenon being captured in order to produce a concrete descriptive analysis that provides a frame of reference for understanding the particular

phenomenon (Morrisette, 1999; Osborn, 1990). This research design was selected because according to Merriam and Tisdell (2016), a phenomenological approach is well suited for studying emotional and often intense human experiences. According to Hausser and Biber (2005), phenomenology “is a theoretical perspective aimed at generating knowledge about how people experience things” (p. 24). Phenomenology as a qualitative approach is rooted in the philosophical writings of the German mathematician Edmund Husserl (1859-1938) who is well respected as the father of the phenomenological movement (Morrisette, 1999). The purpose of Husserl’s philosophical movement was to allow the researcher to help participants search for a deeper understanding of their lived experiences.

There are several distinctive branches that evolved from Husserlian principles of phenomenological research (Wang, 2008); however, this study employed Moustakas (1994) transcendental phenomenology. According to Creswell (2013), transcendental phenomenology centers on the description of participant experiences. The transcendental phenomenological approach points out that individuals engage in discovery by reflecting on their subjective experiences. Moustakas (1994) maintains that transcendental phenomenology seeks to understand a phenomenon in a descriptive way as perceived by the person experiencing the phenomenon. Similarly, Wertz (2005) in his discourse emphasized studies that are phenomenological in nature seek to understand what happens and fill the gap between knowledge and actuality. Furthermore, Wertz (2005) acknowledged that phenomenological research is descriptive, investigates the intentional relationship between

persons and situations, and provides knowledge regarding the essence or meaning of participants' experiences.

The transcendental phenomenological approach is well suited for this study because it provides detailed descriptions of African American women lived substance use recovery experiences. In order to accomplish this goal, semi-structured interviews were conducted that involved participants' subjective experiences and reflection of the phenomenon being studied.

Role of the Researcher

As a qualitative researcher, it is essential to recognize my role, practice reflexivity, and biases. According to Schneider (1999), within qualitative inquiry, subjectivity is defined as the researcher's internal understanding of the phenomenon under investigation. According to Haverkamp (2005), the "researcher's values, personal history, and position on characteristics such as gender, culture, class, and age are inescapable elements of inquiry" (p. 147). I recognize that I am an African American woman as the researcher. Although several theories were utilized to frame this study, Black Feminist Thought provides the foundational theory, as I have worked with African American women, and understand their shared unique experiences. According to Collins (1989), living life as an African American woman is a necessary pre-requisite for producing Black Feminist Thought because within Black women communities thought is validated, and produced with reference to a particular set of historical, material, and epistemological conditions (p. 770). In conclusion, Collins (1989) acknowledged that Black Feminists have lived or experienced their material.

Researcher's Subjectivity Statement

To further examine how my position as a researcher had a significant impact on this study, it is imperative to consider the personal and professional experiences that have shaped my worldview regarding the phenomenon under investigation from which this topic emerged. I have worked professionally in the mental health field for 17 years by serving in various capacities including the following: Licensed Professional Counselor, Professional School Counselor, Clinical Case Manager, and Mental Health Technician. My clinical experience has provided me with the insight, awareness, and skills needed to work with various populations. This research study sparked my interest because I am a child of a parent who was able to achieve sustained long-term recovery from crack, cocaine, and heroin for 23 years after numerous attempts to detox failed. Personally, I witnessed my mother's life transform from an old life of being addicted to substances to a life filled with recovery through natural means such as the utilization of several components of recovery capital including: (a) social capital including the Black church; (b) human capital such as education, knowledge, and skills; and (c) cultural capital which included spirituality, religion, family, and friends. As a result of this experience, I knew from an early age that I had an innate desire to help others. As a clinician, working in the community with individuals encountering mental illness and substance use, I have witnessed the profound impact of substance use in the lives of parents, children, individuals, and families. As a researcher, I am aware of the challenges that may prevent individuals to achieving sustained recovery.

Because of my personal experiences, I was authentic with participants as I briefly shared my experience of witnessing the recovery process with my mother. According to Hays and Singh (2012), as a qualitative researcher, practicing authenticity serves as a mirror to interpret data. Carl Rogers (1961) acknowledged that being authentic as a researcher creates an atmosphere in which participants feel safe to express their genuine thoughts, and feelings without the fear of being judged. This is known as unconditional positive regard. Within this study, participants openly shared very personal, private, and intimate details about their lives and substance use recovery experiences.

In qualitative research, it is critical for the researcher to consider their position during the research process. Within this study, although, I have not personally engaged in substance use, I have prior knowledge of African American women substance use recovery experiences. Hence, I served as an inside researcher because I had knowledge of the topic under investigation (Hays & Singh, 2012). The following section explored research methods employed within this study.

Research Methods

Setting

Participants were recruited from two Southeastern metropolitan cities in the United States. The total population is estimated at 439,896 (United States Census Bureau, 2014) and represents a 59% increase since the year 2000 and 9 % increase since 2010. This area is comprised of 61.3% White, 27.2% African-American or Black, 3.7% Asians, 5.3% Other, and 12.0% Hispanic or Latino (United States Census Bureau, 2014). According to the United

States Census Bureau (2014) the citizens are well educated with 91% of the residents have a high school degree or higher and 47% have a bachelors degree or higher. The top areas of employment are within educational and health services; professional, scientific, management, and administrative; and retail trade.

Research Procedure

Participant recruitment. Prior to conducting my research, I obtained approval from The Institutional Review Board (IRB) at North Carolina State University. As the primary investigator, I advertised flyers within the local community (i.e. churches, community organizations, shelters, and non-profit organizations) and shared flyers with local community leaders in the field of addiction regarding the study. The flyers included the following information: (a) the general description and purpose of the study; (b) inclusion criteria; (c) IRB protocol number; (d) benefits to participating in the study; (e) length of time to complete the study; (f) the amount of the incentive; and (g) my contact information. One of the community leaders within the field of addiction made an announcement at her church explaining the purpose of study and eligibility requirements in order to participate in the study.

Purposeful sampling. Creswell (2013) suggested that for phenomenological studies the sample size should be five to 25 individuals. Within this study, I utilized purposeful sampling to obtain a homogeneous sample size of eight African American women who have been able to achieve long-term sustained recovery from substance use for a period of five or more years. Furthermore, Creswell (2013) acknowledged that within purposeful sampling,

“the researcher selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study” (p. 156). Moreover, I employed criterion sampling, a specific measure of purposeful sampling. According to Patton (2001), “criterion sampling involves selecting cases that meet some predetermined criterion of importance, a strategy common in quality assurance efforts” (p. 238). Participants within this study had to meet specified criteria in order to participate within this study. Upon the eighth interview, data saturation was reached. Creswell (2013) acknowledged that the purpose of data saturation is to gather enough information about the study under investigation.

Upon receiving information from community leaders in the field of addiction regarding individuals that expressed an interest in participating in the study, I contacted potential participants for a telephone screening to determine if they met the inclusion criteria (Appendix B). The inclusion criteria to participate within this study involved the following: (a) self-identify as being an African American female; (b) be at least 26 years of age; (c) acknowledge a history of substance use as considered by DSM-V (APA, 2013); (d) self-report of being in recovery from substance use addiction for at least 5 years; (e) read and speak English fluently, (f) express interest in participating in the study; and (g) currently not be utilizing a 12-step model to recovery. Connors et al. (2013) suggested that individuals with five or more years in recovery have been able to sustain changes and integrate change into their lifestyle is consistent with the maintenance stage of the Transtheoretical Model.

Telephone screening. Because this study sought to examine the lived experiences of African American women that have been able to achieve recovery, participants were screened to determine if they had a substance use disorder based on the DSM-5 (American Psychiatric Association, 2013). It was imperative for participants to provide their honest view about their addiction even though they may not have received a diagnosis. Because participants self-reported that they had a substance use problem, I utilized the DSM-5 criteria listed in Table 4 to confirm whether or not participants had a substance use addiction.

Table 4

DSM-5 criteria for substance use addiction (American Psychiatric Association, 2013)

Criterion 1	The individual may take the substance in larger amounts or over a longer period than was originally intended.
Criterion 2	The individual may express a persistent desire to cut down or regulate substance use in order to discontinue use and may report multiple unsuccessful efforts to decrease use.
Criterion 3	The individual may spend a great deal of time obtaining the substance, using the substance, or recovering from its effects.
Criterion 4	Cravings manifested by an intense desire or urge for the drug that may occur at any time but is more likely when in an environment where the drug was previously obtained or used.
Criterion 5	Recurrent substance use may result in a failure to fulfill major role obligations at work, school, or home.
Criterion 6	The individual may continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
Criterion 7	The individual may give up social, occupational, or recreational activities and hobbies in order to use the substance.
Criterion 8	The individual may be involved in recurrent substance use situations in which it is physically hazardous.
Criterion 9	The individual may continue substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
Criterion 10	The individual may have a marked increased dose of the substance to achieve the desired effect.
Criterion 11	The individual may have experienced withdrawal symptoms, which occurs when blood or tissue concentrations of substance decline in an individual who had maintained prolonged heavy use of the substance.

According to the American Psychiatric Association (2013), substance use disorders occur with various ranges of severity: “*Mild* substance use disorder is characterized by the presence of two to three symptoms, *moderate* is characterized by the presence of four to five symptoms, and *severe* is characterized by six or more symptoms”(p. 483-484).

In order to determine participants’ eligibility to participate in the study, I provided participants with an overview of the study, information about my clinical experience, and the purpose of participating in the telephone-screening interview. Next, I explained to potential participants the total number of minutes it would take to complete the telephone screening process. Then, I asked participant’s questions based on the telephone screening script (Appendix B). Upon the completion of the telephone screening protocol, participants were notified whether or not they were eligible to participate in the study. Based on participants’ responses, all participants that engaged in the telephone-screening interview met the inclusion criteria for the study. During the telephone conversation, I explained the process of participating in the study such as the number of hours involved and measures to ensure confidentiality. Lastly, I scheduled face to face interviews based on participant’s schedule at a mutually agreed upon location within a natural setting such as the participant’s home, public library, community setting with privacy. Creswell (2013) purports that qualitative researchers collect data within a natural setting in which researchers have face-to-face interaction.

Informed consent. Prior to conducting semi-structured interviews, I explained each section of the consent form including: (a) the purpose of the research study; (b) information

about the researcher; (c) what happens if they participate in the study; (d) rules of confidentiality; (e) compensation, risks and benefits of participating; (e) questions regarding the study; (f) rights as a research participant; and (f) consent to participate. Furthermore, I ensured participants that extra measures would be utilized to protect privacy, confidentiality, and anonymity. In addition, participants were informed of the procedures for data storage of consent forms, demographic questionnaire, recording of interviews, and field notes. In order to ensure measures of security, the following methods were followed: (a) transcribed interviews, audio files, and field notes were secured; (b) transcribed interviews were utilized to validate interview data; and (c) audio files were deleted after data analysis. Participants were encouraged that at any time they could voluntarily remove themselves from the study. Lastly, I then concluded the informed consent discussion by obtaining consent for research with each participant's signature.

Instrumentation

This section provides an overview of the various forms of data collection that was employed within this study. According to Creswell (2013), qualitative researchers gather multiple data sources such as interviews, observations, and documents instead of utilizing a single data source. Several instruments were deemed appropriate to utilize within this study, including a background and demographic questionnaire, face-to-face semi-structured interviews, field notes, and researcher's journal.

Background and demographic questionnaire. Hays and Singh (2012) asserts that the purpose of background or demographic questions is to find out more about the participant

or phenomenon under investigation. The 16-item background and demographic questionnaire was utilized to gather basic information about participants including: (a) age; (b) marital status; (c) highest level of educational attainment; (d) employment status; (e) occupation; (f) household income; (g) years of abstinence; (h) drugs of choice; (i) substance use history; (j) current level of support system; and (k) religious/spiritual affiliation (Appendix C).

Semi-structured interviews. Hays and Singh (2012) acknowledged that interviews are the most widely used method for qualitative studies. According to Merriam and Tisdell (2016), qualitative research data are collected through interviews. Furthermore, DeMarris (2004) indicated the research interview is “a process in which a researcher and participant engage in a conversation focused on questions related to a research study” (p. 55). The goal of conducting semi-structured interviews was to gain thick rich descriptions of participants’ lived experiences to achieving sustained recovery from substance use.

An interview protocol was developed to help facilitate the process of asking detailed questions (Appendix D). According to Creswell (2013), interviews follow an established protocol and are semi-structured in design when they contain open-ended questions that permit participants to answer from their point of view. Moreover, Hays and Singh (2012) explained that the interview protocol serves as a guide for the interview experience. Within the interview protocol, I asked probing questions to help expand on interviewee’s responses. For example, I utilized a probing question that asked, “Can you tell when you made the decision to refrain from substance use and enter recovery?” According to Hays and Singh (2012), probing questions can range from nonverbal, such as head nods to verbal that involve

elaboration or clarification of the question. Within the semi-structured interview, I utilized several non-verbal cues that included shaking my head and facial expressions that elicited that I desired to hear more about their stories.

For this study, interview questions were developed from existing literature and involved four categories that included: (a) opening background questions; (b) how participants redefined their lives; (c) described oppressive forces that existed within their local environment at the time of substance use; (d) sources of recovery capital; and (d) participants' ability to engage in the maintenance phase, based on Transtheoretical Model.

Kvale (2006) maintained that interviews provide a voice to individuals, allowing them to present their life situations in their own words, and provides for a close personal interaction between the researcher and participants. For this study, I developed interview questions for participants to describe their sustained long-term recovery experiences.

Background question. The goal of this question allowed the participant to share details about their lives. Furthermore, this question sought to establish rapport between the interviewer and interviewee.

Question 1. Tell me about yourself? Patton (2002) acknowledged that background questions tell us about how people categorize themselves and help the interviewer locate the respondent in relation to other people.

Substance use initiation. The purpose of the substance use initiation question is to explore how individuals were introduced to substance use.

Question 2. Please describe how you were introduced to drugs (i.e. friends, significant other social events). This research is supported by Maharaji et al. (2005) who noted that women have distinct risk factors and reasons for beginning drug use such as upbringing, relationships, individual, and community risk factors.)

Question 3. Did you experience stressors that caused you engage in substance use? Probing question asked: For example, can you describe experience with family trauma, childhood experiences, or family members that used substances? Based on research conducted by Maharaji et al. (2005) there are a variety of gender-specific barriers that decrease women's tendency to seek treatment such as fear of losing children, lack of family support, and lack of transportation.

Redefine lives through long-term recovery. The purpose of this question sought to illicit participants' responses regarding their ability to redefine their lives through recovery.

Question 4. How would you describe and define your recovery process experience? Probing questions asked: For instance, can you tell me when you made the decision to refrain from substance use and enter recovery? How has the process towards sustained recovery changed your life? According to Laudet (2008), recovery is beyond abstinence. Davidson et al. (2010) indicated that recovery was a process rather than an end point. Laudet & White (2008) acknowledged that as a result of individual recovery efforts, individuals report increased life satisfaction, greater quality of life, and increased life meaning.

Question 5. How were you able to redefine your life through the recovery

process? Probing question asked: For example, tell me how has your life improved as a result of achieving long-term recovery? (i.e. employment, friends, living environment etc.).

The purpose of this question is to explore how participants were able to redefine their lives through recovery. According to research, many individuals are motivated to enter recovery because they desire a new life (Laudet & White, 2008).

Black Feminist Thought. These questions explored the various forms of systemic oppression experienced by African American women based on the environment in which they lived at the time of their substance use. African American women who are in long-term recovery from substance use have been able to actively engage in the process of empowerment as evidenced by their ability to overcome systemic forms of oppression, discrimination, and marginalization (Jackson & Greene, 2000).

Question 6. How do you think where you lived had an influence on your substance use? Probing questions asked: For example, do you think drugs were easily accessible within your environment, did friends or neighbors engage in substance use? If so, what was that experience like for you? Research postulates that the crack cocaine era contributed to the oppressive despairs of inner city African American families during the 1980's and throughout the 1990's (Dunlap, Golub, & Johnson, 2006). According to Beatty (1994), the environment in which African American women live contributes to their substance use.

Question 7. In order to achieve long-term recovery, did you relocate from your place of residence where you were once addicted to substances? This question is based on previous research literature that indicates specific areas of a city may be associated with certain types

of drugs (Latkin, Glass, & Glass, 1998). Researchers Latkin et al. (1998) further acknowledged that in order for change to occur, individuals seeking recovery should engage in geographical cure. This means leaving the environment in which substances are readily available.

Recovery and recovery capital. The purpose of exploring recovery and recovery capital question is to describe how individuals perceive their recovery process. These questions sought to explore how African American women define recovery and what were the sources of recovery capital, specifically human and cultural capital that, contributed to the engagement of sustained long-term substance use.

Question 8. How would you describe your life prior to recovery (i.e. relationship with friends, church, spirituality, and religiosity)? Probing question asked: Can you describe your relationship with friends, family, church, spirituality, religion, employment, and living environment? According to Cloud and Granfield (2001), recovery capital includes individuals' social circumstances prior to their substance use. Cloud and Granfield make it worth mentioning that when exploring recovery capital, it is important to explore individual's attitudes and beliefs towards the past, present, and future.

Question 9. How would you describe how spirituality, religion, the church, family, social support systems, employment, and a stable living situation have helped you to sustain recovery? Zschau, Collins, Lee, and Hatch (2015) indicated that many African American clients use culturally indigenous institutions to sustain recovery (e.g. the Black church). Religion and spirituality are paramount components to the lives of many African Americans

(Reed & Neville, 2013). Scholars have also theorized that spirituality fosters personal growth that benefits substance users by promoting an overall sense of wellbeing (Fallot & Heckman, 2005; Sterling et al., 2007) and commitment to recovery. Cheney et al. (2014) indicated that religion and spirituality play critical roles in individual experiences of substance use and recovery. In accordance with research by Burns and Marks (2013), this question explored how individual social capital such as relationships, family members, and other relational roles influence individuals' ability to achieve sustained recovery. According to White (2008), many African American women in recovery utilize the Black church as their primary sobriety based support structure.

Transtheoretical Model. This question was intended to explore how participants have been able to maintain their recovery based on the maintenance stage. Furthermore, this question addressed how individuals have been able to engage in and maintain their sobriety.

Question 10. How have you been able to integrate change into your lifestyle in order to maintain a commitment to recovery? Probing question asked: For instance, how often do you incorporate prayer, reading scriptures, church attendance, and spending time with friends/family into your weekly activities? This question was developed from existing research literature. As previous research suggest, the maintenance stage behaviors occur six months after the initial action and can last indefinitely (Prochaska, DiClemente, & Norcross, 1992). Based on the maintenance stage, participants have built a lifestyle that does not include their old behavior of engaging in substances (Prochaska & DiClemente, 1984).

Question 11. Have you participated in events that involve you “sharing your story” with others to help encourage other individuals to engage in the path to recovery?

This question explored how individuals engage in social liberation activities by utilizing social alternatives that supported behavior change (Connors et al., 2013). Moreover, this question examined how individuals engaged in social liberation activities within the community.

Question 12. Is there anything else you would like to mention that has not been covered? This opportunity allowed participants to share additional information regarding the study. This question was considered to be a commentary statement in which I sought to obtain information from the participant by using a statement rather than a question (Hays & Singh, 2012).

Table 5

Research Questions in Alignment with Interview Questions

Research Question	Interview Question
How do African American women become addicted to substances?	Please describe how you were introduced to substance use Did you experience stressors that caused you engage in substance use?
How do African American women describe their lives while addicted to substances?	How would you describe and define your recovery process experience?
How do African American women negotiate systemic forms of oppression that existed within their local environment at the time of substance use?	How do you think where you lived had an influence on your substance use? In order to achieve long-term recovery, did you relocate from your place of residence where you were once addicted to substances?
How do African American women redefine their lives through recovery?	How would you describe your life prior to recovery?
How do African American women perceive sources of recovery capital?	How would you describe the impact of spirituality, religion, the church, family, social support systems, employment, stable living situation has helped you to sustain recovery?
How do African American women engage in the maintenance stage through the process of social liberation, helping relationships, and self- liberation?	How have you been able to integrate change into your lifestyle in order to maintain a commitment to recovery? Have you participated in events that involve you “sharing your story” with others to help encourage other individuals to engage in the path to recovery?

Field notes and reflexive journaling. According to Hays & Singh (2012), “the primary purpose of field notes is to create an accurate and thorough written record of field

activities” (p. 228). I utilized field note observations during the interview. Upon the completion of each interview, I utilized reflexive journaling to document feelings. According to Hays and Singh (2012), the purpose of reflexive journaling is to document thoughts about the research process and how this impacts researcher. Within reflective journaling, the researcher should reflect on how the participants, data collection, and data analysis are impacting them personally and professionally (Hays & Singh, 2012). This process was helpful for me to document the space in which each participant chose to be interviewed my immediate reactions to each participant’s story, and my emotions regarding their lived experiences.

Data Collection

The purpose of this study was to examine the lived experiences of how African American women were able to achieve sustained long-term recovery from substance use. In order to obtain thick rich descriptions of participants’ experiences, I received contact information regarding potential participants. Next, I contacted participants by telephone to conduct a telephone-screening interview to determine if participants met inclusion criteria to participate in the study. If participants met inclusion criteria, they were asked if they would like to further engage in this study. All participants that engaged in the telephone screening interview process met the eligibility requirements and decided to participate within the study. Lastly, I scheduled face-to-face interviews with participants at a mutually agreed upon location.

Interviews. Prior to the start of each semi-structured interview, I reviewed the consent form with the participant. Next, I acknowledged to participants that because the questions regarding their substance use experiences may stimulate emotional distress, support may be given, such as: (a) participant may elect to withdraw from the study at any point in time; (b) at the start of each interview, participants will be asked if they are comfortable participating in the interview at this particular time; (c) participants have the option to postpone and reschedule the interview for any reason; (d) participants may select which questions they are comfortable answering. Prior to conducting the semi-structured interviews, participants were encouraged to complete the Background Demographic Questionnaire (Appendix C).

In order to protect anonymity, participants were asked to come up with pseudonyms to protect their identity. After the completion of the Background Demographic Questionnaire, I provided participants with a copy of the interview questions. Interviews were scheduled for 60-90 minutes. On average most interviews lasted between 60-90 minutes, if not longer. Within the semi-structured interviews, I utilized two digital audio recording devices to record interviews. Hays and Singh (2012) recommends to “use two recorders during each data collection, just in case one does not operate correctly at the last minute” (p.256). Prior to beginning each interview, participants were reminded of the process. Most importantly, participants were encouraged to feel free to pause the recording at any time during the interview.

I conducted eight face-to-face semi-structured interviews based on the interview protocol and questionnaire (Appendix D). These interviews occurred within a two-week period. After the semi-structured interviews, I conducted a debriefing session with participants to allow them the space to process any emotions they may have experienced during the interview. After the debriefing session, I provided participants with a substance use community resource list they could utilize should they feel the need to seek services (Appendix E). Lastly, I thanked participants for their participation and provided each with a \$20.00 Target gift card. I confirmed contact telephone numbers and e-mail addresses to ensure that participants can provide member checking and clarity regarding transcribed interviews. Upon the completion of interviews, I immediately began the transcription process.

Data storage. Following the semi-structured interviews with participants, within 72 hours, I began transcribing the semi-structured interviews. Interviews were transcribed and saved my protected computer utilizing pseudonyms. Research data including demographic questionnaire, field notes, interview protocol, and digital recorder were stored in a secure and safe locked file cabinet in my home upon the completion of each interview. Upon the data analysis process, audio recording of interviews and field notes were uploaded to my password-protected computer. In order to secure files, I utilized North Carolina State University's secure server Velocity account that is used to secure files. Upon publication of the research study, data will be maintained for at least 5 years.

Data Analysis

To begin the process of analyzing data, I utilized Moustakas (1994) transcendental phenomenological data analysis method to produce thick rich descriptions of the phenomenon studied. Creswell (2013) described how the transcendental qualitative approach “provides systematic steps in the data analysis procedure and provides guidelines for assembling the contextual structural descriptions” (p. 80). Within qualitative research, I served as the primary instrument for data collection and analysis. As a result, I became fully immersed in the data analysis process by transcribing interviews, reviewing interviews, and engaging in the coding process.

Transcription and member checking. Upon the completion of the semi-structured interviews with participants, I began the process of transcribing interviews. Patton (2002) recommends that the researcher transcribe interviews. Once I transcribed the interviews, I reviewed the accuracy of transcripts by reading transcripts and listening to audiotapes to confirm the accuracy of taped interview recordings. Transcribed interviews were sent to research participants for member checking. I utilized several secure methods for member checking. Seven participants received electronic copies of transcripts via North Carolina State University’s secure server Google Drive electronic system. One participant did not have computer access, therefore researcher met with the participant to verify transcripts and secure member checking. Participants within this study provided clarity regarding statements made during the interview, had the opportunity to make corrections regarding statements mentioned, and confirmed corrections to ensure the accuracy of their statements.

Coding. After member checking was approved from participants, I began the process of analyzing data. In order to analyze data, I utilized Moustakas's transcendental phenomenological data analysis. For the purposes of this study, three coders including myself were utilized. Two of the coders each have a Ph.D. in Counselor Education and received training in qualitative methodology by taking several qualitative courses as Ph.D. students at North Carolina State University. I met with coders prior to the coding process and after the coding process to verify themes. The following section described how data was analyzed based on Moustakas (1994), transcendental phenomenology approach.

Epoche. The first step to analyzing data involved the process of epoche, also known as bracketing. Moustakas (1994) identified the term *epoche* as “a Greek word meaning to refrain from judgment, we set aside our everyday judgments as they are revisited freshly, naively in a wide open sense” (p. 33). Merriam and Tisdell (2016) maintained that the key of qualitative research is to understand the phenomenon of interest from the perspective of participants and not the researcher. To begin this process, I bracketed my personal experiences and perceptions to take a fresh perspective toward the phenomenon under investigation, as if viewing or understanding the phenomenon being studied for the first time (Moustakas, 1994). According to Creswell (2013), within transcendental phenomenological research investigators are required to set aside their experiences as much as possible. Furthermore, Priest (2003) acknowledged that bracketing means the suspension of judgment, commonly held beliefs, and presuppositions in order to investigate the phenomenon from a fresh viewpoint.

Phenomenological reduction. The second step in transcendental phenomenological research involved phenomenological reduction. Moustakas (1994) asserts, “the major task involves describing in textual language just what one sees, not only in terms of the external object but also the internal act of consciousness, the experience, the rhythm, and relationship between the phenomenon and self” (p. 90). In addition, Merriam and Tisdell (2016) suggested that it is important for the researcher to continually return to the essence of the experience in order to derive meaning from the phenomenon being studied. Hence, I employed phenomenological reduction by continually engaging in a reflective process through reviewing field notes and journal entries in order to grasp the full nature of the phenomenon being studied.

Horizontalization. The third step involved horizontalization. Merriam and Tisdell (2016) suggest that through this process the researcher will “lay out all the data for examination and treat the data as having equal weight; that is, all pieces of data have equal value at the initial data analysis stage” (p.27). According to Patton (2002), this process involves reviewing completed transcripts, recording pertinent words of expression, significant statements, sentences, or quotes and organizing the data into meaning clusters. Statements that are irrelevant to the topic and research question, repetitive, or overlapping will be deleted (Moustakas, 1994). Within horizontalization, “there is an interweaving of person, conscious experience, and phenomenon. In the process of explicating the phenomenon, qualities are recognized and described and a full description is derived”

(Moustakas, p. 96). As a result of completing this stage, transcripts were reviewed to locate non-repetitive and non-overlapping statements.

Imaginative variation. The fourth step involved the delimitation process in which unrelated, recurring, or intersecting data were removed. Through imaginative variation, I developed enhanced versions of the invariant themes (Patton, 2002). As suggested by Creswell (2013), during the imaginative variation stage, the researcher's description should describe how the participants experienced the phenomenon.

Textural description. The fifth step involved moving to the textural portrayal of each theme. According to Patton (2002), textural portrayal is an abstraction of the experience that provides a visual representation of the content. Through imaginative variation, I was able to derive structural themes from textural descriptions obtained through phenomenological reduction (Moustakas, 1994).

Structural synthesis. The last step to data analysis involved the integration of the derived descriptions of themes and providing a synthesis of how individuals define meanings of their experiences (Moustakas, 1994). Based on transcripts from semi-structured interviews, a composite description was written that described the essence of the phenomenon being studied (Creswell, 2013). Upon the completion of this step, the research team agreed upon the themes that emerged through participant stories. The following illustration provides the steps to the data analysis process.

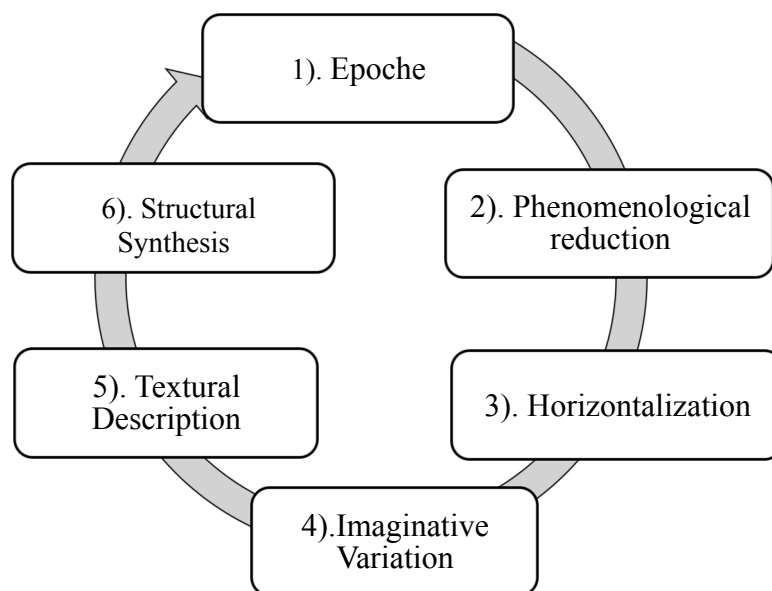


Figure 1. Illustration of Moustakas (1994) data analysis

Validity and Trustworthiness

According to Creswell (2013), validity is extremely significant in qualitative research and is used to determine whether the findings are accurate from the standpoint of the researcher and the participant. Another vital aspect to consider is to ensure trustworthiness within the research study by checking for accurateness of the results through the use various procedures (Creswell, 2013).

Validity strategies. Validity is known as the strength of qualitative research and is based on the idea that the findings are accurate from the standpoint of the researcher and participant (Creswell & Miller, 2000). According to Hays and Singh (2012), validity refers to the truthfulness of the findings and conclusions based on the maximum opportunity to hear participants' voices in a particular context. There are various terms to describe validity including: *truth*, *value credibility* or *rigor* and *authenticity* (Lincoln & Guba, 2013). Within

this study, I employed procedural rigor that involved the following: (a) goals of the study were outlined in the beginning chapter of this study and throughout the study; (b) conceptual frameworks were discussed; (c) research questions were outlined; (d) the role of researcher were discussed; and (e) methods employed within this study were discussed in detail (Kline, 2008). To help determine whether conclusions were valid, the following section discussed verification procedures that were utilized to enhance the credibility of this study (Creswell, 2013).

Trustworthiness. Several methods were employed to enhance the trustworthiness of this study. Based on Hays and Singh (2012), the criterion of trustworthiness involves: (a) credibility; (b) transferability; (c) dependability; (d) conformability; and (e) authenticity.

Credibility. In this study, I incorporated multiple data sources to increase credibility by utilizing field notes, memos, journals, and feedback from member checking. Lincoln and Guba (2013) referred to credibility as the believability of a study. According to Hays and Singh (2012), credibility is one of the major criteria qualitative researchers use to determine if conclusions make sense for a qualitative study. Furthermore, during the member checking process, participants had an opportunity to clarify and edit statements made during the semi-structured interview.

Transferability. This term, also known as naturalistic generalizability refers to the degree to which findings are applicable to individuals or settings in which they work (Hays & Singh, 2012; Stake, 1990). Johnson (1997) also refers to transferability as replication logic, which means the more times a research finding is supported by various groups of

individuals, the more confidence can be placed in the findings of generalizing beyond individuals within the original research. In order to assess the transferability of this study, I utilized triangulation. This process involved reviewing multiple data sources to ensure that participants' perceptions were presented in a truthful manner (Merriam & Tisdell, 2016). According to Creswell (2013), triangulation involves the researcher "to make use of multiple and different sources, methods, theories, and investigators to provide corroborating evidence" (p. 251). Thus, through triangulation, the internal validity of findings was enhanced.

Dependability. Lincoln and Guba (1985) referred to dependability as the consistency of study results over time. Hays and Singh (2012) asserts that clinicians and educators are charged with engaging in strategies to show that similar findings extend to similar studies. In order to increase dependability in this study, I followed the research design as stated within this chapter. Then, I utilized the identical background demographic questionnaire and interview protocol with each participant, and finally, I kept all documents organized for an external auditor to review. These methods increased dependability within the study.

Confirmability. Lincoln and Guba (1985) acknowledged that confirmability refers to the degree to which findings of a study are candid reflections of the participants being investigated. In addition, Hays and Singh (2012) suggests that in order to achieve confirmability, clinicians must listen to data and report them as directly as possible. I presented findings accurately and responses were authentic. According to Creswell (2013), it is important for qualitative researchers to take position in their writings and become

conscious of their biases, values, and experiences that he or she brings to the qualitative research study. In order to increase confirmability, I bracketed my personal experience of witnessing my mother achieve sustained recovery utilizing various forms of recovery capital for 23 years until her death from lung cancer.

Strategies of Trustworthiness. In this study, various strategies were utilized to maximize trustworthiness throughout my research process. The following section examined how I was able to maintain trustworthiness of the study.

Reflexive journals, field notes, and memos. I utilized field notes and memos as records to describe and analyze findings as they developed throughout the study (Hays & Singh, 2012). Upon the completion of each interview, I incorporated reflexive journaling to document feelings. According to Hays and Singh (2012), the purpose of reflexive journaling is to document thoughts about the research process and how this impacts researcher. Within reflective journaling, the researcher needs to reflect on how the participants, data collection, and data analysis are impacting them personally and professionally (Hays & Singh, 2012).

Peer debriefing. Hays and Singh (2012) acknowledged that it is helpful to integrate peer debriefing into the research process. According to Marrow (2005), peer debriefing is defined as a reflexive technique in whereby research team members “serve as a mirror, reflecting on the investigator’s responses to the research process... serving as a devil’s advocates, proposing alternative interpretations to those under investigation” (p. 254).

Lincoln and Guba (1985) pointed out that peer debriefing can strengthen a qualitative study’s credibility. Furthermore, Patton (2002) suggests that consulting with a peer or peer debriefing

allows for another check outside of the research team. As a method to strengthen the credibility of this study, a peer debriefer was used. For the purposes of this study, I consulted with a peer that has experience counseling individuals that suffer from substance use disorders. The purpose of the peer debriefer was to help process my thoughts, emotions, and feelings upon the completion of each interview. As such, due to the strict measures of confidentiality, I felt as though the peer debriefer would hold true to those values. Lastly, the peer debriefer was someone I could trust. Based on Spall (1998), who explored the use of utilizing a peer debriefer amongst graduate students, one key ingredient that a peer debriefer should have is trust.

Member checking. The third validation strategy that was utilized involved member checking to determine the accuracy of the qualitative findings. According to Lincoln and Guba (1985), member checking is the premier method for establishing credibility. In this study, I presented transcripts, interpretation of findings, and conclusions back to participants so that they can judge for accuracy, and credibility of the account (Creswell, 2013). I asked research participants to note any inaccuracies so that I could make changes. Member checking was used to verify the trustworthiness of data collection and analysis. The researcher utilized thick rich descriptions to convey the findings (Creswell, 2009). Utilizing this approach helped to increase the validity of the findings.

Thick description. According to Maxwell (2005), one strategy that can be implemented to strengthen a qualitative study involves providing thick description of the research findings. Thick rich descriptions provide a detailed account of the research process

and outcome, typically evident in the qualitative report (Hays & Singh, 2012). Denzin (1989) noted that there are four components of thick description: “(1) it gives context of an act; (2) it states the intentions and meanings that organize the action; (3) it traces the evolution and development of the act; and (4) it presents the action as a text that can then be interpreted” (p. 33). Within this qualitative study, I employed thick rich descriptions to convey the lived experiences of participants’ substance use recovery experiences.

Clarify researcher bias. In order to clarify research bias, I employed self-reflection as noted in my researcher’s subjectivity statement. Creswell (2009) indicated, “good qualitative research contains comments by the researchers about how their interpretation of the findings is shaped by their background” (p. 192). As previously mentioned, I noted my clinical experience of being a helping professional and personal experience of witnessing my mother achieve sustained recovery from substance use.

External auditor. Creswell (2009) indicated that by employing an external auditor to review various elements of the study helps to increase the overall validity of a qualitative study. Furthermore, Creswell (2013) acknowledged that the purpose of utilizing an external auditor is to “examine whether or not the findings, interpretations, and conclusions are supported by the data” (p. 252). As such, I utilized an external auditor to review the entire research study. The auditor has a Ph.D in Counselor Education and is knowledgeable regarding qualitative research methods. Currently, the external auditor serves as an Assistant Professor at a land-grant institution of higher learning. Prior to beginning the process, the external auditor was required to sign a confidentiality agreement statement to ensure the

privacy of participants. I provided the external auditor with a review of the study that consisted of the following: (a) introduction; (b) literature review; (c) methodology; (d) field notes; (e) transcripts; (f) journal entries; and (g) themes comprised by the research team. The external auditor received these documents electronically through North Carolina State University secured Velocity system developed for securing the transfer of files over e-mail. Through this process, dependability and conformability were established through an auditing of the research process.

Ethical considerations. Because the topic of recovery from substance use involves a vulnerable population group, additional risk procedures were implemented. According to Angen (2000), it is important to consider the qualitative research process as a moral and ethical one. Prior to the engagement of the research, I developed rapport with participants to help ease feelings of anxiety, asked participants if they had questions, and reviewed each section of the informed consent form. Then, I reviewed each section of the Institutional Review Board informed consent document with each participant, which explained the purpose of the research study, what would happen if they participated in the study, risks, benefits, rules of confidentiality, compensation, questions regarding the study, their rights as a research participant, and obtained consent to participate.

As previously stated, extra measures of confidentiality were employed to protect participants' identity. These methods included: (a) protecting the anonymity of individuals by using pseudonyms; (b) storing hard copies of data such as transcripts, demographic questionnaires, field notes, journal entries, and audio recordings in a locked file cabinet in

my home when not being used for data analysis; (c) transcribing data on my password-protected desktop computer; and (d) eliminating references from the text of the study that would identify participants.

I agreed to meet at a specified location that was in a safe and natural setting for each participant, and prior to beginning the interview, participants were encouraged to pause the recording at any time if necessary. For member checking purposes, I utilized the North Carolina State University's secure Google server so members could review transcripts. In addition, one participant did not have internet services; therefore I met with the participant for member checking. For the purposes of the external auditor, prior to beginning the auditing process, I asked the external auditor to sign a confidentiality agreement statement to ensure privacy of participants. Furthermore, I utilized a secure system entitled Velocity through North Carolina State University that was developed for securing the transfer of files over e-mail.

The nature of this dissertation may invoke feelings of sadness or anxiety as participants reflect on their previous lifestyle of substance use. I provided participants with local community agencies that provide substance use treatment should they need assistance. Research data including the demographic questionnaire, field notes, interview protocol, and hand-held digital recorder were stored in a secure locked file cabinet in my home upon the completion of each interview.

Chapter Summary

This chapter provided a review of the methodological approach that was well suited for this study. The sections of this chapter provided a detailed overview of the following: (a) the rationale of utilizing Moustakas (1994) transcendental phenomenological qualitative methodology; (b) research design; (c) researcher's subjectivity statement; (d) participant selection; (e) recruitment strategies; (f) procedures; (g) methods of data collection; (h) data analysis; (i) validity; (j) strategies of trustworthiness; and (k) ethical considerations. The following chapter presents research findings that emerged from this study.

CHAPTER FOUR: RESULTS

The purpose of this study is to gain an in-depth understanding of the lived recovery experiences of eight African American women by describing how they have been able to achieve long-term sustained recovery from substance use. This qualitative phenomenological study sought to answer the following research questions:

1. How do African American women become addicted to substances?
2. How do African American women describe their lives while addicted to substances?
3. How do African American women negotiate systemic forms of oppression that existed within their local environment during the time of substance use?
4. How do African American women redefine their lives through recovery?
5. How do African American women perceive sources of recovery capital?
6. How do African American women engage in the maintenance stage through the process of social liberation, helping relationships, and self-liberation?

This study utilized transcendental phenomenological methodology that sought to authenticate and investigate the experiences of participants through exploring what participants experienced and by uncovering how they perceived the phenomenon under investigation (Watson & Parke, 2011). As a result of participants' shared stories, it is my hope that readers will have a better understanding how of African American women are able to redefine their lives through utilizing natural forms of recovery including spirituality, religion, and family. The section below provides general illustration of research the questions and emergent themes developed from participants' narratives.

Table 6

Research Questions and Themes

Research Question	Emergent Themes
<i>1. How do African American women become addicted to substances?</i>	<ul style="list-style-type: none"> • Resisted at first request to engage and experienced moments which they yielded to request to use • Introduced by people closer to them • Traumatic childhood experiences
<i>2. How do African American women describe their lives while addicted to substances?</i>	<ul style="list-style-type: none"> • Downward spiral of events • Engagement in risky behaviors to support habit • Mental health challenges • Prayed to God during use
<i>3. How do African American women negotiate systemic forms of oppression that existed within their local environment during the time of substance use?</i>	<ul style="list-style-type: none"> • Everyone around them was using drugs • Drugs were accessible in the neighborhood • Had to leave environment
<i>4. How do African American women redefine their lives through recovery?</i>	<ul style="list-style-type: none"> • Encountered life experiences that lead to recovery <ul style="list-style-type: none"> ○ Damascus road experiences ○ Desire to change ○ Spiritual awakening • Described recovery process <ul style="list-style-type: none"> ○ Initial stages were challenging
<i>5. How do African American women perceive sources of recovery capital?</i>	<ul style="list-style-type: none"> • Utilized Recovery Capital resources <ul style="list-style-type: none"> ○ Physical capital ○ Human capital ○ Cultural capital (spirituality, religion/religiosity) ○ Social capital (The Black Church, church family, engagement in leadership activities, and became ministers of the gospel)

Table 6 continued

<p>6. <i>How do African American women engage in the maintenance stage through the process of social liberation, helping relationships, and self-liberation?</i></p>	<ul style="list-style-type: none"> • Committed engagements • Committed lifestyle • New associations
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The following section provides a detailed overview of the results derived from participants' background and demographic questionnaire. This section includes the following: (a) age, marital status, education level, and years of recovery; (b) employment status, occupation, household income; (c) substance of choice; (d) previous treatment history; and (e) support systems, religion, and spirituality.

Participants Background and Demographic Characteristics

This study included the experiences of eight ($n=8$), African American women who have been able to achieve sustained long-term recovery for at least five years. Prior to being selected for this study, participants were engaged in a pre-screening telephone interview to determine their previous substance use history and whether or not participants had substance use disorder based on the DSM-5 (2013) criteria for substance use eligibility within the study. There were several important eligibility criteria for participants to qualify for this study, including: (a) self-report of being in long-term recovery of at least five years; (b) being at least 26 years of age; (c) presently not utilizing the 12-step groups to assist with recovery; (d) and self-report of being able to achieve sustained long-term recovery through recovery

capital resources such as the church, spirituality, or religion. Moreover, prior to beginning interviews, participants were asked to select pseudonyms to protect their confidentiality.

Creswell (2013) suggested that for phenomenological studies, the sample size should be five to 25 individuals. In this study, the total number of eight participants provided sufficient evidence for data saturation.

As exhibited in Table 7, participants' demographics included age, marital status, educational level, and years of recovery. The data revealed that participants' age ranged from 52 years of age to 64 years. The average participant age was 61. Participants' marital status included both single, married, and divorced. A majority (62.5 %) of African American participants were divorced, two participants were single, and one participant was married. In relation to participants' level of education, three participants did not obtain high school diplomas, two participants are high school graduates, and three participants have a few years of college.

Table 7

Age, Martial Status, Education Level, and Years of Recovery

Participant	Age	Martial Status	Education Level	Years of Recovery
Edna	63	Divorced	Some College	23
Emma	57	Single	Some College	27
Lorraine	52	Single	10 th Grade	17
Mercy	55	Divorced	10 th Grade	6
Patricia	65	Married	High School Graduate	18
Saundra	58	Divorced	High School Graduate	24
Scorpio	59	Divorced	Some College	5
Tracey	64	Divorced	9 th Grade	30

The following chart in Table 8 explored participants' employment status, occupation, and household income. Participants' employment status included the following: three participants worked full-time, three participants received social security disability benefits, and two participants were retired. Occupation positions included participants working in the food service industry, secretary, cashier, and habilitation technician. Individuals that were disabled or retired worked as home health care assistants. Participants' household income ranged from below \$20,000 up to \$39,000.

Table 8

Employment Status/ Occupation/ Household Income

Participant	Employment	Occupation	Household Income
Edna	Full-time	Habilitation Technician	\$20,000-\$29,000
Emma	Full-time	Secretary	\$30,000-\$39,000
Lorraine	Full-time	Cashier	Below \$20,000
Mercy	Disabled/Part-time	Food Service	Below \$20,000
Patricia	Disabled	Previous Home Health Care Assistant	Below \$20,000
Saundra	Disabled	Day Care Provider	Below \$20,000
Scorpio	Full-time/Retired	Food Service	\$20,000-\$29,000
Tracey	Retired	Previous Home Health Care Assistant	Below \$20,000

The following Table 9 provides a summary of substance of choice and order of use. In relation to drugs of choice, all but one of the participants were poly-substance users. The most selected drugs of choice began with initiation with alcohol and marijuana. Then further progressed to various drugs including crack, cocaine, and prescription medications including benzodiazepines, anti-depressants, codeine, Lysergic Acid Diethylamide (LSD), and heroin.

Table 9

Substance of Choice

Participant	Drugs of Choice
Edna	Crack/Cocaine
Emma	Marijuana, cocaine, prescription medications to Benzodiazepines and anti-depressants
Lorraine	Marijuana, Crack
Mercy	Marijuana, Crack/Cocaine
Patricia	Alcohol, Marijuana, and Heroin
Saundra	Alcohol, Marijuana, Crack, Cocaine, prescription medication to Anti-Depressants.
Scorpio	Crack
Tracey	Alcohol, Marijuana, Crack, Cocaine, LSD, Heroin and Codeine

Within Table 10, participants' treatment history, number of attempts, duration of treatment, and barriers to treatment are displayed. Majority of participants (50%) did not receive treatment for substance use, three of the participants received treatment for substance use that consisted of residential and outpatient treatment with the duration lasting between 30 days and 6 months. Two participants reported two attempts at treatment, which failed, and one participants' duration of treatment was for 6 month. When asked about barriers encountered to facing treatment, seven participants reported that they did not experience barriers to treatment while only one participant experienced barriers to treatment.

Table 10

Previous Treatment History

Participant	Type of Treatment	Number of Attempts	Duration of Treatment	Were there barriers to Treatment
Edna	None	0	N/A	No
Emma	Residential	2	30 Days	No
Lorraine	Residential	2	30 Days	Yes
Mercy	None	0	N/A	No
Patricia	None	0	N/A	No
Saundra	Outpatient	1	6 Months	No
Scorpio	None	0	N/A	No
Tracey	None	0	N/A	No

Due to research participants' ability to sustain recovery through the through use of cultural capital resources such as spirituality and religion, they indicated numerous sources of support throughout their experiences. Participants' support systems utilized to sustained recovery included family, church members, spirituality, and religion. Participants' religious and spiritual affiliations included Baptist, Church of Christ, Holiness, and Non-Denominational. Furthermore, participants self-identified as Christians. Table 11 provides a summary of support systems and religious/spiritual affiliation.

Table 11

Support Systems & Religion/Spirituality

Participant	Support System	Religious/Spiritual Affiliation
Edna	Family, Church Members, Spirituality, Religion	Baptist
Emma	Family, Spirituality, Religion	Church of Christ
Lorraine	Friends, Family, Spirituality	Holiness
Mercy	Family, Church Members, Spirituality, Religion	Non-denominational
Patricia	Friends, Family, Church Members, Spirituality, Religion	Holiness
Sandra	Friends, Family, Church Members, Spirituality	Baptist
Scorpio	Family, Church Members, Spirituality, Religion	Holiness
Tracey	Friends, Family, Church Members, Spirituality, Religion	Non-denominational

Participant Portraits

This section provides detailed descriptions of all eight participants. These portraits provide representations of specific snapshots by participants that include the following within each portrait: (a) years to sustained recovery; (b) native state; (c) employment history; (d) marital status; (e) location of interview; (f) initiation of substance use; (g) transformational experience; and (h) involvement in the church.

Edna. Edna is a 62-year-old African American female who has been able to achieve sustained long-term recovery for 23 years. A native of Washington, D.C., Edna relocated to North Carolina in 1993 to escape the drug community and the death hit that was out on her life. Currently, Edna works full-time as a habilitation technician with individuals suffering from developmental delays and co-occurring mental health disorders. Edna is single with two older children and five grandchildren. The semi-structured interview occurred within a private location preferred by Edna.

Within the interview Edna expressed, “God is a deliverer.” Edna shared that she was addicted crack/cocaine for five years and was introduced to it by a boyfriend she was dating during her substance use period. Edna acknowledged that everyone within her social circles was using crack/cocaine and she actually looked down on individuals that were using, until one day she tried crack/cocaine and immediately became hooked. Edna self-reported that her weekly drug habit cost approximately \$200.00 per week or more. Edna further described herself as a heavy user. Edna indicated that she initially had financial resources to support her habit, but then lost her job because of the substance use addiction. Edna vividly described occurrences when she engaged in stealing from family members and prostitution to support her drug habit after leaving her boyfriend. She also recounted how those risky relationships always seemed to leave her “hurt.” During the time of her substance use, she sent her children to be with their father. She emphasized, “At the time, Department of Social Services was snatching up everybody’s children in the building, if they knew you were using, so when my addiction became extremely bad, my kids’ father allowed the kids to stay with him.” Edna

describes her transformational experience, which occurred when she was almost killed by a drug dealer because she owed him “a lot” of money. Edna recounted that she prayed to the Lord and asked him to “deliver me from the cravings of crack/cocaine.” I promised the Lord, “If you just get me out of here, I promise that I will serve you.”

Edna recalled her date of recovery as March 23, 1993. She said she left Washington, D.C., moved with her uncle, and never looked back. Edna disclosed, “I know the hand of God was upon my life. Once I moved down south, I knew that I was going to get my life together.” As a result of being clean for 23 years, Edna is deeply involved in her church, serves as an Elderess, and ministers at various churches sharing her testimony of being delivered from substance use.

Emma. Emma is a 57-year-old African American female who has been able to achieve long-term sustained recovery for 27 years. Emma is a native of North Carolina, works full-time as an Administrative Assistant, and is single with one child. The semi-structured interview occurred at a private location preferred by Emma. Within the interview, Emma identified that she did not consider herself as a “heavy user.” Furthermore, Emma reported that she was initially introduced to substances, particularly marijuana, as a senior in high school during the 1970’s when marijuana was the popular drug of choice for most individuals during this time period. Emma stated the initial engagement to marijuana known as the “gateway drug” led to the progression of cocaine and use of prescription drugs to benzodiazepines and anti-depressants. Emma self-reported that she was able to stop the cocaine addiction on her own in 1988; however, her mother died a few years later and Emma

reported that she found herself addicted to prescription medications. Emma disclosed her life changing experience resulted in seeking inpatient treatment for substance use of prescription medications twice. Although Emma was able to stop using cocaine after the death of her mother, she sought counseling for depression and anxiety, which resulted in Emma being prescribed anti-depressants and benzodiazepines.

Emma described how she craved prescription medications constantly and entered into treatment for this addiction. Emma self-reported that she did not experience barriers to treatment. This can be attributed to the fact that Emma had resources such as health insurance to cover treatment expenses. Emma's first attempt at treatment for prescription medications was unsuccessful. However, during her second attempt at residential treatment she was able to remain clean from her addiction. Likewise, Emma reported that she attended 12-step groups during treatment and a few months after treatment; however, stopped attending and became involved with her church and this has been her "saving grace." She reported that she was able to stop the addiction to anti-depressants and benzodiazepines and has been clean since 1989.

Emma conveyed that she has been able to maintain her sobriety through prayer, meditation on biblical scriptures, listening to praise/worship music daily, attending church weekly, having a new group of friends, and working. Emma is involved within her church by devoting her time to singing in the choir.

Lorraine. Lorraine is a 52-year old African American female who has been able to achieve sustained long-term recovery from substance use for 17 years. Lorraine is a native of

North Carolina, works full-time as a cashier, and is single with three older children and seven grandchildren. This semi-structured interview occurred within Lorraine's home. It was visible within her home that she honors her spiritual walk with Christ as various Christian symbols and biblical scriptures were highly visible within her home. Lorraine stated that she was introduced to crack by her daughter's aunt in 1986 when it was heavily popular within her community. Lorraine reported that she initially started out "freebasing" crack and acknowledged that once she started "freebasing" she immediately became addicted. Lorraine conveyed that she was extremely addicted to crack and that she lived and breathed waking up to the "next hit." She further mentioned that one of her most life changing experiences involved two of her children being taken away by the Department of Social Services. Lorraine revealed, "I had to get my act together." Moreover, Lorraine disclosed that she engaged in criminal activity by shoplifting to support her habit, resulting in Lorraine spending time in prison for 30 days months.

During her process of being incarcerated for 30 days, she realized that she would no longer "become a slave to drugs" and acknowledged the prison sentence as her "processing chamber." Upon her release from prison for shoplifting, Lorraine describes that the Lord "immediately took the craving away." Through time in prison, she was able to begin the pathway to "deliverance from crack" and start a new and fresh life to re-establish relationships with family and regain the custody of her children. Throughout her interview she gave reference to "God bringing me through" as she mentioned that she is presently living "by the grace of God."

Lorraine acknowledged that she is deeply involved in her church and serves as an ordained minister of the gospel.

Mercy. Mercy is a 55-year-old African American female who has achieved sustained recovery from substance use for 6 years. A native of Brooklyn, New York, Mercy relocated to the southeastern section of the United States to be with her daughter and grandchildren. Mercy is divorced and has two older children and two grandchildren. The semi-structured interview occurred at a private location based on Mercy's preference. Mercy receives disability and works part-time within the food service industry. At the time of her interview, Mercy resided with her daughter and at the time of the interview, Mercy was saving funds to pay for the deposit for an apartment. Within the interview, Mercy shared that she was introduced to marijuana in the early 1980's. Then, as time progressed, her sister introduced her to crack/cocaine. Mercy expressed that she engaged in self-destructive behaviors and sought out substance use to "take away the pain." As Mercy described, "I was chasing the dragon."

Mercy discussed that she was able to stop using substances for approximately 9 years, but was re-introduced to crack by a boyfriend who was addicted to substances. Mercy describes that her transformation to stop using crack/cocaine occurred six years ago when she was diagnosed with lymphoma cancer and the symptoms related to her diagnosis of Human Immunodeficiency Virus (HIV) progressed.

Mercy described how she attended Narcotics Anonymous (NA) meetings once or twice but did not find the meetings useful. She felt as though, "NA participants talked about

how they got high and seldom discussed how they were able to get clean and stayed clean.”

Therefore the meetings did not seem to serve an interest to her.

Mercy expressed that she had to let “people, places, and things go in order to get my life back together.” Mercy indicated that being connected to the church, having a strong relationship with her pastor, and having a supportive church family has assisted her during the recovery process. Mercy acknowledged that she is deeply involved in the church; she serves on several committees involving community engagement, attends bible study weekly, and attends worship services every Sunday.

Patricia. Patricia is 65 year-old African American female who has been able to achieve long-term sustained recovery for 18 years. Patricia is a native of North Carolina and is married with an older son and three grandchildren. At the time of the interview, Patricia is disabled due to health complications. Prior to becoming disabled, Patricia worked as a private duty certified nursing assistant with a home health agency. The semi-structured interview occurred within Patricia’s home. It was visible throughout Patricia’s home that she cherished caring for plants and that family is important to her, as numerous pictures of family were noticeable throughout her home. Patricia reported that her boyfriend introduced her to heroin and she immediately became hooked. Patricia indicted that she injected heroin and was addicted to this substance for 12 years. Patricia further acknowledged that during her addiction, she was able to work full-time to support her habit. At one point during her lifetime, Patricia reported that she worked two jobs in order to maintain her habit, as she recalled, “I had a good job and I did not have to engage in selling my body.” Initially, she

started out using on the weekend and then she had to have the drug, “every day.” Patricia acknowledged that during the time of her addiction, her mother raised her son and she was able to provide monetary funding. Patricia further reported that she attempted to stop twice and the first time she was able to stay clean approximately for 60 days, but then was re-introduced to heroin by a boyfriend and that ended her first attempt at recovery.

After Patricia’s transformational near death experience, she made a vow to God on the hospital bed that “if he would take the desire and taste out of her mouth that she would live and serve him and never touch the heroin again.” Patricia recalled her new journey began August 13, 1998. She indicated that she has not looked back and that she “changed her lifestyle.” Patricia said that God delivered her, “It was the grace of God, because I’m not suppose to be here.” As a result of her transformation from substance use, Patricia became deeply involved in her church by serving on several committees including: the pastor aide, president of the usher board, and singing in two choirs. Patricia acknowledged that she is extremely thankful of her church family and expressed feelings of appreciation for how they have assisted with maintaining her sobriety.

Saundra. Saundra is a 58-year-old African American female who has been able to achieve long-term sustained recovery for 24 years. Saundra is a native of the central section of North Carolina. At the time of the interview, Saundra is disabled due to a severe injury to her lower back. Prior to being disabled, she worked as a day care provider for several years. Saundra is divorced with two older children and six grandchildren. The semi-structured interview occurred at Saundra’s home. Saundra reported that she was first introduced to

substances, particularly crack/cocaine, through the initiation of her boyfriend. Sandra further shared that she initially started out using marijuana after high school, as this was the “social” thing to do. In addition to marijuana, Sandra stated that because her grandmother sold alcohol illegally, she began drinking alcohol at the age of 13. Sandra reported that she was addicted to crack/cocaine for five years and considered herself to be a heavy user.

Sandra’s life changing transformational experience involved being caught with a bag of crack-cocaine by law enforcement. As a result of this encounter, Sandra received probation and was required to participate in substance use outpatient treatment to meet the requirements of probation. Sandra describes that she regularly attended outpatient treatment appointments for a period of six months. She only had one attempt to “get clean” and through this effort she was able to begin the journey towards recovery. Sandra also conveyed that attending the 12-step groups at the beginning of her recovery was instrumental in teaching her to “stay away from people, places, and things” and recalled it was interesting to hear the lived stories of other participants that would engage substance use. Sandra reported that she attended NA during her first three years of recovery; however stopped attending after she received her three year chip.

Throughout the interview Sandra recalled two attempts to return to crack/cocaine, but each time it did not seem to work out for her. Sandra said that after those two incidents she returned to NA and she received a sponsor. Sandra is happy that she made the decision to enter recovery, get her life back on track, and reestablish bonds with children and family members. Sandra indicated that although she attended NA for three years, after receiving

her chip she did not go back to NA and has been able to use the church, spirituality, and religion to achieve sustained recovery.

Scorpio

Scorpio is a 59-year-old African American female with five years of recovery from crack. Scorpio is a native of the central region of North Carolina. Scorpio retired after completing 29 years of service as a retired food service supervisor and works full-time in the food industry as a driver for the local school district. Scorpio is divorced with one daughter and three granddaughters that she absolutely adores. The semi-structured interview occurred within Scorpio's home. She reported that she was introduced to crack by friends and her addiction lasted for approximately two years. Scorpio's weekly drug habit cost her around \$150.00 per week. Scorpio identified herself as functional and moderate user because she was able to maintain her employment.

Scorpio conveyed that she experienced the death of her mother and brother for whom she provided care, which was an extremely stressful time for her and is why she turned to substance use. Scorpio shared that her transformational experience occurred when she "cried out to God and asked him to take the cravings away." Scorpio reported that as she cried out and prayed daily, she was immediately transformed and has not craved for substances since this spiritual encounter. Scorpio recalled, "I left the area where I was staying and moved with my sister and this was the beginning of it all." She indicated that she attended "a few" 12-step NA meetings and expressed that she was happy to hear the stories of others, but felt as though she needed more. Scorpio expressed that she reached out to the pastor at her church

and this was most helpful as she began her journey towards recovery. Scorpio indicated that she became extremely involved within the church and this helped her tremendously in being able to achieve sustained recovery. Scorpio conveyed that she attends church services weekly and Sunday school at least once per month because hearing the sermons helps her to cope with life challenges.

Tracey. Tracey is a 64-year-old divorced African American female who has been able to achieve sustained long-term recovery for 30 years. Tracey is a native North Carolinian; however, she relocated several times to Newark, New Jersey and has been a resident of North Carolina for over 30 years. At the time of she interview, Tracey is retired as a home health-nursing assistant and serves as a foster parent for two children. Tracey has an older biological child, six grandchildren, and one great-grandchild. The semi-structured interview occurred within a private location designated by Tracey.

Tracey reported that her first husband introduced her to substance use and she was addicted to substances for 17 years. Tracey further acknowledged that initially she started using marijuana because it was the “drug of the time.” As time progressed, she accelerated to cocaine, lysergic acid diethylamide (LSD), crack, heroin, and codeine.

Tracey describes the transformational experience that occurred when she was in a hotel with a male with whom she was going to engage in prostitution. Tracey emphasized that she saw a vision of the man as “a devil with horns” and the bed as “a bed of fire.” Tracey reported that she immediately became sick and had to be rushed to the hospital. Tracey disclosed that she knew then that her life would “rot in hell” if she did not stop using

substances and she knew that the “enemy would have snatched up her life.” Tracey conveyed that after that incident she did not look back and that’s when her journey towards recovery began. Tracey mentioned that she had to “stay away from people, places, and things that reminded her of that former lifestyle.”

At the time of the interview, Tracey serves as an ordained minister in her local church and enjoys serving the community as an outreach minister.

Emergent Themes

This section provides thick rich descriptions of themes that emerged from participants’ narratives. From the experiences participants shared, several themes emerged as it relates to each research question for this study. The following section explored themes in descriptive detail.

Research Question One: How do African American women become addicted to substances?

In order to answer this question several themes emerged from participants’ stories related to how they began the progression to harder substances. Several participants disclosed that they used alcohol and marijuana prior to being introduced to harder substances. The following themes emerged from participants’ narratives: (a) resisted at first request to engage and experienced moments, which they yielded to request to use, (b) introduced by people closer to them, and (c) exposure to traumatic childhood experiences.

Resisted at first request to engage and experienced moments in which they yielded to request to use. According to the Substance Abuse and Mental Health Services

Administration (2014) women are typically introduced to substance use by a significant relationship such as partner, boyfriend, or spouse. Furthermore, research suggests there are many reasons why women initiate substance use.

Several participants recounted stories of how they were not interested in crack-cocaine as they had engaged in drinking alcohol and marijuana for years. Saundra captured how she was asked for six months by her boyfriend to use, resisted and then yielded to his request:

I had a boyfriend after I got divorced, who introduced me to crack cocaine. Asked me for six months, “try this, try this, try this” and I said, no, no, no. One day, I don’t know why I changed or what happened, I said, okay. And so that was the beginning of that. I’m like, okay, I’ll do it. Next thing I know I’m asking him, you too slow, it’s my turn. At first I was like, why you can’t be the same, why you got to hurry up and do this, why we can’t play cards like we used to because it changed his life, but I didn’t realize it was the cocaine that was doing it, it was crack. I didn’t realize it was changing his life, which was going to change my life as well. And once I got into it, I was hooked.

Similarly, Lorraine expressed how she was four months pregnant carrying her daughter and was asked by one of her aunts to try crack; however she declined, as she recalls, “I was carrying my daughter and I was alone, I want to say four months and one of my aunts, she tried to get me to smoking it then but I didn’t try it.” Furthermore, Edna discussed how she was constantly asked by her boyfriend to try crack/cocaine, however refused. Then one day

as a result of stressors she experienced, she made an attempt and that was the beginning of it.

She stated:

At the time when I started using, I was dating my son's father, and he sold crack/cocaine. First, I started out helping him with the business, and every time he would use he would always ask me, "Babe, you need to try this" and I always refused. I just enjoyed drinking my alcohol and occasionally smoking marijuana. I didn't want to become like the people that were strung out in my building and community. My boyfriend wasn't a heavy user because he was in demand so he had to have a level head. One day I was stressed out about some family stuff and dealing with my own demons and I just took a hit and was hooked instantly. I needed that pipe to help me escape all the pain I had experienced and some stuff in the relationship with my boyfriend at the time.

Introduced by people close to them. Within the interviews, participants were asked how they were introduced to substances. Several participants revealed that many of their friends were using crack/cocaine and the request to try substances came from intimate partners, family members, and social relationships with friends. Tracey recalled how she was introduced to cocaine in Newark, New Jersey and she started hanging out with a friend in her building. Mercy described how she was introduced to crack in the early 1980's. At the time of being introduced to crack, she smoked marijuana. Mercy recalled:

My sister introduced me to crack when we lived in Brooklyn, and I was going out with a dealer, yeah, so he would come fix us. He knew I was smoking but he didn't know I had it that bad.

As previously mentioned, Lorraine depicts how her aunt asked her during pregnancy, but refused. However, she explains that later, after the pregnancy, her daughter's father asked her to use:

Immediately after I had my daughter, she was probably two or three months old, and I was introduced by my daughter's father back in 1986. Once I took the first hit, I think I became addicted because after that first hit I continued going back to get more as well as with the other young lady. So it went on and on and as time went on and the addiction progressed.

Likewise, Scorpio illustrates being introduced to substances by friends:

Hanging around two of my friends, I used to wouldn't do nothing and then they say, "just try this, try this, try this" and I did try it. I didn't have to take it but I did, you know. And once I started doing it then I liked it. You know? I just got hooked on it, because that's what I thought they were doing it for, doing it for social, something like that and then it got to a point where I noticed it wasn't social because they had to do it every day and I was right there with them every day.

Exposure to traumatic childhood experiences. Participants were asked to describe if they were exposed to traumatic experiences from their childhood. Five out of eight participants disclosed they experienced sexual, physical, verbal, or emotional abuse within

their childhood, and shared how these traumas led to tumultuous abusive relationships with intimate partners. Consequently, many participants disclosed that they reverted to substances to help numb the pain. Mercy reflected and shared the experience of when she was sentenced to probation and as a result could not use substances. She recalled how she began to think about the sexual abuse that occurred as a child:

Getting high numbs the pain, numbs the thoughts. Last time, I was off probation, but when I was on probation I couldn't get high. So that's when all that stuff coming back on me, I'll never forget going to see the probation officer in tears and she's saying, ["What's wrong?"] I said, "I was starting to remember the things that my stepfather did to me." I said, "I'm starting to remember it and it's hurting and all I'm doing is crying." I would cook so my son to make sure he had something to eat, food would be on the stove and his dinner would be cooked, I wouldn't eat sometimes. This is hard. This is so hard. But that's how I started getting high.

As a child, Edna witnessed domestic abuse in the home. She recalled viewing her father physically and verbally abusing her mother and for this reason Edna's mother sent her to live with a relative to escape the abuse that occurred within the home. Edna recalled the experience of almost being molested at the age of 14:

One time, my uncle friend was staying with us and he tried to molest me but I screamed so loud and told my uncle and aunt. They kicked him out of the house and I never saw him again. But I became scared about men and what they would do to me. I just did not seem to attract the right men in my life.

Comparatively, Mercy recounted her experience of being sexually and physically abused by her stepfather. Mercy described that as a result of the abuse she became self-destructive, “looking for attention in all the wrong places.” During the interview, Mercy became very tearful and began crying recalling the experience:

As a child growing up, my childhood was very destructive. I was abused sexually, physically, and mentally. I remember from the time I was 7 until 12, I remember him trying to penetrate me, I fought back and I remember telling my mother but my stepfather was so abusive that she blocked it out so when they put me in psych because I couldn't do no more drugs no more because I got in trouble and got on probation. I was growing up I remember my mother went out and she asked me to wait to heat up his dinner because she was out and I said okay. So when he came home I heated up his food and after I heated up his food I gave it to him and went back downstairs. He called me upstairs and he gave me some money, I'm like, okay, so I went back downstairs, I'm going to bed, thank you. I think it was about \$10. I was young, \$10 is a lot of money. So he called me back upstairs and he tried to open up my robe and I wouldn't let him and he beat my face, he beat my face. I couldn't go to school for maybe a month or two. Oh man. And then when my mother came home, my cousin came to town she seen my face, she said, “Mercy what happened?” I said, “He beat me because I wouldn't let him touch me.”

Patricia described growing up in a home filled with confusion:

My parents basically couldn't get along with one another, it was a lot of confusion in the house and stuff that sort of really got on my nerves real bad so after that, after they split up I was very happy because I didn't see no need to be together and you ain't sharing no love, you know what I'm saying? I think you should just get away before you hurt yourself, hurt one another, and I was a young girl and I had this feeling. So it was and I'm still sort of right now nervous – I hate confusion.

Saundra revealed her experience of being molested at an early age:

My grandma's boyfriend use to molest me so did my aunt's husband. Now, I wasn't even in elementary school when my aunt's husband did it but I can still remember him doing it. I remember two separate times at least, I don't how many he actually did it but I remember two, but my grandma's boyfriend used to do it all the time when she'd go out. I slept with her and when she'd go to the store in the morning to get stuff to cook for breakfast, then he would do what he would do.

Saundra added that even as an adult, it is hard for her to deal with the fact of being sexually abused as a child. She acknowledged that she continues to work on forgiving her abusers.

Saundra reiterated that her grandmother continued to stay in the relationship with the boyfriend that abused her. She further reported that upon her grandmother learning about the abuse she endured, her grandmother fussed out the boyfriend but did not make him leave the home, in fact he stayed at her grandmother's house for years. Saundra conveyed that the abuse was silenced and the family did not talk about it.

Lastly, Tracey described her experience of abandonment by her mother and constant verbal abuse by her uncle:

My mom left me to live with my aunt and uncle when I was five years old. But as a child I thought in my mind they kidnapped me and stole me from my mama and I thought my mama was looking for me but she wasn't. My uncle made us work from sunrise to sundown, he called me all kind of names except the child of God, he called me yellow, fat, ugly, I wasn't going to be nothing, all kind of names. I couldn't take it anymore and called my dad when I was 14 years old. I told him if you don't give me some money to go back to North Carolina to my mom, I'm going to jump in front of the train and kill myself.

Tracey also discussed later on during adulthood how she attracted men that physically abused her. She discussed how she received a blackened eye and bloody nose. She further described how her husband physically abused her:

If somebody made this man mad, he would come home and knock my head off. At one point my husband had beat me so bad I was between the dresser and the bed and he was beating me so bad I said, "God, he's going to kill me, let the hurt be over."

Research Question Two: How do African American women describe their lives while addicted to substances?

It was very distinctive through the semi-structured interviews that participants did not have the awareness that their lives would take such a drastic turn when they became hooked to substances. Within participants' descriptions, they vividly described the lifestyle of

addiction to substances. Several themes emerged that best illustrates participants' experiences. The four themes that emerged consisted of: (a) downward spiral of events; (b) engagement in risky behaviors to support habit; (c) mental health challenges; and (d) prayed to God during drug use.

Downward spiral of events. Participants described compelling stories of how their lives went into a downward spiral of events involving losing their apartments, loss of employment, and separation of children. Saundra articulated that prior to becoming addicted to crack/cocaine she was able to work full-time as a bank teller. However, once she became hooked, she began to witness her life spiraling out of control:

Well, I started spending all my money instead of paying bills and then I had to leave my house because I couldn't stay there. I couldn't pay the rent, the lights were turned off, all that, so I had to move in with my mom, take my kids and I lost my job.

As a result of the drug addiction, Saundra recapitulates how she was terminated from her job as a bank teller:

Because I didn't have money like I normally do, I had two bank accounts so I would kite, that's what it was called. I would write a check from this bank to that bank saying that I had the money in there until I got paid, and it went back and forth, and they had auditors that caught up with that, and you can't do that especially if you work in the bank, and I would like take my check out of here and put it over here, even though they returned it, so it would go back to me and whatever I would take it out of this pile, and put it in the pay pile, it will run back through tomorrow and I got

caught up with that and lost my job trying to pay bills and whatever and use drugs. I never like took money or anything, I just moved my check from one pile to the next, trying to let it give it one more day, before my money could be deposited in the bank and anyway I lost my job behind that and well but I kept using. I kept using.

Saundra described how she lost control as she became fixated on obtaining the drug:

The life I lived wasn't a thing that I liked to do, it was not – nothing I had ever done, you know it took me away from myself and I had no control, that was the main thing, I felt I had no control. You do what you have to do, you find yourself just doing it, just automatic, that's just part of it. You just get up at 4:00 in the morning, and go somewhere and tell the person and buy drugs from somebody after you done asked your grandma for \$40 to pay the bills, and you use the \$40 to go and get drugs and you give it to the man and you don't know him, but you don't know where to go, and you waiting and you waiting and he never come back, he done took your money and gone on so you don't have the money for the bills, you don't have the drugs, you don't have anything, now you go back home empty handed. That life, things – I'm like, I'm so scared over here right here. 4:00 in the morning, by myself, I'm sitting in the car waiting for the man to bring me drugs that could have killed me.

Lorraine revealed that once she became addicted she continued to go back for more. Over time, as the addiction progressed, she would leave her children and as a result her son was taken away from her by the Department of Social Services (DSS):

I took the first hit, I think I became addicted because after that first hit I continued to going back to get more as well as with the other young lady. So it went on and on and as time went on, the addiction progressed. I wanted it more, and I started getting out, leaving out early to go get more. So I was going steady to Dunn south of the state line two or three days down there. My kids was up here with my mom and so my oldest son, he was, I think, nine years old, and he was kind of having some behavioral problems in school so they ended up taking him to Chapel Hill Children's Hospital and I went up there I think twice to see him, and then I missed a couple of times going up there so he went into the system.

Likewise, Lorraine further disclosed how she lost her job, apartment, and witnessed her second child being taken away by DSS:

I'd moved into housing and because of my drug usage, I lost the apartment. I had went to the daycare to pick up my baby boy, he was four at the time, and he wasn't there, social services had gotten him because when I went there I was high and I'm sure they observed that.

Similarly, Edna poignantly revealed how her life went into a downward spiral as evidenced by loosing her job and personal belongings:

I did not like the way my life was headed. I lost my job working as a secretary, left the relationship with my baby's father only to enter another unhealthy relationship a big time drug dealer because I thought, "He can supply me with more drugs to support my habit." I still kept my looks and appearance together for all I knew. I had

sold everything I had, and DSS started snatching my friends' kids away left and right. I sent my oldest to stay with his father, and kept the youngest child but I could barely provide for him. I was tired of the lifestyle- staying out late, leaving my kids with neighbors for days at a time, I sold everything I had furniture, televisions, kitchen appliances, clothes, designer handbags and I was down to nothing.

Scorpio recalled how she did not like the individual she had evolved into as a result of the drug use and recounted family perception of her life:

I think once I started breaking away from them, I saw myself, and the way my sister was talking about me, you know they were talking about me to me, about how bad I looked and stuff, look at your face, look at how skinny you look, you know. I started looking at myself in the mirror and I didn't like myself then. I didn't like myself at all.

Scorpio further highlighted feelings of low self-esteem and alienation experienced by family members:

My self-esteem went real low. It did because I felt like nobody liked me. I don't know, how do I put this, I just felt like nobody wanted to be around me, you know? My family didn't want to be around me and that makes your self-esteem low. You know when they plan stuff, they don't invite you to it and stuff like that but they had a reason for it though because I was using and stuff.

Engagement in risky behaviors to support habit. Participants described how they engaged in risky behaviors including illegal activities such as selling drugs, shoplifting,

prostitution, and dating drug dealers in order to support their drug habit. Because participants at the time of their drug use were not able to sustain employment, they had to find other means to support their habit. Mercy verbalized that during her drug use history she engaged in prostitution and described the devastating news of receiving an HIV diagnosis when she gave birth to her son:

By my history, I'm doing drugs, and sometimes tricking for them drugs, they wanted me to take an HIV test. The doctor finally came in to see me after I gave birth to my son. Now, I see this doctor every time I go to the clinic, and she finally came to tell me that I'm HIV positive. So she tells me on Mother's Day, I'll never forget it, Mother's Day. I said, "Because you know I've been asking you about this test to give me a choice of having my son or having an abortion," I said, "Because if I would have known earlier, I don't think I would have given birth. You didn't give me that choice, you used me as a guinea pig and now I'm going to whoop your ass." I started getting off the bed, so she left. So my nursing aid said, "You need to calm down." I said, "You want me to calm down, she's trying to leave me."

Lorraine described how she felt powerless over the drug and that she shoplifted, cheated, lied, mistreated others, neglected her children, and engaged in prostitution to support her habit. She also recounted how she became involved with shoplifting to support her use. As a result of shoplifting, Lorraine developed a criminal record history that was extremely lengthy, she recalls:

As time went on, time went on and I just sat there using, shoplifting, doing

everything I could to support my habit, but shoplifting was my main source to support my habit. During my addiction, during a time of my addiction throughout those whole six years, I went back and forth into jail for shoplifting, basically everything was shoplifting.

Saundra describes how her weekly drug habit began to escalate and she had to sell drugs to make money:

Because the guy I was seeing, that's what he did, and I was telling him about how I didn't have, I needed money, I need to make extra money or whatever, and he said, "If you do this, take this, sell it, and what you make from it, this is what I expect you to give me every week." So I took and I sold it, and I gave him what I made, and so I did it every week. Every time I paid him, he'd give me some more.

And I was doing it fine at first, until I started to use more, then I started to sell.

Edna discussed numerous unhealthy relationships she encountered in order to support her habit, as she says, "I left the relationship with my baby's father only to enter another unhealthy relationship a big time drug dealer because I thought, he can supply me with more drugs to support my habit."

Mental health challenges. Participants described that while using substances they experienced several mental health challenges such as psychotic breakdowns, thoughts of suicide, and feelings of depression/anxiety. Lorraine reported that she experienced feelings of depression and recalled:

Because I was depressed and stressed and unsatisfied with my own self because

of the drug addiction and because of the toll the life that it caused me to live which is abandoned my kids and you know not doing as a mother should be doing and you know your family they want to give up on you and put you down, just some of everything.

Subsequently, Lorraine described her attempt at suicide twice during her drug addiction and was hospitalized during both incidents:

Yeah, the last time I tried to take pills, I took a bunch of them. My mom, she had six surgeries so she had different types of medicines, I took a bunch of her pills, and the second time, I didn't really prep myself, but I just kind of had a knife, I was in the bathroom, it just spattered off the walls and stuff like that somehow.

Tracey described how she took 100 pills at an attempt to suicide because she wasn't pleased with her life and wanted things to be over. Mercy described that while using substances she became depressed and was placed in the psychiatric hospital:

But when I started doing drugs, I started remembering a lot of stuff that this man did to me and they put me in psych. My doctor, I'll never forget, I went to go see the doctor, and I had my son with me, I kept crying and crying and crying and crying and I told him, I can't sleep, something's wrong with me. And I wouldn't bathe, I stopped washing my body, I went to the doctor, I took a bath then, but I remember my son came home from school, the shades, the whole house would be dark because I wouldn't let no sunlight in. I would sleep on that couch for days. He came home from school and he says, "mom, what's that smell" and I smelled, and it was me and I went

to go take my shower, my son, helped me escape from the hospital, the put me in the mental place because I was being self-destructive.

Emma described that after her mother died, she received psychiatric help to help deal with the death her mother. She reported, “I was depressed prior to recovery I was depressed about my mom’s death and everything.”

Prayed to God during drug use. Participants also described how they went through the stage of change known as contemplation when making a decision to change their lifestyle. Participants further described how there became an intense desire to commune with God during their addiction. Moreover, participants reported that they grew up in the church as children; however, as they became adults steered away from religious practices. Within their narratives, participants distinctively stated how they always prayed to God for their lives to get better. More importantly, participants recalled they were aware that if change were to occur, as Tracey said, “The Lord would have to do it.” Several participants conveyed that while on drugs they were not involved with the church and ultimately returned to their roots of being connected to God when they desired a change in their lifestyle. One participant in particular recalled how she attended church throughout her drug use and prayed that God would help her. Patricia best captures this experience:

And so I was brought up in the church, we had to go to church each and every Sunday, we had to go to Sunday school. I was brought up in the church so I knew about the church and then during my addiction and all that stuff, I still went

to church. I still went to church, you know I didn't go every Sunday but when I was on that heroin and had a little rough time right there was doing that so I was, you know couldn't, but it was in my heart, it was in my heart and one thing I done, I always prayed. I have always prayed to the good Lord and during that time, I was asking the Lord to please help me, you know, get over this situation that I'm dealing with. I always prayed and asked for that, that I wanted to be good Christian.

Edna strikingly recounted her experience of communicating with God:

I will never forget that night. I was walking the streets high as a kite, and I prayed to God and told him that if he would save my life I promise that I would serve him and nobody else. I remember staying in bed for a few days because I was depressed, and I needed to find a way out.

Mercy noted how the neighborhood preacher wanted her to become involved in the church; however, she was not ready to change her lifestyle and become committed; as she explains:

I know where I used to get high at on Chapin Street in Brooklyn, the church tried to help me. I don't know why they took to me, especially the preacher's wife, and then the preacher made arrangements for this restaurant to feed me in the morning knowing that I was still getting high. So he said, "Just go there, tell them I said that you can eat, to feed you." And I would go there and get some grits, eggs, and bacon, and they would make a big pan of it, I would get some toast, tear that sucker up. And then go down all over again. And then she said, "I want you to come help me out at the church." I said, "Okay." But when I got it right, I tried to get it right. I tried to

come back and forth to that church but I couldn't because I wasn't that strong, I wasn't that strong so I couldn't go back and forth.

Lorraine highlighted how she became tired around her 12th year of using crack/cocaine and prayed to the Lord to stop using:

I began to get tired and this was close to the twelfth year. And so I just, you know, I prayed and I told the Lord that I was ready to give up because – to give up the cocaine usage because my daughter would be the last one that would go into the system.

Scorpio verbalized how she prayed to God because she wanted to change her lifestyle:

Yeah, but I just kept praying on it, and when I first prayed on it, it didn't work. I prayed on it again, it still didn't work. I reckon because I just wasn't willing, you know I wasn't willing to really stop and I just got to the point, asked God, just help me, just show me, give me the way and give me that strength and I just started talking to my pastor, you know the pastors in the church, and they just kept praying for me and stuff like that.

As these accounts illustrate, participants vividly described their lives while addicted to substances. It appears through these narratives that participants had no clue that their lives would take a downward spiral; however, they began to realize the need to change their behavior, which occurred through prayer. Through the next section, participants shared how they negotiated systemic forms of oppression that once existed within their environment.

Research Question Three: How do African American women negotiate systemic forms of oppression that existed within their local environment at the time of substance use?

According to authors of *Doin' Drugs: Patterns of African American Addiction*, the crack-cocaine epidemic brought a considerable amount of increased addiction, crime, and violence to the African American community that continues to be a plague (James & Johnson, 1996). Moreover, researchers Dunlap, Golub, and Johnson (2006) acknowledged the crack-cocaine epidemic became highly saturated in African American communities, which resulted in a large portion of African Americans using substances. As a result, participants' narratives from this study confirmed existing research literature that indicated the crack-cocaine epidemic existed within participants' environment at the time of substance use. The results from this research question revealed three themes: (a) everyone was using drugs; (b) drugs were easily accessible within the environment; and (c) participants had to leave their environment to achieve recovery.

Everyone was using drugs. Participants within the study revealed that numerous friends were using illegal substances within their environment. Lorraine described how her aunt and daughter's father were using drugs. She further reflected upon how the environment was full of "drug addicts and drug dealers." Tracey stated how individuals in her building were using illegal substances. She describes, "So I was hanging out with friends that I had met in the building, we stayed in the projects up there, and they used to do powder." Similarly, Scorpio disclosed how family members were using substances such as cousins. She acknowledged, "drugs were accessible because I was living around it and it was

right around me.” She pointed out how a co-worker and individuals in her community introduced her to substances and individuals on the job were using illegal substances.

Mercy described how she could hardly escape the drugs. Everyone around her including family was using substances. Everyone around her including family members were using substances. After being released from prison and making the decision to live with her brother in New York, she discovered that her brother was using drugs. She stated, “My brother was getting high, I'm like, ‘This is crazy.’ Likewise Mercy acknowledged, “Everybody, everybody was smoking. I used to hang out with my friends, I smoked it, my sister smoked it, my cousin Princess, my cousin Linda, my cousin Butch.” Similarly, Emma highlighted how using drugs became a social thing. Emma discussed several of her friends were using substances and that is how she became involved as marijuana was the drug of the time during her early years. Furthermore, Patricia described how her brother was addicted to heroin and later died as a result of the substance use, she stated, “He was a junkie, mmmm, and he cried and cried for drugs.”

Drugs were easily accessible. Participants also described how drugs were so accessible that they were difficult to avoid. Tracey described how readily accessible the drugs were in her environment: “Especially the street that I lived on, right up the street they used to call Pill Hill.” For instance, Lorraine affirms, “It was right there, you didn’t walk out your door they'd come to your door, so yeah. It was a drug-infested area during the 80’s, full of drug addicts and drug dealers.” Edna disclosed how she could easily find and locate a drug dealer to support her habit.

Moreover, to enumerate, Edna shared how the dealer that sold drugs within her environment allowed her to obtain drugs on credit, thus making it easy to support her drug habit. Saundra described how she dated a guy that sold drugs to make extra money. She recalled how her boyfriend provided her with the supply to make money and it was easy for her to develop a small clientele.

Had to leave the environment. In order for participants to achieve sustained recovery, they reported they had to, as Scorpio said, “leave people, places, and things alone.” Participants shared how they developed new friends at church and had to “let go of old friends.” Tracey shared that she had to “remove herself from familiar people, places, and things.” She reported that she had to separate herself from individuals using substances:

I could no longer hang with them because before, it wasn't the first time I tried to get saved, but before when I would, I would go out and just try to still be with them and they would go smoke and they would offer me a puff...familiar with people, places, and things, I had to separate.

Tracey further acknowledged how she had to move from the area where she stayed, she explains:

I mean the stuff that would trigger was going to trigger where everybody was. I didn't have any special thing that I didn't feel coming from just the house. Eventually I did move, just moving, helped my relationship with god to strengthen.

Mercy remembered moving to New York City, after being released from prison in North Carolina, where she began dating a “knucklehead” and relapsed to substance use, describing

herself this time as a “responsible addict.” She indicated that she became tired and asked her stepfather to drive her to North Carolina to get her life together. Mercy stated that she hasn’t looked back and has been able to sustain her deliverance. Emma expressed, how she left a small country town and moved to an urban area and did not look back. She acknowledged:

And so I didn’t allow myself to be around people that use that stuff. I was around people and had to ask myself do I want to stay in this little country town, small town and be caught up with everything or move on?

Scorpio expressed that she relocated and moved from the community where she lived and moved with her sister where drugs were not as prominent. Similarly, Sandra described that she left her previous living area and remained free from individuals that engaged in substances. She recounted how she became involved in NA meetings, parties, and conventions. However, after she picked up her three-year chip she stopped attending NA meetings. She described how she did not go to drug houses or individuals associated with drugs:

I did all the things they told me to do, I didn’t go around the old people, and then you know I didn’t romance the drug, talk about what I used to do, and how it used to make you feel and stuff like that because all of that was triggers. So I didn’t do that, I didn’t go to the go to the friends’ houses I used to use at, I didn’t even drive down that street because those are the kind of things you have to do, you know, in the beginning. And then once you start, you keep doing it. Because I knew if I drove

down Club Boulevard I was going there. So I wouldn't even go down that street because if you're serious about getting clean, you will do what they suggest you do. Lorraine shared how she left the drug-infested area and moved to another part of town. Once the area was revitalized through the drug task force sting, Lorraine described how the environment improved. Lorraine depicts the living environment through a spiritual metaphor:

But those are spirits over those places, that is why people call it in bondage and they can't break free because all of those oppressive spirits. But you know everybody don't go spiritual with it so, thank God I know.

As participants' narratives illustrate, substances were highly concentrated within their living environment. Through participants' narratives it was difficult to escape the issues that plagued family members and friends. Once participants made the decision to follow the path of recovery, they no longer associated with friends that were using substances. In addition, participants shared the importance of relocating from their drug-infested neighborhoods in order to achieve sustained recovery. The next section explored how participants were able to redefine their lives through recovery.

Research Question Four: How do African American Women redefine their lives through recovery?

This research question sought to answer how participants were able to redefine their lives through recovery. Participants encountered life experiences that lead to recovery and resulted in the following themes: (a) desire to change; (b) encountered Damascus road experiences; (c) spiritual awakening; (d) early stages of the recovery process as challenging.

Damascus road experiences. In the bible, the road to Damascus details the conversion experience of Apostle Paul. Prior to Apostle Paul's conversion, his name was Saul. Saul was on his way to Damascus to provide the high priest of the temple in Jerusalem permission to arrest anyone that followed disciples of Jesus Christ. Upon leaving the high priest and journeying near Damascus, a light shined on him from heaven (Acts 9:3, King James Version). Immediately, Saul fell to the earth and heard a voice asking him why did he persecute the disciples of Jesus Christ. It was during this conversion experience that Saul began to reverence and fear the Lord. As a result of this experience, Saul made a commitment to serve Jesus Christ. He began to preach the gospel and this experience is known as the Damascus experience.

Participants vividly described several life-changing experiences that required them to change their lifestyle. As participants described, Damascus experience encounters consisted of the following: (a) death hit; (b) prison sentence; (c) being stopped by the police for carrying substances; (d) near death hospitalization experience; and (e) being diagnosed with lymphoma cancer. Edna intensely recalled how she found out someone had a death hit on her life because she had owed the drug dealer so much money:

Yes, I got word that the big dealer I was talking to started scheming and plotting a hit on me. At that time, violence was terrible around DC. We had shootings 5-6 times a day, people were being found dead in the hood for owing people money for drugs. I was so afraid for my life. I had owed this guy a lot of money and I mean a lot, the

habit was so bad that I couldn't even afford her rent that was \$20.00 per month. I was scared for my life and I had to change.

Lorraine described how during her drug addiction she went back and forth to jail for shoplifting and probation violation:

During the time of my addiction, throughout those whole 12 years, I went back and forth into jail for shoplifting, basically everything was shoplifting. Also, I went to prison twice which was 30 days each and that was for probation violation and that's how aggressive that addiction was that I couldn't even do my probation right because of the addiction.

Sandra describes her Damascus encounter of being caught by the police:

Actually, I was supposed to have been meeting my friend at the hotel, a girlfriend of mine, we just were going to hang out and she had met her boyfriend and I was suppose to have been meeting my boyfriend there. Well, a friend of mine, but he didn't show up because he was married. So I was at the person's house that I used at all the time just binging, binging, binging at 6:00 in the morning and I got there and I'm like, "I can't do this no more." I'm woke and now you're jittery and you say, "Lord, if my heart just stop beating I mean, if my heart just slow down or whatever I won't do it no more." And you know you're scared and I just, I don't know, that feeling, I didn't want it no more. After I left the house, the police stopped me on the west end where they were doing a sting at the time. I just happened to be coming out on the street even though I had prayed for the Lord to help me stop doing

it, I felt like that's the way he did that. And so I got stopped and that's what started me on my recovery.

Patricia vividly described that she was able to achieve recovery for several months; however, later relapsed because of becoming acquainted with another male that used heroin. She recalled the devastating near-death experience that caused her to achieve 18 years of sustained recovery after being in the hospital for three weeks. She discussed how the night before she had been doing pills all night and gave a detailed description of the Damascus encounter that followed:

... The next morning when I woke up I was feeling nauseous and stuff like that. I went to the bathroom, used the bathroom, and it was just like I was spitting up some chocolate. So I went back and I had no idea what was going on, and sweetheart, listen, when I went back to the bathroom I was throwing up and I was just so weak and I was trying to get up and as I was trying to get up, I fell over the bathtub and I broke about eight or nine ribs. I was in denial, I did not want to go to the hospital but my friend she told me, she said, "Honey baby, you've got to go, I've got to call the ambulance, you are sick." So when they got there, you know you can't refuse, I told them, I said, "I'm alright, I don't want to go." So this man told me, he said, "Miss, you are almost dead, you've barely got a pulse, she said we have to take you against your wishes, we have to take you." They had to take me. Well, I got in that hospital, sweetheart, and they immediately started working on me, pushing tubes down my throat, girl, I was bleeding, I was bleeding so bad, from every which way, blood. See

I thought, you know it wasn't blood, just looked like chocolate, didn't look like blood to me, but it was blood. It was blood, girl, I was so sick on every end, I was sick. I asked the doctor, I said, "Doctor, what in the world is wrong with me?" He said, "Miss, the only thing I can tell you right now is that I'm doing the best I can to keep you alive." He said, "Right now you are in a position where I don't know which way it's going to go."

Tracey described when she was using substances she heard the Lord speak to her and tell her, "if he were to come tonight she will miss out because she was out of place." She felt that the Lord was telling her to "wake up, wake up, wake up." So she described the Lord calling her to the wake up experience the night a drug dealer gave her a bag of methamphetamine along with her cousins on Valentine's Day:

... And so I went to the hotel with him and the guy he had put acid and THC in the reefer. Well, I hate to sound nasty but I was going to do the dude anyway but he did that and all of a sudden my body felt like it was on fire. I looked at that man and he looked like Satan and I looked at the walls, you know how they have in a hotel, they have the wall, the light on the wall, it looked like it was a fire torch and the bed looked like hell. I was burning up, I got so sick, he had to take me and put me in cold water. So he didn't get what he thought he was going to get, but after that, I don't even remember how I got home. I know he must have brought me home, but every time I seen that joker from then, I crossed the street and he scared the mess out of me.

God scared me. The whole time and who knows what could have happened, that boy could have had AIDS or something.

Tracey further recounted how this encounter was symbolic and revelatory for her to “get in place.” She conveyed that God got her attention, took the craving away, and that she did not have to complete NA meetings. She said, “But I thank God and I didn’t have to do the steps, I was stepping to the cross.”

Mercy stated that when she was released from prison in North Carolina for criminal activity she had no desire to be high. However, after returning to New York she became involved with a guy who was on drugs and as a result she relapsed. Mercy indicated that she began getting high again. As a result of being diagnosed with lymphoma cancer she told the Lord “to take the addiction away,” packed her bags and left New York, never to look back again. Mercy described the process of going through chemotherapy and radiation:

They didn’t think I was going to survive because the cancer treatment was intense.

The chemo was for five days. I would go home and on the second day of me being home I would be in so much pain. I was home for a couple of days, sicker than a dog, couldn't eat, couldn't do nothing and then I was in the hospital, I think they kept me in the hospital for four days and I had to learn to walk again without that cane.

Desire to change. Participants described that in order to engage in recovery, it is vital to first admit that you need help and you have a desire to change. One of the most paramount themes associated with this section consisted of participants describing how they really wanted to change and the notion and as stated by Lorraine that you have to “really want it.”

Lorraine acknowledged that although she attempted inpatient, outpatient substance use treatment, and NA meetings, that she did not have a desire to change. She recalled:

At one time even though I kind of thought I would have wanted to be free from the addiction, I really wasn't, I really wasn't ready. I tried treatment, inpatient a couple of times, it did not help, and so I still continued just to use, use, use, and my kids so I kind of tried to straighten up, I started working I can't really give you the years but it only lasted a few months or so.

As she made the decision to change, she felt it was extremely important to be motivated; she recounted:

You've got to really, really, really want it. That's the number one key really, because if you don't want it, it's not going to happen, and things will so easily distract you and pull you back out there. So it's like you know you've got to have a made up mind, this is what I want.

Similarly, Scorpio described that she attempted to change by attending NA meetings and getting her life back together:

I did go to a couple of meetings and then I went to one meeting where the girl did tell her story and I enjoyed that, like I said, I enjoyed that. Then I just thought about it, I said, "I've just got to get myself together" and my sister done came up and said, "You know you going to get it together or you're going to lose everything and we're not going to pick you up, you're going to hit rock bottom." My sister said, what's going to take me to hit rock bottom. I kept thinking, "I can't lose everything." Yeah. So then I

just started straightening up. I started eating, stopped hanging around people, stopped talking, and stopped drinking. I gained my weight back, stuff like that. You know and I just started coming home and staying in the house.

Furthermore, Scorpio recalled how she kept praying to God to change:

I just kept praying on it and when I first prayed on it, it didn't work. I prayed on it again, it still didn't work. I reckon because I just wasn't willing, you know, I wasn't willing to really stop and I just got to the point, I asked God, just help me, just show me, give me the way, and give me the strength, and I just started talking to my pastor, you know the pastors in the church, and they just kept praying for me and stuff like that.

Spiritual awakening. As a result of participants' *Damascus road* experiences, many participants encountered a spiritual awakening as a result of their transformation process. Participants recalled how they kept praying to God to deliver them and take the craving away, often using spiritual metaphors to describe their journey as the following: "demonic stronghold;" "need for deliverance from substance use;" and being "delivered versus recovered." Scorpio described how she thought about her life and said, "I've just got to get myself together." She recalled the striking conversation she had with her sister that opened her eyes in relation to the direction her life was going:

And my sister done came up and said, "You know you going to get it together or you're going to lose everything and we're not going to pick you up, you're going to hit

rock bottom.” My sister said, what’s going to take me to hit rock bottom? And I kept thinking, I can't lose everything.

It was during this moment that Scorpio had an awakening and experienced a spiritual transformation process that involved crying, praying, and thinking about not wanting to lose her life to drugs. She stated:

You know, I just had a lot of will power, putting my mind to it and thinking about what I can't lose, I mean there's my whole family and I'm a family oriented person and I didn't want to lose my family and I've seen it happen to people that have lost their family because of drugs. They've died behind it, you know what I'm saying, so that's something I just didn't want to die from and then lose my family.

Lorraine described her spiritual awakening as she expressed, “I had to have prayer. I had to call on the Lord to help me with that.” Once released from prison, Lorraine never looked back to “Mr. Crack/Cocaine” as she described in the poem she wrote during her drug class while serving prison time for 30 days. She recalled in her poem that her drug habit did not switch from one drug of choice to another but to being hooked to the love of God and the Holy Spirit. This was written October 3, 1997:

At the time in my life, I thought you were my life, my reason for living, but today I can truly say that all that time I was wrong, so I just want you to know that I have no one to blame and I'm not ashamed because today I've truly changed. I thank God for giving me life and putting you to death forever because if it wasn't for him there wouldn't be any of me left. Good bye, good bye, good bye Mr. Crack-Cocaine.

Edna also spoke of how she prayed that God would deliver her and take the craving away. Patricia recounted how during her Damascus experience, she prayed to God that she would never return to using heroin even after relapsing, but this time around she would not drink beer or use drugs again. Patricia explained her spiritual transformation experience:

The good Lord took me through, and going back to when I was in the hospital, and talking to the doctor, you know what I did? I asked the good Lord, “Jesus Christ, my Savior, if you help me, Lord God if you help me get through this, it won’t happen no more. I will serve you. I will serve you from this day to forever. Just get this off of me.” Girl, my father took it off me immediately. When he took it away, he took it away.

Recovery process as challenging. Participants described the recovery process as challenging, involving experience with withdrawals, cravings, constant prayer, and determination.

Lorraine described leaving friends during her recovery process:

So that’s what it was, I just changed, met new people, I mean changed and stopped hanging out. You know, stopped hanging out in the clubs and the streets, started going to church or staying home and being a mom.

Scorpio cried during the interview as she reflected on her recovery process and described feelings of guilt and shame for not meeting the expectation of her family members while using drugs:

They expected a lot out of me, they never expected me to be on drugs. So that was you know, basically that was it, I just cried a lot. You know, I thought about my grandchildren and my daughter and stuff like that. You know I could really lose them.

Saundra recounted the recovery process as challenging because even after achieving 18 months of recovery it was so easy to relapse. She recalled:

I went back to the person's house that I used at last and told him that I wanted to and he just happened not to have any but he called somebody and I sat there and waited and waited and they never came and the Lord said, "Get up." I got up out of that chair and went straight out that door and went to a meeting and told the people where I just came from and what I did and that was the first time I got a sponsor.

Patricia recalled her initial attempt at recovery as especially difficult:

There was many, many nights I was sick. I was sick. One time, I really came off of the drugs on my own, it was really hard I mean, you know you go through these withdrawals, cold sweats, body you know you're cold this minute and you are hot the next minute. You can't keep yourself still and you have that leg syndrome, that's the shaking, the leg syndrome, girl, that's the worst thing, oh that leg syndrome would not let you get comfortable in any kind of way.

Then she described her final plea to Jesus Christ to begin recovery during her second attempt and encountered instant deliverance:

I asked the good Lord, "Jesus Christ, my Savior, if you help me, Lord God if you help me get through this, it won't happen no more. I will serve you. I will serve you from

this day to forever. Just get this off of me.” Girl, my father took it off me immediately. I didn’t go through no withdrawals, I had no desire, they came back to me, did I want to do some drugs, you know how some people say, you come back to them, they get that urge and never had it. Never had it. When he took it away, he took it away.

Similarly, Edna described her recovery process was an instant deliverance. She stated, “Yes, God instantly took the taste out of my mouth and desire; I never had a craving to use crack/cocaine again.” Mercy described the recovery process as very challenging at the beginning:

It was a hard transformation in the beginning. It’s very hard because, like I said, when your hands get to money, sometimes that monkey be like, “go ahead, baby, go ahead, baby, you can get one bee, you can get you a couple, you’ll be alright,” That’s what the monkey say. They always say you have that monkey on your back. And then your mind says, “If you have that clear mind focus and want to keep that clear mind focus, go shop in the CVS store and go spend some money.” If you’ve got to spend some money, go buy something for yourself, this way you can see it. That monkey got mad and left because he wasn’t there no more.

Furthermore, Mercy best illustrates how she prayed constantly through the recovery process:

Just help me, just help me be who you want me to be. It was a struggle, because when you're noticing that you're changing. But then I guess when God start doing things to you, you don't wear the same things no more.

Tracey recounted how she surrendered her life to God and had to separate from the past in order to be delivered. Tracey distinctly shared how during the initial stages of her recovery process she had to “separate herself from familiar people, places, and things in order to prevent herself from falling back into the lifestyle of drugs.” During the interview, Tracey utilized a scripture, as she recalled, “. . .that’s why the scripture said, be separated and come out from amongst them and do not touch that unclean thing.”

The process to achieve sustained recovery is a challenging and arduous journey. Through participants narratives this section summarized participants’ description of their recovery process. The next section examined African American women perception of recovery capital resources.

Research Question Five: How do African American women perceive sources of recovery capital? This research question explored how participants perceive sources of recovery capital. As previously stated in the existing review of literature review, Cloud and Granfield (2008) defined recovery capital (RC) as “the breadth and depth of internal and external resources that can be brought to bear on the initiation and maintenance of substance misuse cessation (p. 1972). Participants described sources of recovery capital that aided in the recovery process. Themes that resulted from participants’ interviews consisted of: (a)

physical capital; (b) human capital; (c) social capital; (d) cultural capital. All aspects of recovery capital assisted participants with being able to redefine their lives.

Utilization of recovery capital resources. As previously stated in the literature review, the purpose of the recovery capital construct is to explain the distinct ability and prospects that people have for defeating serious substance misuse related problems (Cloud & Granfield, 2008). This section explored the four major constructs of recovery capital: (a) physical, (b) human, (c) cultural, (c), and (d) social that can be accumulated or exhausted; these forms of capital aid in the successful termination from substance misuse (Granfield & Cloud, 1999, Cloud & Granfield, 2008).

Physical capital. As defined by Cloud and Granfield (2008) physical capital refers to the economic or financial capital an individual has acquired that is typically tangible in nature. Wolf and Colyer (2001) identified network-based physical capital that may provide direct and indirect economic support such as social supports, friends, family (tangible), or subsidized housing, childcare, and transportation (intangible). Participants shared how they were able to locate a place of residence and reunite with children and family members, thus regaining the physical capital they had lost due to drug use. Lorraine describes how upon her release from prison, she was able to obtain a place of residence, and two job offers with support from her church family. She discussed the process of regaining custody of her children. As a result of regaining custody of her children, their relationship strengthened. She further acknowledged:

It kind of just like picked back up and so we did that until they thought they were too old to go out on picnics and stuff. There wasn't a struggle for me to actually just pick back up and start being a mother. So we did family things, went to the park, went to the movies, went to church events, you know outreach events or free activities in the community.

Lorraine further mentioned that she had a conversation with her children about her life while addicted to substances and the decision to stop using. As a result of the conversation, Lorraine acknowledged that she felt their hurt. She said, "you know so I would say even after using, I would say, 'Lord, just let them feel my love what I was going through with addiction.' That was my prayer for them." Similarly, Edna stated that she had to re-establish the bond with her children again. Meanwhile, Saundra stated how she was able to move and live with her grandmother for six months until she obtained a place of residence, electricity, and items needed for her apartment. Also, Saundra described how her children returned to live with her:

So my daughter was ready to come back. She came back. And then my son wanted to stay with his dad a little longer so I let him stay there. She was 12, so he was 17. So my son stayed there until one day he said, "Mom, I'm ready to come back home." So I said, "Okay," and so we were all back together.

Tracey described the improved relationship with her mother. She acknowledged, "Later on in life, my mom and I got close. I have my daughter, I realize, if she didn't do nothing else for me, she had me. That was no picnic. So she and I became close."

Human capital. Human capital, as defined by Cloud and Granfield (2008), encompasses a broad scope of individual human characteristics that allows an individual to live and function successfully in society. Equally important, Cloud and Granfield contend that human capital can be understood as that which can be used to complete personal goals in order to combat substance use. Examples of human capital include: knowledge, skills, and other personal qualities, educational credentials, health, and mental health, that can be drawn upon to assist the individual in negotiating personal difficulties (Cloud & Granfield, 2004; Coleman, 1990). Participants described examples of human capital that aided in their recovery as: (a) gaining employment; (b) increased responsibility; (c) providing for family; and (d) seeking mental health services for their children, were vital in their abilities to sustain recovery.

Participants shared how they were able to learn new skills to become self-sufficient in society. Lorraine described that she obtained employment by working as a cashier. She further acknowledged that working kept her busy, thus allowing her to provide for the family. Tracey recalled how once she got “delivered,” she worked several jobs as a clerk, cashier, and housekeeper in the local nursing home. She further discussed while working as a housekeeper, she had the opportunity to take classes to become a Certified Nursing Assistant (CNA). Upon completing the class, passing the state examination, she worked as a CNA in the nursing home. After gaining experience of working in the nursing home, she was later able to work as a private duty CNA. Tracey indicated that after her experience, she enjoyed

assisting elderly patients on a personal level. By gaining the CNA certificate, she was able to have comfortable living.

Similarly, Sandra reported that to support her family, she worked as a data entry clerk at Glaxo Wellcome. However, after a couple of years, she had back surgery and received social security benefits for one year. Afterward, she had to generate revenue. She accomplished this goal by becoming a daycare owner in her home. Sandra described her experience as a daycare owner:

So I worked, started with the childcare. I had five children, that's what I was able to have, but eventually I think it was about time for me to retire from it. I had eight kids by myself and then one time I hired a lady to come and help me for a couple of weeks. I enjoyed helping the children.

Edna indicated that her church assisted her with going back to school to obtain a certificate to work with older people. She received a job working in a group home to support her family and has been employed at the same facility since 1995.

While participants described improved relationships with their children, several participants expressed the process of seeking out mental health services such as family therapy. Although participants entered the life of recovery, participants' children experienced repercussions of their former lifestyle. Edna recalled:

With my children, like I said we entered therapy to work through their issues. I think my drug use had the most effect on my son. I apologized to them for leaving them

when I was on that stuff. He just seemed to rebel against me and couldn't get things together. Right now he is serving time for armed robbery.

Additionally, Mercy described her daughter's feelings of animosity due to experiencing neglect during Mercy's addiction:

So I left a message with a therapist and the therapist called me, called my daughter, and saw that my daughter still has a lot of animosity towards me because I used to get high. Don't get me wrong, she'll sit here and tell you. What got me here is when my daughter sat there and said, "Yeah, I used to wish that you were dead." She said it so with a straight face like, yeah, I had no problem, I used to wish she were dead. So what? I looked and then the therapist said, "maybe you can come, you and your mother can come to therapy together because you've still got some issues going on."

Mercy said she continues to work on rebuilding the relationship with her daughter, expressing that it is a work in progress.

Lorraine noted how she encountered challenges with her son as a result of her substance use. She soon realized that the family needed therapy to deal with how her children felt. Even after therapy, her son became involved with the wrong crowd, suffered from mental illness, became involved with the legal system as a juvenile, and presently is serving time for repeated charges of theft. Lorraine expressed that she feels as though her absence played a part in her children's life for those years she was not present. As a result, two of her adult children suffer from mental illness including bipolar disorder and depression.

Saundra described how talking about things has been helpful for her as she recalled, “You're only as sick as your secrets and so if you hold that stuff in, don't nobody know.” She discussed that she and her daughter entered therapy to work on their issues.

Cultural capital. Bourdieu (1986) defined examples of cultural capital as values, beliefs, dispositions, perceptions, and appreciations that emanate from membership in a particular cultural group. For the purposes of this study, spirituality, and religion/religiosity were used to explore the influence of cultural capital resources African American women bring to the recovery process.

Spirituality. Mattis (2002) refers to spirituality as “an individual's belief in the sacred and transcendent nature of life, and the manifestation of these beliefs in a sense of connectedness with others (e.g. human, spirits, and God), and in quest of goodness” (p. 310). Participants described their relationship with God and how they had to surrender their life to Jesus Christ in order to continue deliverance from substances. Lorraine described “getting saved” and “giving my life to the Lord” as they began their recovery process. Afterwards, she got baptized in the church. Several participants strikingly shared their conversion experiences. Mercy recounted this experience as “getting saved” and “living by the grace of God.” Patricia acknowledged within the interview, “And honey it was by the grace of God that I'm telling you this story.” It was clearly observed that participants considered their spirituality with Jesus Christ as paramount to their recovery. Participants described praying by communicating with Christ. Mercy exemplifies the importance of communicating with Christ:

I have to be able to communicate with my father. If I can't communicate with my father, who can I communicate with? I told God, I don't want to get high no more. God, I don't like myself but I got to do what I got to do, just watch over me, praise Jesus.

Mercy further discussed how she has faith and places her trust in God, "because you know God is going to take care of me and I ain't worried about it. He is, he is going to take care of me, if he ain't do nothing else." Mercy further recalled how she has no doubts that God is keeping her, and all she needs is God, she stated, "I have God, and I'm grateful."

Scorpio described how she constantly prayed and utilized scriptures such as the "Lord's Prayer, Matthew 6, and Psalms 23" to get through the spiritual transformation journey. Also, she conveyed that spirituality and religion are vital components to her sobriety. She expressed that God is her guiding light and she places him first. Scorpio further explained appreciation of her higher power:

I really do because he has done a lot. I could have been dead today but he kept me here. He had to keep me here for some reason you know. It means a lot because without God in my life I wouldn't be here and I know that. I know that for a fact. God has shown me the way, you know it's up to me whether I follow the way but you know he shows me the way.

Tracey recalled how her spirituality journey began when she got delivered and surrendered her life to God. She stated that God had other plans for her life: "You know? But God had other plans; he had other plans and so when you surrender you get delivered. So

that's how I got delivered, I surrendered.” Lorraine echoed the importance of spirituality, as she stated, “For me more spirituality helped me more than anything that and it’s keeping me.”

Religion/Religiosity. According to Boyd-Franklin (2010), religion refers to a core set of beliefs and the formal practice of those beliefs through membership in a church or other faith-based institution. Participants discussed their involvement with the religion of Christianity. Participants further shared how they are extremely engaged in various religious activities, including Bible study, private prayer groups, weekly church services, choir, usher board, and serving as ordained ministers. Although several participants had urges to engage in substances after recovery, they felt compelled to adhere to the biblical doctrine of remaining free from the “old lifestyle.” Mercy described how she is able to integrate religious beliefs and practices into her life. She pays tithes and offerings at her church and described how she honors her pastor. Mercy further discussed how she reads her bible everyday; she stated, “I post a scripture, a verse every day.” Spirituality helps to maintain her sobriety, as she acknowledged:

That helps a lot because I find myself sometimes in my sleep telling God thank you. I never forget, my brother told me, he said, “All you do is tell God while you sleeping.”

So, I'm thankful, I'm grateful.

Lorraine noted that on a daily basis, she incorporates prayer and reading scriptures. She recounted her favorite scriptures such as Psalms 23, Proverbs 3, and 5. Lorraine discussed that during the first few months of recovery, she developed a “Kitty Bible Group” to help

other individuals in the community serving with substance use. She stated that being involved in the church allows her to remain dedicated to God, self-disciplined, and follow the word of God. She attends bible study, Sunday church services, and additional revival meetings throughout the week. Lorraine described how she actively leads prayer every Sunday morning prior to service. She recalled:

I guess, now this has to mainly to do with God, this is what he wanted me to do so you know you have to be faithful, you have to show yourself that you are a person that loves God, you're a person that stays connected, that you are, dedicated. You have to be self-disciplined and just do the things that we call right, you know, by according to the word versus doing everything else that you want to do.

Patricia noted that sermons ministered by her minister are life changing:

Oh God, his messages, you know they be hitting me, just where I hear things I had been, you know what the Lord would do for you, how to you know obey in the Lord, how to get yourself in order, don't let nobody put you down, you know you can do this, and you can do that, you know and stuff like that, and there ain't nothing that the good Lord wouldn't do for you, if you want the good Lord to do it for you, he would do it.

Patricia further expressed appreciation for her life several times. She described:

You know, see like I say the good Lord stepped in, and he helped me, but you know it also could have been the other way. It could have been the other way, because you know some of the people, they don't make it, they don't make it.

Social capital. Participants described that as they began to redefine their lives, their social circles began to change. They no longer could associate with places of the past. Burns and Marks (2013) suggest social capital in the context of recovery refers to social relationships, family, access to sober outlets, and peers/social relationships that support individual recovery efforts. As a result of individual social circles changing, participants described becoming involved in the Black church, developing relationships with members in the church, and reuniting with family.

The Black church. For centuries, the Black church has been the religious center of the black community that provides a means of coping with life stressors and societal issues (Plunkett, 2014). Participants recounted that upon being delivered from substance use, even though they grew up in the church as children, and as they became adults steered away from the church. Uniquely, they turned back to the Black church for refuge as this provided safety, support, and assistance with the recovery process. Sandra described how she joined the church when she first began recovery. She stated:

Well, when I first got clean is when I joined my church. I joined the church because I just felt it would help me. I was going to church first, before I got clean, asking the Lord to help me, and once I got clean I joined the church.

Mercy recounted the support she receives from her pastor, "...because she'll call me, she calls me sometimes. "Mother Mercy, you alright? You were just on my mind, Mother Mercy." Mercy conveyed how this makes her feel appreciated:

She would call me and she says, "oh, she dreamt something" and I'd be like, yep. I

don't want to tell her what parts were true and what part wasn't. She says, "are you alright?" I said, yeah, I'm alright, pastor, I'm good.

Mercy further described a challenging moment she encountered and how the church family provided support by praying. She recalled, "my elder held me up in prayer."

Church family. Participants described how they counted on their church family for support, encouragement, and strength during challenging moments. Through the engagement of their church family, participants also connected with others who have encountered difficulties with recovery. Emma described how she was able to connect with church members through a women's retreat. Edna shared how her church family became her new family by praying, and encouraging her. She also recalled the financial assistance received during a pivotal time in her life from the pastor and his wife:

The pastor of the church at the time and his wife were extremely helpful. When I had challenges, they helped me financially, helped me to go back to school, and get a job.

The church family accepted the children and me.

Saundra reported that her church family has a significant impact in her recovery. In addition, Saundra similarly described a time when she received financial support from her pastor and the church family when she experienced car issues. Finally, Tracey described the love she feels from her church family:

The people in my church, I just feel like that they're my family, and I feel like I receive love, the love that I didn't ever feel like I had before. Now, I know that I'm loved, that I'm among the beloved, as the word say. I'm just thankful for it.

Engagement in leadership activities. Participants also described how they became actively involved in the church by attending church services, bible study, ushering, and cleaning the church. Lorraine reported that before she became an ordained minister, she was actively involved in the church by serving on the usher board, becoming the church custodian, and serving leaders in the church. Scorpio stated, “I go to church every Sunday and I'm involved in church.” To illustrate further, she describes her engagement with various activities in the church such as attending church every Sunday, serving as the vice president of the mass choir, serving as the food services director, volunteering at the food bank. Most recently, Scorpio was involved with the pastor’s anniversary, and vacation bible school. Scorpio expressed feelings of pride as she recounted her responsibilities within the church. She shared that she is happy that she can devote time and use her skills to benefit the kingdom. Furthermore, she emphasized how meaningful the prayer involved in her activities is to her, describing prayer prior to choir rehearsal:

We go in and we say our prayer, you know hold each other’s hands, say our prayers and we go over the songs that we're going to sing, and then during the end we say a prayer, anybody got any special prayers.

Patricia serves as the president of the usher board at her church and sings in the choir. She stated, “ I like singing in the choir. You know there's quite a few songs that I like, you know. I just like the gospel.”

Became ministers of gospel. Three out of the eight participants became ministers of the gospel. Lorraine described her experience moving forward in church leadership. She described the “call” to become an ordained minister:

This is what I know in my religion, we believe that he gives the leaders, and so what happened, it was in 2000, and I had prayed that morning, and so the Lord spoke to me and said, “I want to use you as a messenger” so I went to my pastor and told her. She said, “I already know.” So later on is when I became an ordained minister.

Edna stated the call to become an Elderess in the church prompted her to accept the leadership position:

My pastor told me that he felt the calling of the Lord to ordain me, and that I met all the requirements of an Elderess. I also told him that the spirit spoke to me and said, “It’s time to be about my business.”

Further, she described the ordination process:

So I went through the ordination process in which I had to pray, fast, read the word, and prepare my initial sermon. Before all of this, my pastor had to approve that I was ready after going through the steps. I will never forget that day. The church was packed out and as I ministered, God delivered people that morning from drugs. I know he did because they came back and told me. So I became heavily involved in church and was ordained as an Elderess back in 2002. My life has changed for the better. God took me out of that wilderness place because I am supposed to be dead, but God said not so, you shall live and declare my word.

Emma further described the involvement with the benevolence ministry and she sings in the choir. Tracey reported that initially, she became the assistant pastor of her sister's church. Currently, she is responsible for serving as the presider and ministers the gospel.

This section described how they were able to redefine their lives by utilizing various recovery capital strategies. It is interesting to note participants' spirituality and religion served as a pertinent role in their recovery process. Based on participants' narratives re-establishing relationships with children and family also served as a major source of inspiration to abstain from substances. As a result of participants' decision to follow the path towards recovery, a newly profound identity, and life emerged. Participants' succinctly described how sources of recovery capital assisted them in locating a place of residence, gaining employment, reconnecting with their children, and becoming involved in the church. During the semi-structured interviews, participants expressed feelings of excitement about their new life and their ability to serve others that have experienced similar issues. The following section discussed how participants were able to engage in the maintenance stage of sustained recovery.

Research Question Six: How do African American women engage in the Transtheoretical Model Maintenance stage through the process of social liberation, self-liberation, and helping relationships?

This research question explored how African American women engage in the Transtheoretical Model of the maintenance stage through the process of social liberation, self-liberation, and helping relationships. More specifically, social liberation sought to

answer how participants have been able to engage in events that involve sharing their story with others to help encourage other individuals to engage in the path to recovery. The aspect of self-liberation sought to inquire how individuals have been able to integrate change into their lifestyle in order to maintain commitment to recovery. Lastly, the process of helping relationships sought to investigate the type of helping relationships that have been beneficial to participants' recovery process. As a result of these questions, the following themes emerged: (a) community engagement; (b) committed lifestyle; and (c) new associations.

Community engagement. When exploring the component of social liberation, participants described this process as community engagement, by informing others that God is able to deliver, and set them free from drugs. Lorraine described how she serves as an outreach worker to the women's shelter and women's center every Saturday. As an outreach worker, she provides care bags that consist of toiletries and snacks. In addition, Lorraine ministers the gospel to women that are struggling with addiction from substances. She recalled that she feels as though this is her way of giving back, because she utilized the same services while using substances. Lorraine vividly recounted the experience of "how the Lord spoke to her" when she was using substances:

I went down there during one of my addiction periods and I would go down there because, you know you could use the phone, they'll feed you, and stuff like that.

I remember one day I went in there and the Lord said, "you'll be back here but not in this condition." So I have been back there as a minister.

Lorraine further indicated that she felt as though her experience of struggling from addiction was designed for her to share with others. She stated, "...because that's why he allowed me to go through it, and brought me out of it, because he knew there was somebody else that's going to need to hear this story." In addition, Lorraine host intercessory prayer at her house to assist individuals struggling with various life circumstances.

Emma indicated that she participates in activities, which she shares her stories with others, by participating in women retreats to encourage women that recovery is possible and that they have the ability to overcome challenges in life. Tracey considers testifying to others as social liberation through community engagement. She described testifying to others became "her calling" as she indicates:

To testify to all of the things that God has brought me through, that was my testimony, because if I can help a young woman to not go through that, the word of God say by the blood of the lamb and the word of God our testimony. So Lord, I want to testify.

Tracey further indicated that she also engages in outreach and encourages those that are dealing with substance use related issues. She explained:

If I see someone that's on the street or whatever, and they're going through, I tell them you can get through this because God is able, God is a deliverer, I know because he delivered me. God is able to keep you from falling.

Mercy engages in community engagement by serving at the local women's shelter twice per month. Mercy described that she enjoys offering hope to women at the shelter.

Committed lifestyle. Participants described the engagement in self-liberation as having a committed lifestyle. Moreover, participants stated having a commitment to stay “free” from the old lifestyle that once plagued them. Through participants’ narratives, they recalled having the determination to live a committed lifestyle. Emma described that she has been able to engage in a committed lifestyle and integrate change into her lifestyle as evidenced by:

Just like I said, you know, not surrounding myself in that environment. Staying away from people you know that would bring that, not allow anyone to bring that environment into my space, no, no, no, you will not bring that environment into my space.

Tracey, utilized a famous scripture that helps her to maintain recovery. She stated, “...old things have passed away and behold all things are made new.” This is how she lives in the newness of God.

New associations. Participants described the process of helping relationships as new associations. Within participants’ narratives, they discussed the engagement of becoming acquainted with church family, their children, and biological family. Participants stated that once they made the decision to enter recovery, their associations changed. For majority of the participants, their focus shifted to re-establishing bonds with children and family members. Emma stated, “We lived with my uncle and his wife for about 1 year until I was able to get on my feet.” Lorraine described her mother’s influence during the initial stages of the recovery process. Furthermore, Scorpio discussed how her sisters and cousins became her

friends. Sandra acknowledged the support of her grandmother. She further expressed that she moved in with her grandmother and decided she was going to get help. Two of her oldest children moved with their father and her youngest child stayed with she and the grandmother, “got rid of the boyfriend.” As a result of no longer being involved in the drug scene, participants found refuge in the Black church. Participants’ narratives illustrate the vital role the Black church played and as a result, the local members in their church became their second family.

Chapter Summary

As participants’ narratives indicate, the journey to achieving sustained recovery requires a desire to change from old patterns of behavior to new patterns of behavior. Moreover, as illustrated by participant stories, recovery is a life long process that involves determination to maintain the desired behavior change of remaining “free” from substance use. The chapter begins with results from participants’ background demographic questionnaire and individual portraits of participants. Next, the second phase of the chapter provides thick rich descriptions of emergent themes that developed from semi-structured interviews. The following chapter, chapter five will present how participants’ narratives confirm existing research literature based on research questions. Furthermore, implications of this research, implications for the Black church, limitations, and recommendations for future research will be explored.

CHAPTER FIVE: DISCUSSION

The purpose of this transcendental qualitative phenomenological study was to discover the lived experiences of eight African American women who have achieved long-term sustained recovery from substance use of five or more years. This research sought to uncover how participants were able to achieve sustained recovery and redefine their lives by making the decision to refrain from substances. Jordan-Zachery (2008) acknowledged that for many years, African American women voices have been invisible and oftentimes they are held without voice, only subjugated to false stereotypes portrayed through the media and society at large. Furthermore, researchers maintain that a key limitation of current addiction research fails to address African American women in recovery from illicit substance use and their ability to overcome (Sutherland, Stetina, & Hernandez, 2009).

Although several theoretical approaches were utilized to frame this study, the essential theoretical framework that guided this study consisted of the Black Feminist Thought. Through incorporating the Black Feminist Thought, this study provides a valuable opportunity to amplify the voices of African American women who shared their experiences of recovery. This research study demonstrates how African American women encountered oppressive circumstances of substance use and utilized the practice of agency to overcome such barriers. Based on the gap in existing research literature, I sought to answer the following research questions to gain an in-depth understanding regarding the lived substance use recovery experiences of African American women:

1. How do African American women become addicted to substances?

2. How do African American women describe their lives while addicted to substances?
3. How do African American women negotiate systemic forms of oppression that existed within their local environment?
4. How do African American women redefine their lives through recovery?
5. How do African American women perceive sources of recovery capital?
6. How do African American women engage in the maintenance stage through the process of social liberation, self- liberation, and helping relationships?

The chapter begins with the discussion of findings based on research questions and existing research literature. The following section provides a discussion of the results related to the theoretical frameworks that guided this study. Finally, the chapter concludes with limitations, implications for practice, for the Black church, and recommendations for future research.

Discussion of Research Questions

The following section provides a discussion of the research findings based on each research question and review of the literature. The results from this study confirmed existing research literature that resulted in 16 themes and 8 subthemes that discussed how participants became addicted to substances, description of their lives while addicted to substances, systemic forms of oppression that existed in the environment at the time of substance use, participants' ability to redefine their lives, perception of recovery capital resources, and participants ability maintain their recovery.

Research Question 1: How do African American women become addicted to substances?

Within existing literature, Sterk (1999) proposed that the initiation to drug abuse has received little attention. This research question sought to inquire how African American women become addicted to substances. To answer this research question, during the semi-structured interviews, participants were asked how they were introduced to drugs. Based on the findings from this study, three themes emerged that describe participant experiences. These included: (a) resisted at first request to engage and experienced moments which they yielded to request to use; (b) introduced by people closer to them; and (c) traumatic childhood experiences. Similarly, as researchers consistently indicate, the current rate of illicit substance use among African American women is 6.2%, which is higher than the national average of 5.7% (Stevens-Watkins, 2012). As a result of these rates, it is vital to discuss how participants became hooked to substances.

Participants within this study indicated that they typically resisted on the initial request to use substances; however, gave in after numerous request. Individuals close to them such as family members or intimate partners such as boyfriends made the initiation for them to engage in substance use. Five participants in this study were introduced to substances by their boyfriend, spouse, or close friends. For instance, Sandra stated how she was asked for six months by her boyfriend to use, during which time she resisted and then yielded to his request. In addition, several family members introduced the remaining three participants to substances. For instance, Lorraine expressed that while she was four months pregnant, she

was asked by her aunt to try crack. This confirms existing research literature that women are typically introduced to substances by a significant relationship such as a close friend, partner, boyfriend, or spouse and that social networks appear to be an integral component in promoting substance use (Substance Abuse and Mental Health Services Administration, 2014; Tucker, Cheong, Chandler, Crawford, & Simpson, 2015).

Although five of the participants' initial drug of choice was marijuana, seven participants progressed to crack-cocaine. In addition to using crack-cocaine, several participants engaged in prescription medications and heroin. It is important to note that seven out of eight participants identified themselves as heavy substance users. Participants' accounts of how they were addicted to substances confirm the existing review of research literature regarding how African American women have fallen prey to using substances to numb their pain. This study supports the claim that suggests crack cocaine during the 1980's became prevalent in the African American communities and as a result, many African Americans particularly, African American women were drawn to crack cocaine at an alarming rate (Sterk, 1999).

Participants in this study described themselves as victims of physical, emotional, sexual, and verbal abuse. Research indicates that there is a direct correlation between trauma and substance use. In a study conducted by Sacks, McKendrick, and Banks (2008) that explored the impact of childhood abuse in the development of 146 homeless women addicted to substances. Findings from this study revealed that childhood abuse was an important predictor of adult dysfunctional behavior including mental health symptomology, substance

use, and adult trauma exposure. In relation to traumatic childhood experiences, research acknowledged that African American women encounter predisposed risk factors (Blakey & Hatcher, 2013). It is estimated that between 30% and 80% of individuals with histories of substance use have experienced a traumatic event. Furthermore, Blakey (2016) indicates that women often turn to illicit drugs to numb the pain associated with trauma such as PTSD, depression, and anxiety. In comparison to other demographic groups, researchers consistently revealed that African American women are at increased risk for substance use disorders due to the level of exposure to bio-psychosocial, economic stressors, and the subsequent difficulty in coping with these life circumstances such as systemic forms of oppression (Gray & Littlefield, 2002). Findings from this current investigation confirm existing research literature as participants acknowledged exposure to traumatic child experiences and believed the exposure to traumatic events caused them to escape the pain they experienced as a child.

Research Question 2: How do African American women describe their lives while addicted to substances?

During the semi-structured interview process, participants deemed it necessary to share their lives while addicted to substances prior to participants describing their lives of recovery. Watson and Parke (2011) acknowledged, “it is imperative to explore, not only motivations that precipitate drug use and abuse, but also the changes which take place in the social environment that enable individuals suffering from an addictive disorder to break the cycle and reach a position of recovery” (p. 102).

Researchers acknowledged that a life of substance use is characterized by chaos and disruption in which financial troubles, difficulties with housing, mental illness, and legal involvement with the criminal justice system increase (Linas et al., 2015). The findings of this investigation confirmed existing research literature as participants described how their lives had taken such a drastic turn while addicted to substances. Several themes emerged within this section including: (a) downward spiral of events; (b) engagement in risky behaviors to support habit; (c) mental health challenges; and (e) prayed to God during use.

As a result of the decision to use substances, family relationships suffered, oftentimes creating emotional distance between participants and their children. For instance, participants described that as a result of their decision to use, they experienced termination from employment, lost their apartments, children were sent to live with family members or placed in DSS custody, and three participants received criminal charges. Participant experiences confirm existing research literature as Crystal (1992) asserts, the social consequences of illegal drug use include family breakdown, violence, crime, homelessness, as well as transmission of infectious disease. Furthermore, participants recalled moments of going from drug houses, accounts of being homeless, and engagement in prostitution to obtain drugs. Participants' narratives are consistent with existing research literature that acknowledges the use of crack-cocaine placed an extreme burden on family members, friends, and relatives often resulting in the addicts' engagement in prostitution, child neglect and abuse, and essentially a breakdown within the family sub-system (Johnson, Golub, & Dunlap, 2000).

Participants in this study acknowledged their lives as the “old self” while addicted to substances. Findings revealed identification with old self versus new self as recovered. Moreover, participants discussed how their lives spiraled out of control resulting in the engagement of risky behaviors to support habit. Covington (2003) purports that “addiction pulls the addict into ever-tightening circles, constricting her life until she is completely focused on the drug” (p.2). Participants mentioned how once they became addicted to crack cocaine their cravings intensified. For instance, one participant, Lorraine, described how she “felt powerless over the drug and that she shoplifted, cheated, lied, mistreated others, neglected her children, and engaged in prostitution to support her habit.”

Within this study, five out of eight participants reported dealing with mental health challenges during and after substance use. This confirms existing research literature in which researchers Blackey and Hatcher (2013) reported that “women with histories of trauma tend to experience an array of mental health problems including anxiety, panic disorders, major depression, personality disorders, dissociative disorders, psychotic disorders, post-traumatic stress disorder ” (p. 106). Also, two participants attempted suicide. This is consistent with existing literature by Sacks, McKendrick and Banks (2008) that maintains those with a history of sexual and physical abuse are more likely have attempted suicide or have been admitted to a psychiatric facility.

Findings from this investigation suggest that a life filled with addiction is extremely unpredictable and results from severe consequences. Given participant statements, participants acknowledged that they had no inclination that their lives become a downward

spiral of events. The following illustration provides a visual representation of participants' description of their lives while addicted to substances.

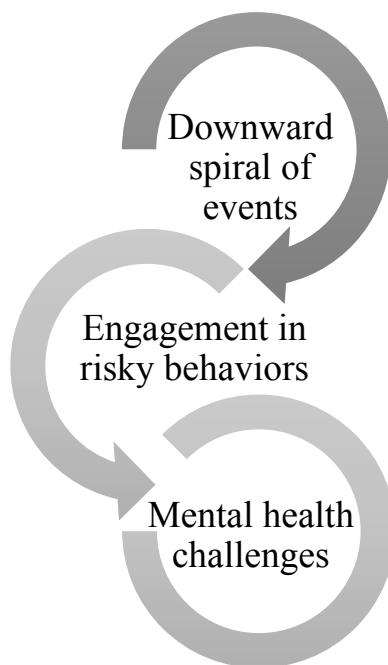


Figure 2. Participants' lives while addicted to substances

Research Question 3: How do African American women negotiate systemic forms of oppression that existed within their local environment at the time of substance use?

The majority of participants within this study used substances during the crack cocaine era. Research postulates that the crack-cocaine era contributed to the oppressive despairs of inner-city African American families during the 1980's and throughout the 1990's (Dunlap, Golub, & Johnson, 2006). As a result, the crack-cocaine era, caused devastation, causing many African Americans to experience oppression at a heightened rate. Moreover, many African American women became addicted to crack-cocaine at an

unprecedented rate. According to Beatty (1994), the environment in which African American women live contributes to their substance use.

At the time when the crack-cocaine era arrived within inner-city African American communities, researchers argue that African American communities lost manufacturing jobs as these jobs moved overseas, which resulted in a significant number of African Americans becoming jobless and more women became sole caregivers of dependent children (Sampson, 1987; Wilson, 1987). Notably, according to researchers Dunlap, Golub, and Johnson (2006), African Americans had encountered difficulties trying to escape systemic forms of oppression as this resulted in, “overcrowded housing, poor physical and mental health, despair, post-traumatic stress, school drop-out, teenage pregnancy, crime, and domestic violence” (p.118).

This study aligns with the aforementioned investigations as participants within this study acknowledged that where they lived influenced their substance use as they utilized substances during the crack-cocaine era. Participants revealed three themes that described the oppression that existed within their local environment at the time of drug use: (a) everyone was using; (b) drugs were accessible; and (c) had to leave environment.

Everyone was using. Participants verbalized how their friends, associates, and loved ones were using illegal substances. As participants recalled, it seemed as though this epidemic was consumed within and around everyone they knew. For instance, Scorpio disclosed how family members such as cousins were using substances. She further acknowledged “drugs were accessible because I was living around it and it was right around

me.” She pointed out how a co-worker and individuals in her community introduced her to substances. Mercy recounted how she was unable to escape the issue as her friends and individuals within her building became addicted to substances. Likewise, she acknowledged, “everybody, everybody was smoking. I used to hang out with my friends, I smoked it, my sister smoked it, my cousin Princess, my cousin Linda, my cousin Butch.” Furthermore, Lorraine described that in her community, drugs were sold “on the doorstep.” Based on participant responses it seemed as their associations were involved in the crack-cocaine era. These findings confirmed existing research literature that indicated the crack-cocaine era was an issue within inner cities, particularly for African Americans.

Drugs were accessible. Another factor that was highlighted in the findings of this study is the theme of accessibility. Participants recalled how it was inevitable to escape the drugs that existed within their neighborhoods. For example, Lorraine described, “it was right there, you didn’t walk out your door they’d come to your door.” In a grounded research study conducted by Roberts (1999) that investigated the illicit drug use among inner-city African American women, one major theme that emerged from this study consisted of the context of the drug scene. Participants’ accounts confirm existing research literature that illegal drugs were often times available within the neighborhood and sold on doorsteps. In addition, one participant shared how she had established a relationship with a dealer and he provided her with credit to obtain drugs. Participant narratives are consistent with existing research that suggest once a neighborhood is purported to have easy access to drugs, users would be attracted to that area (Latkin, Glass, & Duncan, 1998). Likewise, Linas et al. (2015) posited

that physical environments where drug use may readily occur had been theorized to represent environments impacted by disadvantage and deprivation, lack structure and present drug exposure opportunities.

Several participants acknowledged that to support their habits, they began to sell drugs. Research suggest that often, African American women who experience the stress of daily living in their neighborhoods contribute to the cycle of substance use (Uziel-Miller, Lyons, Kissiel, & Love, 1998). Tucker, Cheong, Chandler, Crawford, and Simpson (2015), investigated substance use among adults from disadvantaged ethnic groups and the geographical areas in which they occur. Results indicated that relationships between social network features and substance use suggest that adults who grew up in disadvantaged urban neighborhoods encountered additional challenges, which is known as the *urban health penalty*. Participants' responses are consistent with previous studies that indicate African American women are predisposed to risk factors including race, gender, socio-economic status, and early life trauma. One of the most compelling risk factors involves the environment in which African American women live (Beatty, 1994). The aforementioned findings suggest the neighborhood where an individual lives has a direct influence on their ability to obtain access to substances.

Had to leave the environment. Participants reported that to begin the process towards engaging in recovery, they had to make steps to leave the environment that was filled with substances. For instance, Tracey shared that she had to remove herself from “familiar people, places, and things.” She reported that she had to separate herself from

individuals that were still involved in the drug world as when she made the decision to stop using, if she were to associate herself with those still involved in the drug world. Tracey further acknowledged that she would not have been able to achieve sustained recovery for a total of 30 years if she did not make the decision to leave “familiar people, places, and things.” In addition, Scorpio expressed that she moved from the area in which she was living and moved with her sister where the drugs were not as prominent in the community. By the same token, Saundra described that she left her previous living area and remained free from individuals that engaged in substances. All eight participants described how they had to physically relocate to another area within their community, move out of state, or move to another town in order to begin the path towards recovery. The aforementioned findings are consistent with previous research that indicates specific areas of a city may be associated with certain types of drugs and that for change to occur, individuals seeking recovery should engage in what researchers describe the *geographical cure* (Latkin, Glass, & Glass, 1998).

In a longitudinal study conducted by Schroeder et al. (2001) that explored whether or not social network and neighborhood characteristics influenced the continuation of illicit substance use in a sample of adult inner-city residents that have a history of injecting illegal drugs. The authors predicted that network and neighborhood characteristics would independently predict continuing heroin and cocaine use; however, network characteristics would exhibit greater effect. Results revealed that breaking social ties or relationships with those that misuse substances can facilitate sustained abstinence from illicit substance use.

Research Question 4: How do African American Women Redefine their Lives Through Recovery?

There are various factors that contribute to an individual making such a profound decision to redefine their lives by choosing the path to recovery. This research question sought to answer how participants were able to redefine their lives through recovery. Participants reported the following themes: (a) encountered “*Damascus road*” experiences; (b) desire to change; (c) spiritual awakening; and (d) described initial stages to recovery as challenging.

Encountered “*Damascus road*” experiences. Within this study, participants described they felt as though “*Damascus road*” experience was God’s way of telling them to “get their act together.” It was through participants “*Damascus road*” experiences that began the path towards recovery. Participants vividly recalled how these experiences were near fatal and led to a spiritual awakening. Participants discussed the need to rely on their spirituality as when they were children such as praying and communicating with their higher power. It is interesting to note, that three participants reported their “*Damascus road*” experiences involved criminal activity. This supports existing research literature by Turner and Wallace (2003) that indicates there is a direct correlation between substance use and illegal activity and the engagement in substance use oftentimes is linked to criminal acts to obtain substances and the engagement of risky sexual behavior.

Desire to change. The addiction literature has devoted considerable attention to the topic of motivation and its association with behavior change (Donovan & Rosengren, 1999).

Participants described their lives had become so chaotic, unpredictable, and destructive that they did not like the direction their lives were going. Based on the Transtheoretical Model, when participants arrived at the preparation stage, they had made a decision and were ready to take action.

Common characteristics within the preparation stage included intending to change their behavior, ready to change attitude and behavior, creating a personal change plan (Connors, DiClemente, Velasquez, & Donovan, 2013). Participants described how they experienced identity issues, such as not “liking the person they evolved into.” It was paramount that participants spoke about various steps they began to take such as leaving their environment, no longer associating with people of the “old lifestyle” and making a decision to refrain from substances. Participants described internal and external motivation to change. External motivation to change consisted of relatives’ encouragement to abstain from using substances, *Damascus road* experiences, and the wanting to reunite with children. Internal desires of motivation stem from the downward spiral of events, desiring a better life, tired of the drug lifestyle (burnout), desire to see themselves in a better way, and regaining their lives back.

Spiritual awakening. Participants described spirituality as an essential factor to their recovery. Within this study, participants recalled having spiritual awakening experiences. For instance, Lorraine described her spiritual awakening as, “I had to have prayer, I constantly prayed.” Taylor, Mattis, & Chatters (1999) posited that African American women utilize

religion and spirituality to cope with stress and that African Americans have higher levels of religious and spiritual lives.

Recovery process as challenging. Participants discussed the process to recovery as extremely difficult. This process involved going through withdrawals and cravings for the substances. Similarly, participants recalled how they had to surrender their lives to God to help them through the initial stages of the recovery process. Participants acknowledged the following: (a) how they prayed to God; (b) had striking conversations with family members about their use; (c) discussed constant crying, praying, and pleading to God to take the cravings away; and (d) ultimately making a plea with God that if he would deliver them from substance use that they would never return. This supports the existing research literature regarding how African American women use their spirituality and religion to cope. Participants were able to reclaim their spirituality and reconnect with higher power even though it had been years since they were involved in the church.

Research Question 5: How do African American women perceive sources of Recovery Capital?

The central premise of this research explored how African American women have been able to utilize internal and external resources known as recovery capital to initiate and sustain the recovery process. Researchers Dunlap, Golub, and Johnson (2006) contend that many African American adults do not have the human and social capital to have a productive lifestyle. Contrary to existing research literature, this study demonstrated how African American women have been able to utilize all components of recovery capital.

Recovery capital. Most traditional treatment approaches to substance use recovery have been designed primarily for men and based predominantly on male norms (Greenfield, 2010; Greenfield, Brooks, & Gordon, 2007) and often the approach has been a one-size-fits-all approach based on the disease model of addiction (Kruk & Sandberg, 2013; Peele, 2012). Therefore, this section explored how participants were able to utilize natural forms of recovery that consisted of recovery capital resources to achieve sustained recovery. The purpose of the recovery capital construct was to explain the distinct ability and prospects that people have for defeating serious substance misuse related problems (Cloud & Granfield, 2008).

Physical capital. Participants' described that having a place to stay was important to their recovery. Researchers Burns and Marks (2013) conducted a hierarchical regression analysis study that explored the predictive capability of recovery capital as it relates to addiction problem severity. Results from this study indicated that when measuring for the physical capital component, those physical and immediate needs were of prime concern when predicting addiction problem severity. Based on Maslow's Hierarchy of Needs (1943), physiological and safety needs are primal in relation to well-being. Within this study, participants described how when they made the decision to stop using substances, they disassociated themselves from others "in the life" and they had to utilize resources to regain the basic necessities of living. Several participants in this study described receiving financial and housing support from family members. As a result, participants explained how their

physical capital resources increased. Lorraine expressed that once she was released from prison, she was able to obtain a place of residence and received two job offers with the support from her church family. Furthermore, another participant expressed that she had to live with her grandmother and the process was six months before she could locate an apartment. One of the most touching themes that emerged resulted from participants' reunification with their children, and having a place for their children to live. Consistent with current findings, results from this study confirm that physical capital serves as an important aspect of the recovery process especially during the initial phases of recovery.

Human capital. In terms of human capital, researchers Cloud and Granfield (2008) identified the concept of human capital encompasses a wide range of human qualities, which allows the individual to function in society. Examples of human capital include: knowledge, skills, personal qualities, educational credentials, health, and mental health. Individuals can draw upon these resources to assist them in negotiating personal difficulties (Cloud & Granfield, 2004; Coleman, 1990).

Based on participants' responses, components of human capital ranged from gaining skills such as going back to school to obtain a new skill, taking classes to become a certified nursing assistant, and seeking out mental health services for children. For instance, one participant described how she was able to increase her skill of customer service through on the job training and as a result, she was able to obtain employment working as a cashier. Another participant used her skill of data management to obtain employment at a local pharmaceutical company. Participants also described utilizing their personal qualities to

sustain and provide for their families. Another component that emerged from participants' narratives resulted from seeking mental health services for their children. Participants acknowledged how their previous lifestyle of addiction had an impact on their children and they sought help to assist children with processing their emotions of resentment. The results from this study are consistent with existing research literature that indicates human capital encompasses a range of individual human qualities that allow the individual to function successfully in society (Cloud & Granfield, 2008).

Once participants had the opportunity to gain physical capital resources, human capital resources allowed individuals to sustain the basics needs of living. Cloud and Granfield (2008) suggest that without obtaining employment or necessary skills for a legitimate source of income, it can be easy for individuals in recovery to become immersed in the drug subculture through returning to previous behaviors of drug selling or engagement in illegal activity. As a result of participants' ability to maintain a legitimate source of living, they did not return to substance use after their *Damascus road* experiences.

Cultural Capital. Researchers defined examples of cultural capital as values, beliefs, dispositions, perceptions, and appreciations that emanate from membership in a particular cultural group (Bourdieu, 1986; Cloud & Granfield, 2008). Within addiction research, scholars argue that more research is needed to document pathways through which religion and spirituality work to prevent and aid in recovery from substance misuse (Laudet, Morgen, & White, 2006). Furthermore, research by Reddell (2013) asserts that negative experiences with society as a whole have made African Americans resistant to the idea of treatment

provided by someone who represents the community they have grown to mistrust. Three of the eight participants from this study reported they attempted treatment; however, treatment did not work for them or they stopped attending Narcotics Anonymous (NA) meetings when they felt as though they needed more. There is evidence to suggest that only a few treatment programs specifically address the social, cultural, and individual factors associated with drug use by African Americans (Longshore, Grills, Annon, & Grady, 1998). Participants described how they were in search of something greater that could sustain them from substance misuse.

All participants within this study utilized spirituality and religion as pathways to recovery. Researchers describe *spirituality* as “belief in God, the Creator, or a Higher Power and the power of spiritual beliefs in one’s life” (as cited in Boyd-Franklin, 2010). For example, Tracey stated how she did not utilize 12-steps, but was “stepping to Jesus.” Chatters, Taylor, Bullard, and Jackson (2008) conducted a study that examined race and ethnicity differences in self-definitions of spirituality and religiosity upon African American, Caribbean Black, and non-Hispanic white adults. Results from this study revealed that a significant number of African Americans characterized themselves as religious and spiritual. This study supports existing research literature that participants from this study viewed themselves as spiritual, religious, and discussed the of spirituality and religion in their lives as it relates to sustained long-term recovery.

Brome, Owens, Allen, and Vevaina (2000) acknowledged that spirituality provides the person that was addicted to substances with awareness that the recovery process requires a relationship with their higher power. Within this study, it is interesting to note that

participants acknowledged that although they grew up in the church as children, during their substance use, they did not engage in spirituality. Two participants stated that occasionally they would attend church, prayed to God during use, and their relationships were not strong with God. Participants reported that their *Damascus road* experiences gave them an opportunity to pray to their higher power, reclaim their spirituality, and through the involvement in the church, develop a stronger identity. Participants further shared how they surrendered their lives to their Jesus Christ and that spirituality with was paramount to their recovery. Findings from this current investigation revealed that participants described spirituality as: (a) praying; (b) surrendered life to Christ; (d) communicating with Christ; and (e) placing their trust in higher power. For instance, Mercy discussed how she has faith and puts her trust in God. She exclaimed, “.because you know God is going to take care of me and I ain’t worried about it. He is, he going to take care of me.”

Another major factor that echoed from participants’ narratives consisted of “surrendering their lives to Christ.” Tracey recalled that her spirituality journey began when she got delivered. She stated how God had other plans for her life: “. . .but God had other plans; he had other plans and so when you surrender you get delivered. So that's how I got delivered, I surrendered.” Participants’ responses support existing research literature from Mattis (2002) in which participants described what researchers coined the term “*spiritual surrender*” (Cole & Pargament, 1999) in which individuals “turn things over” (p. 313) to a higher power in order to make meaning and cope with life circumstances.

Participants from this study described the importance of being involved in the church. Furthermore, participants acknowledged their involvement in various religious activities that consists of: (a) bible study; (b) private prayer groups; (c) weekly church services, choir, usher board; and (d) serving as an ordained minister. According to Boyd-Franklin (2010), *religion* refers to a core set of beliefs and the formal practice of those beliefs through membership in a church or other faith-based institution. Mattis and Jagers (2001) defined *religion* as “a shared system of beliefs, mythology, and rituals associated with god or gods, whereas religiosity refers to one’s adherence to the prescribed beliefs, doctrines, and practices of a religion ” (p. 522). Participants described their engagement in church services every week as this helps them to manage life stressors. Patricia recalled how the messages from sermons are life changing:

...they be hitting me just where I hear things I had been, you know what the Lord would do for you, how you know to obey the Lord, how to get yourself in order, don’t let nobody put you down, you know you can do this and you can do that.

According to Reed and Neville (2014), *religiosity* involves two dimensions including organizational involvement such as church attendance, adherence to doctrine, and non-organizational practices such as prayer and private bible study.

Participants recounted their engagement in non-organizational practices of religiosity. Mercy described the integration of religious beliefs and practices into her life by expressing how she pays tithes and offerings and incessantly meditates on the scriptures. Lorraine stated how she incorporates prayer, reading scriptures on a daily basis, the engagement in private

bible study, and intercessory prayer. Lorraine further disclosed that she remains faithful to God, self-disciplined, and dedicated to following the word of God. She described how she actively leads prayer every Sunday morning prior to service. Findings from this study support existing research that for African American women, being religious involves faithfully attending church services, participating in religious based activities such as bible study, choir rehearsal, and praying to God on a consistent basis (Reed & Neville, 2013). These forms of religiosity help to support participants' recovery.

Social capital. Burns and Marks (2013) assert that social capital refers to social relationships, family, and access to sober outlets that support individual recovery efforts. Researchers Cloud and Granfield (2008) described the concept of social capital as it relates to recovery capital as, "the membership in a social group confers resources, reciprocal obligations, and benefits on individuals who may use this stock to improve their lives" (p. 1973). Participants described how as they began to redefine their lives, social circles began to change. Thus they could no longer associate with their former lifestyle of misusing substances.

Participants mentioned social capital resources as the Black church, newly defined relationships with members of the Black church, and reunification with family. Participants discussed how they returned to the Black church for refuge as it provided safety and support to assist them with their recovery process. Sandra recounted, "when I first got cleaned is when I joined my church. I joined the church because I just felt it would help me." As a

result of her involvement in the church, she has been able to achieve long-term sustained recovery for 24 years.

Participants described the importance of being connected to a church family in order to achieve sustained recovery. In this study, participants discussed how their church family prayed for them and provided financial assistance during difficult times. Mercy recalled, “the people in my church, I just feel like that they're my family and I feel like I receive love, the love that I didn't ever feel like I had before, now I know that I'm loved.” Participants mentioned that as a result of entering recovery and finding solace in the church, they developed close relationships. Three out of the eight participants revealed leadership involvement of becoming ordained ministers and active engagement by serving in various departments in their church. Participants stated how they became actively involved in the church by attending church services, bible study, ushering, singing in the choir, and housekeeping. Lorraine acknowledged, “I go to church every Sunday, and I'm involved in church.” Participants' accounts further illustrate of the influence of the Black church, which served a pivotal role in the recovery process. Findings from this current investigation further support research literature that indicates African American religious institutions are the most active and critical custodians to the African American tradition of helping (Grayman-Simpson & Mattis, 2013). For African American women, religious institutions have served as important spaces within which to communicate, make meaning of, and negotiate the challenges of being both Black and a woman in a racist and sexist society (Higginbotham,

1997). The illustration below provides a representation of how participants utilized recovery capital to achieve sustained recovery.

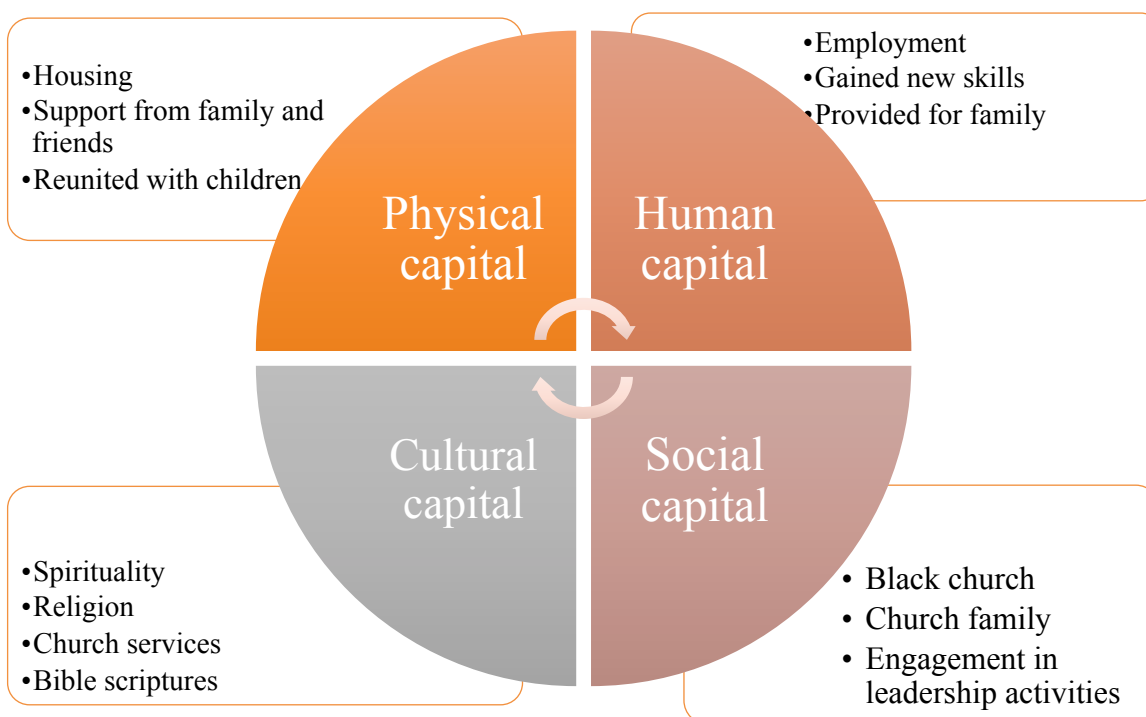


Figure 3. Illustration of Recovery Capital concept

Research Question 6: How do African American Women Engage in the Transtheoretical Model Maintenance Stage Through the Processes of Social Liberation, Self-Liberation, and Helping Relationships?

This section explored participants' ability to engage in a committed lifestyle and their ability to help others to achieve sustained recovery. This question was intended to explore how participants have been able to maintain their recovery. The Transtheoretical Model consists of five stages; however, this question solely addressed how individuals have been able to engage in and maintain their sobriety. Specifically, this study sought to inquire how

participants engaged in the processes to change that consisted of experiential processes of *social liberation*, behavioral processes of *self-liberation*, and *helping relationships*. Three themes emerged that consisted of: (a) community engagement; (b) committed lifestyle; and (c) new associations. As previous research suggest, the maintenance stage behaviors occur six months after the initial action and can last indefinitely (Prochaska, DiClemente, & Norcross, 1992). In the maintenance stage, participants have built a lifestyle that does not include their old behavior of engaging in substances (Prochaska & DiClemente, 1984). Specifically, this study sought to explore how participants have been able to share their recovery experiences with others and integrate a lifestyle change. DiClemente (2003) argued that to have a fully maintained behavior, little or no effort is necessary to continue the behavior. Years of last drug use for participants within this study ranged from 5 years to 30 years of sustained recovery. Connors, DiClemente, Velasquez, and Donovan (2013) acknowledged that, “persons in the maintenance stage have accomplished at least some minimal amount of change as a function of successful efforts exerted during the action stage and are on their way to developing a new stable pattern of non-using behavior” (p. 36). Many participants described how once they made the decision to refrain from substances and began to “get back on track” there was no desire to return to the previous lifestyle.

Committed engagement. This theme discussed participants’ ability to engage in social liberation. Participants in this study engaged in social liberation by utilizing social alternatives that supported behavior change (Connors et al., 2013). Participants described sharing with others how their higher power was able to deliver and set them free from drugs.

More specifically, participants became involved in the community by serving as outreach workers in the women's shelter, sharing their stories with others, involvement in the prison ministry, and empowering others. Tracey stated, "to testify to all of the things that God has brought me through, that was my testimony because if I can help a young woman to not go through that, the word of God says by the blood of the lamb and the word of God our testimony. So, Lord, I want to testify."

Participants further described community engagement as socially liberating and fulfilling. Participants recounted that by engaging in social liberation, they felt as though this was their way of "giving back" because often these participants utilized community resources while addicted to substances. The aforementioned findings support existing research literature that indicates the social liberation process helps the individual to understand social norms, societal sanctions, and to view possible alternatives to help support newly changed behavior (DiClemente, 2003). Through the engagement of social liberation activities, participants have greater knowledge of how they serve as advocates for behavior change in their community.

Committed lifestyle. This theme sought to understand participants' ability to become self-liberated and remain committed to a lifestyle of change. Researchers purport that within self-liberation, a client develops a belief to make choices and change behavior thus maintaining a commitment to the course of action (Connors et al., 2013). Participants in this study described self-liberation as making a decision to live a committed lifestyle. One participant, Scorpio explained how she engages in a committed lifestyle as evidenced by,

“not surrounding myself in that environment. Staying away from people you know that would bring that.” Several participants shared their involvement in church ministry allows them to integrate change into their lives and remain active within the church. It is worth mentioning that participants acknowledged their hope in God and his continued plan for their lives. These findings are consistent with the work of DiClemente (2003) that maintains self-liberation is a process of change in which the individual takes the responsibility to create change. Based on participants’ narratives, having a committed lifestyle and being socially liberated is essential to recovery.

New associations. This theme explored participants’ ability to engage in helping relationships. In this study, participants acknowledged how they had to dissociate with “old friends” and find “new friends.” Participants described how they developed new and healthy friendships, established new associations with biological family members, and developed relationships with church family to achieve the maintenance stage of recovery. Participants recalled how they were able to reunify with biological parents and children. Results from this study support the existing research by Connors et al. (2013), which suggest that the process of helping relationships, clients seek and nurture relationships that offer support to behavior change. Findings from this study confirm existing research literature as participants acknowledged that they formed new relationships with family members and church members. Furthermore, participants stated that new associations afforded them the opportunity to maintain a recovered lifestyle. Beattie and Longabaugh (1999) proposed that social support serves as an active component of maintaining and refraining from the

addictive lifestyle. This concurs with existing research literature that maintains social networks are supportive in an individual's ability to achieve abstinence from recovery (DiClemente, 2003). Below is an illustration of how participants were able to achieve sustained recovery.

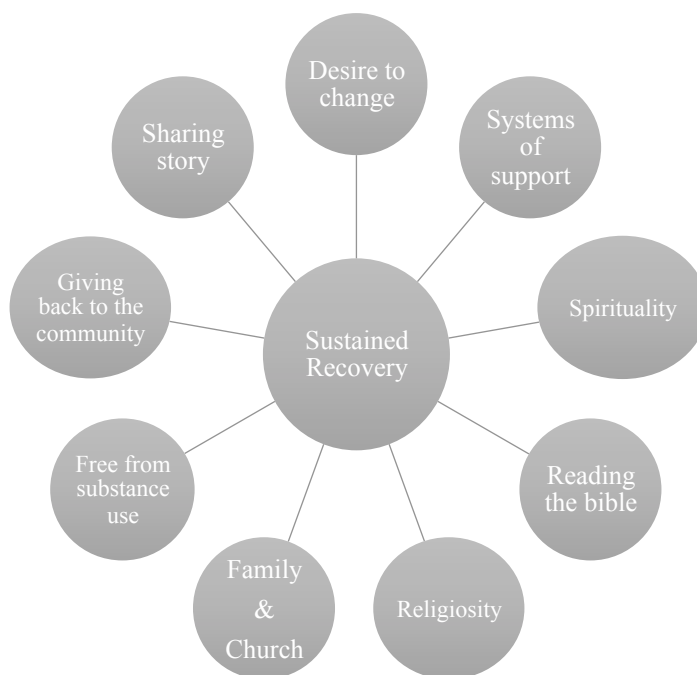


Figure 4. Illustration of Sustained Recovery

In summary, I was able to gain an in-depth overview of the lived recovery experiences of eight African American women. Participants' narratives described the essence of the phenomenon under investigation. Furthermore, the findings from this study answered the six research questions and confirmed existing research literature that African American communities were extremely saturated with substances at the time of participants' use. Additionally, as a result of substances being highly concentrated within inner city African American communities, participants discussed how they typically gave in to the request to

use as someone closer to them introduced them to substances. Given this, participants' described how they had an innate desire to change from their old pattern of behavior. Through the use of incorporating spirituality, religion, uniting with the Black church, and family members, they were able to begin their journey towards recovery. Through participants' narratives, it is applauding to witness how participants became victors instead of victims of circumstances.

Results Related to Theoretical Frameworks

Black Feminist Thought

In this study, participants' descriptions of their lived substance use recovery experiences are different from other individuals dealing with the issue of recovery. This can be contributed to the fact that minimal research has been conducted that explores the unique perspectives of African American women that are in recovery from substance use. Burgess (1994) acknowledged that little systematic progress has been made to integrate African American women's unique experiences into a theoretical perspective that explains their unique role in the United States. Also, as compared with other ethnic minority groups, research indicates that due to the War on Drugs and Crack Cocaine Era, African Americans, particularly African American women began to use substances at an alarmingly higher rate. Within the current research literature, there is a need to add to existing literature that examines African American women were able to overcome the systemic forms of oppression such as the War on Drugs and Crack-Cocaine era that existed within their local environments. Given the aforementioned statements, it was imperative to explore the through

the Black Feminist Thought perspective, how participants were able to: (a) become active agents of their social world; (b) have a greater sense of identity through redefining themselves; and (c) practice agency by empowering others through sharing their stories of triumph and victory over substance use.

The exploration to incorporate Black Feminist Thought (BFT) in this study is due to the fact that for so long African American women's voices have been invisible within the African American community (Jordan-Zackary, 2008). According to Collins (1991), through the Black Feminist Thought perspective, the Black woman is central and key to the study. Likewise, Few (2007) acknowledged that, "Black feminism speaks to the experiences of African American women and the African diaspora" (p. 458). Within this study, African American women were kept central to the investigation. Thus, through Black Feminist provides an opportunity for African American women voices to be heard.

As previously stated in existing literature, the War on Drugs and Crack-Cocaine Era created systemic forms of oppression within poor urban communities. This statement aligns with Black Feminist Thought that asserts Black women experienced and encountered stigmas associated with race, class, and gender. For example, during the crack-cocaine era, various stereotypical images emerged about African American women. Jordan-Zachery (2008) asserts that during this time news reports painted new pictures of the, "typical female addict: young, poor, black, urban, on welfare, the mother of many children and addicted to crack" (p. 234). Amidst these racial stereotypes and misconceptions that exist, this theoretical thought demonstrates through participants' narratives their ability to reconstruct a life that was filled

with systemic oppression. Participants in this study acknowledged being surrounded by impoverished communities. As a result of this poverty, crack-cocaine was easily accessible. Three of the eight participants described the engagement of risky behavior to sell drugs or engage in shoplifting to support their habits thus resulting in criminal charges. This is consistent with the work conducted by Johnson and Young (2002) that acknowledged that as a result of the War on Drugs there was an increase in criminal activity and levels of incarceration amongst African American women.

Furthermore, participants described the oppression that existed within their environments and how their peer associations became addicted to substances. Participants mentioned that this systemic form of oppression affected them through the influence of loved ones and the difficulty of avoiding the crack-cocaine scene.

Collins (2009) defined several themes of Black Feminist Thought that include: (a) the importance of self-definition; (b) significance of self-valuation and respect; and (c) the need to become self-reliant and independent. Results from this study are congruent with the themes of Black Feminist Thought. For instance, in order for participants to engage in redefining their lives apart from substance use, through life altering encounters, participants made the decision to change their drug use trajectory and redefine their lives. In addition, participants described their lives as they engaged in recovery as this process produced greater consciousness of their identity. Furthermore, participants mentioned a greater sense of self-value as they began to engage in the recovery process. For example, participants knew their lives were greater than what they had experienced as individuals once addicted to substances.

Through self-reliance and independence, participants possessed the fortitude to find the best form of recovery to pursue, which consisted of their spirituality and religion.

This confirms existing research literature based from Steady (1987) that stated, African American women have been self-reliant and have possessed the spirit of independence. Participants within this study began to utilize what they had been through to help and encourage other individuals trying to navigate their path towards recovery. To this end, this study is grounded on the premise that as a group, African American women share unique experiences as they share racial-ethnic identities. Lastly, Martin (1993) maintained that, “Black feminism allows a creative space where according to one’s own social location or station in life, Black women can “legitimately” place a foot in two or more realities—what one individually and/or collectively may perceive of what it is to be “Black” and what it is to be a “woman” simultaneously (p.454).

Recovery Capital

The concept of recovery capital was utilized within in this study to explore how participants perceive sources of recovery capital. Granfield and Cloud (1999) acknowledged that recovery capital is embodied in a number of “tangible and intangible resources and relationships and key personal and social resources” (p. 176). Participants within this study acknowledged the utilization of various sources of recovery capital to aid in the recovery process such as social, human, physical, and cultural capital. It appeared through participants’ responses that spirituality and religion were of paramount importance to achieve sustained recovery.

Transtheoretical Model

Although use of the Transtheoretical Model sought to examine how individuals are able to maintain their recovery, it is worth the discussion as to how individuals described how they processed through the stages of change. The essential question that warrants discussion is what were the motivating factors that lead to the process of change. This study examined relevant factors that resulted in individual change and a salient reason individuals began recovery consisted of *Damascus road* experiences.

Precontemplation stage. Participants in this study acknowledged that while addicted to substances, they did not have a desire to change their behavior. Furthermore, participants reported that at the time of using substances, they did not foresee the detrimental impact this would have on their lives. Participants' narratives confirm existing research literature that maintains individuals in the precontemplation stage are unwilling to disrupt a current behavior pattern. Moreover, DiClemente (2003) posited that as long as the current pattern of behavior seems functional for the individual, or there is no compelling need to disrupt the pattern, individuals in the precontemplation stage can remain in this stage for an extended period of time. Participants recalled that it was during a life changing *Damascus road* experience that they became aware of the need to change their behavior.

Contemplation stage. Another important aspect that was pertinent to participants' stories involved their ability to examine current behavior pattern and to begin evaluating the risks, benefits, pros, and cons of current behavior pattern and to consider the potential of new behavior patterns (DiClemente, 2003). Participants in this study revealed that although they

were using substances, they knew this was not the right lifestyle for them. They experienced the stage of contemplation as they began to pray to God during their use. Participants described they did not like the direction the addiction to substances had taken within their lives. Based on Connors, DiClemente, Velasquez, and Donovan (2013), individuals that are contemplators have begun thinking about changing the behavior; however, they have not made a direct decision to do so. In addition, participants realized they had a problem and recognized feelings of distress or discomfort about the problem (Connors et al., 2013). Results from this study confirm existing research findings that participants were in the contemplation stage as participants recognized a need to their change behavior pattern. According to Longshore and Teruya (2005), the contemplation stage is characterized by motivation to end addiction and recognition that they have a problem as a result of drug use.

Preparation stage. Research indicates that individuals in the preparation stage of change are planning to initiate change and have learned lessons or gained experience from attempts to change (Prochaska & DiClemente, 1992). Furthermore, according to researchers Hasen, Ganley, and Carlucci (2008), individuals in the preparation stage are beginning to think about options to change. DiClemente and Prochaska (1998) posited that individuals within this stage have a plan of action such as refraining from addictive behaviors. Based on results from this study, it was through participants' *Damascus road* experiences that individuals engaged in the preparation stage. This was a result of uneventful life circumstances that occurred such as getting arrested by the police, near death experiences,

and prison sentences in which participants had no choice other than to refrain from substance use.

Action stage. According to Prochaska and DiClemente (1982), the action stage is characterized by individuals modifying their behavior, experiences, or environment to overcome the old pattern of behavior and beginning to engage in a new one. For instance, participants in this study made a decision to engage in the action stage by removing themselves from individuals or places that reminded them of their past life. Furthermore, participants described how they prayed and had spiritual awakening encounters in which they bargained with God to take the taste of drugs away. Participants further noted the action stage by describing the recovery process as arduous and “requiring a lot of prayer” to assist them through the initial stages. Through participants’ *Damascus road* experiences they began to shift into the action stage. All eight participants had to leave their environment that was plagued by crack cocaine and other substances. Two participants began substance abuse outpatient treatment and attended Narcotics Anonymous (NA) groups. Upon treatment completion, one participant continued attending Narcotics Anonymous groups for three years; however, then stopped. Another participant attended several Narcotics Anonymous groups after treatment completion; however, stopped and made the decision to utilize spirituality and religion to assist with the recovery process. Similarly, all participants in this study used spirituality and religion to support them through the recovery process. Participants’ narratives confirm existing research literature that maintains faith and spirituality are fundamental to the recovery process.

Maintenance. The maintenance stage is characterized by a new behavior pattern that becomes automatic, requiring little thought or effort to sustain it (DiClemente, 2003). DiClemente further acknowledged, “The task for maintainers is to sustain and integrate the behavior change into the total life context so that it becomes normative, familiar, and integral” (p. 30). Results from this study confirm existing research literature, as participants in this study have been able to sustain their recovery from five years to 30 years of achieved sustained recovery. Participants acknowledged their ability to maintain their recovery through utilizing spirituality, religion, and engagement in the community, and new associations as an integral part to maintain behavior change.

Limitations of the Study

As with any qualitative study, there are several limitations that should be considered when interpreting findings. The study was limited because one researcher conducted it, and it is possible that the presence of other researchers may have altered the methodology or interpretation of results. The participants in this study are limited to the experiences of older African American women, whereas younger women or those who experienced substance use in more recent decades may have different experiences. Another limitation of this study consisted of the notion that the sample this study was limited to women from a lower socio-economic status. Thus, may reflect different experiences than those of African American women from higher income quartiles. In addition, because this study explored how African American women have utilized natural forms of recovery such as the church, spirituality, religion, community, and friends to achieve sustained recovery, findings may not be similar

to the experiences of individuals in recovery from substance use who have utilized treatment programs and 12-step models to achieve sustained recovery. The interview data utilized in this study may also be a limitation because it is self-reported information and is based on reflection across time. It is possible that participants may have answered questions based on how they wanted to be perceived by the researcher, may have been hesitant to describe their exact circumstances or experiences, and may have remembered experiences somewhat differently than how they happened.

Implications for Clinical Practice

Findings from this study have implications for practice. This study offers a unique perspective of how recovery occurs with African American women, as research indicates treatment rates for this population are low. As previous accounts illustrate, recovery from substance use occurred through participants' relationship with their higher power, spirituality, religion, and engagement with religious activities. Results from this study suggest that helping professionals working African American women should seek training and support to further understand the influence of spirituality, religion, and the role of the Black church during the recovery process. This confirms existing research literature that indicates the clergy has influential roles in the lives of African Americans with drug-use problems often connecting them with formal treatment programs and assisting individuals with daily problems (Sexton, Carlson, Leukefeld, & Booth, 2006). In addition, counselor educators may want to be more intentional in exploring the intersectionality of spirituality and religion influences from various ethnic groups. According to Junke, Watts, Guerra, and

Hsieh (2009), it remains vital for those studying addiction to understand the role of spirituality within the recovery process. As results from this investigation revealed, for those individuals that attempted substance use treatment or did not find it useful, it is worth exploring how well substance use treatment approaches are utilizing culturally relevant forms of treatment. Similarly, it is imperative that substance use treatment staff becomes culturally competent and sensitive to the needs of diverse client populations. Randall-David (1989) defined cultural competence as a set of behaviors, attitudes, and policies that enable a system, agency, or individual to function amongst various cultural diverse clients and communities. Agencies that provide substance use treatment to clinicians may want to offer trainings and conduct professional development workshops on how treatment staff can interact with culturally diverse groups to meet their treatment needs.

It is also worth considering the implications for helping professionals. Participants in this study felt as though they needed to navigate and find their pathway to recovery without the use of treatment. According to Longshore, Grills, and Annon (1999), African Americans are less likely to believe that treatment will be effective for them. As a result, this makes it difficult for treatment providers to connect with African Americans.

Another aspect to consider based on the Black Feminist Thought is the notion of empowerment. Boyd-Franklin (1989) acknowledged the importance of helping African American women to understand that they have the unique ability to make appropriate decisions about their lives. Based on the results from this study, although most individuals in society look at addiction from an individual lens, there is a need for helping professionals to

look at the broader systemic issues that present concerns to the African American community (Achara-Abrahams et al., 2012). Results from this study revealed that African American women were in an environment in which substances were available. This demonstrates the prevalence of the availability of substances that exist in impoverished neighborhoods. Therefore, since the Black church served as a form of social capital within this study, it is worth the exploration of how Black churches can collaborate with treatment providers, help to bridge the gap between treatment providers, and the African American communities.

Implications for the Black Church

My study offers suggestive evidence and recommendations for how the Black church can better organize systems to support the community of individuals that are suffering from substance use. As the results of this study indicate, the Black church, specifically the church family, assisted participants in achieving sustained recovery. As James and Johnson (1996) explained, the Black church has a crucial function in addressing “racial segregation, discrimination, and bigotry and has provided a safe place for the emotional release of concerns for African Americans” (p. 144). James and Johnson (1996) also argued that, “the church needs to be restructured to move beyond the one-dimensional perspective of providing spiritual refuge and regular worship to the multidimensional perspective of providing for the full needs of its members and the greater community” (p.146). It is worth the exploration of how the Black church can better serve the whole person.

Several participants in this study discussed a desire to increase social mobility as evidenced by obtaining their general education diploma or additional job related skills. A

recommendation would be for the church community to partner with local community colleges to discuss viable training and support needed to assist individuals in becoming work force ready. For example, churches can provide additional educational training that will promote the development of new skills consist of childcare, business administration, and healthcare sciences assist individuals in recovery with the opportunity to obtain additional skills. Through a collaborative partnership with the local community colleges, this can help individuals with completing life goals, thus further enhancing job opportunities.

Sherman (2000) acknowledged that the Black church serves as a community asset to African American communities. The Black church can begin to work systematically to address this issue of substance use in the African American community. As previously mentioned within the literature review, several church organizations such as the GLIDE Memorial United Methodist Church that developed an Afrocentric approach entitled the African American Extended Family Program Model (AAEFP), address to substance use in African American communities. It would be helpful for African American churches to create initiatives similar to Glide's AAEFP community-based support model, to provide education, and rehabilitation for those in substance use recovery (Smith et al., 1993).

Recommendations for Future Research

Findings from this study warrant considerable attention for further investigation. Although participants' responses support existing research literature, several new developments were extracted from participants' stories. As a result of drug use, several participants described health consequences, and challenges that occurred from their drug use.

It can be implied that participants' quality of health decreased. Consequently, several participants became disabled as a result of the deterioration of drug use. Moreover, even though participants were able to practice recovery, in relation to upward social class mobility, several participants had little financial mobility, as the results from the demographic questionnaire indicated that a significant number of participants continued to remain within marginalized incomes. Perhaps, future research can explore how local organizations, and agencies can assist individuals in recovery with obtaining additional work force related skills that will help to increase upward social class mobility.

Another finding that emerged from this study was that three out of eight participants became involved in the criminal justice system. As a result of the need to support substance use habits, they were forced into substance use treatment. Two of the participants felt as though substance use treatment was not useful. One participant continued attending Narcotics Anonymous meetings upon the completion of her probation. Thus, one recommendation for future research could explore the effects of failed treatment experiences on future recovery efforts with a larger sample of African American women who were "forced" into treatment in the criminal justice system. Lastly, the results from this study revealed that religion, spirituality, and the Black church have a significant impact on the recovery process. Thus, it is worth exploring through future research how Black churches have implemented community-based recovery models for substance use. Furthermore, through the implementation of incorporating community-based recovery models, it would be worthwhile, to examine the impact of these programs within African American communities. Based on

the results from this study, African American women have unique experiences in which they are initiated to substances use. Living in impoverished communities heightens their exposure to substance use. One suggestion as a result of this study would be conduct an experimental research study to determine interventions and treatments that are effective, specifically for African American women that are using substances.

Conclusion

This purpose of this transcendental qualitative phenomenological study was able to discover the lived experiences of eight African American women who have achieved long-term sustained recovery from substance use of five or more years. As a result of conducting this investigation, as a researcher, I gained a better understanding of how participants were able to redefine their lives, the process towards recovery, and the role of spirituality, religion, family, and the Black church during the recovery process.

Through participants' narratives, I learned that the journey towards recovery is incredibly complex which involves multiple twists and turns. Furthermore, through participants' stories, I was able to understand that participants' decision to remain free of substance use requires an innate desire to live and maintain a sober lifestyle. Through participants' decision to redefine their lives, it demonstrates the resilient personality they embody. Moreover, participants shared compelling stories of their appreciation for life, as many recalled that they should have been dead based on their previous lifestyle of addiction. Through this study, I gained a deeper appreciation for working with marginalized

populations, and it is my goal to continue my research exploring the substance use recovery experiences of African Americans.

Thick rich data were obtained through the combination of a demographic questionnaire, semi-structured interviews, and journal reflections, and confirmed through member checking. Through textural and structural descriptions I was able to gather themes that revealed 16 themes and 8 subthemes through a process of transcendental phenomenological data analysis. Findings from this research study showed that participants were introduced to substances by individuals close to them, participants often denied when asked to misuse substances; however, later gave in to request to use substances. Even though this study explored individual experiences to achieving sustained recovery, it appeared participants were surrounded by drugs, as the majority of the participants in this study used during the crack-cocaine era. Results from this study implied that there were social, political, economic, and historical forces that had a significant impact on individuals, families, and communities (Achara et al., 2012).

In order for participants to engage in the process of change, they had to make a decision that they no longer wanted their lives to be dominated by substance use. The successful implementation of participants' abilities to achieve sustained long-term recovery can be contributed to the utilization of recovery capital resources such as spirituality and religion that were used to effectively manage recovery efforts. It is apparent that living a recovered lifestyle involves "staying away from the drugs" and making a decision to live a committed lifestyle. Through participants' sustained recovery efforts, they have been able to

successfully impact change in the community through the process of sharing their stories with others and letting other individuals that are suffering from addiction know that change is possible. The findings from this study can help practitioners and helping professionals understand the how spirituality, religion, and family in the recovery process.

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APPENDICES

Appendix A – Informed Consent

North Carolina State University INFORMED CONSENT FORM for RESEARCH

Title of Study: A Phenomenological Study of African American Women Substance Use Recovery Experiences: Utilizing spirituality, religion, and family to achieve sustained recovery.

Principal Investigator:
Taheera Blount MA, NCC, LPC
Doctoral Candidate

Faculty Sponsor:
Dr. Edwin Gerler

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

In order to participate in this study, you must:

- 1). Self -identify as African American woman at least 18 years old
- 2). Self report being in recovery from substance use for at least 5 years
- 3). Achieved recovery through the church, spirituality, or religion

What is the purpose of this study?

The purpose of this research study is to explore how African American women in long term recovery from substance use utilize various sources to achieve long-term recovery. Specifically, this study will identify recovery capital resources knowledge, skills, spirituality, and religion individuals bring to the recovery process in order to achieve long term recovery.

What will happen if you take part in the study?

If you agree to participate in this study, you will be asked to provide demographic data and principal investigator will review this informed consent form with you and answer any questions you may have. You will be asked participate in a semi-structured interview lasting approximately 60-90 minutes in length. The interview will take place in a private location on a date, time, convenient for you. The interview will be audio recorded on a digital recorder and the principal investigator will transcribe the interviews. Your interviews will remain

confidential and secure. After you have completed the interview, you will be asked to review transcript for accuracy of the information shared. Transcripts will be stripped of any identifying information, as pseudonyms will be given in order to maintain confidentiality.

Risks

There are risks associated with this study. Sharing information about substance use and the process towards achieving long-term recovery may stimulate emotional distress for participants. In order to minimize any potential emotional and or psychological stress support will be given: (a) participant may elect to withdraw from the study at any point in time; (b) at the start of each interview, participants will be asked if they are comfortable participating in the interview at this particular time; (c) participants have the option to postpone and reschedule the interview for any reason; (d) participants may select which questions they are comfortable answering, and (e) following the interview, principal investigator will discuss participant's feelings about the interview; (f) participants who experience emotional stress or discomfort can utilize the Community Resource List to contact a mental health provider for services.

Benefits

I understand that I will not benefit directly from this research; however, I understand that my voluntary participation will give me an opportunity to tell my story; will add to the body of literature that explores African American women experience with recovery from substance use.

Confidentiality

The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in a password-protected folder on the researcher's password protected desktop, which will be kept in a locked location when not in use. Hard copy data such as consent forms, demographic questionnaire, recording of interviews, field notes, and transcribed interviews will be kept in the principal investigator locked file cabinet in the principal investigator's home office. No reference will be made in oral or written reports, which could link you to the study. Audio-recorded interviews will receive a pseudonym rather than your actual name. All audio files and field notes will remain secure and will only be used to transcribe and validate interview data. Audio files will be deleted after data analysis has been completed. You will NOT be asked to write your name on any study materials so that no one can match your identity to the answers that you provide.

Compensation

For participating in this study you will receive a \$20.00 Target gift card at the end of the interview. If you withdraw from the study prior to its completion, there will be no compensation for participants that withdraw prior to complete the in-depth interview.

What if you have questions about this study?

If you have questions at any time about the study or the procedures, you may contact the researcher, Taheera Blount at 919-641-1666.

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator at dapaxton@ncsu.edu or by phone at 1-919-515-4514.

Consent To Participate

“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Subject's signature _____ **Date** _____
Investigator's signature _____ **Date** _____

Appendix B – Screening Protocol Telephone Script

Hello, my name is Taheera Blount. Thank you so much for your interest in participating in the screening protocol. My dissertation seeks to explore the lived substance use recovery experiences of African American women. To determine if you meet eligibility requirements, I would like to know if you'd be so kind to answer the following questions. This screening protocol will take approximately 10 minutes to complete.

1. How many years have you been abstinent from substance use?
2. Are you at least 18 years of age?
 - Yes
 - No
3. Are you presently utilizing the 12 step groups to assist you with your recovery process?
 - Yes
 - No
4. Have you been able to achieve long-term recovery through the church, spirituality, or religion?

In order to determine if you had problems with substance use, these questions will be asked to explore your substance use history.

5. Did you take the substance in larger amounts or over a longer period than was originally intended?
 - Yes
 - No
6. Did you have a persistent desire to cut down or regulate substance use in order to discontinue use?
 - Yes
 - No
7. Did you spend a great deal of time obtaining the substance, using the substance, or recovering from its effects?
 - Yes
 - No

8. Did you experience cravings as evidenced by an intense desire or urge for the substance?
- Yes
- No
9. Did recurrent substance use result in a failure to fulfill major role obligations at work, school, or home?
- Yes
- No
10. Did you continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance?
- Yes
- No
11. Did you give up social, occupational, or recreational activities and hobbies in order to use the substance?
- Yes
- No
12. Did you continue substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance?
- Yes
- No
13. Did you have a marked increased dose of the substance to achieve the desired effect?
- Yes
- No
14. Yes
- No

15. Did you experience withdrawal symptoms

Yes

No

I appreciate your responses. Based on the screening protocol, you are:

___ Eligible to participate in the study

___ Non-eligible to participate in the study

If you would like to proceed with scheduling a time to meet for an interview to further explore how you have been able to achieve long-term sustained recovery, I am available to meet at a private location on a date, time, convenient for you. I look forward to meeting with you. Please feel free to contact me at 919-641-1666 or tnblount@ncsu.edu.

Appendix C – Background and Demographic Questionnaire (BDQ)

Directions: Please provide the following background information. Please answer all questions completely by filling in the blank or providing a ✓ in the space provided, representing the best response for you to responses. There will be no attempt to identify individuals.

In order to help protect your identity, I would like to utilize pseudonyms (also known as a fictitious name), please list your fictitious name: _____

1). What is your age: _____

2). What is your gender: _____

3). What is your martial status: _____

4). Highest level of educational attainment:

- high school diploma or GED
- few years of college
- 2-year college
- 4-year college
- Master's degree
- Ph.D

5). What is your current employment status:

- Full-time
- Part-time
- Unemployed

6). What is your Occupation? _____

7). What is your household income?

- under \$20,000
- \$20,000- \$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000-\$59,999

- \$60,000-\$69,999
- \$70,000-\$79,999
- \$80,000-\$89,999
- \$90,000-\$99,999
- \$100,000 or over

I would like to ask questions regarding your substance use initiation history.

8). What were your drugs of choice (Check all that apply):

- crack
- cocaine
- heroin
- marijuana
- Other

I would like to ask questions regarding your Treatment History

9). Did you ever seek treatment for substance use? If so, what type? What was your experience with utilizing treatment?

- Residential/Inpatient
How many attempts: _____
Duration of treatment:(i.e. days, weeks) _____
- Outpatient Treatment
How many attempts: _____
Duration of treatment:(i.e. days, weeks) _____
- Detoxification
How many attempts: _____
Duration of treatment:(i.e. days, weeks) _____
- 12-step groups
How many times did you attend on a weekly basis: _____

10). Did you experience barriers to treatment (i.e. childcare, health insurance)?

- Yes
- No

I would like to ask questions regarding your current support systems

11). What is your current level of support system used to abstain from substances? (Check all that apply)

- friend
- family
- church members
- spirituality
- religion
- other: _____

I would like to ask questions regarding your religion and spirituality

12). Please list your religious/spiritual affiliation: _____

13). When were you first introduced to spirituality/religion?

Appendix D – Interview Protocol

Participant's Pseudonym: _____ Interviewer: Taheera Blount
 Date: _____ Location: _____
 Interview Start Time: _____ Interview End Time: _____

Introduction Statement

The purpose of the study is to explore the long-term recovery experiences of African American women who have achieved sustained recovery from substance use for at least 5 years. During this interview, please feel free to ask for clarification at any point in the interview. This interview will last approximately 60-90 minutes.

Opening background questions:

- 1). Tell me about yourself?
- 2). Please describe how you were introduced to substance use
- 3). Did you experience stressors that caused you engage in substance use?

Probe: For example, can you describe experience with family trauma, childhood experiences, or family members that used substances?

Now, we will move on to a next category of questions. The next set of questions will help me to understand more about how African American women redefine their lives through long-term recovery.

- 4). How would you describe and define your recovery process experience?

Probe: For instance, can you tell me when you made the decision to refrain from substance use and enter recovery?

- 5). How were you able to redefine your life through the recovery process?

Probe: For example, tell me how has your life improved as a result of achieving long-term recovery? (i.e. employment, friends, living environment etc.)

These questions will help me to understand how you identify oppressive forces that existed within your environment during the time of substance use.

- 6). How do you think where you lived had an influence on your substance use?

Probe: For example, do you think drugs were easily accessible within your environment, did friends or neighbors engage in substance use? If so, what was that experience like for you?

7). In order to achieve long-term recovery, did you relocate from your place of residence where you were once addicted to substances?

These questions seek to answer questions pertaining to sources of recovery capital. For the purposes of this study, recovery capital is defined as the internal and external resources individuals bring to the recovery process. Examples include family, friends, church, religion, spirituality, employment, and housing.

8). How would you describe your life prior to recovery?

Probe: Can you describe your relationship with friends, family, church, spirituality, religion, employment, and living environment?

9). How would you describe the impact of spirituality, religion, the church, family, social support systems, employment, stable living situation has helped you to sustain recovery?

Closing Questions

The last set of questions will explore how you have been able to engage in a commitment to live a changed lifestyle and the integration of helping others to achieve long-term recovery.

10). How have you been able to integrate change into your lifestyle in order to maintain a commitment to recovery?

Probe: For instance, how often do you incorporate prayer, reading scriptures, church attendance, and spending time with friends/family into your weekly activities?

11). Have you participated in events that involve you “sharing your story” with others to help encourage other individuals to engage in the path to recovery?

12). Is there anything else you would like to mention that has not been covered?

Thank you participating in this interview and sharing your story.

Appendix E: List Of Substance Use Community Resources

Name	Address	Telephone	Services Provided	Website
Duke Addictions Program (DAP)	Civitan Building Durham, NC 27710	919-684-3850	Intensive Outpatient substance abuse, mental health, and HIV+/AIDS services	www.duke.edu
Fellowship Health Resources (Drop in Center)	5509 Creedmoor Road. Raleigh, NC 27612	919-573-6520	Mental health/addiction recovery counseling	www.fhr.net
HopeLine	P.O. Box 10490 Raleigh, NC 27605	919-231-4525	Free and confidential crisis prevention helpline and instant messaging	http://www.hopeline-nc.org
New Direction II Inc.	1822 Catalina St Durham, NC 27713	919 -361-4374	Provides services for adults with substance abuse and/or mental health problems	www.durham.nc.networkofcare.org
Southlight Healthcare	3125 Poplarwood Court, Suite 203 Raleigh, NC 27604	919-787-6131	Intensive Outpatient substance abuse, and mental health services	http://www.southlight.org
The Healing Place of Wake County (Women's Facility)	3304 Glen Royal Road Raleigh, NC 27617	919-865-2550	Substance abuse detoxification, long-term recovery, and outpatient services	www.hpowc.org
The Hope Center for Advancement, LLC	701 Morreene Road Durham, NC 27705	919-383-0426	Provides a Substance Abuse Intensive Outpatient Program (SAIOP) to area resident	www.durham.nc.networkofcare.org

Triangle Residential Options for Substance Abuse (TROSA)	1820 James Street Durham, NC 27707	919-419-1059	Provides residential, comprehensive treatment, work-based vocational training, education, and continuing care to those individuals with substance use diagnosis.	http://www.trosainc.org
UNC Healthcare Crisis and Assessment Service at WakeBrook	107 Sunnybrook Road Raleigh, NC 27610	984-974-4800	Behavioral health facility that offers continuum of services for people dealing with mental health and/or substance abuse disorders.	http://www.uncm.edicalcenter.org
Wake County Crisis and Assessment	107 Sunnybrook Road Raleigh, NC	1-800- 510-9132	Provides mental health and substance abuse crisis and assessment services	http://www.wakegov.com

**** Please note that any cost in seeking medical assistance is at your sole expense****