The Intersection of Spirituality and Substance Use Amongst Older African Americans

by

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DISSERTATION

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Abstract

This study examined the lived experiences of older African Americans (OAA), recovering from substance use disorder (SUD), and the role of spirituality in their recovery process. Fifteen participants (six males, eight females, one trans-female) ranging in age from 65 to 90 years (*M* = 70.6 years; *SD* = 7.12; Median = 68 years), who had been in recovery for 15 to 53 years (*M* = 35.6 years; *SD*= 11.89 years; Median = 37 years), participated in focused interviews containing open-ended questions, with respect to the role of spirituality in their addiction and recovery process. Thematic analysis identified three main themes, specifically, a) participants' perceptions of spirituality changed across the recovery period, b) participants' spiritual practices changed across the recovery period, and c) spirituality improves recovery efficacy. Fowler's Stages of Faith and the role of aging in participants' perceptions of spirituality were evident throughout the findings. A major factor identified by the participants with respect to recovery and recovery programs was the lack of suitable recovery initiatives and programs that were available to the participants, where and when they needed them. This study highlights the important role that spirituality plays in the recovery process of OAAs. Furthermore, this study underscores the need for systemic change in the design and availability of recovery programs that suit the needs of OAAs and which are available to them when they are needed. The findings demonstrated that there is a need for professionals to reframe the way we think about addiction, recovery, and spirituality for OAAs.

Keywords: Older African Americans, spirituality, substance use disorder, Fowler's Stages of Faith, Post-traumatic Slave Syndrome, recovery, recovery efficacy, barriers to treatment

Dedication

This dedication is to my family who bored this process with me. To my husband who encouraged me with a listening ear and tolerated my whirlwind of emotional changes. To my Dad who always had faith in my persistence, even though he didn't understand why I was putting myself through this process. To my big sister who gave me guided support and great ideas to ensure I used my practical wisdom as a crown. To my wonderful children, who were the best cheerleaders and gave me grace to be an individual while still being their Mom. To my lovely granddaughters who made sure I stopped and played with dolls, laughed, and sang songs, sometimes you were my only form of self-care. To my handsome big brother who showed me how important my work will be to our community and those who look like me. You were all my bright stars that kept me on a focused track.

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Chapter One: The Research Overview

This study examined the lived experiences of older African Americans (OAA) with a history of using substances, who are recovering from substance use disorder (SUD). This study focused on spirituality's role in substance use recovery efforts among OAAs. This was a phenomenological research inquiry. A phenomenological research inquiry comes from the philosophical and psychological practice in which the researcher describes the participants' experiences who have engaged in a specific phenomenon. This approach gathered the collected experiences into themes and explored the occurrence by conducting interviews to explore the related experiences (Creswell, 2018).

The data was gathered through the use of Zoom, in person interviews and phone interviews. Qualitative content analysis, coding and thematic creation, was used to examine the information in order to classify it into subgroups that were then combined to build a thematic, conceptual, and theoretical consensus of the experiences (Bloomberg & Volpe, 2019). The following National Association of Social Workers (NASW, 2021) Code of Ethics were relevant to the proposed research: competence, self-worth, the person's dignity, service, and social justice. With these ethical principles, this study was guided to provide a voice to the often-underrepresented population of OAAs who use substances and who undergo recovery.

Justification for Study

This research was interested in exploring the influence of spiritual practices on older African American (OAA) adults who were successfully in recovery from their substance use disorder or misuse of substances. According to the literature, conflicts can exist between substance use disorder and an individual’s spirituality (Stewart et al., 2017). Being an older adult and having spiritual ties with a higher power might result in feelings of uncertainty, poor self-

esteem, and disappointment, which may contribute to the perception that SUD has a negative connotation. As explained by Erik Erikson, the end stages of the life span (late adulthood) can cause individuals to contemplate their life practices and decisions that may have resulted in poor health or a disappointment in their lifestyle outcomes (Maree, 2020).

The literature also states that spirituality could support individuals and communities in addressing SUDs, as explained by Park et al. (2018). OAAs have traditionally sought solace and social support from their connection to spiritual satisfaction (Westermeyer, 2014). The comfort from this connection offers a resolve that a higher power has control over things that can't be controlled; therefore, that higher power is a place to seek strength and sanctuary (Brome et al., 2000). The consequences of declining health as a natural part of aging should also be considered. The aging population in the United States may lead to a rise in pharmaceutical consumption (Han & Palamar, 2020). An increase in substance abuse is possible in the context of low quality of life and may lead to the development of an addiction problem (Lee & Salman, 2017).

Sample for the Study

This research study focused on OAAs who have used or misused substances for over one year in the past, had been in recovery from substance use disorders for over one year, and had experience with spiritual practices. The participants self-identified as African American and direct descendents of individuals of captured Africans who were used as slaves within the United States of America.Therefore, this study involved OAAs with a history of substance use disorder. However, the study's inclusion criteria involved a thorough examination for the reasons of usage, including individual, environmental, and societal aspects. Furthermore, the research population was questioned whether they had been substance-free for more than a year to ensure they fit the inclusion requirements (Suntai et al., 2020).

Participants who did not identify as African American were excluded from the research. Furthermore, the participants confirmed that they had a SUD or had used substances for over a year and had not used drugs or alcohol within the past year. These questions were provided to the participants up front, prior to the participants' selection. Research has shown that specific systemic disparities and social determinants within the Black community cause depression, higher risk factors, and minimal practices of seeking professional mental services (Noonan, 2016). These determinants of healthy decision-making practices justified a need for a social justice approach to the field of social work practice aimed directly towards a resolution for this population.

Sampling Method

The participants were recruited purposefully from senior centers, substance use treatment programs, local political offices, geriatric programs, social media platforms, and community churches within the five boroughs of the New York City community. Recruitment for the sample incorporated a prepared flier that was presented to the aforementioned agencies and organizations frequented by the OAA population, as well as shared through social media platforms commonly used. Those participants that were at least 65 years of age or older were considered eligible for selection for the semi-structured interview, and this was the selection criterion. People over the age of 65 make up a sizable portion of the population. This demographic is disproportionately represented among individuals who have encountered trauma in their lives and may be at increased risk for developing substance use disorders (Andersen, 2019). As a result, in addition to having chronic and other health disorders, the population over 65 will be influenced by the recovery process from SUD as they age. This age group or demographic served as a standard against which the study problem was assessed. African

Americans made up a significant portion of the older population (Andersen, 2019). These agencies and community-based programs all have consistent involvement of OAAs within the community, thus providing a productive selection of the desired population.

The Focus of the Study

This study examined OAAs associated with substance use and recovery efforts and explored their ability to utilize their spirituality as an intervention. The stigma-related barriers to helping them seek support for substance use issues from OAAs in religious institutions, geriatric support programs, and mental health professional settings were also explored. In addition, this study identified the barriers to seeking mental health services for SUDs in older adults affiliated/ connected with spirituality. Finally, the relevance and value of OAAs' spiritual approach to substance abuse will be discussed.

This qualitative study initially began with the recruitment of 15 participants plus one additional participant for the pilot study, who identified as African American older adults and had at least one year of experience with the use of substances such as alcohol and illicit drugs such as marijuana, heroin, cocaine, or methamphetamines, and had experience with the use of spirituality. In addition, participants must have been abstinent from substances for at least one year prior to the study, i.e. in recovery. Next, personal interviews through a Zoom platform, in person or a phone interview were conducted individually with each participant using a semi-structured questionnaire to provide an open-ended response to the phenomena and experience. Zoom videos, in person interviews, or phone interviews were recorded after the individual agreed to participate in the study. Consent forms were sent to participants by email or in-person delivery. This phenomenological approach allowed the participants to speak freely about their experiences and provide the most accurate documentation of how their spirituality affected their

substance use experience. There was an intentional effort that the researcher followed the mandates of the NASW (2021) Code of Ethics by reporting the direct perception of the participant's lived experiences. This approach also promoted the beneficence ethical practice of not harming the participating community (NASW 2021).

Importance of the Study

This work was important to the community of OAAs and their families, religious institutions, and the SUD professional treatment field in social work. The research provided an understanding of the barriers related to substance use and the services provided by geriatric programs, religious institutions, and mental health and medical professions for the older African American community. Health-related concerns among older people have shown a direct connection between substance use and poor health practices that could be modified if addressed appropriately in the different systems utilized by elderly adults (Noonan et al., 2016). These systems can be an integral tool to support older adults in obtaining needed interventions, and they can provide support in planning for their best possible quality of life. This research was important to the current direct social work practice field with OAAs because as people live longer, their success in engaging within their communities safely is of paramount concern. Understanding the different needs of this population and recognizing how to approach their unique thought processes and maladaptive behaviors would allow the substance use treatment field and community religious organizations to develop more attainable access to treatment and realistic treatment outcomes.

Research Question

1. How do OAAs recovering from a substance use disorder experience spirituality as part of the recovery process?

This study examined the spiritual practices of OAAs recovering from substance use. A total of 15 individuals participated in focused interviews, which revealed three distinct main themes, including perceptions of spiritual practices changed across the recovery period, spiritual practices changed across the recovery period, and spirituality improves recovery efficacy. A further 15 subthemes were identified within the main themes. Fowler's Stages of Faith theory resonated with the findings of the current study, as did PTSS theory. To a lesser degree, the alcohol dependence theory also impacted on the study participants.

The above research question provided an opening for participants to share how they feel, what they believe, and what they need, to be based on their own experiences. This study paves the way for the creation of feasible interventions that can encourage practical strategies for preventing and reducing substance abuse. The older adult community program resources, medical and mental health professionals, and the family and social support of OAAs will benefit from understanding the participants' experiences as substance users with a spiritual connection as a resource. Future evidence-based practices will be guided in their approach towards using their understanding of this selected group of participants and their added barriers to care due to their historical and generational experiences of racism, oppression, and institutional disparities. This research will guide the future development of assessments and the management of creative intervention plans designed to meet the specific needs of this population (Sarkar et al., 2021). As a result of this study, professionals in the field will be better able to develop effective substance abuse treatment strategies that consider the significance of spirituality and the individual's background, culture, and beliefs.

Chapter Two: The Study Problem

Introduction

OAAs who identify as substance users are grossly underrepresented in the literature as a group that deserves to be researched, since they identify as having a considerably distinctive set of issues and problems that contributed to their substance use (Arensberg, 2022). Isolation and degradation of physical and mental health are some factors affecting all older persons as they struggle to embrace the changes brought about by the aging process (Booker, 2015). There is an added complication for OAAs who have lived through racial trauma, poverty, and a lack of support. Their struggle to adapt and survive under the pressure of inequality, as well as their inability to receive support and solace from racially institutionalized social service agencies and substance use treatment resources, demonstrates the crucial need to elevate this concern to the level of a social justice issue deserving of analysis and resolution (Simons et al., 2021). African Americans also suffer discriminately from a lack of SUD treatment success, which is significantly higher than other races (Kaliszewski, 2022).

There is an underutilization of mental health services within the OAA population, especially compared to the White population (Turner et al., 2019). Some reasons indicate that the stigma attached to having a mental health problem may interfere with service-seeking behaviors, thinking that they can manage it, a lack of transportation services, and the complex bureaucracy of the medical health benefits and services policy (Jimenez et al., 2013). These stressors are in addition to the understanding that stigma is a relevant factor for OAAs who feel unable to seek help for their problem or are unwilling to admit that they have a substance problem.

Spirituality has played a significant role in the historical and social practices of Blacks in America as a haven and opportunity to express their hurts, anguish, and other problems. It has

served as a healing balm for many OAAs and is a place where they feel connected to and protected from their daily problems in life. The Black church has also been used as a nontraditional mental health resolution option (Hays, 2018). In many Black churches, organized religion incorporates the practice of a faith-based notion that is strongly founded on the belief that God is almighty, all-knowing, and always present (Campbell & Winchester, 2020). The concept taught is that God sees an individual's struggles and has a plan for your life. With these ideals at the forefront of many OAAs belief systems, they likely feel a presence of protection and salvation from their problems and afflictions.

Yet, for some who follow this faith-based ideology, there can be a two-fold problem with feelings of condemnation, guilt, and shame for being an OAA who engages in substance use. First, the stigma and shame associated with substance use may not be a specific secret that individuals want to discuss with their clergy (Carpenter, 2021). It may present a tone of embarrassment to identify as a person who has a substance use problem. The Black church could have been contributing to the OAA's pain and trauma through their teachings or because of an abusive congregation member (McGhee, 2021). The act of substance use speaks to the OAA having "little faith" because of their substance use due to their problems instead of "waiting on the Lord" to resolve their conflicts, as is taught in many organized religious practices. The conflicting ways in which spirituality can be accepted could either help or harm an OAA contemplating or recovering (Park et al., 2018). Therefore, this study allowed the voices of this population, often unheard, to present their experiences with substance use and spirituality. This can inform future research, assist substance use professionals, social workers, and social work education, and promote new ideas surrounding supportive measures within faith-based communities.

Key Terms

Older African Americans

Participants are identified as older African Americans (OAA) based on their age and race. Participants were also required to be descendants of African lineage who had been brought to America as slaves. Older has come to mean any adult over the age of 65. Jaqua et al. (2022) defined as "older adults," meaning those 65 and over. Older adults are being viewed as a targeted population for significant exposure to alcohol and drugs at an earlier age and increases the risk in the older population to have increased risk (Jaqua, et al. 2022).

This research defined Black as a distinct race, however the focus on African Americans will provide a parallel intersection with the theory of Post Traumatic Slave Syndrome (PTSS) experience. Although the definition of African American has evolved throughout the decades with a great migration of several groups of immigrants that identify themselves as Black Americans, Berlin (2010) states that African Americans historically are referred to as a group of African descendants that were first forced, then free and have transformed an alien place into home. They have become deeply rooted in a land that once was foreign and even despised. The rationale is to ensure that everyone who claims to be of African descent is included. This includes African diaspora persons and African Americans who are descendants of enslaved people in this country, as well as those who identify as biracial Americans of African American heritage and another ethnic background.

Substance Use Disorder (SUD)

Substance use is considered to be the ingestion of any substance that alters brain function and can be viewed as pleasurable or distress-relieving as an alternative to reality (Kuerbis, 2020). The use of substances such as prescription pharmaceuticals that can lead to harmful health

outcomes is known as substance misuse (McLellan, 2017). SUD is described in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), as "patterns of symptoms emerging from the use of a substance that you continue to consume despite suffering issues as a result" (McLellan, 2017, p. 19). This includes continuing to use substances while knowing there is a problem, being unable to function at work or school, and not participating in regular social activities unless it is related to SUD. A common habit connected with a SUD is spending a lot of time-consuming or attempting to obtain substances (Simons et al., 2021). SUD individuals are also physically dependent on those drugs and struggle to form social or work relationships. Furthermore, they cannot stop using the drug despite its risks to their mental or psychological health. The DSM-V states that a SUD involves patterns of symptoms caused by using a substance that an individual continues taking despite its negative effects. Based on decades of research, DSM-V points out 11 criteria that arise from substance misuse. These criteria fall under four basic categories — impaired control, physical dependence, social problems and risky use (American Psychiatric Association [APA], 2022).

Spirituality

Religion has been defined as a cultural system of ideas, practices, and rituals that regulate the cosmos, according to Koenig (2012). Spirituality is related to a person's connection to the transcendent and supernatural (Verghese, 2008). As theory and experience evolved, so did people's belief in and understanding of themselves. Due to life experiences, people who viewed themselves as religious practitioners may have become more skeptical or questioning of institutionalized religious rituals. There is a degree of intricacy in defining religion and spirituality, which largely depends on the individual. Spirituality has no universally accepted definition. Understanding that the universe is under the guidance of a higher power, and we are

all a small part of a larger existence strengthens the spiritual bond between all people. Dare and Begun (2020) stated that spirituality refers to the feeling or perception of well-being that comes from an openness to God. That relationship encompasses a sense of purpose, life satisfaction, compassion, and hope. According to Brown (2018), spirituality is the recognition and celebration that we are all linked irrevocably to one another by a power larger than ourselves, and our connection to that force and one another is based on love and compassion. Spirituality provides many people with a feeling of perspective, meaning, and purpose in their life. As individuals have become more accepting of a detachment from traditional religious ideas, the latter definition has become one that many are willing to embrace (Peteet et al., 2021). Several recovery treatment models, such as Alcoholics Anonymous (AA), have adopted this point of view, incorporating spirituality directly into their twelve-step philosophy practices while ensuring that they refer to a "Higher Power" rather than the word "God" to avoid isolating those who do not share religious beliefs.

In defining religion and spirituality, there is a complexity that exists and depends on individuals for the most part. There is no agreed-upon definition of spirituality. Koenig (2012) stated that religion had been defined as a cultural system of beliefs, practices, and rituals that govern the universe, while spirituality is associated with people’s connectivity to the transcendent and supernatural. Understanding that a higher power controls the universe, and that we are a smaller part of a bigger existence supports the spiritual connection between all individuals. Flynn et al. (2010) stated that spirituality refers to the feeling or perception of well-being that comes from being in a relationship with God and having a sense of purpose in life and the satisfaction that encompasses that relationship. Brown (2018) defined spirituality as recognizing and celebrating that we are connected inextricably to each other by a power greater

than ourselves. Our connection to that power and one another is grounded in love and compassion. For many, practicing spirituality brings a sense of perspective, meaning, and purpose to our lives. More recently, the latter definition has become one many are willing to embrace as people have accepted a disconnect from traditional religious beliefs (Balboni et al., 2014).

History

Slavery

In 1619, the Transatlantic slave trade began, the largest transfer of indigenous Africans abducted from their native land and sent to America as free labor (Carpenter, 2021). Others suggested that previous transfers to the Americas occurred in the 1500s in Latin America, and then some were moved to the Caribbean around 1639 (Franklin et al., 1997). However, the crimes committed against the enslaved Black people were incomprehensible. From physical and psychological abuse to strategically designed torture practices, family divisions through the constant sale of enslaved people, and mass reproduction of human life for financial gain through hard labor, humiliation, and a deliberate effort to erase a race of people from their culture has become a traumatic generational experience with residual effects that persist to the present day (McGhee, 2021).

African Americans who were victims of slavery have had to endure even harsher victimization due to the strategic development of post-slavery Jim Crow laws and institutional racism through segregation and the denial of access to appropriate education, healthy living environments, and jobs that could support their families. These purposeful and inequitable actions have resulted in the segregation of residential areas by redlining and racial zoning, as well as the unfair prosecution of people through the court system. As a result, Black weariness

and post-traumatic slave disorder have emerged as increasingly viable hypotheses for describing the generational traumas that have afflicted Black Americans' struggle to succeed in society (Winters, 2020).

SAFE Project (2022) claims that Black drug users' significant psychological experiences and the challenges of racism may unwittingly contribute to the creation of rehabilitation programs like the SAFE Project, which are designed to explore cultural experiences within the treatment process. When they are forced to face and handle the oppression they have experienced for generations, the unresolved impacts of these variables serve as a trigger for their internalized fights, which are carried throughout their bodies (Menakem, 2017).

Spirituality has been a significant cornerstone in some Black people's ability to find comfort and resilience used to protect their psyche throughout the history of their plight in America (McGhee, 2021). From the beginning of slavery to Jim Crow and the Civil Rights era to the current racial atrocities of violence viewed across social media today, African Americans have utilized their spirituality and the commitment of the Black church to serve as a haven during times of trouble, which combated racial injustice and mental, emotional, and behavioral health issues (Campbell & Winchester, 2020). The ability to draw power from one's spirituality at any time, day or night, without involving other people, has been a great boon to society. The spiritual life has been said to give its practitioners a bond with themselves independent of external factors such as their socioeconomic status to address the issue of substance use (Bever, 2019).

Substance Use Crisis

According to Nicholson and Ford (2019), cocaine use has disproportionately affected the Black community due to structural racism. They suggested that during the early 1980s and

1990s, crack cocaine was placed largely in Black communities as a concentrated drug which caused an uncontrolled epidemic of SUD's that affected families generationally. Crack was deemed a more addictive and dangerous drug, which demonized the Black communities that fell victim to drug use during that era. The Black community became victimized because they had to struggle with the government agencies and the criminal justice systems, which removed children, imprisoned parents, and offered very little in terms of rehabilitation services to Black people versus the resources they provided to people of other races who predominantly were using powder cocaine. The effects of these social injustices continue to this day. These concerns are directly related to the theories that have been put forward about the growth of institutional inequities such as the different standards for federal crack cocaine prosecutions and powder cocaine prosecutions. The statistical differences between crack cocaine prosecutions and powder cocaine prosecutions are a direct indication of the impact institutional racism continues to weigh on communities of color (Lynch & Omori, 2018).

Current Issues: The Role of Racial Disparities

Substance Use

The SUD trend shows a significant increase in SUD among OAAs since 2016 in almost all drug categories. This data poses a serious concern about rehabilitation programs' impact on reducing SUD in Black Americans. Suntai et al. (2020) mentioned that when compared to Whites, OAAs are 37% less likely to complete SUD treatment programs. Furthermore, Whites receive SUD treatment 23.5% of the time, while Blacks receive treatment only 18.6% of the time (Grooms & Ortega, 2022).

Abuse of drugs and other substances is an issue that affects a large number of older citizens in the United States. After receiving a diagnosis, each group may be required to undergo

therapy for the problems they are experiencing. On the other hand, their access to diagnosis and treatment options for SUD's is impacted by a variety of social and economic variables. According to the findings of several studies, systemic racism makes it more difficult for older African Americans to get treatment and to see it through to its conclusion, which contributes to their mistrust in the healthcare system (Suntai et al., 2020). An investigation into the reasons why African Americans don't finish treatment programs is warranted due to the numerous obstacles they must overcome in order to gain access to treatment facilities and the challenging dynamics they must navigate in order to finish treatment services once they have obtained assistance. Suntai et al. (2020) mentioned that racial injustice and socioeconomic disparities account for the differences observed between Black Americans compared to Whites. For instance, even though the rate of SUD is considerably higher among OAAs than among Whites (Kaliszewski, 2022), research showed that areas with higher percentages of rural, Black, and underinsured individuals were less likely to have outpatient treatment facilities that accept Medicaid (Suntai et al., 2020). Other socioeconomic factors like unemployment, homelessness, and not having health insurance also play a vital role in the lower rate of SUD treatment completion for African Americans.

Being older is related to a higher prevalence of developing SUD-related complications. However, the criteria for the screening for substance use disorders are primarily based on the younger population despite the DSM-V asserting that the impact of drugs varies with age (Grooms & Ortega, 2019). Furthermore, compared to Whites and Hispanics, African Americans are less likely to receive sufficient screening for SUD because they are more likely to be screened by less experienced or qualified professionals. At the same time, Blacks are less likely to be admitted into SUD treatment programs and are more likely to be prematurely discharged

from the same program (Grooms & Ortega, 2019). This data clearly shows that racial disparities are crucial in SUD prevalence and treatment figures among OAA.

In America, general drug consumption and alcohol usage are on the upswing (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020). Recent data estimates that more than 30 million Americans continuously take drugs, and cannabis and methamphetamine are some of the most commonly used substances. When you factor in cigarettes and alcohol use, more than half of the population constantly uses a substance. Drug usage can affect consumers, their family members, and the community (SAMHSA, 2020).

Substance use and SUDs cause a large public health concern. The use of substances can manifest in binge drinking, the use of illegal drugs, or the misuse of prescribed medication. All these situations can cause detrimental health risks and lead to other social problems within the community. These health risks include child abuse, neglect, criminal activity, and the increased inability to work, thus maintaining an unstable living environment.

Social Worker Engagement

The findings of this study benefit the field of social work by providing a complete picture of the lived experiences of older Black persons who identify as substance users in recovery. It provides a revolutionary intervention technique for people in the healthcare profession, including those working in medical and mental health and the field of substance misuse (Poole et al., 2019). The NASW encourages social workers to remain competent in the most advanced evidence-based practices to promote cultural competence (NASW, 2021). The findings promote a culturally sensitive approach to working with this population by considering and including their experiences with racism and injustice. It examined how those factors have influenced their life decisions regarding substance use and recovery practices, disproportionately prevalent

among OAAs. Finally, the findings of this study are beneficial within the Black church because they can help clergy better understand the role of spirituality as experienced by OAAs. This information can be used to improve their support for members of their congregation who may choose to receive recovery support from their religious community. Social workers that work in nursing homes, substance use treatment facilities and senior centers will have an added source of information to engage this specific population with an intentional support that can address the needs of OAAs with SUD's.

Relevant Social Policies and their Significance

The SUPPORT Act

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (The SUPPORT Act) was developed in 2018 to help address the opioid epidemic in the United States (American Health Law Association, 2018). The Act focuses on reinforcing the workforce involved in behavioral health, enhancing access to healthcare facilities, and increasing access to addiction-control drugs. The Act ensured that State Targeted Response Grants (STR) were made available in a timely fashion to improve the concerned healthcare facilities' operation, and resources were targeted towards trained first responders in opioid addiction medication administration. It also facilitated the development of Comprehensive Opioid Recovery Centers and mandated the US Department of Health and Human Services (HHS) to offer best practices for recovery housing (SAMHSA, 2022). This Act directly addresses the barriers associated with marginalized groups' reported barriers to access and provides more treatment programs to be available to those in impoverished communities (Suntai, 2020).

The Affordable Care Act

The Affordable Care Act was developed in 2010 to address the healthcare disparity and its relationship with drug misuse in adulthood. The Act reformed the healthcare system by providing affordable health insurance alternatives for people with lower economic status. The Act enabled low-income people with SUD and addiction issues to get healthcare services at private facilities (SAMHSA, 2022). Health insurance has played a significant role in being a protective factor in substance use recovery (Nicholson & Ford, 2018). Without health insurance, OAAs will stray away from recovery treatment options because they cannot afford them and will be more likely to continue their maladaptive behaviors.

The Mental Health Parity and Addiction Equity Act (MHPAEA)

At the beginning of 2010, the Mental Health Parity and Addiction Equity Act (MHPAEA) became law and entered into force. It was an event that represented a substantial reformation in both the parity for mental health care and the federal regulation of health insurance in general. These broad parity standards were extended to substance use disorders as a result of the MHPAEA, which required that insurance companies handle mental-health benefits in the same manner as medical and surgical benefits. To be more specific, it mandated that benefits for mental health and substance use disorders be awarded with no less flexibility than the "predominant" regulations that regulated "virtually all" medical and surgical benefits (Lawrence & Shultz, 2021). In addition to this, it mandated that mental health and SUD benefits should not be subject to different cost-sharing requirements or treatment limits than medical and surgical benefits. The enactment of this bill was praised not just as a successful policy but also as an expression of the indignity created by treating mental diseases as "second-class illnesses." The MHPAEA represented another school of thought, which held that the federal and state

governments should work together to administer programs rather than inhabit "different domains." This line of thinking is known as "cooperative federalism."

The Older Americans Act

The Older Americans Act is a federal law that protects the rights of older Americans. The Older Americans Act was first passed in 1965 (Juckett et al., 2021). It was reauthorized and revised in 2020 to ensure that elderly adults and their changing requirements were recognized and accommodated to meet the needs of an ever-increasing number of people. As a result of this Act, there have been improvements in access to healthcare, prescription drugs, and the development of new screening methods for the medical, psychological, and SUD requirements of the elderly. The policy reforms addressed resource limits and cultural conventions that various elders may experience, among other things. The program also provided financial incentives for businesses to restructure themselves to provide leadership that could reconstruct new programs that were attentive to the engagement of community involvement to create a more elderly-friendly community environment (Juckett et al., 2021). This Act and its progressive changes throughout the years have provided realistic approaches to advancing the resources available for OAAs. It also addresses the challenges specific to their needs to remain safe and healthy within their communities. It also provides a pathway to promoting an incentive for treatment programs to address cultural issues creatively.

Conclusion

By hearing the voices of individuals who are not sufficiently represented in existing research, this project will improve social workers' capacity to inform social justice methods. Additionally, it teaches social workers to respect a person's intrinsic value and dignity. We empower people who may not have had the chance to express their perspective by offering a

forum that enables OAAs who use substances to link their experience to the study. People who identify as having SUDs will be able to obtain tailored treatment, as well as access to resources and a decrease in obstacles, thanks to the establishment of effective legislation. The next chapter provides a review of the literature currently exploring these areas of interest.

Chapter Three: Literature Review

Introduction

This literature review examines the experiences of OAAs who use substances and review the role spirituality may or may not have played in their recovery process. The literature review criteria process used is explained, and this section concludes with the themes found from the most relevant and updated literature. These themes include the OAA substance users' experiences from their perspective, access to substance use treatment services, perceptions of the stigma, successfulness of their recovery and coping skills, and the necessity of family and peers as support. In addition, the literature review includes research related to the maladaptive behaviors of substance users, the expressed feelings of regret and disappointment, and the role spirituality has had on their treatment process. Finally, this section also addresses gaps in the literature and makes suggestions for future research.

Literature Review Methodology

The literature review discovered the current literature that addresses the role spirituality plays with OAAs who have been substance users previously or have identified with a clinically or self-diagnosed SUD diagnosis. The methods used to find literature focused on this area of interest involved searching subject terms via multiple electronic search engines and databases such as YU Find, an EBSCOhost Discovery Service, Social Work Abstracts, ProQuest, and Psycinfo, Eric, and Google Scholar. The database search was completed using the following terms and keywords: elderly African American AND substance use disorders, substance use treatment AND OAA AND spirituality, OAA, substance use AND trauma, substance use disorders, access to treatment, and OAA, Substance use, OAA and religiosity, substance use

AND holistic intervention strategies and OAA. All search methods populated a total of 923 studies.

In order to find only the most relevant and up-to-date publications, the screening procedure used the included criteria of peer-reviewed articles published between 2015 and 2023. Reading the title and abstract helped in this approach. The information from the abstract prompted the need for some articles to be read in their entirety to retrieve the data results or future implementations for research limitations. This practice concluded with a refined search, which reduced the number of articles to 24. The articles are focused on OAAs; however, some articles represent older adults who identify with substance use. These articles were used to address the gaps in the research that do not represent OAAs.

Findings

Through the literature review, the articles selected for review provided three themes: substance use of OAAs, barriers to treatment, and spirituality. These themes represented a series of patterns in the experience of OAAs who have experienced substance use and recovery methods. The themes show the current research and the findings of the perception of the existing resources and intervention strategies used with this population.

Substance Use of OAAs

Boateng-Poku et al. (2020) highlighted that although Caucasians reported higher use of tobacco and alcohol in their youth, smoking and alcohol use in African Americans was more prominent in their older age. Boatang-Poku et al. (2020) highlighted results from their secondary data analysis from the Carolina African American twin study (286 participants) on aging to explore the role of social support on maladaptive behaviors resulting from the use of alcohol and tobacco. Participants were assessed for the emotional factors related to quality (deep social

support) versus quantity (the number of social supports they had) and their effectiveness in reducing substance use. The findings supported the hypothesis that a depressed mood is associated with smoking more than drinking. Those with emotional problems and strong support smoked fewer cigarettes. Drinking was not shown to reduce smoking and drinking due to social support. These findings suggested that those OAAs who smoke may be encouraged by their support systems to stop; however, drinking alcohol did not reduce with the inclusion of social support. While the authors highlighted that older adults who used tobacco had higher success rates in recovery from smoking due to their social groups, they did not discuss the contributing factors that led to lower social support success rates among older adults who used alcohol. Further research to understand what interventions would support alcohol consumers other than social supports would advance intervention outcomes.

Secondary data analysis regarding older adults was conducted using a data set covering 2015-2018 from the National Survey on Drug Use and Health (NSDUH). Shearer et al. (2020) noted that the increased morbidity and mortality related to prescription drugs had created elevated attention to public awareness and overwhelming public health response. This study aimed to analyze changes in NSDUH data on prevalence, correlation, and connections between concurrent use and health outcomes over a period of 23 months. Most of this study's conclusions were in line with those of other studies that relied solely on survey data. Novel findings included a more in-depth assessment of the non-medical use of prescription opioids, use differences among states, and variations in psychological distress by opioid or methamphetamine status. The researchers analyzed data on more than 5,000 adults in the United States who used both substances or one of the substances over the 12 months from 2015 to 2016 or from 2017 to 2018. Most research findings of this study were derived from surveys with low response rates ranging

between 12% and 80%. The results were drawn from a nationally representative sample of U.S. adults ages 18 to 64 years old who previously used opioids and methamphetamine in the past year, as reported during face-to-face interviews conducted by the NSDUH in 2015-2018 (Boateng-Poku et al., 2020).

Current research focuses on understanding independent associations between mental health disorders and substance use over time. Still, there appears to be a lack of knowledge about whether co-occurring disorders can lead to amplified risks for polysubstance use patterns. Overall, there are no differences in substance use patterns between people with or without comorbid mental health disorders; however, this data may be biased due to the sampling methodology. The goal of the research was to go beyond the known research on the increased use of methamphetamines that contributed to the declared public health emergency and increased overdose deaths in the United States. Their findings brought to the attention of policymakers and healthcare professionals the need to develop effective public health outreach efforts and interventions specific to methamphetamine and opioid users. This research provided a strong blueprint for addressing public health awareness regarding substance use; however, the limitations were that the article was unable to gather many older adults, and the majority of the study participants were not Black (Boateng-Poku et al., 2020). This limitation may be because of the drug of choice; therefore, the article spoke to a need for a further review of older Black substance users' need for public health awareness that directly addresses their individual needs and the drug of choice most commonly used by this population. The drug mostly consumed and even abused by OAAs is alcohol, not opioids and methamphetamines.

Flynn and Hoffer (2019) discussed increased deaths due to methamphetamine use. Their qualitative study was conducted through ethnographic interviews with methamphetamine users.

The difference between Shearer et al. (2020) and Flynn and Hoffer's (2019) study is that Flynn and Hoffer based their studies on the changing demographics of those traditionally identified as methamphetamine users. Establishing their study on the changing demographics of those traditionally identified as methamphetamine users allowed 31 of their 52 participants to be poor, homeless, and male and female. In addition, they identified as Black, Native American, and biracial as opposed to Caucasian. Previous studies have shown Caucasians to be the prominent users of these methamphetamines. The findings revealed that Black substance users shifted their drug of choice from crack cocaine and heroin to methamphetamines to reduce their drug use's visibility and legal ramifications. The participants indicated that methamphetamines were easier to locate and have in their possession. In addition, they recognized a reduced need for drug paraphernalia, such as crack pipes, spoons, and lighters, which are often identified quickly by law enforcement. While this study addressed critical issues about why and how Black people shift their drug of choice, it did not highlight the impact the role this played on OAAs.

Additionally, the research discussed the shift from one drug choice to another drug, but it was limited in its overall presentation of facts related to recovery. The concerns associated with this issue could be better addressed if there was equal enforcement of the law for all illegal substances regardless of the choice of substance to lessen racial disparities (Flynn & Hoffer, 2019). The ways in which Black people are criminalized and portrayed in the media due to their substance use, as opposed to their White counterparts, further perpetuate continued racial disparities and injustices. These findings support the notion of a racist legal system and warped media exposure that perpetuates a stronger negative stigma against the Black population and their common use of specific drugs.

A study by Scott et al. (2020) claims that Ohio's methamphetamine consumption has changed demographically. When considering the effects of methamphetamine usage, it is important to remember that this substance may be used in combination with others. Thus, it is not possible to determine solely based on prior methamphetamine use whether shifts in the total prevalence of illegal drug use have occurred. However, increases in heroin and marijuana use can be distinguished from increases in methamphetamine use among African Americans in Ohio.

The study has certain limitations that are worth noting. The first is that it is only representative of one state, Ohio. It also does not examine the relationship between drug use and other variables such as family structure, education level, and employment status. The authors argued that these factors were irrelevant to the relationship between race and drug use in this context, but it would be interesting to see if this is the case. For example, in a previous study, Campbell and Winchester (2020) pointed out that among African Americans, those with a college degree were more likely to consume methamphetamines than those without one. They reasoned that this was because college graduates feel more financially secure than those without degrees and hence are less likely to fear the repercussions of getting caught breaking the law. This suggests that there may be a stronger relationship between income levels and drug use among African Americans than Whites. The present study did not consider how other psychosocial factors, such as mental health issues or previous drug experience, might influence African Americans' likelihood of transitioning from heroin to methamphetamine use. All illegal drug use should be addressed with the same repercussions from a social justice lens. In conclusion, we see that the power dynamics that led to the emergence of methamphetamine use

remain. This study has shown that African Americans in Ohio are still being marginalized, and because of these dynamics, methamphetamine use continues to spread among this population.

Barriers to the Recovery Process for OAAs

Suntai et al. (2020) conducted a secondary data analysis of a cross-sectional study on older adults who used substance treatment. This study used a retrospective cohort design to examine racial disparities in substance use treatment completion among older adults. Data were obtained from the 2008 NSDUH, with information collected using a computer-assisted interview program. The sample was limited to adults ages 50 years or older and included data from 16,826 respondents. Substance use was measured by self-reported lifetime SUD and dependence diagnoses and current (past year) SUD and dependence diagnoses. Treatment completion rates were defined based on the number of treatment episodes, including at least one inpatient treatment episode and at least two outpatient treatment episodes in one year. Their research focused on the extent of racial disparities in SUD treatment completion amongst older adults. Their findings showed that OAAs were 37% more likely to complete the use of treatment facilities than their White peers within the programs (Suntai et al., 2020). Their reduced number of participants completing the treatment programs showed a large difference in the success rate of OAAs completing the program. Suntai et al. (2020) suggested that the factors of program completion included family encouragement and support and outside concerns such as poor living environments, educational level of achievement, and access to suitable treatment. These findings informed social workers that systematic disparities such as racial injustice may play a significant role in the inability of OAAs to gain access to and remain in treatment until completion.

The first limitation of the study was that it only focused on older adults who completed substance use treatment programs in Alabama. The authors didn't examine any other states, so

we don't know how Alabama's treatment completion rates compared to those of other states or the country. Furthermore, the study didn't consider other factors influencing substance use recovery rates, such as a patient's gender, race, income level, and education. In addition, the authors' definition of completed treatment was limited to patients who completed a program and whose subsequent urine screens returned negative for drugs. This definition didn't include patients who dropped out of treatment before completing an entire program or whose urine tests continued to come back positive after they left a program. Therefore, we don't know how many of these patients stopped using drugs; their definition only showed us that they received some treatment and later tested clean. The article also presented a need for future research and social justice action toward the discussion of racial redline policies that caused ongoing homelessness, lower educational opportunities, and poor living environments, often leading to substance use issues (Suntai et al., 2020).

Kelly et al. (2014) provided a theory to support recovery treatment practices that could be more accessible and provided a positive use of storytelling and peer support. Their discussion of the Alcoholics Anonymous (AA) foundation concepts and practices based on a spiritual program of action offered the most success. It sought a source of help for alcohol-related problems in the United States. This 12-step program has been linked to higher rates of abstinence and remission from SUD (Grim & Grim, 2019). AA is a subsidiary self-help program model of the larger Mental Health Organization's (MHO) umbrella. It has used psychosocial constructs that have been widely accepted across many socioeconomic and regional areas and used by diverse populations successfully. This wide usage of the program has been accredited mostly to the anonymity of the program's practice, which ensures that participants can maintain their confidentiality, reducing the stigma attached to substance use. AA also provides a cost-effective

approach to recovery and delivers a mass array of different meetings to attend. There are meetings in specific languages. They have closed meetings for the privacy of famous people, and if people are traveling, they can easily find a support meeting in most areas within the United States to which they are traveling. These conveniences allow for a constant connection with like-minded individuals who can support a recovering person at any time (Morrison-Orton, 2001).

Although the language, concepts, and practices originally were based on a religious ideology, AA was intentional in its decision to ensure that they were able to embrace a broader ideological bandwidth to develop a social fellowship, which would believe in a self-defined exoteric practice of using spirituality as opposed to an organized religious belief system (AA, 2001). This allowed a fellowship connection between atheists, diverse religious believers, and those unsure of their faith preferences, allowing for the focus on self-help action and the support that develops as a subculture (Westermeyer et al., 2014). This subculture provides connectedness, consolation, and peer support through spirituality-based mutual aid services. This offers the opportunity to give, while receiving, an empowering concept that allows those who once thought of themselves as the problem to see through a strength-based perspective how their actions of support to others contribute to the subculture of a family dynamic. Westermeyer et al. (2014) also discussed the use of AA practices to create connections between subgroups such as older adults adapting to sobriety and their phase–of–life adjustments. Westermeyer et al. (2014) also argue that subgroups formed naturally to address their needs to cope with racism, oppression, peer pressures, and financial difficulties.

Neisler et al. (2018) also conducted a study of homeless OAAs in which they also had similar findings of tobacco and alcohol use being a prominent practice in Black communities. The participants in their qualitative study reported themes of participants' expressions of using

tobacco and alcohol as a coping mechanism due to the stressors they faced related to their homelessness, social norm practices within their environment, mental health problems, and the tobacco industry marketing practices targeted toward Black Americans. They also faced many barriers that existed to obtaining smoke cessation interventions. In the discussion, the researchers also presented the participants' inability to trust or understand the hazards of their strong addiction through warning signs and smoke cessation commercials that they normally overlooked as an intervention. Still, instead, they viewed them as a stigma of their addiction.

Neisler et al. (2018) failed to account for several confounding factors that could explain this relationship. Further investigation revealed that the two groups differed in their smoking habits over time, and high-income smokers generally reduced their smoking throughout the study. Still, low-income smokers did not have any reductions during the same period. This finding demonstrated that income is not an important factor in smoking cessation. The real measure of importance would be whether people can quit smoking regardless of their income level.

Assari et al. (2019) agreed that smoking and drinking among OAAs in economically constrained urban environments were a social norm and may serve as coping mechanisms for financial difficulty. Assari collected data from a sample of 1,037 adults in the U.S. This data set included 785 Whites and 252 African Americans (over an average of 2 months). According to their qualitative study, financial constraints from economically destitute neighborhoods and prejudice against racial minorities were found to play major roles in protecting economically disadvantaged older Black adults from engaging in health-risk behaviors. However, educational attainment had a lower correlation with their outcomes, suggesting that education may not have been a contributing factor. This article added to the research proficiently as it was a face-to-face

interview through a cross-sectional survey that allowed OAAs to express their beliefs on why they used substances, what obstacles they faced when trying to obtain healthcare access, and what their self-rated health perceptions were.

The authors originally had a hypothesis that educational attainment and financial difficulties would be major factors that would contribute to health behaviors based on similar findings on health outcomes. However, the results concluded that educational attainment was not as significant as financial difficulty, deep poverty, and a lack of resources. In addition, the study directly addressed OAAs in an economically disadvantaged section of South Los Angeles as participants, a group on which few studies had been conducted to view their perspective from a qualitative lens. Assari et al. (2019) stated that most research addressed African American youth instead of OAAs.

Spirituality

Kelly and Eddie (2020) provided a different viewpoint on the role of spirituality and religious differences. They conducted a quantitative, cross-sectional study of 39,809 American adults to explore their hypothesis that spirituality/ religion may play a role in the success of recovery for substance users. The findings showed that overall, the participants stated that religion did not help them overcome their alcohol and other drugs (AOD) problems, although they did report being moderately spiritual. One difference noted was that older Black Americans reported substantially more spirituality and religious identification and a higher level of use of their spirituality and religious practices as an intervention for recovery. The findings were the exact opposite for older White and Hispanic Americans. The researchers also stated that spirituality is something with which more Americans commonly identify as they stray away from organized religion. A major problem with this study is that it only uses lifetime prevalence as a

measure of severity. Lifetime prevalence measures the percentage of individuals who have ever consumed a given drug or engaged in a given behavior. By utilizing this measure alone without any follow-up questions regarding symptoms or impairment related to these behaviors, Kelly and Eddie ignored that SUD's severity may increase over time. For example, an individual who has been using cocaine since they were 15 may not have suffered significant negative consequences due to usage until they were 25 years old. Another limitation to this study was the inability to differentiate between spirituality and religion. These are two distinct practices that should be examined separately for a more concise outcome.

The church has been an institution of resolve for many Black Americans throughout the history of this country, which has included mental health and substance use behaviors. Culture is believed to have a role in one's beliefs, values, and perceptions regarding mental illness and how to cope with it (Watts et al., 2018). Within the Black faith community, faith in God's ability to resolve problems is often a common practice through prayer and belief in God's power and omnipresence (Brewer & Williams, 2019). Understanding the difference in these coping behaviors between different ethnic groups further provides an understanding of the need for different approaches to treatment options and intervention strategies.

Park et al. (2018) conducted a study that emphasized the coping mechanisms used by OAAs. The researchers incorporated a qualitative approach grounded in a life story methodology in which participants' narratives were used as data sources. The sample was made up of 11 participants who were over the age of 55 years old and had histories of substance use disorder (SUD). The findings suggested that OAAs' use of spirituality impacted their recovery success. They used secondary data analysis to explore the role of having a connection with God from both

a positive point of view and a negative point of view. The results concluded that people's religious affiliation promoted better health-related decisions, practices, and mental health.

The researchers also concluded that those participants who identified with having a positive connection with their higher power felt supported and encouraged to refrain from substance use. This information supported the need for further research on the critical role of spirituality in its connection to recovery. When interacting with OAAs who indulge in drug abuse, there is a need to identify if there is a relationship between spirituality and substance use recovery amongst OAAs. For some OAAs, there could be a re-traumatizing sense of guilt and remorse; therefore, in this way, spirituality may not be welcomed by an OAA who uses substances. The fact that just a small number of people took part in the research is a limitation. The results of others' experiences may have varied depending on the quantity of participants. This may help to explain why spirituality hasn't always been a useful recovery tool for certain OAAs.

Pedersen et al. (2019) stated that examining the mental health care service use and religion literature led to conflicting findings. The authors used a secondary data set that conducted 6,082 face-to-face interviews, which included 3,570 African Americans, 1,621 Blacks of Caribbean descent, and 891 non-Hispanic Whites. They studied the relationships between mental health care and usage and strengths of religious and spiritual beliefs amongst a cohort of African Americans and Caribbean older adults between the ages of 54 and older and older and younger adults from ages 18-53 of the same ethnicity. Their findings showed the OAA adults were less likely to seek mental health services than their younger cohort, and their study utilized their church, clergy or spiritual practices such as prayer. Older Black Caribbean adults practiced mental health-seeking services more after first speaking with their clergy. The younger cohort

either did not seek mental services or directly assessed mental health services without spiritual involvement. The findings suggested that by building a relationship between the Black church and mental health services, a larger group of OAA would seek mental health services and add the support of their worship community. This would support the expansion of OAAs use of their church community as a resource for SUD recovery efforts.

Mental health professionals would benefit from this partnership with the Black church, which would also position the Black church to provide other services they are knowledgeable and appointed to do (Pedersen et al., 2019). However, one limitation was that while the interviews of the original survey were conducted across the country in both rural and urban areas, there was a very low representation of the White participants for comparison, and none of the Hispanic participants often identified as Black were represented.

Pedersen et al. (2019) stated that examining the mental health care service use and religion literature details led to conflicting findings. This paper attempted to explain the differences through qualitative analysis. The authors conducted in-depth interviews with service users and professionals familiar with the subject, thus providing a holistic perspective on the research topic. While this provided a detailed account of the issue, it was still limited since it was based on the experiences of only a small number of people. The authors also noted that this study was limited by a lack of population-based evidence and could not provide any information on how or why religion plays such an important role in mental health care. The literature review conducted was a systematic review of the literature on mental health care service use and religion, which seemed to produce conflicting results. The researchers found that a person's religious affiliation was associated with a decreased risk of psychological distress, mental disorder diagnosis, and mental health care service use. They also found that a non-religious

affiliation was associated with an increased risk of psychological distress, mental disorder diagnosis, and mental health care service use.

The authors concluded that their findings regarding the healthcare system's treatment of religious individuals were limited because they reflected the cultural values in their study countries. Likewise, their findings regarding the healthcare system's treatment of non-religious individuals were limited because they reflected their values. Pedersen et al. (2019) also stated that most studies have been conducted solely in Christian samples and have used religious measures that assume a Judeo-Christian God. These findings suggested that further research should be conducted with non-Christian populations and use measures that are not specifically religious. The study concluded that future research should examine whether the relationship between religion and mental health care use is mediated by factors such as the quality of religious beliefs, religious coping strategies, or other variables.

Pedersen et al. (2019) stated that examining the mental health care service use and religion literature details leads to conflicting findings. Still, this research does not reflect other factors such as age, race/ethnicity, gender, or socioeconomic status. A huge limitation of their study is the inability to measure religious activity; this makes it difficult to know how much of an impact religious activity has on the outcome variables. People with a greater sense of well-being or purpose may be more likely to participate in religion or spirituality. If people have a higher degree of religiosity, they will have greater social support within their religious community; these factors are important when considering how religion can impact mental health outcomes such as depression, anxiety, and SUD.

This paper questions the prior research, finding that the results seem to be influenced by various factors other than those such as race, age and gender. The authors concluded that the

contradictory findings were likely due to the multiple influences of religious involvement and other influences on mental health, such as social support and quality. Despite some limitations of this study, they suggested that it was still pertinent to include religious involvement in mental health treatment plans, especially when considering social support and quality.

Conclusion

After looking through the relevant research, it would appear that OAAs are seriously impacted by SUDs, which have a negative impact on their overall quality of life and healthy well-being. OAAs have a propensity to utilize nontraditional recovery efforts to address their SUDs because of the barriers to treatment access and a distrust for the systemic, racially impaired systems that they are connected to. This is another reason why OAAs have a tendency to use nontraditional recovery efforts.

We learned from the literature that OAAs consume alcohol, cigarettes, and marijuana in substantial quantities. We also know that among OAAs, alcohol is apparently used more often than opioids and methamphetamines, and that there is a need for more aggressive public awareness, a proactive community, and social supports for individuals in recovery. There is a deficit in the research that explains co-occurring disorders and how they contribute to hazardous behaviors in this community, as well as its poly-substance use patterns. There is also a need to investigate if the substance of choice makes a substantial impact in African Americans' capacity to effectively seek treatment later in life.

Barriers to the recovery process for OAAs are presented in the current literature as a deterrent to successful treatment outcomes. From the literature, we also know that there is a racial stigma attached to the substance use of African Americans due to the injustices of the legal system and negative media exposure that spills into a lack of trust and use of traditional

treatment options. These barriers are also directed towards the criminalization of specific substances used most frequently by people of color. Further research would explore if a more culturally sensitive public awareness approach and treatment practices that were culturally specific in their techniques could support the recovery process. Deeper research could also present an understanding of the financial, housing, and family problems that can arise from the use of traditional treatment facilities, especially as an inpatient recovery process. The importance of education, family structure, and employment status could also provide insight into the specific needs of OAAs with substance use issues and their recovery process.

From the literature reviewed, we know that spirituality has been a cornerstone in the comfort of the OAAs historically significant traumatic experiences living in this county. The use of spirituality in the recovery process has not effectively been explored. The effectiveness in spirituality could possibly create a more welcoming gesture to those seeking recovery amongst the OAA population. In the same way, spirituality may not be an effective technique in the treatment of substance use recovery process if it is viewed by OAAs as a judgmental deterrent due to feelings of regret and shame. Understanding how spirituality would affect the recovery process could benefit the substance abuse field in exploring new interventions and better inform the social work educational practices for new social workers who desire to support this group.

In spite of the fact that there is evidence that OAAs utilize the support of their spiritual groups to help them deal with their social issues, there is a pressing need to investigate how well these relationships work. This raises the question, how do OAAs recovering from a substance use disorder experience spirituality as part of the recovery process? The next chapter will review relevant theories that support the investigation of this phenomena.

Chapter Four: Theoretical Framework

Limitations to SUD recovery for some OAAs are discussed with reference to the theoretical framework of this investigation, which includes the Post-Traumatic Slave (PTSS) theory, the alcohol dependence syndrome, and Fowler's Stages of Faith. The traumatic stress in slavery theory is the main theoretical framework for this research. Its basic tenet is that African Americans display a unique pattern of behavior and psychology that can be traced back to transgenerational behavioral adaptation in response to historical traumas associated with slavery and ongoing discrimination and oppression. Alcohol dependence syndrome theory explores the disease aspect of alcohol dependence and the tools used by substance use professionals to better understand the behaviors of those who use substances and the process whereby use becomes unmanageable and affects people's ability to function at their highest capacity. Last, Fowler's Stages of Faith explore how individuals progress in their development as it relates to their spirituality, self-reflection, and connection with a higher power (Fowler & Dell, 2006). Although such faith practices can support an OAAs' recovery efforts, Assari (2019) discussed that such practices could also be a hindrance. All three theories explain the lived experiences of OAAs and the complexity of their journey to recovery.

Post-Traumatic Slave Syndrome Theory (PTSS)

PTSS was developed in 2005 by Joy DeGruy in Milwaukie, Oregon. It attempts to explore the cause of Black Americans' adaptive behaviors in America and the Diaspora. The theory argues that the Black or African Americans' historical experience of slavery in the United States, coupled with the continued oppression and discrimination they endure, creates the intergenerational psychological trauma common among the present African Americans in the United States. African Americans also believe that the benefits other members of society receive

are not accessible to them. PTSS also is defined as the presence of racism in the face of legal, political, and social progress made in the twentieth century that creates physiological problems unknown to European Americans (Burrowes, 2019). The condition exists from a predicated belief that Blacks are inferior to Whites, and it is affirmed further through institutionalized racism that perpetuates more injury. Conclusively, it means that multigenerational trauma coupled with oppression eliminates the opportunity to heal, leading to PTSS.

This is a systemic issue that affects African Americans, however, can cause individually internalized feelings of oppression. Many African Americans have insufficient esteem development coupled with hopelessness, self-destructive behavior, and hopelessness. Consequently, they have extremely suspicious feelings due to the perceived adverse motives of others. These feelings lead to violence against property, others, and self, including those of one's group (Craemer et al., 2020). All these feelings lead to an aversion for one's ethnic group, the customs of one's cultural heritage, and the physical characteristics of one's cultural group. PTSS results in an individual growing to hate themself, leading to despair and self-destructive behaviors like SUD (Kim et al., 2021).

DeGruy believed slavery and continued oppression had fashioned most Black behavior, including infighting, poor parenting, jealousy, rage, frustration, defeatism, and other dysfunctional behaviors (Kendi, 2016). The effects of slavery had degraded Black Americans, ravished their bodies and minds and left them in a state of despair. Most people agree with the concept of Black inferiority and affirm that this inferiority stems from the racial slur suffered from enslavement and ongoing oppression. PTSS explains African Americans' behavior and their motivations to use drugs. It claims, therefore, that these behaviors are not inherent in Black

Americans. Still, they result from years of conditioning and harsh environments that have left them with minimal choices (Ray & Perry, 2020).

Dr. DeGruy explains the racial socialization experience of African Americans which began with slavery and continued throughout American history with the degrading of the people and practices of separateness and distrust amongst slaves from whites (DeGruy, 2017). The theory deepens our knowledge of the struggles faced by African Americans and the disproportionate number of SUDs among African American adults. The systematic and traumatic programming of inferiority rendered African Americans ineffectual in their own eyes and those of society physically, emotionally, spiritually and intellectually causing vacant esteem, ever present anger, and racist socialization. The long-term impact of these behaviors may explain why SUDS are overrepresented in the African American community. It also demonstrates how spirituality and religion may help reverse this tendency.

Critical Race Theory (CRT)

In addition, CRT backs PTSS theory on matters of racially portrayed behaviors as aftermaths of what has been ascribed socially to African Americans. CRT is a theory, framework, and intellectual idea that race is a social construct, not a biological or natural phenomenon (Cabrera, 2018). CRT is an intellectual movement, and a framework of legal analysis through which race is a category used to oppress people of color. It presents the facts related to our understanding of the laws and legal institutions within the United States. These legal constructs are inherently racist and are used systematically to maintain social, political, and economic inequalities between White and non-White people (Britannica, 2021). The importance of exploring the critical race theory concepts has become more relevant in recent years as we attempt to provide a clearer understanding of racism in the United States. CRT goes beyond

explaining one group of people's negative views of others. Still, it shows how our laws, social services agencies, and legal institutions have been developed to become the foundational tools used to continue the oppression of people of color (Reece, 2019).

Philosophically, CRT further supports the post-traumatic slave syndrome by explaining socially constructed features that categorically divide groups based on their skin color to exploit, oppress, and discriminate against people of color. Critical race theorists argue that racism is an institutional feature as far as social, political, and economic inequalities exist in the United States between Whites and non-Whites common in African American populations (Kirkinis et al., 2021). This theory explores the repercussions of racism and how African Americans have been psychologically affected by slavery for generations. It also provides some clarity on how racism has its grounds in the social perspective of the people and the in-depth influences it has on the mental health of African Americans.

Substance Use Disorder (SUD) and its Intersection With Spirituality

The social problems that African Americans faced in the past have had intergenerational psychological impacts. Black people were subjected to slavery, hard labor, and physical, mental, and emotional abuse (Hall, 2018). Surviving such a horrible experience is indeed a hard task. In addition, the presence of contemporary discrimination and racism has acted as an injury and a scar to African Americans (Matsuzaka & Knapp, 2020). Notably, PTSS argues that past traumas have trickled down to generations to present-day problems. Psychological stressors, constant discrimination, devaluation, and lack of self-worth have propelled older Blacks to adopt SUD practices such as alcoholism and tobacco use as coping mechanisms.

Rationale

The theory helps to reflect on past experiences of African Americans that have had a negative influence on their lives that may have influenced their SUD . The theory gives a clear perspective of the effects of historical African American enslavement. PTSS helps identify current problems portrayed by OAAs concerning past traumatic experiences. It helps us understand how White supremacy and Black inferiority came to be. Historical reports show how African Americans were predisposed to torturous conditions. However, these issues are still reflected in present-day discrimination and racial inequalities. The theory helps to unravel the multigenerational traumas that started way back in the century.

PTSS is contributive in that it helps to unknot the results of past inhumane treatment of the OAA that propelled them to SUD. Experiences of slavery have led to trauma and stress among African Americans. Reece (2018) states that slavery conditions have significantly influenced African Americans' present-day behaviors, including OAAs. Therefore, the theory gives insights into how African Americans adopt behaviors that will act as survival mechanisms to help them recover from the predisposed trauma.

Components

DeGruy argues that PTSS contributes to past historical injustices and unresolved post-traumatic stress disorder from slavery that trickles down to other generations to the present-day generation. It elucidates the current nature of certain behaviors among African Americans along with contemporary problems, including racial macroaggressions (2017). PTSS describes specifically adapted behaviors seen in African Americans today and is the definitive explanation of the collective deficit in African Americans' socioeconomic status (Cramer et al., 2020). The traumas manifest as a spiritual, psychological, behavioral, and emotional syndrome. They

portray a manifested sense of a lack of self-esteem or vacant esteem, the persistent presence of anger or ever-present anger, and an internalized sense of racist beliefs or racist socialization.

Vacant Esteem

First, DeGruy explains a lack of self-esteem or vacant esteem as a manifested feeling of inferiority and a feeling of having little or no worth. Low self-esteem arises from the social influences specific to African Americans stemming from historical experiences of trauma and oppression. This unique symptom distinguishes the trauma-created vacant esteem from other low self-confidence and self-efficacy concepts (DeGruy,2017). However, the low self-esteem and inability to believe in oneself can be seen in the societal perceptions of African Americans. It also can be an internalized sense of self that has inculcated individuals' perception of feeling unworthy due to the belief that African Americans are a minority group and a radicalized ideology of White Supremacy (Smith, 2018).

Persistence of Anger

Secondly, PTSS describes the constant persistence of anger as the emotional experience that depicts an extra level of anger in African Americans. The expression of a person's anger can be seen at an intensified level disproportionate to normal stressors. This type of anger is reflective in a collective group linked to transgenerational trauma in the Black community, which is ever-present in the United States (Smith, 2018). For instance, the persistence of anger, just as the presence of vacant self-esteem, has a collective experience; it is manifested in individual acts of aggression and SUD. However, describing collective features involves the presence of racial glass ceilings and invisible red-tape.

Internalized Sense of Racist Beliefs

Finally, DeGruy argued about an internalized sense of racist belief common among African Americans. It is the adoption of a strong historical belief in racism, and White supremacy is a dominant White culture among African Americans. The theory explains that one of the pervasive symptoms of PTSS in African Americans is adopting the White value system (DeGruy, 2017). The influence of internalizing White supremacy values has manifested in African Americans' contemporary social life experiences, including skin color and hair texture insecurity that has propelled them to adopt practices that resemble Whites (Smith, 2018). However, the theory also explores behavioral substance use and the concept of spirituality among older Black people in the United States. PTSS syndrome is a common problem among African Americans that has manifested in many ways and continues trickling down to generations. It requires profound social change and immediate intervention to rectify present-day inequalities and injustices toward African Americans in the United States.

African American Health: A Terror Management Theory Account

Halloran (2019) used the PTSS theory to assess African Americans' health while reflecting on terror management. He argued that conceptions behind PTSS on the view of intergenerational trauma are seen in the present-day behaviors of people of color. Halloran discussed that some people of color suffer anxiety, negative prejudices, and psychological issues from unaddressed historical injustices. Further, he stated that these experiences had made some African Americans resilient enough to shocks of stress because they are always ready to cope with adversity. Nevertheless, the current generation of people of color suffers from the traumatic impact of historical enslavement that calls for stringent strategies to improve their health and cultural identity through policies that will address their state.

Alcohol Dependence Syndrome

Alcohol dependence syndrome (ADS) was first introduced to the substance use profession in 1976 through a combination of the outcomes of the Henry Maudsley campus research, his teaching on alcohol abuse from 1883, and the inclusion of international data collected through the World Health Organization (WHO) scientific group (Edwards, 1986). All efforts in the area were a call to understand the psychological mindset of alcohol abusers who found themselves unable to control their addictive behaviors, regardless of their age, race, socioeconomic position, or education.

Maudsley originally used the medical perspective to address the addictive pattern by stating that there was a physical impact on the deterioration of the brain that caused alcohol-addicted people to cause harm to their nervous system and brain cells, which would cause an increase in alcohol use (Edwards, 1986). He later attributed alcoholism to the users' psyche with a need to escape everyday stressors, gain sympathy, have the freedom of mental power, and feel elated (Edwards, 1986). Understanding the psychology behind alcohol dependence is critical in addressing the addictive behavior that makes alcohol users unable to control their urge to consume alcohol. Medically, alcohol use causes physical harm through brain damage resulting from alcohol’s effect on the nervous system and the brain cells. As a result, it subjects users to increased alcohol urges (Marsden et al., 1998).

Additionally, addiction or dependence occurs when individuals feel that they have too many responsibilities to handle. Therefore, they escape these stressors to free their mental burdens and feel good about themselves at the moment (National Institute of Alcohol Abuse and Alcoholism [NIAAA], 2019). The explanation delineates why people with multiple and difficult

responsibilities, such as the police, single fathers with multiple children, and people with inadequate salaries, use alcohol.

Recovery is an ongoing life work that is well worth the efforts to reestablish relationships and promote the best life outcomes for health, both physically and mentally. The WHO began addressing the need to explore resolutions to ADS in 1977 (WHO, 2019). They were intentional in their approach and incorporated different cultural experiences and national traditions to reflect the best international consensus to the worldwide ADS problem. Their research, however, through the literature does not speak directly to the inclusion of people of color, yet it focuses more on the differences between Anglo-Saxon and French views (Hodgson, 1980). This would speak to the relevance of the Black experience being omitted routinely from recovery efforts, treatment models, and current substance use techniques for abstinence practices.

To measure the outcomes and successful models, the ADS led to the development of questionnaires and scales to measure the degree of dependence as a predictor of a response to challenge the alcohol dose for addictive patterns. The results of the scales and questionnaires promoted an understanding of the severity of the substance user. The intent to use alcohol more impresses upon the person's level of addiction. The treatment plans and successful outcomes can be further explored by distinguishing addiction into use segments and levels of control and functioning. The outcomes of the scales and questionnaires, such as the last six months of drinking questionnaire, the Rand report, and the alcohol dependence scale, still are used to this day to establish the reliability of such instruments and create a process of treatment planning for the addiction (Li et al., 2007).

It is important to consider helping the victims on the path to recovery. The recovery process needs commitment since it requires physical and mental healing (Potik, 2020). However,

a resolution for recovery should have international standards to ensure that they apply to all alcohol-dependence victims, whether they are people of color, Whites, or Indians. These standards also should guarantee desirable outcomes based on individuals' dependence. As a result, it is significant to consider the degree of dependence when starting a recovery program to determine the possible and achievable outcomes. Other factors to consider in measuring success include individuals' functioning and control levels, the type of addiction, and the damage caused by the addiction using tools such as questionnaires and alcohol dependence scales while ensuring that they comply with DSM-V criteria for measuring alcohol dependence (SAMHSA, 2009). The tools will aid effective intervention strategies based on individuals' problems to achieve desirable and sustainable results.

Alcoholics Anonymous (AA)

Kelly et al. (2014) provided a theory to support recovery treatment practices that could be more accessible and provide a positive use of storytelling and peer support. Their discussion on the AA foundation concepts and practices based on a spiritual program of action offer the most successful and sought-after source of help for alcohol-related problems in the United States. This 12-step-based program has been linked to higher rates of abstinence and remission from SUD (Kelly et al., 2014). AA has used psychosocial constructs that have been widely accepted and used successfully across many socioeconomic, regional, and diverse populations. This success has been accredited mostly to the anonymity of the program’s practice, which ensures that people who participate can maintain their confidentiality, which can reduce the stigma concerns attached to substance use.

AA was intentional in its decision to ensure that they were able to embrace a broader ideological bandwidth to develop a social fellowship, which would believe in a self-defined

esoteric practice of using spirituality as opposed to an organized religious belief system (Morrison-Orton, 2001). This approach also allowed a fellowship connection between atheists, diverse religious believers, and those unsure of their faith preferences. In addition, it allows for the focus on self-help action and the use of supports that develop as a subculture (Westermeyer, 2014). This subculture provides connectedness, consolation, and peer support through mutual aid services based on spirituality (Beraldo et al., 2019). This provides an opportunity to give while receiving. This empowering concept allows those who once thought of themselves as the problem to see through a strength-based perspective how their actions of support to others contribute to the subculture of a family dynamic.

Westermeyer also discussed the use of AA practice to create connections between subgroups within the groups, such as older adults adapting to not only sobriety but also to their phase – of -life adjustments. He spoke of subgroups that form naturally to address their needs to cope with racism, oppression, peer pressures, and financial difficulties (Westermeyer, 2014). With the success of the AA model and the use of spirituality to engage substance users in understanding the use of spirituality and faith as pillars within the Black community, the use of spirituality in a recovery intervention should be explored.

Fowler's Stages of Faith Theory

As theory and experience change throughout the years, so do people's beliefs and understanding of themselves. People who may have seen themselves as religious practicing individuals may have become more skeptical/questioning organized religious practices due to their life experiences. The perception has been adopted by several recovery treatment models such as AA, which uses spirituality very directly in their twelve-step philosophy practices while

ensuring that they connect to a “Higher Power” instead of using the word “God” to avoid pushing away those who do not subscribe to religious beliefs.

Theory Used in Practice

Researchers have found spirituality and religion to be a central part of the daily lives of many people within the Black community. Black Americans attend more religious services, read more religious materials, and seek comfort through more religious activities than White Americans (Chatters, 1999). Religion and the church have been passed down generationally amongst OAAs as a haven and a supportive institutional buffer from the oppressive environments in which they live and work. Fowler (1981) created the Stages of Faith, also referred to as the Faith Development Theory. Fowler, a Christian professor of theology, attempted to make his theory applicable to people of all beliefs. He stated that faith is considered a holistic orientation concerning the perception of how one relates to the universe (Fowler, 1981). For some, this transcendent value is called God; for others, it is called love, justice, peace, or equality (Runnels & Thompkins, 2020).

Theory as an Intervention Practice

Fowler and Dell (2004) believed that people could find themselves in any of these stages throughout their lives. Some people may be older, but they may not have necessarily transitioned out of stages of faith related to their equivalent age for the stage. Some people move back and forth throughout the stages of faith according to their life experiences. They also state that using the stages of faith to measure one’s belief level is an abuse of the theory. Instead, the stages of faith are an intricate point of contact to explore how people perceive their faith and the importance of those perceptions to their behaviors. It provides an understanding of people’s

mental and moral relationships and explains their relationships with their higher power and other human interactions.

This theory provides a platform for assessing one's patterns of thoughts, realizations, and behaviors (Fowler & Dell, 2004). While the stages may be connected directly to specific age levels, Fowler warned that people could be at any stage throughout their lives. For example, older adults may be at stage four, attempting to self-reflect and understand their relationships. As one grows older and the loss of loved ones may be more relevant, assessing who is in their lives may be a very important concept in which they can become engaged. In the same way, older adults who may be ill or in fear of their lives coming to an end could be in the faith stage of intuitive-projective faith (stage 3), in which imaginative fantasy can promote a place of escape where you are in belief of magical resolutions that may not be a reality. Still, they could comfort your fears and anxiety. This theory describes an established pattern of spirituality usage for certain older persons, as well as how their thought process might support or impede their capacity to embrace spirituality as a connecting source for their recovery efforts.

Conclusion

The theoretical frameworks addressed in this chapter demonstrate a link between ideologies that are congruent with OAAs' areas of interest. The PTSS hypothesis outlines the psychological oppression that OAAs have absorbed over generations since enslavement, which may have contributed to their SUD experience. According to Fowler's Stages of Faith hypothesis, often known as the Faith Development Theory, humans may be in any of these phases at any point in their life. This theory gives a framework for analyzing one's cognition, realization, and action patterns (Fowler and Dell, 2004). The alcohol dependence hypothesis highlights the maladaptive actions that OAAs have engaged in in an effort to self-medicate their

sentiments of oppression and racism. All three theories provide a starting point for understanding the phenomena of the African American experience, which eventually gives knowledge to address the involvement of the healing process. This study explored the use of spirituality's success with OAAs as they engage in recovery practices. If spirituality is a helpful intervention technique, the social work profession will benefit from successful results from incorporating an OAAs' connection to spirituality. On the other hand, suppose it turns out that bringing up spirituality is a problem for clients or doesn't help them recover? In that case, social workers will better understand how to avoid assuming that spirituality is helpful during the rehabilitation process. The next chapter discusses the research question posed to further explore the theories discussed and their connection to the substance use of OAAs and their use of spirituality in the recovery process.

Chapter Five: The Research Question

This study explores spirituality's relationship with OAA ingesting any substance that alters brain function and can be viewed as a pleasurable alternative to reality. The overarching fundamental question is: How does the OAA recovering from a substance use disorder experience spirituality as part of the recovery process? Because this research is qualitative, no hypotheses have been created. The purpose is to provide participants the chance to get an understanding of their encounters with the phenomenon. The questions become operational guidelines rather than established facts (Creswell, 2007; Creswell & Creswell, 2018). This enables the formation of the capacity to draw on the participants' experiences to build a knowledge of how they view that event.

Major Research Question:

How do OAAs recovering from a substance use disorder experience spirituality as part of the recovery process?

Sub Questions:

1. What are the spiritual practices used by OAAs in recovery from substance use?
2. What are the perceptions of OAAs about the use of spiritual practices in recovery from substance use?
3. How effective do OAAs feel spiritual practices are during their recovery from substance use?

Chapter Six: Research Methodology

There is a shortage of research on the African American community's perspectives on the role of spirituality in recovery from SUDs for OAAs (Arensberg, 2022). The current research examined the role of spirituality in recovery for OAAs who use drugs. Using a qualitative phenomenological method, the study aims to investigate the link between spirituality and drug use among older Black individuals. A phenomenological study seeks to elucidate the rich intricacies of the participants' experiences with particular events.

Research Design: Qualitative Methods

Phenomenological designs are different from other qualitative study designs because they investigate human experiences by examining the descriptions supplied by the participants. Constituting what is commonly called "lived experiences," phenomenological research aims to characterize the significance of experiences on individual subjects. According to Nigar (2020), this kind of research method is suitable for research topics that have been explored on a limited basis. While respondents are invited to explain their experiences as they perceive them in phenomenological research, the subjects may inscribe them even as most of the material is gathered from interviews (Nigar, 2020). To comprehend lived experience from the subjects' perspectives, the researcher must consider the subjects' views and feelings. Contrary to a grounded theory in which facts are used in developing approaches, phenomenological studies focus on understanding people's subjective meanings of certain issues and topics. As such, comprehension of the subjects' lived experiences is critical in a phenomenology study.

A qualitative analysis method called interpretative phenomenological analysis (IPA) will be used to analyze the transcripts from the interviews. IPA seeks to examine personal lived experiences, the meaning of the experiences, and how the participants make sense of those

experiences (O'Sullivan et al., 2013). The IPA approach analyzes each semi-structured interview individually and intensively. Then, it combines them at a later phase of the process. This process allows the researcher to have the themes continuously reviewed to ensure that the participants' experiences are valued and provides an understanding of the nature of the context dynamics (Babii, 2020). This study of social facts provides a systematic approach to understanding the lived experiences' complexity and raises awareness of the phenomena (Fuster Guillen, 2019).

The Context for the Study

Data were collected in New York City, which is comprised of five boroughs. The participants were recruited from SUD treatment programs, senior centers, and faith-based institutions, which are utilized regularly by OAA within the five boroughs of New York that met the inclusive requirements for the study. In addition, the researcher was interested in understanding the phenomenon of OAA experiences with spirituality during their recovery from substance use.

Measurement

The qualitative inquiry was guided by questions developed by a combination of the current literature reviewed and the theoretical framework that guides the phenomenon being studied. Participants were asked questions that allowed their experiences to be explored and documented as they understand the phenomena that have affected their lives. The responses to the questions informed the researcher and the field of social work by filling the gap of the unknown experiences of OAAs. Individuals and their experienced substance use disorder recovery efforts. The use of spirituality was explored to inform the social work community of the positive or negative implications of using spirituality as a tool for effective recovery practices.

The questions designed for the interview were developed to explore this phenomenon. This study was a qualitative inquiry, and the questions were designed to explore the experiences of OAAs and their use or lack of use of spirituality during their recovery experiences. These questions were designed based on the current literature review. They will fill the knowledge gap of interventions that could better assist in the recovery process and support the substance use community specifically directed towards the needs of OAAs.

The questions asked of the participants were designed to explore the experiences of the participants and their process of how substance use methods were experienced to understand if spirituality is a supportive resource within the recovery process. The participants responded to questions regarding their experiences being Black in America and the effects that those experiences may have had both on their substance use and recovery efforts. They were also asked about the intersection of being African American, being older, and having substance use problems, if any, as we explored if spirituality had any significant contribution to their overall experience. The participants' questions also inquired about possible barriers to seeking and obtaining treatment within their communities. Finally, the participants answered questions regarding their maladaptive behaviors, their understanding of why they engaged in substance use practices, and their knowledge of the effects of these behaviors on their age dynamics as it relates to this time in their life.

Interview Questions

There were seven demographic questions and 15 open-ended questions. Prompts included: when, where, how, prayer, devotion, scriptural study, mediation, chanting, community service, etc. The interview guide was pilot tested on one participant (who was excluded from the main study) prior to the commencement of the study (Bloomberg & Volpe, 2019). Appropriate

changes were made to the interview guide on the basis of the pilot testing. A copy of the completed and revised interview questions is contained in Appendix E.

Sampling and Recruitment

The inclusion criteria were to determine the eligibility for the study, which required participants to identify as African Americans, as defined by being descendants of African lineage who ancestors relocated to this country as slaves. Participants must have been 65 years old or older, previous SUD individuals, have been involved in the misuse of potentially harmful substances for more than a year, have been in recovery within the past year, and have experience with the practice of spirituality. Participants consented to participate in the research and were provided with information regarding the research process, informed that the questions will focus on their spirituality, and their rights as a participant. The sample size target was 15-20 participants, with a final total of 15 participants plus one additional participant for the pilot study. A small number of participants is conducive to the idiographic focus of IPA in order to allow space for a rich analysis of the extracts from the interviews (Shinebourne & Smith,2010).

The sampling technique consisted of purposeful sampling through snowball sampling. Purposeful sampling is a non-probability technique in which subjects chosen for the sample are picked based on the researcher's opinion. Snowball sampling refers to a non-probability sampling approach linked to purposive sampling. The researcher commenced with a small group of known subjects and grew the sample by inquiring about selecting or recommending other participants from those original participants (Parker et al., 2019). In other words, the sample size began small but gradually expanded over the inquiry, consequently addressing sub-population problems. The snowballing approach enabled an organic sampling process, encouraging engagement by allowing subjects to relate to their chosen topic (Parker et al., 2019). Snowballing is handy since

it enables the researcher to recruit additional volunteers who are aware of the study requirements and are eager to participate.

A flier outlining the study and notifying potential participants was part of the recruitment process. In addition, the researchers disseminated a leaflet across the five boroughs that explained the study's goals and methods. The leaflet was distributed to selected research participants, including rehabilitation centers in the region. Recruitment also occurred through social media platforms, where the researcher created a poster inviting volunteers to register for the study. Only those who agreed to be part of the research were involved in the study. Additionally, individuals who agreed to participate in the survey were offered a $25 gift voucher. The gifts were provided to attract more participants and encourage them to be part of the study, as well as a gesture of appreciation for their time taken to complete the interview.

Pilot Study

One participant ($N = 1$) was engaged for the pilot study, to validate the interview questions. After the pilot test, the interview guide was revised for the purposes of the focused interviews and data collection. In contemplation of the age of the population being surveyed, questions that were more precise and concise were formulated. This subject was excluded from the primary investigation.

Data Collection

There were 25 participants that responded to the request to participate in the interview process. Five people were eliminated because they either didn’t meet the age requirement, did not reside in the five boroughs, or did not identify with being of African American descent. A further five individuals initially responded to the recruitment flier, but they did not follow-through with participation. Those participants that met the criteria were provided with a consent

form to explain their rights and the purpose of the study. Definitions were also provided for spirituality and religion as well as the definition of identifying as an African American to provide clarity as to the meaning of these terms for the study.

Interviews were conducted in accordance with the initial plan and served to collect data from the chosen participants. The interviews lasted the expected 60-90 minutes long. The persons who agreed to participate in the study were required to send a text message, place a call, or submit an email to the researcher using the contact information provided on the flyers. In addition, the researcher reached out to all interested individuals, who met the inclusion criteria, with respect to participating in the research study, at which time a suitable date and time was set for both the researcher and the participants for the administration of the interview. All the interviews were completed as soon as possible and conducted by the researcher as the interviewer.

Participants had the option of having an in-person interview or interview conducted over the phone or on Zoom®. While most participants initially agreed to in-person interviews, some participants later changed their minds and requested phone or Zoom® interviews. The phone conversation, in person meeting, or Zoom® virtual meeting between the researcher and each subject was recorded by Zoom® for later analysis and transcription using Zoom® software. Interviews were chosen as the most suitable data collection method since they enabled the researcher to obtain comprehensive information on the topic under discussion (Slade & Sergent, 2018). Interviews also allowed the participants to explain their opinions and experiences, thus enabling the researcher to understand better the information being conveyed.

After the data collection, the respondents received a document listing all drug use recovery and counseling options for mental health services, including hotlines and support

groups for drug addiction prevention by mail, email, Zoom® chat space or in person. These resources were provided to guarantee the participants' best interest if the interview results in any drug use-related distress or consideration of the need for help, the researcher made a direct and conscious attempt to link the participant with advice and assistance. All data were protected for confidentiality on a computer in the office of the researcher and phone with a locked password

Data Analysis

In phenomenology, the interviewing process involves questions centered on contextualizing experiences, apprehending events, and elucidating them for scrutinizing experiences (O'Sullivan et al., 2013). The querying criteria utilize descriptive and structural questions and the new use of creative varieties. Data (Zoom® transcripts) were analyzed using content analysis procedures involving interpreting meaning from text data to ascertain critical parts of the content. The content analysis procedures encompassed techniques for classifying and summarizing text data (Kyngäs, 2020). Data were also analyzed through an interpretative phenomenological analysis (IPA), a strategy used to organize and manage data via the summarizing process. IPA has its roots in a theoretical approach guided by hermeneutics, which seeks to examine the personal lived experience, the meaning of the experience, and the way the person makes sense of the experience (O'Sullivan et al., 2013). Consequently, the research provided a robust and adaptable matrix that enabled the researcher to evaluate data by topic and case (Kiernan & Hill, 2018). Furthermore, IPA's use of an idiographic approach will provide an intense view of each response, individually and collectively, in a combined gathering of themes as the last stage of analysis by the researcher (O'Sullivan et al., 2013). The unit of analysis is OAAs and their spirituality. Spirituality is the entity evaluated in the study; it frames the research subjects. To ensure the credibility and soundness of the research, the study focused on integrative

validity and addressed methodological and experiential concerns brought by the philosophical assumptions of the methodology (Creswell, 2007; Creswell & Creswell, 2018).

Qualitative data analysis was used to examine the participants' responses. The Quirkos Cloud® (2022) software program was used for the coding process, which required labeling and organizing the data so that it could be appropriately coded and analyzed for the relationships between and among them (Saldaña, 2016). Based on Saldaña (2016), data were analyzed as per the suggested protocol, which required a) first cycle coding based on what the researcher expects to see in the data, b) second cycle coding (to identify main themes and subthemes), and c) third cycle coding (to identify any additional themes that overlapped or did not fit within the main themes or subthemes that emerged in the first two cycles).

Protection of Human Subjects

Before data collection, the researcher obtained IRB approval from WCGIRB. Participant consent procedures consisted of obtaining informed consent. The participants' identities were kept confidential. The researcher explained to the participants that they had a right to stop the interview at any time during the interview process without negative consequences. If participants seemed tearful, the interview was stopped to allow them to gather their thoughts and feelings. The researcher periodically checked in with participants to see how they were feeling and asked if they needed to stop. Finally, at the end of the interview the researcher once again checked in with the participants to see if they were doing alright and reviewed the list of mental health resources they could access, if need be. Although the participants provided written consent, the researcher also read the entire consent to the participant prior to the signature of consent form and interview. The recordings of the interviews were de-identified and included no information on the study subjects. Each interview tape was assigned a code number after transcribing. The

code list and transcriptions of the interviews were stored separately in secured file cabinets in the researcher's office and a secure computer with a password. All data will be maintained under a protected locked storage for at least three years as mandated by the IRB guidelines.

Trustworthiness and Rigor

Amankwaa (2016) reported that there are steps that can be taken to ensure trustworthiness, which is important to the research process. In the current research study, the researcher's role was to make an effort to access and understand the thoughts, feelings, and experiences of the participants. In a qualitative study, it is important that the researcher and participants understand each other completely. Therefore, to ensure trustworthiness, the researcher should review the interview guide and protocol with each participant before the start of the interview process. To ensure consistency between participants, the researcher took care to ask the same interview questions, in the same way, with each participant. Additionally, Zoom was utilized to record and transcribe the interviews and data obtained from the interviews. Data was also anonymized and the participants were advised of this, to ensure that their answers were as complete and unrestricted as possible.

Bracketing was also employed to minimize researcher bias throughout the interview process (Creswell & Poth, 2018). To optimize the bracketing process, the researcher maintained a journal throughout the research and interview process, which contained thoughts, feelings, perceptions, reflective entries, and any other comments deemed important. Strict adherence to utilizing raw data and interview transcripts was ensured. Member-checking was used during the interview process; there was no need to undertake member-checking after the interviews were completed. Additionally, at the end of the interview process, participants in the current study were asked if they wanted to modify, expound, or further add to their interview answers.

In order to further strengthen trustworthiness, the researcher focused on credibility, transferability, dependability and confirmability (Denzin & Lincoln, 2011). *Credibility* was established by triangulating data from the pre-study contact activities and focused interviews, which allowed the researcher to examine the interview questions from different perspectives and helped ensure validity. *Confirmability* was achieved by ensuring that the interview questions were clearly stated and that prompts were utilized when necessary. Definitions of terms and clear explanations relating to the interview process, the data collection process, methodology, data analysis, and data interpretation were provided to the study participants, and any additional questions posed by the participants were fully answered by the researcher. *Dependability* was achieved by a clearly articulated research process which the researcher took care to adhere to. The field journal was vigilantly kept by the researcher and utilized to interpret the data alongside the interview transcripts and data analytical software. *Transferability* of the study was ensured through detailed descriptions of the background literature, participant circumstances, participant demographics, and so forth.

Role of the Researcher and Positionality

The researcher's personal experiences and perceptions may bias or influence the interpretation of any results derived from the current study (Creswell, 2014). Hence, the researcher must be aware of any potential biases they may have which may influence results and the interpretation of data. To control for potential biases, Creswell (2014) recommends that researchers engage in reflection and personal examination to determine if any biases exist or if there are any personal factors which may impact results and the interpretation of data.

I am an African American female, with some family members who suffer from substance use issues. The family member in question is not in a comparable age group with respect to the

participants in this study, but nevertheless, the issues of my family member had some influence on my desire to do research in this area. Additionally, I consider myself to be a spiritual being, although I focus more on personal spirituality than organized religion. In this way, I am consistent with Fowler's Stages of Faith (Stage Five moving to Stage Six). I am also in my fifth decade of age, and although this is also not consistent with the age of participants in the current study, I will eventually be in the same age group. As such, I have a personal interest in the role that spirituality plays in the lives of OAAs. Further, given the family connection to substance use, I also have a personal interest in the role of spirituality in addiction and recovery. To address any issues of bias that may influence the current research findings, I took care to develop a focused interview guide that contained open-ended questions and simple prompts. I also administered a pilot test using the initial focused interview guide, and as a result of the findings of the pilot test, I modified the interview guide for use with the 15 participants in the current study. During the course of the focused interviews, I also kept a field journal, in which I added comments, thoughts, perspectives, and so forth, which arose during the focused interview process. The field journal was used in the development of thematic categories and to enhance the interpretation of quotes and answers obtained from the participants during the focused interview process.

Limitations of the Study

Limitations to this study include the limited geographical area of the participants' residences. By only including participants within the New York City area, the study excludes OAA in other regions of the state and country. This regional section being used for sampling also excludes rural and suburban areas, which may exclude the experiences of OAAs who reside in other areas that are not in the urban city limits. The use of recorded Zoom® interviews and phone

calls also could be considered a limitation. In person interviews are an option, however for those who selected a Zoom® or phone interview, there may be limitations to the personal and physical connection. Although nonverbal cues and a visual connection can be made in a Zoom® interview, there may be a likelihood of the lost human connection present during a face-to-face interview, which may result in less information being collected from the participants. When interviewing using advanced technology with OAAs, stressful dynamics may be involved if the participants are not familiar with advanced technology or do not have the privacy at home to speak freely. None of the participants had any physical factors that limited them from being able to sit and answer questions for the interviews. Using a semi-structured interview as the specific data retrieval source also could be limiting. The study may have produced more data themes from a focus group, allowing the participants to unify organically with their related experiences.

A potential limitation to this study related to the recent COVID-19 pandemic. Some participants were reluctant to have the researcher enter into their homes due to fears around COVID-19. This was particularly evident due to the anticipated age of the participants, since they may have had a number of comorbidities that could make them more susceptible to COVID-19. Some participants were also reluctant to have the researcher enter into their homes if they have not received the COVID-19 vaccine. Consequently, some participants who were concerned about COVID-19 preferred the Zoom interview format with its associated limitations. Another limitation pertained to the fact that participants or potential participants were reluctant to have the researcher enter their homes due to concerns around having a stranger in their home. Again, this may have resulted in the participants choosing to avail themselves of the Zoom interview format with its associated limitations. Additionally, some participants appeared to be more interested in receiving the complimentary gift card provided for participating in the

interview process. This may have limited the amount of information that they provided to the researcher: in other words, they may have agreed to the interview for the purposes of gaining the gift card, but then limited the length of the interview (and hence, the amount of information provided), in order to get through the interview quickly.

There were some difficulties with separating the role of the social worker clinician from the social worker researcher. Participants were informed that the researcher is a qualified social worker, and as such, some had questions that arose in a clinical context. In addition, some participants were interested in whether or not the researcher had personally been through the recovery process. When such questions arose, the researcher answered the questions truthfully and gently guided the participant back to the focused interview.

Lastly, the majority of the participants were Christian (N=12) while the remaining three participants were non-denominational. This may have affected the results and findings may not necessarily reflect the experiences of other religions, Muslims, Jewish individuals and others. Therefore the experiences of other individuals not reflected in this study might be different and may be the subject of future research.

Chapter Seven: Results

This chapter provides the results of the thematic analysis developed from the interviews with 15 participants who met the criteria of being African American, 65 years old or older, residing in New York City and being at least one year in recovery from substance use. It also explains how the data was retrieved through the interview process and how the data was then coded and organized into themes. The three main themes that were identified as a result of the thematic analysis were perceptions of spirituality changed across the recovery process, spirituality practices changed across the recovery process, and spirituality improves recovery efficacy.

Demographics

Participants were asked their age, highest level of education completed, marital status, years of being in recovery and if they had children. The age range for the participants was 65 to 90 years of age (M = 70.6 years; SD = 7.12; Median age = 68 years). Six participants identified as male, eight participants identified as female, and one participant identified as trans-female. The number of children ranged from 0 to 10 (M = 3.0 children; SD = 2.45 children). The level of education for the participants ranged from high school to one person with two Master's degrees (high school = five; some college = three; associate degree = three; Bachelor's degree = three; and Master's degree = two). Five participants were married, three participants were divorced, five participants were widowed/widowers, one participant was single, and one participant was separated. Seven participants identified as Baptist, two participants identified as Methodist, two participants identified as Pentecostal, one participant identified as Lutheran, and three participants identified as no affiliation. The years of sobriety ranged from 15 to 53 years (M =

35.6 years; *SD*= 11.89 years; Median years in recovery = 37 years). Table 1 displays the demographic breakdown of the participants who were in this study.

Table 1

Individual Characteristics and Demographics of Participants

Participant name	Age	Religion	Marital Status	Sex	# of Children	Years of Sobriety	Level Of Education
Johnny	74	Baptist	Married	Male	3	43	Some College
Ava	67	Methodist	Widow	Female	2	38	High School
Sophie	68	No Affiliation	Widow	Female	2	17	High School
Doris	65	No Affiliation	Single	Transgender Woman	0	15	Master's Degree
Connie	72	Pentecostal	Widow	Female	2	35	High School
Willy	90	Baptist	Widower	Male	4	53	High School
Deedee	66	Methodist	Separated	Female	4	36	Bachelor's Degree
Phil	65	No Affiliation	Divorced	Male	4	40	Some College
Rich	67	Baptist	Widower	Male	4	30	Some College
Mickey	68	Baptist	Married	Female	1	42	Associate's Degree
Georgie	71	Pentecostal	Married	Male	10	45	2 Master's Degrees
Keisha	72	Baptist	Divorced	Female	2	44	Bachelor's Degree
Jenn	66	Lutheran	Married	Female	0	25	Associate's Degree
Kay	65	Baptist	Divorced	Female	2	20	Associate's Degree
Joe	83	Baptist	Married	Male	5	51	High School

Qualitative Analysis

The first level coding identified three main themes. These themes were as follows: 1) participants' perceptions of spirituality changed across the recovery period; 2) spirituality practices changed across the recovery period; and 3) spirituality improves recovery efficacy. In the second cycle coding, the protocol outlined by Saldaña (2016) was utilized to perform pattern and axial coding. Large amounts of data can be sorted into meaningful themes and subthemes using pattern/axial coding (Saldaña, 2016). After the first level coding, the researcher entered the terms into the Quirkos® program, which then sorted the data according to the common

themes projected by the researcher and based on a review of the transcripts. This created codes that reflected the obvious content of the data sample (Saldaña, 2016). Third level coding proved unnecessary, since there were no outliers or data codes that did not fit within the identified themes or subthemes.

Within the first theme, "participants' perceptions of spirituality changed across the recovery period", there were six subthemes and 24 codes identified. Within the second theme, "participants' spiritual practices changed across the recovery period, there were three subthemes and 10 codes identified. Within the third theme, "spirituality improves recovery efficacy", there were two subthemes and five codes identified. Details regarding the subthemes and codes contained within the subthemes are presented below.

Research Themes

After data collection, the results were analyzed, keeping the key or main question in mind. Additionally, the research sub-questions were also taken into consideration during the data analyzed and the presentation of results.

Theme #1 Participants' Perceptions of Spirituality Changed Across the Recovery Period

The thematic analysis for theme #1 is presented here, organized by subthemes. There were six subthemes and 24 codes identified under the first main theme of "participants' perceptions of spirituality changed across the recovery period". Six subthemes and 24 codes were identified as follows: family and social support systems, looking ahead, introspection, barriers, perception of aging, and meeting experiences.

The overall outcome relating to the theme of "participants' perceptions of spirituality changed across the recovery period" was that all participants (N = 15) had a change in their

perceptions of spirituality as a result of the recovery process. The various subthemes and codes that emerged from the data analysis are discussed in detail below.

Subtheme #1 Family and Social Support Systems

Within this subtheme, five codes were identified. Specifically, the codes identified include the following: life-changing family dynamics, support systems, motherhood/fatherhood, stages of parenting, and parental experience sharing. Most participants reported that what they learned about spirituality was connected to things they learned in the past from family, religion, and other support systems. However, most participants also reported that over time, their perceptions of spirituality changed. For example, Connie said the following, "Well spirituality and race is all we had. Okay. I know all my family and they were very heavy into the church. This is what they leaned on coming up during the rough years", while Keisha noted the following, "Since I was a little girl all Black people went to church and asked God for help. It was all we had to hold onto." Another participant, Doris, noted "I think that the spiritual aspect was a part, even during their slavery days when they were working in the field and they were singing and praying, and they were the same hands that, you know, worshiping in God." Life-changing family dynamics were mentioned 11 times by participants in the current study. For most of the participants, this was related to their substance use disorder. Participants spoke about losing their home, partner, children, and employment. Some participants in the current study spoke about "making amends" with the people they hurt as a result of their substance abuse and in keeping with the 12-steps to recovery. However, while some participants were able to make amends with their friends and loved ones, several participants reported that they could not make amends with specific people in their lives because they had passed away before the recovery happened. Participants reported that the inability to make amends with loved ones caused them

to turn to spirituality in order to cope with their feelings of remorse. For example, Joe reported the following:

> You know, I guess subconsciously, things start to come to the surface, you know I didn't think of how I was hurting my family or myself until I was much older. I was always sad. I always felt alone and didn't know how to talk to anyone. And then, you know, I guess subconsciously, things start to come up to the surface, you know.

Ava reported the following:

> One of the biggest things that I say. I regret, through my being sober today, and being out of aging is that I stole from my mom when I was in active addiction repeatedly, and she would forgive me over and over again, even before she passed away.

Support systems were the factor that participants mentioned most often after life-changing family dynamics and in regard to this subtheme. Most participants reported that support systems were a particularly important component of their recovery process, which was mentioned nine times. Having friends or family who supported them helped them get into cessation and recovery programs and/or supported them during the time they were in recovery programs after the recovery programs ended. Participants also reported that peer support groups (i.e. Alcoholics Anonymous, Narcotics Anonymous) during the recovery process were especially important. For example, Keisha described the following:

> I also go to NA meetings. I have friends for many years that I met in NA. They check on me and I check on them. Sometimes we help newer people who come in the rooms. They know what I am going through better than anybody. When you're old you get lonely. The people in the rooms are lonely too so you all keep each other busy with our stories about

> our jobs and our kids and husbands. I can call them anytime of day or night and that is normal for us. We talk each other off the cliff.

While Georgie noted,

> One of the things is loneliness, I am fortunate to have my wife who was one hundred percent in my corner and that help me. Being lonely can cause a lot of problems in older adults. Because when you are lonely you begin to seek something, a lot of times when you're seeking something you might just seek the wrong thing.

Within this theme of motherhood/fatherhood, stages of parenting, and parental experience sharing, participants reported that being a parent was very important to them and that they regretted some of the things they did as a result of the substance use, which caused them to miss out on important events and developmental milestones. Some of the participants reported that the substance use had disrupted the relationship with their children, and that they were not able to reconcile the disruptions and repair the relationship to the quality that they desired. For example, Sophie stated the following: "And just when I thought, okay, I understand now that he's in school. All of a sudden he was a teenager, and it was different. A lot of trial and tribulation with motherhood."

Subtheme #2 Looking Ahead

In regard to subtheme #2, "looking ahead", there were four codes identified, including slogans, motivational recommendations for younger people, motivational recommendations for older people, and life-changing self-awareness. Overall, most participants reported that the advice they would give younger people would be to stay away from substances, not throw away their lives, and to live life to the fullest, suggesting that spirituality is an important component of the recovery and self-awareness process. An important concept that emerged within this category

was the concept of "looking back but paying forward," which referred to older participants who had issues with substance use, using that experience to educate younger people to avoid substance use or about getting help. Indeed, the most frequently cited component under this subtheme was that of motivational recommendations to younger people, which was mentioned 23 times. For example, Micky said,

> I would tell a younger person to not be afraid. Talk to someone even if you think they are not listening or that they don't understand. Talk to them anyway and get it out of your head. You will feel better and braver. And I'd tell them just because weed is legal doesn't mean you have to do it. It steals your life.

Recommendations for older people followed similar patterns, with participants stating things such as Kay, who noted,

> Tell an older person that it is never too late to get yourself together. Don't be ashamed. Even if you relapse, just get back up. Don't stay there. Forgive yourself. Don't wait for others to forgive you. Be aware of what makes you tick and start learning how to avoid those people, places and things. Growing older hurts and is lonely but you're either growing old or dead.

With respect to life-changing self-awareness, most participants reported that, upon looking back over their lives, they could see what led to their substance use and that if they were younger, they would tell themselves to do things differently. Life-changing self-awareness was detected 15 times. For example, Kay reported "The company I kept influenced me negatively. They seem like they wanted me to do bad. Every time I tried to stop using, my friends would bring more drugs," while Doris said "I kept telling myself they were drunks exactly like me , and

I had nothing to do with it. No, nothing to do with it. And so then help me and stop trying to figure out where I came from."

The code of "slogans" emerged organically as an alternate word for affirmations, and came up 12 times. However, participants were trying to convey the different slogans/affirmations that they used to help them stay sober. For example, Doris explained "I find different ones that speak to different things I'm going through. I keep them in my head, so that I would remember them." For several participants, the Serenity Prayer used in the Alcoholics Anonymous and Narcotics Anonymous programs was viewed as a slogan to help individuals stay sober and understand life around them. DeeDee reported "The Serenity Prayer helped me to accept the things I cannot change, the courage to change the things that I can. That's drug usage and spirituality. So how you can change it. Change your mindset. Reach for the stars."

Subtheme #3 Introspection

With subtheme #3 "introspection", there were four codes identified, including: self-acceptance, life-changing personal experiences, remorse, grief and loss. Overall, participants noted that the process of introspection helped them re-connect with their inner spirituality and consider what spirituality meant to them. In the current study, the most commonly cited factor within this subtheme was remorse, which was mentioned 18 times by the participants. Participants expressed remorse over all of the relationships and things that they lost as a result of their substance use. For example, Kay said, "I lost my children. I lost my job. I lost my house. I lost myself," Joe commented "I was enjoying what I was doing when I was drinking. I had to hit rock bottom and realize I was hurting my family and killing myself."
and Connie noted "They tell you in AA to go back and say sorry to people you hurt. Many of those people are gone so I just ask God for forgiveness and to hold my hand."

Another area that participants cited as factors in their substance use was grief and loss, which was mentioned five times by participants. Some participants spoke about the relatives and friends they had lost while they were involved with substance use, while others spoke about losing people they knew that succumbed to substance use and died. Some spoke of grief so profound that it disturbed their sleep and their everyday activities. For example, Phil recalled,

> Knowing that certain people didn't get out when I got out, or once they got out and then got back in. You know. You see a lot of that, and it and those are losses that obviously you can't replace. That's been a big part of my loss.

Keisha commented that,

> I grew up in trauma. My loss would be my grandfather. He died when I was a young adult. He loved me so much. I was so depressed. No one would talk about him after he dies. That's how Black folks is, you know, they don't want to talk about the stuff that hurt.

Micky noted "I have a lot of grief every day, you know. Some days I don't even go to sleep at night because my sleep pattern has changed because I get a little afraid."

Life-changing personal experiences were cited next and were mentioned ten times by the participants. Life-changing personal experiences included embarrassing moments, the time when participants first experimented with substance use, major events in their lives, and for one participant, a spiritual connection with her mother. For example, Sophie stated,

> My mother came to me in that meditation and said, it's gonna be alright. Oh, wow! That was really really significant. Oh, God. It was it. But you know it. It kind of spoiled me, because from then on. I was saying, Mommy, where are you? She was still there. She didn't come in the same way.

Another participant, Doris, noted "I think it's the experiences that I had gone through that was a problem, but I was not fortunate to get through life itself."

Finally, self-acceptance was cited eight times by the participants in the current study. Most spoke about accepting themselves, and their past, for what it was. Several of the participants noted that self-acceptance came with increased spirituality. For example, Sophie stated, "You're going to be alright, you know, and it didn't happen right away. But it happened, you understand, I'm saying, and I started trusting in the process of God." Still others focused more on what they had accomplished over their lifetime and what their legacy would be. For example, Phil noted, "You think more on the level of what you've accomplished, and you know you look back on your legacy, and what your legacy will be." Finally, many participants spoke about learning to forgive themselves for past transgressions or failures. For example, Ava commented that, "I'm trying to learn how to forgive myself each day for some of the things that I did and just not hold it against me not to stop me from trying to move forward."

Subtheme #4 Barriers to Treatment

Contained within the subtheme of "barriers" were the codes of financial, feelings of denial, and abandonment. In regard to feelings that there were barriers, which was cited five times, participants related a number of experiences, noting that barriers could take different forms, including lack of transportation, lack of programs within the participants' geographical area, and an inability to get oneself there (i.e. due to transportation, surgery, etc.). Overall, participants noted that the barriers and challenges they faced over the years were instrumental in changing their perceptions of spirituality. Many participants reported that these barriers/challenges and/or the lack of support relating to the challenges, helped them reconnect with their inner spirituality. Some participants mentioned that they perceived that their race

(African American) was a factor in whether or not they could access recovery programs. For example, Doris mentioned the following:

> They would tell me that this was not the meeting for the, 'you know', and they would say to me, we have separate meetings for a reason. You need to go on to them and find a friend in a meeting for you.

Kay also commented,

> As an African American woman, I always feel that no one cares about me so I don't trust people. I think they are all thinking that I am a loser anyhow so I don't have no one but God. My grandparents died and then I was really by myself.

Additionally, some participants provided information that suggested systemic racism, particularly its effects on the financial status of African Americans, contributes to barrier and may be a factor in OAAs being able to access recovery programs. For example, Joe stated the following, "The center started offering zoom but that's another bill to have that internet service. So I just made up my mind that I am too old to play around with drinking or I will die", while Jenn reported "I had no program I could go to because I had to work." Connie also noted, "I had urges but I couldn't afford no detox or place to go away. I had to work so I went to AA in the church." Specific financial and/or geographical barriers were reported by the participants five different times. Although these comments do not specifically allude to racism, they may suggest a component of systemic racism relating to socioeconomic status and/or area of residency. For most participants, the financial cost of recovery programs was a significant barrier to obtaining treatment. This translated into a lack of ability to pay for the actual program, or in some cases, to pay for auxiliary services (including internet). Others cited having to choose between financially supporting their family or paying to attend recovery programs. For example, Joe reported, "You

had to choose back then to either make money for your family or o to treatment." One other participant, Jenn, noted, "I just pray a lot and try to make it through the process, because there's really nothing in my neighborhood. I don't drive, so it's hard for me to get around."

Other participants mentioned feeling barriers that were related to the type of substance use meetings, which could not be attended by just anyone. For example, one participant indicated that she wanted to attend an AA/NA meeting in a different part of the city because she perceived it as safer. However, when she got to the meeting, the attendees were all White, at which point, the group facilitator indicated that she needed to go to an AA/NA meeting with other people of her own race. Still others expressed concerns about attending recovery programs and meetings because they were afraid of shaming their families.

For example, Jenn said,

> I just pray a lot and try to make it through the process, because there's really nothing in my neighborhood. I don't drive, so it's hard for me to get around. I had surgery, and it's just difficult for me to maneuver myself to try to get to these places where I can get professional help. So, I just had to get started on my own, basically just know and be aware of my limitations. I know what I can and cannot take.

Micky recalled, "I couldn't shame my family with treatment." Another problem cited by the participants was denial. For example, Sophie noted, "I didn't think that my problem was with drugs. I thought maybe I was just crazy, or I needed a different boyfriend, all of that is denial."

Lastly, abandonment was cited by the participants in the current study three different times. The abandonment related to friends or family moving out of the life of the participants for a variety of reasons. For example, Kay reported,

> As an African American woman, I always feel that no one cares about me so I don't trust people. I think they are all thinking that I am a loser anyhow so I don't have no one but God. My grandparents died and then I was really by myself.

Other participants reported being abandoned by friends they did drugs with when the friend entered a recovery program. For example, Sophie recalled, "she went into recovery before I did, and well she disappeared from my life for some time, which I was okay [with], because I was angry with her."

Subtheme #5 Perception of Aging

Within the subtheme of "perception of aging", there were four different codes, including positive view of aging, negative view of aging, physical effects of aging, and aging in the workplace. Overall, aging was cited as being an important part of participants' changes in their spirituality. In other words, participants noted that as they aged, their perceptions on spirituality and what that means, also changed. General perceptions on aging included the typical complaints of aches and pains, fears of losing friends and loved ones, not being able to care for themselves, fear of dying, and general despair over getting old. Participants cited views on aging a total of 16 times, with comments about aging, such as "aging is scary", "it's alot", and "it ain't no fun". Some selected comments were provided by Connie, who noted, "aging. It's part of the deal. The same thing that anybody gets, so that you start getting to know that your life is changing and there is nothing you can do about it." DeeDee stated, "aging… just let me know I have to accept what is going on and I don't have time to play around with drugs or get sick because I could speed up my death date." Georgie noted, "by aging I feel like I have a lot more knowledge and a lot more experience and I'm a lot wiser. One thing I know is that I can't do what I did twenty years ago."

On a more specific level, participants commented either negatively or positively about aging (cited five and eight times, respectively). Negative views on aging centered around aches and pains, a dislike of the aging process, lack of control over the aging process, and fears of dying. For example, Micky noted,

> I was never sick.you know, even up to like 45. I was never sick. So it's taking a toll on me. I don't like it. But everyday is something with me and I have to get infusions and iron and blood, and it's just a lot.

DeeDee stated, "the aging you can't control and it's one of those three things, drug usage, spirituality, and aging is the only one that you cannot control. You're gonna age." Positive views on aging included comments relating to accepting the aging process and being happy that they reached old age given the substance use. For example, Jenn noted, "sometimes that is what old people think. It don't matter anymore. But that's a lie. It always matters and it's never too late" and Keisha, who relayed, "I like aging too because I am happy I survived. I should have died a long time ago with what I was doing." Physical effects of aging included comments about aches and pains, inability to do the things one used to do, having to accept the changes in one's body, having to accept one's limitations due to age, and so forth. One participant summed it up well. Joe said, "you don't want to complain but some days you just wake up in pain." Just as DeeDee stated, three of the things that cannot be changed are drug usage, spirituality, and aging. This view was echoed in comments made by other participants, who noted that as their perceptions of spirituality changed over time, so too did other factors in their lives, including their occupation and the roles that they occupied within their career. In regard to aging in the workplace, some of the participants expressed the view that they felt they had to get into recovery, otherwise they would have had to work for a very long time (until very old), in order to maintain their substance

use habits, while others noted that aging in the workplace brings changes in terms of the position one occupies at the place of employment. For example, Sophie stated, “Sometimes I thought I would have been using substances forever, like to work the rate I was going and that’s how I perceived my illness, my chronic illness.” Ava said, “I went from being a clerical worker to supervisor to the manager of a city agency. So there’s more transitions, more. Everything is trial and error in life, and everything in life is a transition, right?”

Subtheme #6 AA and NA Meeting Experiences

The last subtheme under this section is “meeting {AA/NA} experiences”, which contains two codes: meetings and perceptions of others. Meetings were cited by participants as an important component of the change in their perceptions of spirituality, as well as being a part of their recovery. Many reported having been attending for many years, while others reported shorter periods of time. Still other participants reported disliking the meeting experience, which led them to spirituality to quit substance use on their own or with the help of family or friends. Kay complained,

> I started going to AA but they kept calling me all the time. The sponsor… I didn’t like them pressuring me. I didn’t like it. I didn’t feel comfortable. I went to inpatient one time but I walked out of there too. They had groups and they would yell at you. I wasn’t staying there. I guess I just did better on my own. I can tell myself what they told me. I just don’t like strangers telling me nothing.

Connie stated,

> I had to work so I went to AA in the church. The church had spirituality in it, but AA didn’t say the word God. They beat around the bush but they were spiritual. And it worked. Knowing there is a higher power that you can take all your problems to.

Johnny noted, “I make one live meeting every week, just to get the hugs and stuff like that.”

The last code within this subtheme was perceptions of others, which participants cited nine different times. The overarching concept was that people had different ways of dealing with their substance use and the beneficial or non-beneficial aspects of other people helping them. Some participants commented that they are more accepting of those who understand the journey that they are on to recovery. For example, Rich said, “so I find myself more comfortable around people who have been more understanding of my walk.” Other participants commented on the inability to trust or rely on others. For example, Connie reported, “I don’t put all your trust in people because they can relapse or hurt you. You trust in God and trust the process.” Still another participant likened a church to being in hospital, where everyone else is as sick as they are. For example, DeeDee commented that,

> I think that I just couldn’t get past the fact that the church was in a hospital and everybody in there we’re all looking for, you know, some sort of healing remedy. I just felt like I felt like, if I went to church with the right concept in my mind that I’m looking for help. I found people just as, if not more, sick than me.

Summary Theme #1

The most important overall outcome relating to theme #1 of “participants’ perceptions of spirituality changed across the recovery period,” was that the majority of participants had changes in their perceptions of spirituality as a result of the recovery process. The change in perceptions of spirituality came as a result of a variety of influences, including family and social support systems, looking ahead, introspection, barriers, perception of aging, and meeting experiences. Notably, participants reported that their change in spirituality came as a result of a

variety of influences and the need to adapt to different situations which primarily did not meet their needs. As a result, most participants turned or re-connected with their inner spirituality as a mechanism for coping with the various challenges that they encountered. Spirituality, and spiritual practices, came in different forms, which is discussed in the following section under theme #2.

Theme #2 Participants' Spiritual Practices Changed Across the Recovery Period

In the second theme, "participants' spiritual practices changed across the recovery period," there were three subthemes, including spiritual practices and interactions, time, and racism. There were 11 codes identified under this subtheme, including spiritual practices and interactions (spirituality in everyday life, spiritual practices, spiritual versus religion, and spiritual interactions), time (spiritual efficacy, spiritual emergence/re-emergence, spiritual commonalities, spirituality and racial identity, spiritual changes), and perception of racism.

Over the course of the participants' recovery period, there was a change in their spiritual practices. At the start of the recovery process, many participants had been involved with churches and church activities, some with their family and friends, while others were mainly on their own. Many reported having lost the connection with formal religion or spirituality as a result of their substance use, causing them to move away from religion, church, and associated spiritual practices. Then as they entered and progressed through treatment and recovery, most participants felt that they needed some form of spirituality back in their lives, causing them to reconnect with their religion, family and friends, adopt meditation practices, or connect with other spiritual practices (e.g. walking in nature). In other words, most participants reported that attending AA or NA meetings helped them reconnect with their spirituality. Interestingly though, once participants reconnected with their spirituality, their spiritual practices were not always

focused on religion or the spiritual practices that existed prior to their recovery process. Many participants noted that the friendships and peer support they developed across the course of their recovery influenced their spiritual practices. The following sections describe the changes that participants in the current study experienced.

Subtheme #1 Spiritual Practices and Interactions

Within this subtheme, there were three codes identified, which were: spirituality in everyday life, spiritual activities versus religion, and spiritual practices and interactions. The first code identified was that of spirituality in everyday life, which was mentioned by participants a total of 16 times, or at least once per participant. One of the most important concepts identified in this theme was the fact that spirituality looks very different for each participant. Moreover, spirituality can encompass something quite complex (i.e. re-connecting with religion and/or faith) or be something quite simple (i.e. taking walks, reading, daily affirmations, etc.). Most participants reported having a belief in God, but noted that they don't necessarily have to go to a church to practice spirituality or perform spiritual activities during the course of the day. For example, Jenn said, "I don't belong to a church. I do go from time to time to pray. I pray at home and I didn't before. You know, reading from my Bible really comforts me," while DeeDee noted, "I'll watch some, you know, motivational things. It really helps you out. And yet, I do believe in God. Just a lot of meditation." Ava reported, "It's my spirituality. It doesn't require me to be religious absolutely, it doesn't require me to be man or woman. It requires me to, I believe, have hope, and that's what I do every day." Micky said,

> I think we are all spiritual beings, but you know, on a daily basis, I try to take five or ten minutes, even one minute, just to meditate. I don't have to say much, or I don't have to say anything."

Finally, Johnny recalled,

> I pray. I meditate. Then I get up and I stretch, and that's my routine every morning. It could be short, or it could be a long prayer, but some kind of way - I'm going to guard myself first thing in the morning…Every morning I read a daily information piece, every morning out of different books, you know, different spiritual little books. All of them are not really spiritual, but I do read affirmations.

In addition to the spiritual practices of everyday life noted above, participants cited general spiritual practices and interactions as being an important component of their recovery journey. For some this meant solitary spiritual practices, while for others, it meant following the 12 steps, or going out amongst the community. For example, Ava noted, "Devotion, such as meditation, meditate, chanting, any community services, anything you do within the community," and DeeDee noted that her form of spiritual practices was attending recovery meetings, noting, "I've tried NA and AA treatment as well, and a therapeutic community."

In contrast, Connie reported,

> I pray a lot and I watch church programs on tv. I don't go out much. I read my Daily Bread magazine and I sit back and have conversations with God like he is my friend. I call him the Old Dude.

Keisha said,

> I read the Bible now, but for a long time I would only pray. I don't pray with all that extra stuff you know, I keep it simple, so I make sure God knows I love him and what is bothering me. I don't have to tell him what I need but sometimes I do, but He already knows. He knows everything.

Sophie stated, “Prayers, meditation, and practicing the 12 steps,” while Joe noted, “I use my meditation. I try to stay calm and at peace.”

Another spiritual practice adopted by the participants was that of slogans/affirmations. Some of the participants noted that the supportive affirmations came from their experiences in recovery meetings (AA/NA), where they were presented with a number of sayings and insights that they could adopt as their own and “hold onto” when times became difficult. While some of the affirmations appear to have a connection to God, most of the affirmations do not. A sample of the daily affirmations used by the participants is presented in Table 2.

Table 2

Supportive Affirmations Used by Study Participants

Participant Name	Supportive Affirmations
Johnny	“*See the beauty in this world, it outweighs the ugliness”*
Ava	*“Bring your body and your mind will follow”*
Sophie	*” It gets better, use your people, don’t shut them out.”*
Doris	*“Relapse can be a strength, get up and try again”.*
Connie	*“If they can do it. You can do it”.*
Willie	*“Sick and tired of being sick and tired”*
DeeDee	*“God wins always over the devil”.*
Phil	*“Learn the serenity prayer and be easy on yourself”*
Rich	*“Focus on what makes you, your best you”.*
Micky	*“Be a leader, not a follower”*
Georgie	*“KISS. Keep it simple stupid”*
Keisha	*“Your never alone, walk with a scripture a day”.*
Jenn	*“Do it for yourself, you are worth it”*
Kay	*“Don’t be ashamed, trust the process”.*
Joe	*“Be strong, drop the devil, believe in yourself”.*

With regard to spirituality versus religion, many participants emphasized the importance of the relationship with God as opposed to the relationship with the church, the pastor, or the

congregation. Regardless of the relationship participants may or may not have had with the church, pastor, or other congregants, it was evident that participants believed it was important to have a relationship with God and to honor that relationship on a regular basis. Many participants reported realizing that their relationship with God was the most important spiritual connection they had and that it was more important than anything else. Keisha said,

> I say spirituality is better than religion because religion is a lot of rules and you be judging people all the time. Nobody is perfect so nobody should be able to judge you. But spirituality is like a pact you make with God. Just you and Him have your own set of rules and he is cooler than most pastors. He seems to know everything before it happens and when you do wrong, He still loves you. I don't have to sit in church all day on my only day off to have a relationship with God.

Similarly, Georgie also noted,

> I remember I went to a program in 1982 and then from the program I used to attend AA meetings, and eventually, I started going to church, then I just went cold hard for God, so I felt that I didn't need AA anymore.

Connie noted, "Spirituality is like religion, something to believe in. They certainly don't believe in mankind. You have to believe in the higher power of God for strength. You can't trust man." Finally, Sophie said,

> My sponsor is a member of a church. As a matter of fact, she's a deacon in her church. So if we take religion out of it, my sponsor shares with me how she practices the 12 steps in her life, and so I can take from some of her experiences and her wisdom.

Subtheme #2 Time/Aging Effect on Spirituality

Under the subtheme of time, there were five codes identified, including: spiritual efficacy, spiritual emergence/re-emergence, spiritual commonalities, spirituality and racial identity, and spiritual changes. Overall, participants in the current study noted that time was an important factor in their spirituality and how they practiced spirituality. For some this meant that the length of time that passed influenced their spirituality, while for most participants, they connected the passage of time with the aging process, reporting that as they got older, they were more understanding of the need for and the use of spirituality in their lives.

The first area cited by the participants is that of spiritual emergence and re-emergence. This referred to the participants connecting and/or reconnecting with their spirituality or connecting with spirituality for the first time. For example, Sophie said, "I think my spirituality is evolving even still now." Doris recalled, "You need a foundation. You can't just build a house without a foundation. You have to still have a starting point. Another participant, Jenn, noted the following,

> Using my spirituality and my community networks was my only option. My family didn't understand what I was feeling or what I needed from them. I had to work so going to inpatient {treatment] was not an option. Because of this, I had to depend on my strength, and that came from God, family, and friends.

Similarly, Micky expressed the sentiments of many of the participants, noting,

> We all dance out of the church as teenagers, and then we crawl back in the church when we get older. And I laugh so hard because that's me. I had no identification growing up because I felt like I was being forced to go to church and believe in God.

In terms of spiritual change, many of the participants noted that their life's journey had led them to spiritual change. Some of the participants related this back to their substance use and the things that happened to them as a result of their substance use. This is exemplified in the following quotes. For example, Micky said,

> I used to always think, Why would my higher power do this to me? Why would God do this to me? You know I never had a hard time accepting the higher power, and I grew up in the religion, but I was out of the religion. I don't know how to explain that my family is very religious, but I'm not. I wasn't really concerned, but it's a different story for me now.

Another participant, Ava, noted,

> Obviously, I got off into my own life and got away from the church. The ideologies I just didn't really buy into. I think I just wanted to do what I wanted. But along the years, and then with the birth of my grandchildren, I feel more drawn back. The things I was reading on a daily basis were making me believe and start to have faith, and something that I could not see, I could not feel, I could not touch, was happening.

With regard to spirituality, spiritual similarities, and racial identity, participants frequently referred back to historical practices of their families having an influence on their spirituality and their own spiritual and religious practices. Spirituality and racial identity were cited five times by the participants. For example, Connie noted "Well, spirituality and race is all we had. Okay. I know all my family and they were very heavy into the church. This is what they leaned on coming up during the rough years," while Keisha stated, "Since I was a little girl, all Black people went to church and asked God for help. It was all we had to hold onto" and

> I take pride in being an African American. I am coming from a strong background. My folks survived every kind of harm you could imagine. Being stolen from their land and used here as slaves like animals, but we survived and we excelled all the way to the White House.

For most participants, spirituality and spiritual practices were reported to the researcher. For example, Ava noted, "devotions, such as meditation, chanting, any community services, anything you do within the community." Keisha reported,

> I read the Bible now, but for a long time I would only pray. I don't pray with all that extra stuff, you know, I keep it simple, so I make sure God knows I love him and what is bothering me. I don't have to tell him what I need, but sometimes, I do, but he already knows. He knows everything.

Finally, in regard to spiritual efficacy, many of the participants reported that spirituality "definitely helps" them, or plays a big role in celebrating their recovery accomplishments. Specifically, participants noted that their peers among the church congregation know or are aware of their past substance use, are aware of their recovery efforts, and celebrate the recovery milestones with them. For example, Phil noted that, "In church, when I reach a certain milestone or someone else reaches a milestone, everyone knows the past. They speak on it, and it's celebrated because we know it's a big accomplishment."

Subtheme #3 Perceptions of Racism and its Effect on Spirituality

This component was discussed by the participants with regard to their experiences with racism and how this impacted upon their spirituality and their spiritual practices. Although specific questions were posed to the participants about racism and spirituality, the majority of participants did not respond directly to this question. Some of the participants commented that

racism exists in America, but that it has always existed, and that they expect that it will continue. Others noted that they feel they continue to be treated differently than other races. For example, DeeDee noted, “Society let me know, from a very young age, and anywhere I went, it didn’t matter. I was Black so I was poor, lazy, good for nothing. That’s how this society judges me.” Georgie stated, “African American we are not considered one hundred percent part of society. I remember back in the fifties and sixties, being called a nigger, but I never answered to that. Things haven’t changed and I notice it even more today,” while Phil reported,

> I do identify as an African American. It means that my struggles are probably that much more different than, on the average, male in this country, as a Black man. I came up with a lot of things working against me that didn't necessarily work.

For the most part, all of the participants in the current study reported experiencing some components of racism, which they continue to feel in spite of any laws or efforts to eradicate racism. Overall, the participants in the current study reported that racism and feeling the effects of racism has deepened their spirituality. Keisha reported,

> We had a very hurtful history but what is even sadder is that we are still going through the same things just in a different way. I lived here all my life and worked hard and made good money but I can’t comfortably go in most of the stores or eat in the fancy restaurants without people looking at me like I am a piece of trash. That’s how most Blacks feel that’s why they just give up and that’s why they stop trying to make people see them as a good person. It’s like living every day sad. The people treat us bad and we treat each other bad too. We have been taught to hate ourselves, but I love my people.

Summary of Theme #2

Theme #2 was "participants' spiritual practices changed across the recovery period". Within this theme, there were three subthemes, including spiritual practices and interactions, time, and perceptions of racism. There were 11 codes identified under this subtheme, including spiritual practices and interactions (spirituality in everyday life; spiritual practices; spiritual versus religion; spiritual interactions), time (spiritual efficacy, spiritual emergence/re-emergence, spiritual commonalities, spirituality and racial identity, spiritual changes), and perceptions of racism. Overall, the data indicated that all of the participants experienced changes in their spiritual practices across the recovery period. Although most participants had previously associated spirituality with attending church, all of the participants expressed that their relationship with spirituality changed. In general, participants reported that they had moved away from formal religion because personal spirituality practices seemed to be more forgiving than religion, which participants indicated seemed to be less accepting of their substance use. Nevertheless, many participants did report coming back to religion and finding God again as part of their spiritual practices.

Theme #3 Spirituality Improves Recovery Efficacy

In the third theme, "spirituality improves recovery efficacy", there were two subthemes and five codes identified, including recovery steps and perceptions of recovery. The codes identified under each subtheme, including recovery steps (recovery treatment, processes during recovery, after recovery) and perceptions of recovery (positive perceptions, negative perceptions). Based on the current study, participants expressed the thoughts that recovery is a very personal experience and a very different experience. Overall, participants spoke about having relapses in the past but as they have grown older, they have become more committed to

recovery and their understanding of the process is better and/or deeper. Participants expressed the sentiment that as they have grown older, their spirituality has deepened, which has helped their recovery efforts and contributed to increasing recovery efficacy and their commitment to recovery. Many participants reported having come to the realization that recovery is or needs to be a lifestyle, not something that one simply does. In other words, participants expressed the feeling that they need to "live" their recoveries.

Subtheme #1 Recovery Steps

Under this subtheme, there were three codes that emerged, which included recovery treatment, processes during recovery, and after recovery. One of the most interesting findings relating to this theme is that many participants reported that attending AA or NA meetings were the trigger that helped them reconnect with their spirituality, including religion and/or some other form of spirituality. Overall, the most common finding relating to spirituality was that spirituality looks different for each person and that the form of spiritual practices also look different, depending upon the person. This contrasts with subtheme #6 under Theme #1, where participants expressed the notion that AA and NA meetings did not meet their needs in one way or another, so they turned to spirituality to meet their needs. In this subtheme, however, participants identified that it was the experience of AA and NA meetings which were the catalyst for the return to spirituality. In other words, subtheme #6 addresses the AA and NA meetings' failure to meet the needs of some of the participants, while this subtheme addresses the fact that AA and NA meetings were the factor that brought them to reconnect with their spirituality. It was interesting to note that a number of participants indicated that they were unable to go to treatment for their substance use, due to having to work. Some indicated that they were able to attend AA or NA, although this was not a given for all of the participants, due to either life

commitments (employment, need to support family) or accessibility. Nevertheless, this was the point where many participants connected or reconnected with their church, with God, or with their spirituality. For example, Doris said, “I went to basic AA for a number of years, and then I switched over to church.” DeeDee mentioned that she could not get to AA or NA programs, due to the fact that they were often in bad neighborhoods or late at night, and therefore, not accessible to her. However, she noted that “there’s always a church somewhere” that she could get to and that some of them had faith-based programs.

During the recovery process, participants had varying feelings and thoughts. They expressed that the process is a very individual process, that they may have felt they had to be untruthful with others about being in the process, and first connected with a sponsor. However, some participants indicated that this was a time when they did reconnect with their spirituality and with God. For example, Joe said, “While in recovery I really needed God, even as an in-house patient.” During the after recovery process, participants frequently noted that it is an ongoing struggle and commitment to sobriety. While spirituality was not expressly mentioned in conjunction with staying sober, most participants had already indicated that spirituality was an important component of their recovery process. Many participants were like Georgie, who commented the following, “Once Jesus came into my life in 1982, I stopped using. Not only did I stop, I stayed off it.” However, Willy said it best when he stated, “I will always be in a fight, even if it’s my subconscious mind,” and Doris noted,

> I got my children back, but damage was done. I gained myself back, and I got a job which I began to work slowly, in which I went to and met new friends and everything began to fall into place.

Subtheme #2 Perceptions of Recovery

The last subtheme of perceptions about recovery contained two codes, specifically positive and negative perceptions. By and far, participants reported negative perceptions associated with recovery, which was mentioned 12 times, as compared to positive perceptions, which were only cited three times.

With regard to negative perceptions, participants in general reported feelings of resistance towards the treatments that were available. Some participants expressed the feeling that the people running the programs didn't really care about them, which had a negative impact on them wanting to attend the programs. Some participants suggested that the programs were simply putting people through the motions of recovery for financial gain, and that they were not really focused on helping attendees get sober or stay sober. For example, Keisha said, "They didn't really try hard with me. One lady said we can't make you stay so come back when you're ready. It just seemed like they didn't care so I didn't care." Doris also noted that,

> I needed more because I felt that going back and forth to the meetings, to me, was sort of a hindrance, because it was more or less like I wasn't going for what I needed. I was constantly bringing up my past, constantly.

Finally, some participants reported feeling that the attendees to the programs were there for ulterior motives and simply there to boast about themselves or their lives. For example, Georgie commented,

Most of those AA meetings just consisted of people being braggadocios.

I just wanted to take my recovery and keep moving ahead. Besides, I used to see so many people relapse and relapse and relapse. I felt really because of their sobriety which really just depended on them and they were the problem anyway. I knew if I just depended on God, he would help me with my dependence.

In regard to positive perceptions, participants reported that they did make gains from the programs and that it helped their recovery efforts. Some noted the network of people that they met who either wanted them to do well or who were in the same recovery journey and understood that there was a need to support each other. Others noted the importance of remembering that the individual has the most responsibility in terms of remaining sober. For example, Sophie reported "when you have been clean as long as I have you know. Really, I let me keep it on me. I'm not always consciously aware - Oh, this is a time now when I have to practice humility technically," while Phil noted, "the most effective one, as far as I'm concerned, it's just staying in touch with my networking of people. So yeah, people who wanted to see you do well, genuinely, wanted to see me do well."

Summary Theme #3

In summary, the third theme, "spirituality improves recovery efficacy", there were two subthemes and five codes identified, including recovery steps and perceptions of recovery. The codes identified under each subtheme, included recovery steps (recovery treatment, processes during recovery, after recovery) and perceptions of recovery (positive perceptions, negative perceptions). Based on the current study, participants expressed the thoughts that recovery is a very personal experience and a very different experience. Many expressed the sentiment that spirituality helped in their recovery process and helped them maintain sobriety. While some

reported connecting with their former churches, others reported focusing on personal spiritual practices. Participants also expressed the sentiment that as they have grown older, their spirituality has deepened, and many participants reported having come to the realization that recovery needs to be a lifestyle that one is committed to.

Summary

The role that spirituality played in the participants' road to recovery has been discussed throughout the results section. The first theme identified was that participants' perceptions of spirituality changed across the recovery process. Many participants reported that they had connections to spirituality and spiritual practices, prior to their substance use. As a result of their substance use, they had moved away from spirituality and associated practices, with many participants expressing the sentiment that they felt God had abandoned them or that they were being punished as a result of having offended God. However, many participants reported that their perceptions about spirituality changed once they entered the recovery process, with some participants reporting that attending AA or NA meetings helped them reconnect with their spirituality.

The second main theme that emerged from the study was that participants' spiritual practices changed over time. The responses obtained from the participants show that spiritual practices differ between people and that the meaning of spirituality is different for all of the participants. Furthermore, participants' spiritual practices were not always connected to religion and frequently involved very simple spiritual routines and practices, including walks, sitting quietly, reading daily affirmations, and so forth. Regardless of the form of spirituality, the important finding was that participants reconnected with their spirituality during the recovery process and that their spiritual practices changed over that process. The third main theme to

emerge from the findings was that spirituality improves recovery efficacy. Participants in the current study were firm in their reports that their connection to their inner spirituality helped them maintain their sobriety from day-to-day.

An important and somewhat unexpected finding of the current study was the effect of aging on the spiritual process. While the passage of time *was* expected to result in changes in spirituality over time, most of the participants connected the changes in their spirituality to the aging process in some way or other. They also reported that they believed their experiences with substance use and recovery had helped them gain insights into their personal life experiences and that it provided them with wisdom that they felt was important to convey to younger people who are either involved with substance use, or who might be contemplating substance use.

A final finding of the current study was that although participants were asked about the connection between their race and spirituality, none of the participants really connected racism to their perceptions of spirituality and/or their spiritual practices. At most, some of the participants reported that their initial connections to spirituality deepened and occurred as a result of their family connections to religion and/or faith. However, over time, the family connection was lost as participants found their own way to inner spirituality. With regard to being African American, some of the participants reported that their race played some part in their spiritual practices at the outset of their lives, but in general, most of the participants reported that while they believed that racism is alive and well in America, this was not a significant factor in their own personal spiritual experience and/or their recovery process. Overall, participants expressed the sentiment that the issue of racism, while still an issue for African Americans, is, for the most part, no longer a major issue for OAAs, since they have bigger and what they consider to be, more important issues to deal with. Furthermore, participants in the current study expressed the view

that they preferred to focus on things that they could change as opposed to focusing on an issue such as racism, which they perceive they have no control over. Further discussion and elaboration on the themes and subthemes is presented in the following section (discussion).

Chapter Eight: Discussion

This chapter provides a discussion of the findings from the thematic analysis which attempts to answer the question: How do OAAs recovering from a substance use disorder experience spirituality as part of the recovery process? The three major themes identified from the thematic analysis were participants' perceptions of spirituality changed across the recovery period, participants' spirituality practices changed across the recovery period, and spirituality improves recovery efficacy. In this chapter we will examine the importance of the study's main findings, consider the application of theory, and discuss implications for social work practice, policy, and education.

OAAs Understanding of Spirituality

The current study examined the intersection of spirituality and substance use amongst OAA, taking care to examine the separate roles of both spirituality and religion in recovery from substance use disorders. Findings from this study revealed that the spiritual practices of OAAs both varied and changed across the recovery period for all of the participants in the current study. Although there has been some limited research examining the religious practices of individuals with substance use disorders (Brewer & Williams, 2019; Park et al., 2018; Pedersen et al., 2019; Williams et al., 2019), only Kelly and Eddie (2020) examined the role of both spirituality and religion in recovery from substance use. However, Kelly and Eddie's (2020) study used the terms spirituality and religion interchangeably and only examined the role that this played in recovery from alcohol and other substance use disorders. Findings of Kelly and Eddie's (2020) study demonstrated that spirituality and religion played a positive role in recovery from substance use disorders.

In the current study, care was taken to provide participants with a definition of religion versus spirituality at the start of each interview, so that participants were able to differentiate what was meant by each term. Consequently, the participants in this study were able to clearly separate the roles of religion and spirituality as it related to their personal recovery journey. Nevertheless, and in spite of any religious affiliation, virtually every participant ($N = 15$) in the current study reported having strong spirituality and all of them practiced spirituality on a variety of levels at the time of the study and throughout their recovery period. While all participants reported having an association with formalized religion at the start of their recovery period, all participants reported having moved away from formal religious or faith-based groups in favor of personal inner spirituality and daily affirmations. While some participants reported that they still had a connection to formal religion at the time of the current study, all of the participants expressed the view that spirituality was something different and set apart from formal religion and specifically, something that they could practice that was free from the structure of going to church or other religious practices.

For most participants, this meant spirituality practices that they engaged in privately or with others and which included affirmations, meditation, prayer, peaceful reflection, reading Bible passages and religious materials, reading other spiritual materials, stretching, walking, and so forth. Other participants reported having a combination of spiritual practices, which included attending church or other faith-based groups in conjunction with engaging in spiritual practices on a private basis. The first theme, which was “participants’ perceptions of spirituality changed across the recovery period”, contained the subthemes of family and social support systems, looking ahead, introspection, barriers, perception of aging, and meeting experiences. Most of the participants reported having lost all forms of spiritual connection by the time they first entered

recovery. This included most having lost any connection with their faith or their religions. Then, through the use of the tools of recovery and engaging with others, most of the participants reported reconnecting with spirituality.

Themes That Emerged From the Study

This section contains a discussion of the themes that arose from the current study: perceptions of spirituality changed across the recovery period, spiritual practices changed across the recovery period, and spirituality improves recovery efficacy. One of the most significant findings of the current study was participants' views on the aging process and how their spirituality had changed across that aging process. While the effect of time on spirituality was anticipated, what was not expected was that participants would equate the changes in their spirituality with the gain of wisdom and experience, which they felt had come with their age, more so than from their experiences. Fowler's Stages of Faith theory provides insight into this finding and is discussed in greater depth below.

The second theme that emerged from the current study and the data collected from the focused interviews, was that participants' spiritual practices changed over the course of their recovery. For some participants, these changes continue to evolve, which they primarily related to the experience of aging. As noted previously, the participants in the current study range in age from 65 to 90 years. For some individuals, spiritual practices, such as attending church or other spiritual/social activities, have had to change as a result of health or other infirmities. Nevertheless, there was an overriding theme of change in spiritual practices as the participants grew older or more secure in their personal spirituality.

As reported earlier, one of the most prominent themes that emerged from the current study was the concept of the aging process. The aging process also emerged as a subtheme under

the second main theme of changed spiritual practices. Just as the passage of time influenced the participants' perceptions of their spirituality, the passage of time also impacted their spiritual practices. Many of the participants cited the aging process as being important in terms of how they viewed their spirituality and what they needed to do for their own personal well-being and spirituality. Many participants also noted the impact of aging on their ability to engage in behaviors that they may have once engaged in as younger adults, with some participants commenting that they simply "couldn't do" what they used to do (i.e. attending church or other activities due to infirmities, etc.). Other participants commented that they just "didn't need to do" what they previously had done for spirituality.

The aging process and its effect on spirituality was again evident in the way that participants practiced their spirituality and in particular, how they thought about their spiritual practices. This is distinguished from perceptions about spirituality in that the previous section addressed how participants perceived spirituality and the changes in their perceptions about spirituality over time. In contrast, this section addresses how participants feel about the changes that they have undergone in terms of how they *practice* spirituality. Most of the participants in the current study reported that their original spiritual beliefs tended to come from their familial experiences when they were youths. For example, many of the participants cited going to church with their families as youngsters and in their early youth. Several of the participants indicated that when they were younger (i.e. prior to recovery), they associated "spirituality" with attending church and participating in faith-based activities with their families and/or communities. However, in the current study, most participants noted that the process of aging helped them gain the wisdom to know and understand that they did not need to necessarily experience spirituality

in the same way that they had done as a youth or in the ways that they had learned/adopted from their families when they were younger.

Specifically, most participants reported that the process of aging helped them understand that spirituality means much more than attending church or faith-based services/activities. While many of the participants reported having previously reconnected with their church or other faith-based groups, more of them expressed the view that they did not have to go to church or connect with social groups to feel connected to their inner spirituality and/or to God. Most importantly, participants in the current study expressed the confidence and the comfort in knowing that the way they practice spirituality, and what works for them, is acceptable. For example, participants embodied the concept that "this is what I do for spirituality and it works for me, therefore, it is okay to practice spirituality in the way that works for me and in the way that helps me maintain my sobriety."

The third theme that emerged during the current study was that of spirituality improving recovery efficacy and outcomes. In general, the participants in the present study noted that their ability to stay sober was enhanced by their spirituality and the spiritual affirmations that they have adopted. Importantly, most of the participants in this study commented on the variety of different recovery programs that they had attended over the years, but the majority of the participants were clear in their contention that spirituality and/or religion was by far the most important motivator for them. Several of the participants were adamant in their assertions that they didn't need a recovery program, all they needed was themselves and/or God. Several of the participants also made note of the fact that their spirituality and/or God, was always there, when recovery programs, support groups, or sponsors, may not be. Although some participants indicated that there has been an effect of aging on their ability to maintain sobriety, i.e. "I can't

do that stuff anymore", many others noted that they enjoyed other things now, such as their grandchildren, spending time with friends, spending time in spiritual pursuits, and so forth. So while there has been aging and infirmity with advancing age, these (aging and infirmity) were not, by and large, cited as the reason for participants maintaining sobriety.

However, the importance of spirituality and the connection with their spirituality was cited as an important factor in being able to maintain sobriety. However, while spirituality was reported as integral to the maintenance of sobriety, it should be noted that no causation should be implied as a result of this. Specifically, this study did not examine the causal relationship between spirituality and efficacy of recovery programs. In other words, spirituality was cited as important in and to the recovery process, but other factors may also contribute to the maintenance of sobriety over time. As noted previously, participants described very clear notions of their spirituality and what they needed in order to practice their spirituality. One thing that came through very clearly was that participants believed strengthened them and supported them in their recovery and in maintaining sobriety, was daily affirmations. Virtually all of the participants were able to verbalize the affirmations they used on a daily basis in order to keep them spiritually grounded. As can be observed from Table 2 (Results section), not all of the affirmations are faith-based.

Meeting experiences was one of the subthemes that emerged clearly from the data and the focused interviews. A few of the participants noted the value of the 12-steps and the application of the Serenity Prayer in their daily lives and the maintenance of their sobriety. Although some participants mentioned this as being an important stage at some point in their recovery, the vast majority of participants noted that their personal spirituality and spiritual practices were more important factors in maintaining their sobriety, and in some cases, had also been the most

important factor in achieving sobriety. A significantly disturbing factor that emerged from the interviews and the data was the impact of racism felt by the participants with regard to attending recovery programs. Many participants reported feeling unwelcome at meetings if they were perceived to be from a different social or economic class or if they tried to attend recovery meetings in geographical areas that were not their own. As a result, most participants felt that they had been frequently on their own with the recovery process and as a result, that they had to find ways to heal themselves because there simply weren't the resources available for or to them. To a very large degree, this was reported as the reason for participants in the current study reconnecting with their inner spirituality and with the practices that they had adopted over the years in order to anchor their spirituality and help them maintain their sobriety.

In addition to feeling the effects of racism, several of the participants alluded to concepts relating to systemic racism and commented about the lack of support services available to them, which would allow them to attend recovery programs. For example, several participants reported that they had to make a choice between attending recovery programs or continuing to work while addicted in order to support their families. Several other participants also commented on the distance they had to travel in order to attend recovery programs, while at least one participant noted that the programs available to her in her area were "uncomfortable" to attend because of where they were located in the neighborhood (i.e. unsafe locations). Another participant reported that the programs available to African Americans, as well as being in unsafe locations, also had somewhat questionable attendees, making her feel like she was being "targeted" or "hit on" whenever she attended, while others mentioned about the types of people who were attending programs in their area (i.e. drug sellers, etc.). These factors, combined with evident and/or perceived racism when attempting to attend meetings and programs in safer areas or with like-

minded individuals, were frequently cited as reasons for OAAs not having been able to access the resources they needed, when they needed them.

In summary, the current study found that spirituality was an important factor in participants' recovery process. Themes demonstrated that recovery was a factor in changing participants' perceptions of spirituality across the recovery period, that spiritual practices also changed across the recovery period, and finally, that spirituality improved the efficacy of the recovery process. Importantly, participants attributed their spirituality as a particularly important factor in their ability to maintain their sobriety and to increase the effectiveness of the recovery process. While participants reported that the passage of time and aging had some influence on their spirituality and spiritual practices, for the most part, they attributed their ability to maintain their sobriety to the daily affirmations they had adopted as part of their spiritual journey. Additional components cited as factors in maintaining their sobriety included spending time with grandchildren, furthering their education, engaging in enjoyable pursuits, participating/working in community activities and functions, and so forth. While a few participants still attend AA and NA meetings, the vast majority of participants indicated that they no longer needed or attended AA or NA meetings, nor did they maintain contact with their sponsors. Overall, the process of aging and the wisdom gained in regard to the need for and how to maintain sobriety, were cited as particularly important by participants in the current study.

Connections to Theory

During the current study, themes and subthemes that presented from the data revealed links between the study findings and the theoretical frameworks proposed at the start of the study. The connections to theory are discussed below.

Fowler's Stages of Faith

Similarly, Fowler's Stages of Faith was also a prominent theme that arose during the current study. For example, this was characterized by many participants having come to realize that they did not have to attend church to practice their faith in God or experience spirituality in other forms. This suggests that the conjunctive and universalized faith stages (Stages 6 and 7), have become the norm for participants. In stage 6, a "second naivete" can exist, which allows paradoxical realities to co-exist (Fowler, 1981). According to Fowler (1981), this stage is characterized by the rise of "ironic imagination", which embodies the notion that the individual has an innate way of knowing about faith, the universe, and one's place within it. In this stage, the individual is able to listen to their deeper, inner voice, and they are committed to values and principles that are free from the restrictions and confines of a particular community or tradition. In other words, individuals in this stage have a profound sense of faith and do not have to attend church or other social groups in order to feel connected to their spirituality. They are able to reappropriate symbols/myths/rituals, listen to voices from their deeper self, and derive meaning and direction from those voices, while exercising a critical recognition of the social class, religious traditions, and ethnic group that nurtured them. Fowler has hypothesized that faith is a pattern of knowing and valuing that orients us to ourselves and the world around us (Runnels & Thompkins, 2020). According to Fowler's Stages of Faith Theory (Fowler, 1981), as theory and experiences change throughout the years, so too do individuals' beliefs and their understanding of themselves.

At the time of the current study, the average age of participants was approximately 71 years of age, while the average length of time participants had been in recovery was approximately 36 years. The approximate age of participants in the current study at the time they

entered recovery was 35 years. Although the stages of faith proposed by Fowler do not follow specific age guidelines, this would most likely have placed them in Fowler's stage of individuative-reflective stage (Stage 4 mid-20's to late 30's). According to Fowler's theory, participants in this stage of faith are frequently characterized by angst and struggle as they attempt to reconcile their religious beliefs and feelings. This particular stage can present the individual with conflicts as different beliefs collide. Notably, most participants described their spirituality at the time they entered recovery to be at an all-time low and conflicted, with many participants expressing the view that "God was mad at me" or had "abandoned me" or was "punishing me". This could also suggest that participants were inclined towards Fowler's third stage of faith (Stage 3 - mythical faith), where there is a belief in reciprocity as a basis of justice for one's dependence on drugs and as a means by which the individual is isolated from God or their spiritual beliefs/practices. In any event, the responses obtained from the participants in the current study suggests that they were struggling with their relationship with God and their religion at the time they entered recovery.

Based upon the focused interviews held with the participants in the current study, the recovery process appears to have helped these individuals move towards Fowler's fifth (conjunctive faith) and sixth (universalizing) stages, where they begin to make up their own minds about their faith and spirituality, develop an identity that is independent of the group (i.e. development of an executive ego), develop a personal worldview that helps them begin to shape a new lifestyle (independent of substance use), and reach a point of enlightenment. At this stage, they also begin to face tensions in their lives that may have been contributing to their substance use, and they start to resolve tensions between: themselves and the group, the security of personal beliefs and need for critical self-reflection, self-actualization and service to others, and

the relative versus the absolute. As they progress through the recovery process, individuals also demythologize and break symbols and begin to examine "what does it all mean?", whilst developing abstract concepts to describe their environment and their relationship to God. Connected to the change or movement from despair to hope through the recovery process, participants in the current study began to experience changes in their perceptions of faith and spirituality as a whole, while questioning their overall value and personal integrity, and how they can be of worth to those younger than themselves or who may be contemplating substance use or other poor choices.

The whole process of aging, not just the passage of time, was repeatedly emphasized by participants in the current study as important to them and from their perspective, important to society as a whole. In other words, participants felt that they had wisdom and knowledge to impart to the younger generation that they felt strongly about conveying. Part of this process was clearly exemplified by the subthemes that emerged in the data, which revealed that participants' perceptions on spirituality were impacted by the family, friends, and peer support systems that they had while going through the recovery process. Additionally, the notion of "looking ahead" or being able to "look ahead "to a brighter future and hope, combined with introspection and reflection, helped many of the participants to reshape their notions of religion, their place in the universe, and their perceptions of spirituality in general. The subtheme of aging, the process of aging, or the perception of their own personal aging, was reported by participants to allow them to feel that they were gaining wisdom and experience over the course of the aging process, which was also helping them understand that God, or the universe, or a higher power, wasn't necessarily trying to punish them. One participant also said that as he grew older and gained more experience with the recovery process, he realized that he did not always have to be "the

victim" and that he had some power and control over what happened to him. In other words, as participants grew older, their perception of spirituality changed, as did their perception of their personal role in life and within the universe.

Overall, then, participants reported that when they first came to the recovery process, their relationship with religion and spirituality was poor to non-existent, primarily because they felt that they either didn't deserve to have a happy, normal life, without substance use, and/or that they had done something to offend God or the universe. However, participants in the current study were able to describe the change in their perceptions about religion and/or spirituality, which came as a result of the recovery process, and which fit with the stages of faith as described by Fowler (1981). In general, they reported that the perceptions and feelings of shame, guilt, condemnation, and unworthiness they felt at the time they entered the recovery process were attenuated so that they were able to reconnect with their spirituality. They described their relationship with spirituality as being better even than any of the social support(s) they received during the recovery period because religion and spirituality is always available to them, it's non-judgmental, and you can experience spirituality anytime or any place you need to or want to.

PTSS

With regard to PTSS, findings of the current study were more challenging to interpret. According to DeGruy (2017), the experience of racism has conferred genetic implications for African Americans, leading to feelings of anxiety and being overwhelmed. As a result, they protect themselves and their loved ones from racism by not discussing it or raising the issue. This also translates to ignoring the issue or deflecting from the issue when the issue of racism is raised. This is consistent with PTSS theory, which notes that passiveness is a form of coping when the issue(s) are bigger than an individual believes they are capable of dealing with.

Although race and racism did not present as a particularly strong subtheme in the current study, there appeared to be some component of PTSS theory involved in the impetus for the change in spiritual practices that occurred among the participants. Although participants were asked about the influence of racism and race during the current study, few had anything to say about racism except to acknowledge that racism and race continue to be an issue, has always been an issue, and that they did not expect things to change much in the future. Nevertheless and in spite of their awareness of racism, the participants in the current study were able to focus on their recovery, be successful with that recovery, and rebuild their lives with their families.

However, while racism provided some undertones to the current study, participants did not relate race or racism to their perceptions of spirituality. Although some participants reported that the historical ties to religion held by their families was in response to slavery and a coping mechanism for how to deal with both historical trauma and slavery, as well as ongoing racism, what was more evident from the participants is that they had moved on beyond the issue of race and racism, because there were "bigger fish to fry" in their personal lives. For example, most of the participants were keen to get across the wisdom that they wanted to express to those younger than they were (i.e. stay away from drugs, don't get started with drugs, find some positivity in your life, find positive things to do, pay attention to people/places/things around you, and so forth). Additionally, most participants wanted to get across their opinions about the lack of programs and programming for youth, which they perceived as being the cause or one of the causes behind youth problems today. With specific regard to the PTSS theory, the overriding sentiment was a sense of resignation; that racism is there, it is always going to be there, and there is nothing that they can do about it, so participants have turned their attention to those things that

they feel they can make a difference with. In that regard, they have moved on and rebuilt their lives against a backdrop of successful recovery.

Although race and racism did not emerge as a particularly strong subtheme in the current study, there may be some component of PTSS theory involved in the impetus for the change in spiritual practices that occurred among the participants of the current study. According to the PTSS theory, passiveness is a form of coping when the issue(s) are bigger than an individual believes they are capable of dealing with. That certainly came through in the current study, with participants basically espousing the view that racism was a given and that there was nothing that they could personally do about it. Hence, they have focused their energies elsewhere and onto topics and issues that they perceive they can have an impact on. Although most of the participants reconnected with their inner spirituality, that spirituality did not necessarily involve a return to the church or faith-based practices of their youth. Although it should be reiterated that while the researcher asked participants questions relating to race and racism, this topic emerged only tangentially as a subtheme under the second theme of participants' spirituality practices changed across the recovery process. When reviewing the comments relating to racism and spirituality, most of the participants reported that the spiritual practices of their youth had been shaped by their religious experiences with their families. Several of the participants reported believing, as youth, that religion (or in one case, the Holy Ghost) was the exclusive property of Black people or alternatively, that it was the way that Black people coped with the rough years and racism that they had experienced as a cultural group. For example, Georgie reported, "When I got saved, and being a young Christian I thought the Holy Ghost was the exclusive property of Black people", while Connie noted, "Well spirituality and race is all we had. Okay. I know all my family and they were very heavy into the church. This is what they leaned on coming up

during the rough years." Another participant, Keisha, stated the following, "Since I was a little girl all Black people went to church and asked God for help. It was all we had to hold onto." However, most participants reported, as noted earlier, that their substance use changed their relationship with the religious practices of their youth and their relationship with God.

As also noted previously, most participants moved away from the religion-based spirituality of their youth as a result of their substance use, but did not necessarily return to those practices once they reconnected with their spirituality. It is perhaps true that participants in the current study came to recognize that the reliance on religion as a means to change racism in America, was not fruitful or having no effect on the overall racism that they were personally subjected to. Passiveness is an outward response, but the inward response is anxiety, frustration, and anger. As a result of formalized religion not having an effect on the problem of racism, it is possible that participants in the current study turned to different forms of spirituality as a means to help them cope with the challenges in their daily lives. This could include maintaining sobriety and dealing with the anger, anxiety, and frustration they felt due to racism in America.

Alcohol Dependence Syndrome Theory

Alcohol Dependence Syndrome says that people have a biological, psychological, and physical dependence on substances. In regard to the current study, participants had been free from addiction for approximately 36 years. Many of these individuals were reluctant to even discuss their history because they were so far from the addiction that they did not want to elaborate on it or they were afraid that their families would learn about the history of addiction. Many participants expressed the view that they were just too old to consider using substances, due to their current physical and medical status. In short, participants were at a stage in life that they realized that they no longer needed or wanted addiction or the substances that they had been

addicted to. In specific regard to Alcohol Dependence Syndrome theory, the physical, biological, and psychological drivers no longer existed for participants in the current study. Most participants expressed the view that while they know that recovery is a lifetime endeavor, they also expressed the view that they had reached a point in their lives where addiction and use of substances no longer had any value for them.

Westermeyer (2014) states that although people may move away from their feelings of the need for addictive behavior, accessing AA helps them with coping, culture at large, guiding spiritual rebirth, and re-acculturation. However, the majority of participants in the current study did not or no longer have any connections to AA, and in spite of this absence of AA influence, they have managed to cope, find their spiritual rebirth, and rebuild their families and circle of friends. With regard to access to AA and NA meetings, many participants noted that for whatever reason, they did not have access to AA or NA meetings, or that they found such meetings generally unhelpful. Furthermore, it was noted that much of the funding that was allocated for drug avoidance programs and so forth during the 1970's and 1980's (the era in which participants in the current study were addicted) was more predominantly targeted towards higher income neighborhoods. As a result, participants in the current study expressed the notion that the AA and NA meetings were not available to them. Therefore, there may have been a component of systemic racism at the root of their substance use issues, which either a) prevented adequate funding focused on drug avoidance from being spent in the areas that most needed it (i.e.the areas where participants in the current study resided), or b) which tended to incarcerate drug users rather than provide them with treatment.

Summary

In summary, Fowler's Stages of Faith Theory was a predominant theory during the current study and had substantial links to the data collected during the interview process. Participants in the current study noted that since beginning their recovery process, there had been significant changes in their spirituality and the ways in which they practice spirituality. while imparting wisdom and knowledge to the younger generation. Although many participants attributed the passage of time and aging as having allowed them to gain a deeper sense of self and their own personal spiritual journey. Regardless of which of Fowler's faith-based stages they were in, the sentiment that was expressed by participants in the current study was that they needed to have spirituality in their life because they need to have something that is "ready and available" to them to help them get through daily challenges and to help them maintain their sobriety. In particular, participants reported that relying on other people, such as a church, pastor, sponsor, and so forth, makes them feel vulnerable to relapse. As such, all of the participants indicated that it is important to have some form of spirituality, or in other words, their "own line of defense". For example, Doris noted "So what is a process for me and why spirituality is so important is if I can't find a phone, I can't call my sponsor. I can't take and run to a meeting. I have to pray." Micky said, "I think we're all spiritual beings, but you know, on a daily basis I try to take five or ten minutes, even one minute, just to meditate. I don't have to say much, or I don't have to say anything."

PTSS and Alcohol Dependency Theory exerted mixed influences in the current study. Although the responses obtained from the participants resonated with the PTSS theory in that while racism was acknowledged, participants in the current study presented as apathetic with respect to the effect that they could have on the overall issue of racism. Results from ongoing

trauma relating to race may have had some bearing on the change in spiritual practices experienced by the participants during their recovery process. Nonetheless, the sense of apathy exhibited by participants in the current study suggests that PTSS does have an influence on OAAs who are recovering from substance use. However, the influence of racism with regard to overall spirituality was minimal. With regard to the Alcohol Dependency Theory, the participants in the current study were approximately 36 years into their recovery process, and as a result, they did not report experiencing any of the biological, psychological, or physical drivers that sustain substance use. Given the age of the participants in the present study, most of the participants reported no longer having any use for or any cravings relating to substance use, noting that they had come to realize that they no longer needed or wanted an association with ongoing substance use. Although most of the participants reported having had little or no access to ongoing AA or NA meetings as a part of their recovery process, many of the participants in the current study did credit AA and NA meetings with being the "trigger" that turned them back to their inner spirituality, helped them reframe their perceptions of spirituality, and reignited their belief in spirituality.

Implications of the Study

This study provides an opportunity for increased knowledge of the lived experiences of OAA and their perceived interactions with the use of spirituality and substance use recovery efforts. This information provides insight into what the OAA believe to either be a help or hindrance in their substance use practices. This information adds to the knowledge base of social service agencies, religious organizations, churches, SUD treatment programs, and healthcare professionals. Exploring how spirituality affects the substance use process and recovery also presents information to the faith-based communities to become informed on addressing

substance use within the religious environments where their congregants can receive social support.

Notably, this study provides clear insight into the perceptions that OAAs have with regard to their spirituality and how it changes across the recovery period. In particular, this study demonstrates that spirituality is not a static concept, but that it changes across time and recovery, and as OAAs age. While most OAAs enter the recovery process feeling alienated from their religion and their spirituality, most OAAs reconnect with their spirituality as they progress through the recovery stages. While this may look like a return to the religion of their youth for some participants, many participants report that spirituality can mean a variety of different things, which can be highly individual depending upon the person. For some, spirituality can be as simple as a walk in the park, sitting still and meditating, or reflecting on a favorite daily affirmation. For others, spirituality may mean a return to their family religion or to faith-based practices of their youth, although many participants note that as they have aged, they are more comfortable connecting with God on their own and in their own way.

Another aspect of this study that was illustrated throughout the interviews was the significant emotionality that the participants displayed, despite being many years since they entered the recovery process (on average approximately 36 years). Many of the participants mentioned that due to deaths or passage of time, they may not have had an opportunity to make amends with people they felt had been harmed by their substance use. For many others, they were emotional because they could see younger family members falling into the same patterns and they felt helpless to stop the substance use. Overall though, an overriding sense of sadness was evident, suggesting that social workers and other policy makers should consider the need for delayed or late-recovery stage counseling to assist OAAs with coming to terms with the feelings

of remorse, grief, loss, and sadness that they continue to hold as a result of their prior substance use. Although it may be decades since they entered recovery, the reality is that many OAAs may not have had sufficient opportunities, or even appropriate interventions, to help them cope with the feelings that they hold as a result of their previous substance use.

Furthermore, while the reports relating to racism were somewhat limited during this study, they should not be disregarded. Reports from several participants that they were unable to or felt unwelcome at AA and/or NA meetings because they were not in "the right neighborhood" or because they felt that they were the "wrong color", are disturbing, since it suggests that recovery programs are not universally accessible to everyone, regardless of their race or culture. Programs that are funded by government organizations and charities need to ensure that they promote interracial treatment and recovery and that they work towards making everyone feel welcome, so that anyone who desires sobriety has an equal opportunity to achieve that outcome. More needs to be done to ensure that inclusion of all races and cultures, in all levels of recovery, are enacted. This includes finding additional funding to support African Americans and other minorities attending the more expensive clinics and clinics that currently are not available to them, as well as providing supports and services to allow them to attend treatment. More than one participant mentioned that they needed to choose between recovery programs and continuing to work to support their families; hence, specific funding needs to be directed towards helping minority groups support their families while they undergo the necessary treatment for substance use. From a Critical Race Theory perspective, administrative change needs to occur and the individuals involved in recovery processes need to have specific inclusivity and sensitivity training in order to start ensuring that everyone has equal access to the recovery programs that they need.

Finally, a recurring theme amongst the participants in the current study was that more needs to be done in regard to youth. There needs to be more education and more access to treatment for people who are younger so that they receive the help they need before they are as old as the participants in the current study were when they first needed help. The participants in the current study had much to say on this topic. Therefore, increased focus groups with a similar set of participants would provide increased insights into what is perceived as being needed to better serve the youth of today.

Social Work Practice

This study provided OAAs with the opportunity to speak out about the things that matter to them with respect to spirituality and the intersection of spirituality with their recovery process. The findings of the current study demonstrated that OAAs' perceptions of spirituality and spiritual practices change over time. Additionally, spirituality improves recovery efficacy for OAAs. Although race and racism were expected to be a significant factor in the current study, this was found to be only a tangential issue, with OAAs expressing the view that racism has always been present and is expected to continue to be present. More importantly, OAAs expressed the view that the process of aging was important to both their perceptions of spirituality and the spiritual practices that they have adopted in order to maintain their sobriety and cope with everyday challenges. Overall, participants expressed the view that they could not change racism in America and as a result, they had focused their attention on other issues, which they felt they could have an impact on, including providing advice and knowledge to the younger generation about abstaining from drugs, getting into treatment early, and/or maintaining positivity in one's life. Due to institutional racism, intergenerational trauma, and other factors, OAA frequently feel silenced and unheard. This study provided the continuance of a deeper

conversation regarding the sensitivity of racial trauma, racial inequality, and the barriers to access to treatment available to this population due to economic factors often not considered in recovery models and facilities. Social workers need to be conscious of the impact of recovery and substance use programs on OAAs. They also need to be actively involved in helping OAAs access the recovery and treatment programs that they need. This may mean actively promoting access to and the generation of funding programs that support the services needed by OAAs. This may also mean active involvement in local programs to ensure inclusivity and access to treatment for all.

Another area that social workers should be cognizant of and strive to be engaged in is with respect to helping OAAs reconnect with their inner spirituality and helping them achieve that spirituality, since the current study revealed that spiritual practices among OAAs helps improve recovery efficacy. The lack of social worker representation in SUD settings and the need for social work training on SUD recovery techniques would enhance the understanding of addiction and honor the profession's historical precedents (Serrano & Conley, 2021). This study provides direction with regard to social work intervention strategies to support the individualized needs of this population as it relates to facilitating spirituality and fostering improved recovery outcomes.

This study also revealed that OAAs perceive that they have an important role and mandate with regard to informing youth about drug use and participating in efforts to increase funding and develop programs for youth that are focused on substance use recovery and substance use prevention programs. Social workers can play an important role in engaging OAAs in this process and in ensuring that the wisdom offered by OAAs is utilized to good effect and for the purposes of protecting youth and encouraging drug prevention and drug cessation among

youth. Furthermore, social workers can and should play a greater role in informing the SUD professional community about the value of OAAs and the knowledge/experiences that they have to offer with respect to the funding and development of intervention programs for both OAAs and youth. Working together with OAAs, social workers can foster more realistic and inclusive support for this mental health community. The information gained from the current study can help social workers interact with this mental health community on a one-to-one basis, in group activities targeting OAAs and youth, and through programs and funding sources intended to promote SUD programs and interventions.

Social Work Policy

The findings of the current study revealed that there are changes needed with regard to SUD intervention funding and programs. Specifically, more needs to be done in terms of policies for the set-up and delivery of SUD intervention programs. Participants in the current study reported feeling that SUD recovery programs were frequently unavailable to them due to a variety of reasons, including the need to make a choice between attending a recovery program or working to support one's family, and issues around attending recovery programs that were located in geographical areas other than which they live in. For example, several participants commented that the recovery programs in their residential area (which was in a lower socioeconomic region), were populated by drug users and individuals with criminal histories. As a result, some participants attempted to attend recovery meetings in other areas, where they were told that those meetings "were not for people like them" and to go to the areas where meetings were set up for them. This presumably referred to OAAs from the current study attempting to attend recovery meetings populated by a predominantly richer socioeconomic demographic that was also predominantly of a different race. Social policy development needs to look at how SUD

programs are funding, the areas in which they are funded, and the demographic makeup of the potential attendees. For instance, social policies might consider setting up recovery programs that are for substance users as separate from substance sellers. Policies should also work to ensure that recovery programs reflect an inclusive demographic: it is not enough to say that "everyone is welcome." Efforts must be made to ensure that the recovery groups have a mixed demographic that ensures that everyone feels welcome, regardless of whether the program is situated in a predominantly white or upper socioeconomic geographical area.

This study also explored the layered complexity of the needs of OAAs and those contributing factors that their lived experiences have presented. It provides a supportive understanding of how to address racially specific needs and the development of change on a macro level. It also provides a clear pathway to the needs of OAAs, regardless of their socioeconomic status. Addressing the needs of OAAs with SUDs through social policy changes would promote specific culturally diverse treatment interventions that can be easily accessed and provide better outcomes to treatment use for this population. This study's findings should be a part of future policy development for this population both as those currently in place such as the SUPPORT Act, the Affordable Care Act, and the Older Americans Act.

Social Work Education

The analyzed data from this study supports an increased understanding of the critical race dynamics in our society, our social service agencies, and our social work practice, and demonstrates how these practices are oppressive. It provides a knowledge base that can begin the awareness of how our decisions as social workers can impact our clients. The discussions and changes in our perception of the differences amongst social practice with OAAs can engage new students and beginning social workers in the field. This engagement should lead to a paradigm

shift that supports and uplifts a sub-group that deserves its individualized needs to be addressed. Assessing the use of spirituality in the substance use intervention process also would provide insight into how social workers and substance use professionals can be trained to use this tool effectively. The inclusion of a more diverse curriculum can also provide a deeper understanding to students regarding the specific populations they will interact with. This will assist in a more effective way to address the conflicts their future clients may present.

The findings from this study should be incorporated into social work education. In particular, the finding that OAAs are feeling extreme levels of remorse, sadness, grief, and racial oppression as much as four decades after commencing recovery is frankly, appalling. Change needs to happen at the entry level into professional programs, on a level that is greater than just lip service. Students need to be taught to seek out SUD programs that are oppressive and not-inclusive and look to be instruments of change going forward. In particular, students need to know about critical race issues and systemic discrimination that has effects and outcomes such as that demonstrated in the current study. For example, it is disturbing to hear that OAAs were unable to access recovery programs when they needed them because of systemic racism practices and that the trauma caused by this omission plagues them as much as four decades after the time that they needed the treatment intervention. Specific educational policies that teach about systemic racism and the adverse outcomes of systemic racism, such as the findings of the current study, need to be part of any social work curriculum.

Social Work Research

This study will provide an opportunity for future research to explore the growing older Black population and address their specific perception of their environment, resources, and substance use practices. The OAAs' vulnerability, sense of self-worth, and perspective on the

stigmas associated with using substances at an older age can be addressed by future research that examines the facilities we use for substance use treatment and the models of treatment and intervention strategies provided for treatment. The success or failure of employing spirituality as an intervention can be better grasped by evaluating the connection between the two.

This study illustrates that more research needs to be done with regard to the barriers and perceptions of racism that prevent OAAs from accessing the treatment that they need, in order that true change and inclusion can occur. From the present study, it is not clear which programs are affected or in which areas of the country exclusionary policies and programs exist. Nevertheless, it must be assumed that there are significant barriers to treatment, since it was a theme that was generated from a sample of 15 participants. Research could benefit from more focus groups of OAAs, since this would foster more sharing of information and generate targeted ideas for the improvement of access to recovery programs for OAAs. This study also illustrated the important role of spirituality in the maintenance of sobriety.

Future Research

Future research should examine the nature of spirituality and what form spirituality should take in order to achieve maximum recovery benefits. For example, is a program that combines religion with personal inner spirituality more effective than programs that focus on religion-alone or spirituality-alone, and so forth. Future research should also address deeper conversations about racism and what that looks like to African Americans and in particular, the racist experiences that they have had as it relates to SUD programs and interventions.

Another area of research that should be undertaken pertains to the impact of the aging process on SUD and recovery programs. In particular, research should focus on the value and/or efficacy of specific programs or types of programs depending upon the age of the participants.

For example, does one type of intervention work better with individuals aged 15 to 30 years or is it more effective with those aged 60 to 90 years of age? This should take into account the intersection between spirituality and different forms of spirituality and the aging process. Furthermore, research that examines the aging process and the efficacy of SUD recovery programs should also examine other factors that may contribute to the maintenance of sobriety. For example, does having grandchildren improve sobriety? Does having more frequent interactions with family members improve sobriety? And so forth.

Additionally, given the age and cultural considerations of the participants, more information may have been obtained through community-based participatory research (as opposed to Zoom interviews), focus groups, and specifically-designed surveys. Therefore, in the future, research regarding addiction, recovery, and spirituality with OAAs should be undertaken utilizing community-based interviews and focus groups, supplemented by surveys. Quantitative investigation utilizing Likert questionnaires and so forth, would also add to the information that could be gathered from this group.

Finally, the current study should be replicated. The current study was undertaken at a time during which the COVID-19 pandemic occurred, which may have resulted in more participants choosing Zoom interview formats than usual. Similarly, some of the participants appeared to be unsure or uncertain of the researcher attending in their homes for the purposes of the interview process, and to some degree, appeared to have agreed to in-home interviews in order to obtain the gift card incentive. The Zoom interviews and/or fears about the researcher being in the homes of the participants may have limited or modified the information that was given to the researcher, which would ultimately have a bearing on the results that were obtained. Hence, the study should be replicated to determine if the same or similar results are obtained.

Along that lines, it would be worthwhile to undertake a research study that examined the value of Zoom interviews versus in-person interviews with OAAs, since participants may provide different information depending upon the interview experience and it is possible that one form of interview may yield better results than another.

Conclusion

This study examined the spiritual practices of OAAs who previously had substance use issues and who underwent recovery programs for substance use. Based on focused interviews, three main themes emerged from the thematic analysis: participants' perceptions of spirituality changed across the recovery process, participants' spiritual practices changed across the recovery process, and spirituality improves recovery efficacy. The most important finding of the study was that OAAs are a particularly resilient group of people who were able to utilize spirituality to facilitate improvements in their life overall. In addition, spirituality emerged as an important factor in the ongoing maintenance of sobriety, as demonstrated by the average number of years (~36 years) participants in the current study had been in recovery. Furthermore, this study demonstrates that professionals involved with substance use recovery should focus on spirituality as an important mediator in the start and continued maintenance of sobriety. Additionally, health professionals involved in SUDs need to focus on and promote the development of AA/NA meetings that meet the needs of the clients they serve. For example, meetings should take into consideration the homogeneity and recovery needs of specific groups, taking into consideration the fact that AA/NA meetings may be available in the areas in which individuals reside, but group composition may not reflect the needs of the attendees. Lower socioeconomic areas may have meetings that are predominantly attended by individuals who may not represent the working-class community, which has been suggested to cause a refrain from utilizing the

network as a resource. Such meetings would not necessarily meet the needs of individuals and OAAs who work within the community or service that community causing a deeper need for anonymity practices. In any event, the current study demonstrated that individuals can access and utilize spirituality independent of having to attend AA/NA meetings and that spirituality *can* both foster and maintain sobriety in the absence of having to attend AA/NA meetings. In other words, spirituality is something that anyone can utilize, at any chosen time, and does not require anything but the individuals' own inner spiritual perceptions and practices. Therefore, it is critical that recovery programs take into consideration spiritual counseling and guidance.

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Appendix A

Recruitment Flier

Recruitment for Research

To explore the use of spirituality in the recovery process for older African American adults

Joyce Roberson-Steele is conducting this research study as partial fulfillment toward a Doctorate in Social Welfare at Yeshiva University

Who do we need?

Applicants must meet all of the following criteria:

- used or misused substances for at least one year
- been in remission (recovery) for at least one year
- identify with a spiritual practice
- be a resident of New York City
- 65 and older
- identify as African-American

Participants will be provided a $**25 gift card** to show appreciation for your time.

Research will be conducted in a **confidential**, semi-structured interview format, in-person, via Zoom, or by phone (whichever is most comfortable and convenient for you). The goal is to inquire about the lived experiences of older African American adults' use of spirituality during their recovery process.

If you meet the above criteria and are interested in participating, please contact me at the phone number or email address below: 646-245-4717 or joycerobersonsteele@gmail.com

Appendix B

Informed Consent Form

This study is being conducted by Joyce Roberson-Steele, an African American Ph.D. student at Yeshiva University's Wurzweiler School of Social Work.

Thank you for considering participation in this study. I, researcher, am interested in learning about the experience of older African American adults who have a history of substance use and their use of spirituality during the recovery process. **In order to participate in this study: you must be an African American Adult 65 years age or older living in New York City, who had a history of substance use for over one year, had been in recovery for over one year, and identify with the use of spirituality. Responses to this survey are anonymous**. Aggregated results of this study will be published with no identification of individuals respondents. Participation is completely voluntary, and you may choose to withdraw at any time and for any reason. If you choose not to participate or to withdraw from the study, there will be no penalty. Although there is no direct benefit for you, by completing the survey, you will be providing valuable insight that could improve how information is conveyed. Participation in this study will involve answering a series of discussion questions that require you to reflect on your experience as a African-American older adult in recovery from substance use. You will also be asked to respond to some basic, non-identifying information. The discussion will be conducted virtually via Zoom, in person, or by phone. All interviews will be recorded for a later transcription. It should last approximately 60 to 90 minutes. Minimal risk is associated with participation in this study.

To participate in the study or request additional information about the research study or your rights as a participant, please contact by email or phone call: 929-276-2265 or Joyce Roberson-Steele @joyce.roberson-steele@yu.edu . This study has been approved by the WGG Institutional Review Board (IRB) of Yeshiva University at Wurzweiler School of Social Work.

You are making a decision whether or not to participate. Your signature indicates that you have decided to participate, having read the information provided above.

You will be given a copy of this form to keep.

Thank you for your participation!

Email: _____

Signature: _____

Date: _____

Appendix C

Resources for Participants

1. National Helpline Treatment Referral & Information /Substance Abuse & Alcohol 1-800-662-4357 Text 43574
2. Veterans Crisis Hotline 1-800-273-8255 Text 838255
3. NYS Office of Alcoholism & Substance Abuse Services (OASAS)
   www.oasas.ny.gov Services for senior citizens:
4. Senior Hope, Inc 518-489-7777
5. Crouse Health, Inc Older Adult Addiction Recovery Services (OASAS)
   315-470-8304
6. Odyssey House Inc Elder Care Program George Rosenfeld Center for Recovery
   212-428-6633
7. Alcoholism & Substance Abuse Services
   1-877-846-7369 Text 46736
8. Brooklyn Alcoholism & Substance Abuse Helpline
   745 Lexington Avenue 718-509-6720
9. Addiction Research & Treatment
   499 Dumont Avenue Brooklyn NY 718-485-0896
10. Drug & Alcohol Addiction Treatment Center
    2141 S 1. Street Brooklyn NY 315-948-1090
11. Mount Sinai Substance Abuse Emma L Bowen Community Service Center
    Geriatric Services 212-694-9200 info@bowencsc.org
12. East Harlem Health Outreach Partnership, the Center for Advanced Medicine

1-877-372-4161 Email ehhop.clinic@icahn.mssm.edu

13. New York-Presbyterian Smithers Center

    Specialty Population-Older Adults Appointment/Referrals In patient 1-888-694-5700 /Outpatient 1-877-697-9355

14. Payne White NY Clinic Outpatient Services 525 East 68th Street 212-746-3741
15. Smither's Center 51 West 51st Street 121-305-6001
16. National Resource Center on LGBTQ Aging /SAGE Services & Advocacy/SAGEVets

    Hotline 1-877-360-5428

17. New York City Sage Centers Substance Abuse/Alcoholism

    Make An Appointment at 212-741-2247

18. Columbia Department of Psychiatry

    Research clinical trials- Medication, Psychotherapy or other approaches.

    Referral line- 212-305-6001

19. Mental Health America

    www.mhnational.org LiveYourLifeWell.info

20. Peer Support (703)-684-7722
21. National Alliance on Mental Illness Support Group Coordinator Christina Bradley

    www.naminmycmetro.org 212-684-3264

22. Helpline 1-800-950-6264 www.naminys.org

    To find a support group in New York State 518-462-2000

Appendix D

Internal Review Board (IRB) Approval

wcg IRB

Certificate of Action

Investigator Name: Joyce L. Roberson-Steele, MSW	**Board Action Date:** 03/20/2023
Investigator Address: 2495 Amsterdam Ave New York, NY 10033, United States	**Approval Expires:** 03/20/2024 **Continuing Review Frequency:** No CR Required
Sponsor: Dr. Shannon Lane **Institution Tracking Number:**	**Sponsor Protocol Number:** 44956610 **Amended Sponsor Protocol Number:**
Study Number: 1351275	**IRB Tracking Number:** 20231294
Work Order Number: 1-1642442-1	
Protocol Title: The Intersection of spirituality and substance use of Older Africans Americans during the recovery process	

THE FOLLOWING ITEMS ARE APPROVED:
Investigator
Protocol (source: final protocol for irb)
Consent Form [IN0-0]
Advertisement - To explore the use of #36908271.0 - As Submitted (source: recruitment flyer for research 223)

Please note the following information:
The Board requires that all subjects must be able to consent for themselves to be enrolled in this study. This means that you cannot enroll incapable subjects who require enrollment by consent of a legally authorized representative.

Under the revised common rule (effective 1-21-2019), continuing review by the Board of the above referenced research is not required; however, the IRB will maintain our records and continue responsibility for exercising administrative and regulatory oversight of this research. The IRB will automatically charge an Ongoing Oversight fee for this administrative effort unless we are notified the research is closing. To avoid unnecessary fees due to closure, a closure form must be submitted for each site 30 days prior to expiration.

The Board found that this research meets the requirements for a waiver of documentation of consent under 45 CFR §46.117(c)(1)(ii) [2018 Requirements] 45 CFR 46.117(c)(2) [Pre-2018 Requirements]

Request for Alternative Consent Process

THE IRB HAS APPROVED THE FOLLOWING LOCATIONS TO BE USED IN THE RESEARCH:
Wurzweiler University School of Social Work, 2495 Amsterdam Ave, New York, New York 10033

ALL IRB APPROVED INVESTIGATORS MUST COMPLY WITH THE FOLLOWING:
As a requirement of IRB approval, the investigators conducting this research will:

- Comply with all requirements and determinations of the IRB.
- Protect the rights, safety, and welfare of subjects involved in the research.
- Personally conduct or supervise the research.
- Conduct the research in accordance with the relevant current protocol approved by the IRB.
- Ensure that there are adequate resources to carry out the research safely.
- Ensure that research staff are qualified to perform procedures and duties assigned to them during the research.
- Submit proposed modifications to the IRB prior to their implementation.

This is to certify that the information contained herein is true and correct as reflected in the records of WCG IRB. WE CERTIFY THAT WCG IRB IS IN FULL COMPLIANCE WITH GOOD CLINICAL PRACTICES AS DEFINED UNDER THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) REGULATIONS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) REGULATIONS, AND THE INTERNATIONAL CONFERENCE ON HARMONISATION (ICH) GUIDELINES.

Full Accreditation

Appendix E

Interview Guide: (prompts in italics)

Demographics:

Residence
Religious Affiliation
Age
Marital status
Children
Years of sobriety
Highest level of education

1. You identified yourself as an African American person. Please describe what this means to you.
2. How do you view your race as an African American in this society:
    1. *Historically*
    2. *Currently*
3. Define aging. What does aging mean to you? *(Physically, Mentally, Socially)*
4. Reflecting on your process of aging, please describe any experiences which you viewed as "life altering or life changing." *{Grief, Loss, Incidents}*
5. Please describe your experience with the recovery process. What forms of treatment interventions have you experienced(used)? Which have you found to be most useful(successful)?
6. Please define the word "spirituality"? *{And for you if it differs from religion}*
7. Do you feel like your involvement with spirituality or spiritual practices supported your recovery process? How has it or how has it not?
8. What spiritual practices did/do you use in recovery as an older adult?
9. Reflecting on your first experiences with spirituality, please describe how you first learned how to practice spirituality.

   a. *For example: (*i.e. prayer, walking, devotion, scriptural study, meditation, chanting, community service, etc.)*
   b. *Did you stop at some point? When did you start back (if you did)Please elaborate why?*

10. Do you feel like your involvement with spirituality or spiritual practices supported your recovery process? How has it or How has it not?
11. Can you describe your experience in searching for recovery treatment options?
    a. *Access to treatment - (cost, travel, shame, priorities, reintegration - returning to old networks/situations which contributed to active use, etc*.
12. How has relationships and support affected your recovery process? *Gaining friendships/losing friendships..*
13. What would you offer as a targeted practice that was successful in your recovery process: *Lived experience: what worked*
14. If you have an opportunity to speak to another older adult about your experience with spirituality, substance use recovery, and aging, what would be one thing that you would want to share with them? *addressing regrets/jewels/points of learning*
15. Considering spirituality as a key contributor to your process of recovery, what are some strategies (things) that you would also incorporate to support the recovery process for younger people in recovery? *addressing regrets/jewels/points of learning*