

A PHENOMENOLOGICAL STUDY OF ABSTINENCE SELF-EFFICACY EXPERIENCES
AMONG RESIDENTIAL SERVANT LEADERS WITH
SUBSTANCE USE DISORDERS

by

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Liberty University

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Of the Requirements for the Degree

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ABSTRACT

The purpose of this transcendental phenomenological study was to describe the abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community. The central research question was: What are the lived, abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community? A purposeful sampling method was utilized to obtain 10 participants from the servant leadership program at the site. Two theories guided this study. The first is servant leadership theory, which focuses on the importance of passionately meeting the needs of others. The second is cognitive-behavior self-efficacy theory, which refers to an individual's belief in his/her ability to change a behavior. Findings give insight about whether servant leaders experience a greater sense of purpose that contributed to their abstinence self-efficacy. Data collection was conducted through interviews, focus groups, and letters written by participants. Data analysis included epoche, horizontalization, identifying themes, textual descriptions, imaginative variation, and synthesis. The participants indicated that participation in a servant leadership program strengthened their abstinence self-efficacy.

Keywords: servant leadership, spiritual formation, substance use disorder, abstinence self-efficacy, human recovery capital, healing, therapeutic communities

Dedication

This dissertation is dedicated to my grandmother Saba Foster. You taught me what unconditional love, grace, and acceptance truly looks like and I reflect on that model daily as I interact with others personally and professionally.

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List of Abbreviations

Adverse Childhood Experiences (ACEs)

Alcoholics Anonymous (AA)

Narcotics Anonymous (NA)

Nonmedical Prescription Opioids (NMPO)

Substance Use Disorder (SUD)

Therapeutic Communities (TC)

Therapeutic Community Interventions (TCI)

CHAPTER ONE: INTRODUCTION

Overview

Substance abuse disorder (SUD) reverberates throughout American culture and permanently devastates families and relationships. The Substance Abuse and Mental Health Services Administration (2018) reported that 19.7 million Americans above the age of 12 battled a SUD in 2017. Sarvet and Hasin (2016) demonstrated that recovery program participants who focused on abstinence experienced fewer relapses over a three-year follow-up period (p. 250). Despite numerous approaches in the treatment of SUD, relapse remains a major problem, with relapse rates in the first year following treatment ranging from 60% to 90% (Gür & Okanli, 2019). Considering that greater lengths of abstinence are directly linked to reduced relapses, there is a growing demand for effective SUD treatment programs to implement additional research-based practices that produce higher levels of sustained abstinence (Ludwig, Tadayon-Mansuri, Strik, & Moggi, 2013). Abstinence self-efficacy is a well-established method for preventing relapse because it increases efforts to cope with high-risk SUD triggers (Lepore, Collins, & Sosnowski, 2019). Abstinence self-efficacy refers to the level of confidence to remain substance abstinent and is considered by scholars to be a valuable resource in battling the SUD crisis (Majer, Plaza, & Jason, 2016).

Ravinder, Sharma, and Kawatra, (2017) have stated that servant leadership is able to bring healing to the individuals who seek to engage in activities that meet the social and emotional needs of others (p. 81). Systems of peer support are becoming increasingly integrated into formal substance abuse programs to initiate and sustain recovery (Boisvert, Martin, Grosek, & Clarie, 2008). While the research base for servant leadership and SUD is vast, I propose taking take a closer look at participation in a residential servant leadership program to better

understand the relationship between servant leadership and abstinence self-efficacy.

This chapter presents the background and the problem addressed in this study juxtaposed to current research regarding servant leadership and abstinence self-efficacy. This chapter includes background information, purpose and significance of the study, and the researcher's situation to self. Lastly, I present the significance of this study, research questions, definition of terms, and summary.

Background

People recovering from SUD typically have such a focus on their own personal recovery that pity, resentment, temptation, and shame are overwhelming and may trigger relapse (Hunt, Berger, & Slack, 2017). Historically, people with SUD have been seen as immoral, unlawful, and dangerous (Stringer & Baker, 2018). Socially, the stigma attached to substance use is harmful and creates barriers for many working toward recovery (Leghari, Bano, Ahmad, & Akram, 2018). The utilization of recovery capital may contribute to increased abstinence self-efficacy and fewer relapses. Elswick, Fallin-Bennett, Ashford, and Werner-Wilson (2018) described social recovery capital as a resource that individuals can utilize to recover from SUDs as it utilizes various social relationships that are supportive of sobriety (p. 1). Greenleaf (1977) first coined the term *servant leadership* and described it as a way for leaders to prioritize the needs of their followers above their own, assist followers in recognizing their full potential, and empower their followers to inspire others to work together toward a common goal (Qiu & Dooley, 2019, p. 193). Spears (1995) expanded on Greenleaf's theory of servant leadership and established the following 10 characteristics of a servant leader: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment, and community building. Addiction is grounded in one's worship of self, but by shifting one's mindset to loving

God and others, the healing of others will become paramount (McHale, Jones, Tso, Olson, & Jones, 2018). For this study, I will focus on the 10 servant leadership qualities described by Spears (1995).

Historical Overview

Addictive substances have caused concern since the early 1800s when White upper- and middle-class users were first introduced to early types of opium and morphine that were widely supplied by physicians who unintentionally played a role in the spread of substance use (Martinez-Fernandez et al, 2002). In the late 20th and early 21st century, access to opiates greatly contributed to an increase in the number of individuals who formed a SUD (Woods, 2014). Currently, Americans from all demographics have been affected by the enormous increase in the availability of prescription drugs and the overuse and misuse has resulted in a dramatic rise in unintentional drug overdoses, which currently represent the second leading cause of injury-related deaths in America (Unick, Rosenblum, Mars, & Ciccarone, 2013).

As a non-medical approach, therapeutic communities (TCs) have gained traction as an effective option for treatment and of reinsertion into society of those recovering from SUDs. Since 1958 when the first self-supporting community of ex-addicts was founded in Sant Monica, California, TCs have steadily increased as an approach to SUD treatment (Vanderplasschen et al., 2013). Such communities are highly structured residential programs where recovering addicts are organized into groups and all members are responsible for each other (Bahr, Masters, & Taylor, 2012). A therapeutic community should be viewed as a community that values and prioritizes authentic interpersonal relationships and the sharing of power in a culture where each member serves the needs of others in the community (Dodd, Achen, & Lumpkin, 2018).

Society-at-Large

The negative impact SUDs have on the social functioning of individuals creates a burden on society (Daley, 2013). The emotional burden applies for all stakeholders and not just those with SUD (Daley, 2013). Social problems associated with SUDs include economic burdens, family instability, psychosocial dysfunction, and premature deaths (Klostermann & O'Farrell, 2013).

Economic burden. The associated costs of SUDs create an economic burden for all stakeholders (Daley, 2013). While the full extent of emotional misery is impossible to calculate, economically nearly a quarter of a billion dollars is spent annually in America on health care costs related to substance abuse (Hall & Weier, 2015). Research shows that organizations are constantly searching for interventions that focus on reducing problematic substance use to improve labor market outcomes and that alcohol and drug prevention initiatives at the workplace have become a necessity (Henkel, 2011).

Family instability. It is estimated that 70% of abused and neglected children have parents that abuse drugs and/or alcohol (Morton, Simmel, & Peterson, 2014). This abuse and neglect may result in the affected child resorting to negative coping mechanisms such as substance use to cope with stressful events (Jonson-Reid, Kohl, & Drake, 2012). Medical professionals report annually that more than half of adolescents in the United States use alcohol, and nearly one-fourth use illicit drugs (Merikangas & McClair, 2012). The current substance abuse crisis in America has put a focus on SUDs, which continue to be a major public health problem as the consequences for the health and well-being of individuals, families, communities, and society as a whole are far reaching (Martinez et al., 2018).

Psychosocial dysfunction. The impact of SUD upon society requires an understanding

of the relationship between substance use during adolescence and long-term psychosocial dysfunction that continues into adulthood (Kendler et al., 2017). Substance use is associated with depression, anxiety, and personality deterioration; adolescents who abuse substances are more likely to be involved in adverse behaviors such as stealing and truancy which may indicate a psychosocial impairment (Rehm et al, 2014). Most substance abusers are introduced to drugs or alcohol in middle or high school at a time of experiencing the need to belong. During this crucial time numerous emotional, psychological, and physical changes may result in experimentation with drugs or alcohol (Anyanwu, Ibekwe, & Ojinnaka, 2017). In SUD cases, the relationship between severity of dependence with loneliness and despair must be emphasized (Beitchman & Adlaf, 2015).

Premature death. The Centers for Disease Control and Prevention Web-based Injury Statistics Query and Reporting System (2018a) reported that more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease, combined. Researchers agree that there are shared risk factors associated with the development of SUD and suicidal behaviors (Kelly, Cornelius, & Lynch, 2002; Thompson, Connelly, Thomas-Jones, & Eggert, 2013). Social environments, family and peer dysfunction, bullying, and lack of parental supervision are factors in the connection between SUD and suicidal behavior (Effinger & Stewart 2012).

There were 70,237 drug overdose deaths for youth aged 12 to 18 in the United States in 2017 (Centers for Disease Control and Prevention, 2018a). Adverse circumstances often set in motion a tragic chain of events that end with overdose and death of the most vulnerable in society before they ever have a chance to reach their full potential and make positive contributions to society (Daley, 2013). Society is often left to deal with the symptoms from not

aggressively addressing the root causes (Kendler, Ohlsson, Karriker-Jaffe, Sundquist, & Sundquist, 2017). It is critical for society to have substance abuse recovery providers who have a theoretical understanding of how to address this crisis or society will continue to bear the burden.

Theory

Cognitive-behavior self-efficacy theory refers to an individual's belief in his/her ability to change a behavior (Bandura, 1982). Treatment models designed to increase the length of abstinence are essential to addressing this social crisis. In abstinence self-efficacy theory substance abusers do have the capacity to abstain from use (Ilgen, McKellar, & Tiet, 2005). This is an important resource for relapse prevention as those recovering from SUD cope with high risk situations through the utilization of abstinence self-efficacy. Abstinence self-efficacy is strengthened through social support that focuses on building a sense of purpose (Bandura, 1982; Majer et al., 2016). The purpose of this transcendental phenomenological study is to describe the abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community. Individuals in SUD recovery who have demonstrated a desire to remain abstinent throughout their stay as a resident, have been given the option of becoming a residential servant leader for a year. This participation is similar to participation as an Alcoholics Anonymous (AA) sponsor. Wielchelt (2015) points out that since 1935 AA has stood as a beacon of hope for individuals who have a problem with alcohol and its primary purpose is to help them achieve sobriety (p. 1011). Haroosh and Freedman (2015) stated, "Acting as a sponsor was also related to greater length of abstinence, spiritual growth, personal strength, and appreciation of life" (p. 4).

Servant leadership, which often is manifested as a love for others, can compel the servant

leader to focus on meeting the needs of others above focusing solely on the needs of self (Van Dierendonck & Patterson, 2015). Servant leadership theory emphasizes the need to serve others so those who are served may become healthier, wiser, freer, more autonomous, and more likely to become servants (Greenleaf, 1998). Servant-leaders believe that love for others provides an intrinsic value and that doing everything in their power to nurture the growth of others supersedes the need to gratify self (Lafferty, Lewis, & Spears, 2013).

Situation to Self

I am the owner of a Sylvan Learning Center franchise and have 19 years of experience working with at-risk youth. As a teenager, my family disintegrated through divorce and parental abuse allegations that resulted in my being placed into foster care. At the age of 16, I was admitted into a ministry for troubled teens, which is a year-long faith-based residential program for teenagers between the ages of 13-18. Through this ministry, I first experienced grace and self-sacrifice by leaders who had nothing to personally gain by serving my need for love and unconditional acceptance (Claxton, 2014). As I reflect on this time, I struggle to comprehend the level of grace that was showered upon me by the ministry and a member of the ministry's board of directors who became my legal guardian when I was at the age of 17. I spent much of my adult life resenting my parents for allowing my childhood to be one of brokenness. I did not turn to SUD as an adult, and I am grateful that hope in the goodness of God and humanity was modeled for me, and now I intentionally seek to model love, grace, and unconditional acceptance to everyone I serve.

The reason I decided to conduct this research was to better educate myself in how service to others is healing to the receiver and the giver. According to Creswell (2013), the axiological approach to research begins with the researcher making his/her values known and reporting

biases represented in the interpretation of the shared experiences (p. 20). The axiological assumptions guiding this research come from my personal experience of seeing how the ministry and my legal guardian met my need for a family and that has fueled my desire to be a servant to others; as a result, my personal relationship with God continues to grow. Currently, I seek His strength in serving broken people because my strength will never be enough to meet the needs of others. My belief is that an emphasis on meeting the needs of other individuals in recovery will positively impact the servant leader's recovery. I also believe that walking with and serving those in SUD recovery will inculcate a sense of purpose in the servant leader that will positively increase his/her abstinence self-efficacy. The culture of a Christian residential TC needs to be experienced to be properly described (Konecki, 2017). The data collection phase of this study has been carefully designed to allow me to be fully immersed in the servant leadership culture to capture the essence of the experiences of the participants (Moustakas, 1994).

The research paradigm that will be utilized for this study is social constructivism. Throughout the data collection process, I will seek to understand the environment and the culture of the servant leaders at the TC (Creswell, 2013). This paradigm assumes that social reality is constructed by the individuals who participate in it (Gall, Gall, & Borg, 2007). The individual interviews, focus groups, and documents will allow for the reality of their situations to be interpreted by the participants (Creswell, 2013). As a former resident of a similar residential TC, I understand that there are common practices that may be specific to the program and they may seem foreign to outside observers. Getting as close to the participants as possible is paramount for the researcher to properly capture the essence of the participants' experiences (Moustakas, 1994).

Problem Statement

Dramatic increases in substance abuse have compelled improvements in treatment services that help address SUDs through targeting peer-education networks, social competence training, and increasing community engagement (Prangley, Pit, Rees, & Nealon, 2018). Residential programs historically have produced higher rates of abstinence and provided greater availability of cognitive resources, thus maximizing benefit from interventions that address motivation, self-efficacy, and coping skills (Bergman et al., 2014). Forte (2017) suggested that young adults with SUDs struggle to stay sober because they lack a sense of purpose and fulfillment. Fisher, Reynolds, D'Anna, Hosmer, and Hardan-Khalil (2017) pointed out that many young adults begin using substances in high school and do not fully engage in healthy endeavors such as pursuing career goals and relationships (p. 56). A lack of engagement may cause individuals to not feel content with themselves during their active addiction (Agman et al., 2015). However, by finding fulfillment in recovery, feeling content and even happy with oneself may be possible (Bergman et al., 2014). The problem is individuals must have opportunities to develop sustainable abstinence self-efficacy by breaking the cycle of self-absorption through the application of servant leadership so the devastating impact of SUD on society can be lessened.

Purpose Statement

The purpose of this transcendental phenomenological study is to describe the abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community. For this study, abstinence self-efficacy is defined as confidence in one's ability to engage in behaviors to maintain substance use abstinence (Zhang et al., 2016). Upon completion of the one-year residential program, graduates are invited to participate in an additional one-year servant leadership program to provide social support to others. In this

program the primary role of servant leaders is to sacrificially and compassionately minister to hurting and broken men and women. According to McHale et al, (2018), servant leaders commit to a minimum of one year of service and they complete the assignment with their faith heightened and better prepared for meaningful relationships rooted in the love of Christ (p. 206). The theories guiding this study are servant leadership theory (Greenleaf, 1970) and cognitive-behavior self-efficacy theory (Bandura, 1982). Greenleaf's servant leadership theory focuses on a desire to serve and prepare others to serve (Greenleaf, 1977). Bandura's (1982) cognitive-behavior self-efficacy refers to an individual's confidence in being able to change a behavior (Bandura, 1982). A key aspect of the theoretical frameworks and the focus of this study is that compassionately meeting the needs of others allows servant leaders to experience a greater sense purpose that contributes positively to their abstinence self-efficacy. Ilgen et al. (2005) stated, "Treatment providers should focus on high levels of abstinence self-efficacy during treatment with the goal of achieving 100% confidence in abstinence" (p. 1175). This study will focus on how a community committed to serving the needs of one another may provide healing for the foundational causes of one's own SUD.

Significance of the Study

This study will have practical, empirical, and theoretical significance for practitioners and organizations seeking approaches to SUD recovery that produce sustained abstinence self-efficacy. Considering research demonstrates many SUDs stem from adverse childhood experiences (ACEs), an in-depth examination of how to fill the void caused by ACEs in early adulthood is necessary (Mersky, Topitzes, & Reynolds, 2013). A primary focus of the interview questions will be to provide insight into how serving others provides healing, specifically from ACEs that may have been a catalyst for SUD.

A practical aspect of this investigation will be to provide insight into how participation in servant leadership influences abstinence self-efficacy. Such data will benefit this TC any program that seeks similar outcomes through the application of servant leadership. There are few studies in which the focus is on incorporating servant leadership into a residential TC as a method of increasing abstinence self-efficacy amongst its participants. The limited evidence appears to be consistent in showing that staff in alcohol/substance abuse facilities are lacking adequate approaches in providing sustained abstinence self-efficacy amongst residents (Glozah & Komesuor, 2015).

This study will provide an empirically significant contribution to the literature on addressing the SUD epidemic by providing data on effective servant leadership programs that emphasize healing through formation into the likeness of Christ. McHale et al. (2018) described healing through formation into Christ as no longer obsessing about receiving healing for oneself, but rather for those around us (p. 217). This study will directly provide the TC with empirical information that can be shared with graduating residents who are deciding whether to participate in the servant leadership program. Authors of several studies have provided empirical grounding for extending the TC approach to a variety of special populations treated in a wide range of community settings (Galassi, Mpofu, & Athanasou, 2015). This study will add to the existing research on the application of servant leadership theory within a Christ-centered therapeutic community.

This study will be theoretically significant as it will add to the body of research on the application of Spears's (1995) 10 characteristics of servant leadership. The basis for servant leadership theory is that a leader gains influence with constituents by focusing on meeting their needs (Greenleaf, 1977). It is my belief that a focus on meeting the needs of individuals in SUD

recovery will positively impact the servant leader's SUD recovery. Abstinence self-efficacy refers to the confidence in one's ability to effectively engage in behaviors to maintain substance use abstinence (Zhang, Feng, Geng, Owens, & Xi, 2016). My belief is that walking alongside and serving those in SUD recovery will inculcate a sense of purpose in the servant leader that will positively increase his/her abstinence self-efficacy.

Research Questions

The goal of conducting this qualitative phenomenological study will be to describe lived experiences of young adults (18 to 36 years old) who are recovering from SUD and participating as a servant leader in a residential TC. Residential servant leaders are individuals who recently completed the one-year program to deal with their own substance abuse issues and have been invited to return to assist in the recovery of others. The following central research question and sub-questions will guide this study:

Central Research Question

What are the lived, abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community? Researchers explain that a sense of purpose and value is gained by the individual who contributes to the greater good of society by serving the needs of others (Stevens & Jason, 2015). Engagement in service to others has been shown to be a fulfilling experience that may be related to a shift in state of mind characterized by self-absorption (Harp, Scherer, & Allen, 2017). The Christian TC embodies the shift from self to other as God is the great Other and the turn to Him is the ultimate transformation movement (McHale et al., 2018).

Sub Questions (SQ)

SQ1. How do residential servant leaders describe their experiences with learning to

focus on meeting the needs of others and and with the ensuing impact on abstinence self-efficacy? This question is intended to assist the researcher in gaining insight into how shifting the focus from self to others affects abstinence self-efficacy. The question allows the researcher to understand how becoming a servant to others impacts servant leaders in different ways (Yates, Deleon, & Rapp, 2017).

SQ2. How do residential servant leaders describe their experiences with forgiveness of those related to ACEs and and with the ensuing impact on abstinence self-efficacy? A wide range of factors may be responsible for one's increased abstinence self-efficacy through forgiveness. Considering that abstinence self-efficacy is the confidence in one's ability to effectively engage in behaviors to maintain substance use abstinence, it is reasonable that engaging in helping others to forgive may be effective in increasing one's own abstinence self-efficacy (Zhang et al., 2016).

SQ3. How do residential servant leaders describe their experiences with building human recovery capital and with the ensuing impact on abstinence self-efficacy? Considering that building human recovery capital is a relational process, the beliefs, attitudes, habits, and norms of the TC may be instrumental in building such recovery capital (Buse, Mangu, Buse, & Tiuzbaian, 2017). The intent of this question is to shed light into the role that an organization's culture of social support plays in an individual's abstinence self-efficacy (Agman et al., 2015).

SQ4. How do residential servant leaders describe their experiences with growth as an influential leader and with the ensuing impact on abstinence self-efficacy? Individuals who do not perceive themselves as servant leaders but receive consistent feedback on the influence they are having, increase their self-view as a leader as their self-worth increases (Emery, Daniloski, & Hamby, 2011). The shift in focus from self to others is sustained by an inner life which is

manifested in and a genuine concern for people that is a weapon against self-absorption (Udani & Lorenzo-Molo, 2013).

Definitions

The following are terms pertinent to this study:

1. *Absorption* - A person's holistic, subjective state in which the process of being engrossed in a range of activities such as work and relationships is sustained over time (Rich, LePine, & Crawford, 2010).
2. *Abstinence self-efficacy* - Confidence in ability to engage in behaviors to maintain one's substance use abstinence (Zhang et al., 2016).
3. *Human recovery capital* - Relational resources that can be drawn upon for support throughout the SUD recovery journey (Kelly & Hoepfner, 2015).
4. *Influence* - Influence is generally described as the ability to persuade or convince others (Shillam & MacLean, 2018).
5. *Self-efficacy* - Belief that one can successfully execute the behavior required to produce desired outcomes (Bandura, 1977).
6. *Self-worth* - The perception of one's value or worth as a human being (Zeigler-Hill et al., 2018).
7. *Servant leadership* - Servant leadership is strongly aligned with the process of gaining influence with others by identifying and meeting their needs (Greenleaf, 1998).
8. *Spiritual formation* - One's ongoing response to the reality of God's grace shaping humans into the likeness of Christ, through the work of the Holy Spirit, in the community of faith, for the sake of the world (Greenman, 2010).
9. *Substance use disorder (SUD)* - SUD is characterized by an inability to consistently

abstain from substance use and includes a diminished recognition of significant problems with one's behaviors and interpersonal relationships. As with other chronic diseases, SUD involves cycles of relapse and remission (Smith, 2012).

10. *Therapeutic communities (TC)* - TCs are highly structured residential programs where recovering addicts are organized into groups. All members are responsible for each other and often provide positive peer pressure which helps constrain individuals and encourages compliance with rules (Bahr et al., 2012).

Summary

The data collected in this study will provide insight into the abstinence self-efficacy experiences of residential servant leaders at the residential TC in New England. The existing body of research lacks examples of the experiences of those recovering from SUD while participating in a residential servant leadership program. I hope that the experiences of the residential servant leaders who will be profiled will provide insights that other residential ministries can use in contemplating whether to make servant leadership experiences part of their SUD recovery program. This information will contribute to the body of research concerning SUD recovery programs.

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this transcendental phenomenological study is to describe the abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community. This chapter includes a review of literature about servant leadership theory and cognitive-behavior self-efficacy theory, which frame this study. Related topics include leaders' influence, reciprocity of influence, impact of adverse childhood experiences, therapeutic communities, and human recovery capital.

Theoretical Framework

Servant Leadership Theory

Two theories guide this study. The first is servant leadership theory, which focuses on nurturing the well-being of each constituent and seeking influence through service and sacrifice (Panaccio, Henderson, Liden, Wayne, & Cao, 2015; Searle & Barbuto, 2010). Servant leadership theory was first defined by Robert Greenleaf in the 1970s; the theory is relatively new and not as extensively tested as other leadership theories (Clemons, 2018). Servant leadership theory as written by Robert Greenleaf (1977) is a process of gaining influence with others by identifying and meeting their needs. By seeking to meet the needs of others who are in SUD recovery, the servant leader gains a sense of personal fulfillment (Ilgen et al., 2005).

Numerous studies have focused on the benefits of the applications of servant leadership in organizational settings (Aij & Rapsaniotis, 2017; Clemons, 2018). Such studies focused on the benefits the organization will experience by ensuring the needs of each constituent are met (Van Dierendonck & Patterson, 2015). Three authors dominate the body of literature on servant leadership theory, namely Greenleaf (1977), Laub (2005), and Spears (1995). Servant leadership

is viewed by many scholars to be more philosophical and based on Christianity rather than an empirically proven theory (Aij & Rapsaniotis, 2017; Bass, 2000).

Robert Greenleaf (1977) did not thoroughly develop the theory of servant leadership, but stated that constituents should judge a servant leader by this test: “Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants” (p. 29)? Greenleaf established the defining aspects of a servant leader as one who demonstrates stewardship, promotes communal growth, and conceptualizes through persuasion instead of coercion (McBath, 2018). Greenleaf also defined natural servants as those who were always searching and listening for the best approach to any situation. The natural servant is also challenging injustice and seeking to reduce disparity between the *haves* and the *have-nots* in society. Lastly, Greenleaf (1977) pointed out that most institutions should exist solely to serve society. Encapsulating the traits of a servant leader, Larry Spears (1995) recorded the following 10 specific characteristics: Listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community. Servant leadership often appears to be a relatively straight-forward concept, but Spears examination indicates that it is rather complex (Farling, Stone, & Winston, 1999; Hale & Fields, 2007).

Lafferty et al. (2013) collaborated to expand on Greenleaf’s concept and explained the following 10 characteristics/behaviors of a servant leader:

- (a) *Listening*: Servant-leaders listen receptively to identify and clarify the will of the group;
- (b) *Empathy*: Servant-leaders seek to understand and empathize with each constituent;
- (c) *Healing*: Servant-leaders seek healing of one’s self and other;
- (d) *Awareness*: Servant leaders seek general awareness and self-awareness;
- (e) *Persuasion*:

Servant-leaders rely on persuasion rather than positional authority; (f) *Conceptualization*: Servant leaders seek to realize the full potential of individuals and the entire organization; (g) *Foresight*: Servant-leaders seek to understand the lessons from the past, the realities of the present, and the likely consequence of a decision in the future; (h) *Stewardship*: Servant-leaders seek for their organizations to contribute to the greater good of society; (i) *Commitment to the growth of people*: Servant-leaders are committed to the personal, professional, and spiritual growth of each individual within the organization; (j) *Building community*: Servant-leaders seek to build a healthy community among constituents of an organization. (p. 28)

Ultimately, servant leadership emphasizes service over self-interest, focusing on the developmental needs of others, and ensuring the needs of all stakeholders are met regardless of position or title in the organization (Barbuto & Wheeler, 2006; Searle & Barbuto, 2010).

Scholars have compared servant leadership theory to an inverted pyramid model and called for the leader to be situated at the bottom of the pyramid to serve the needs of each member of the organization (Laub, 2005). An example of such a pyramid can be seen in Figure 1.



Figure 1. Servant leadership inverted pyramid (Hunter, 1998, p. 57).

In contrast to the traditional hierarchy of an organizational structure based on the intellectual notion of order and clear power, servant-led organization places leaders at the bottom

of the pyramid (Taylor, Martin, Hutchinson, & Jinks, 2007) The inverted pyramid requires the leader support the organization and disperse responsibility of leading among all constituents (Page & Wong, 1998). This model creates an environment that facilitates unique relationships amongst team members (Yukl, 1999). As the servant leader focuses on helping others accomplish their goals, influence is gained and a healthy organizational culture is sustainable because everyone is personally invested in the success of the organization (Wenger, 2000).

This approach to leadership was further described by Spears (1995), who wrote that the majority of society no longer respond to autocratic and hierarchical models of leadership, and that servant leadership was the model that enhanced personal growth and ultimately improved the outcomes of the entire organization. Van Dierendonck (2011) discussed one of the primary characteristics of a servant leader—a desire to serve. This characteristic has an impact on the quality of relationships between leaders and constituents and on the psychological climate of the organization (Maxwell, 2002).

The characteristics of servant leadership make this theory an ideal framework for meeting the needs of those seeking SUD recovery. SUD recovery must be a relational process, and no other leadership theory is as focused on meeting the relational needs of others as servant leadership theory (Greenleaf, 1977; Laub, 2005). The literature demonstrates that those with SUD often have fewer social support network resources than those without SUDs and that service providers should increase the extent to which they involve social networks in the design of new treatment approaches (Litt, Kadden, Tennen, & Kabelo-Cormier, 2016; Pettersen et al., 2015).

Some researchers recognize servant leadership not only as a leadership theory, but also as a way of life. In the current digital age, people have more mobility than ever before, and

autocratic and hierarchical leadership styles force talented individuals to seek out leadership styles that are more personalized and focused on identifying and meeting the individual needs of each constituent (Heyler & Martin, 2018). Leaders who tend to be self-centered find it difficult to cultivate lasting influence with constituents, and often must resort to positional power to accomplish a task (Hernandez, Long, & Sitkin, 2014; Winn & Dykes, 2019). In such an organizational culture, interpersonal relationships are often not healthy, and the organization will not reach its full potential (Hernandez et al., 2014; Winn & Dykes, 2019). The literature is clear that servant leadership produces healthy organizational culture (Hunter, 1998).

Organizational culture. Setyaningrum (2017) stated, “Organizational culture is a system of meanings, values, and beliefs incorporated within an organization that are a reference to action and differentiates one organization from another” (p. 556). Culture in any organization is a reality of every work environment and is ultimately shaped by the leaders’ behavior, through established structures, routines, rules, and norms that guide and limit behavior (Schein, 2004). The culture of an organization reflects the confidence and enthusiasm of all constituents to perform and complete tasks that benefit the entire group (Bierly, Kessler, & Christensen, 2000). To a large extent the culture in an organization covers all aspects of internal and external relationships, guiding the actions of individuals without them being aware of its influence (Al-Ali, Singh, & Al-Nahyan, 2017). Organizational culture consists of invisible characteristics such as common values, norms, faith, and assumptions of organization members (Schein, 2004). The culture of the organization helps determine its success or failure (Miller, 2010). The success is most often seen in team effectiveness as constituents feel empowered to take risks to reciprocate for the benefit of the organization (Liden, Wayne, Zhao, & Henderson, 2008).

Positive reciprocity. The literature indicates much of the success of servant leadership is

based on the premise of positive reciprocity. As servant leaders provide socio-emotional resources to constituents over an extended period of time, constituents feel an obligation to reciprocate and extend themselves for the benefit of the organization (Wen-Chi, Qing, & Liu, 2015). As leaders ensure the needs of employees are met, employees will have motivation to reciprocate the favorable treatment and contribute to the organization beyond the mandates of their job description (Van Dyne, Kamdar, & Joireman, 2008). Positive reciprocity also occurs when servant leaders manage their work groups through example rather than by exercising power and authority; leading by example can create and maintain an effective and positive service culture (Wen-Chi et al., 2015). The concept of reciprocity has been described as Leader-Member Exchange and Team-Member Exchange (Wen-Chi et al., 2015). Leader-Member Exchange represents the reciprocal social exchange between servant leader and follower based on attributes such as trust and loyalty. Team-Member Exchange represents a constituent's social exchange with the other group members in terms of the reciprocal contribution of ideas, feedback, and assistance (Liao, Liu, & Loi, 2010).

Potential of people. Many scholars suggest that servant leadership has much in common with transformational leadership theory, but servant leadership theory emphasizes the individual over the organization (Clarke, Cody, & Cowling, 2014; Greenleaf, 1977). Servant leadership theory centers around a leader's value of, and belief in, the potential of people. Such a belief in the potential of people provides tremendous opportunities for subordinates to learn and grow in an organizational setting (Aij & Rapsaniotis, 2017; Greenleaf, 1998). Servant leaders who prioritize constituents' interests above those of the organization create organizations that benefits as followers develop intense loyalty for the leader and ultimately the organization (Sendjaya, Sarros, & Santora, 2008). Servant leaders possess enormous potential for improving individuals'

loyalty because of their emphasis on the follower's growth, shared leadership, and community building (Shah, Batool, & Hassan, 2019).

The community orientation of servant leadership sets it apart from transformational leadership (Liden et al., 2008). Transformational leaders encourage constituents to strive toward the best interest of the organization while servant leaders seek what is best for the members of the organization (Van Dierendonck, 2011). It is the focus by servant leaders on concern for their constituents that creates conditions that enhance the well-being of the entire team (Stone, Russell, & Peterson, 2004). Perhaps most appealing to constituents is the intentional focus of servant leaders on humility and interpersonal acceptance, neither of which are explicit components of transformational leadership (Van Dierendonck, 2011).

Cognitive-Behavior Self-Efficacy Theory

The second theory framing this study is Bandura's (1982) cognitive-behavior self-efficacy theory, which refers to the confidence in being able to change a behavior. Abstinence self-efficacy specifically refers to the confidence in one's ability to effectively engage in behaviors to maintain substance use abstinence (Zhang et al., 2016). Bandura (1982) stated, "Perceived self-efficacy refers to beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (p. 125). Abstinence self-efficacy is a subcategory of general self-efficacy and broadly defines the expectation people hold about their ability to be successful in abstinence recovery (Ilgen, McKellar, & Tiet, 2005; Jones & Prinz, 2005; Miller & Carroll, 2006; Rollnick & Heather, 1982). Substance-abuse-related self-efficacy or abstinence self-efficacy is one's confidence in his or her ability to avoid abuse, and is predictive of lower likelihood of relapse for individuals in recovery (Brooks et al., 2019). The self-efficacy of individuals often has a greater effect on their motivation, emotions, and actions

than what is objectively true (Lightsey, 1999). Therefore, it plays an enormous role in individuals' choice of new behaviors, attempts to change existing behaviors, effort expenditure, persistence in pursuit of goals, resilience to setbacks and problems, levels of stress, and ways of thinking about themselves and others (Bandura, 1997; Lightsey, 1999).

Self-efficacy impacts stress reaction and coping mechanisms (Bandura, 1997). It is not a fixed personality trait, but a dynamic process modified by situational circumstances and changing individual factors (Bandura, 1993; Wittkowski, Dowling, & Smith, 2016). Perceptions of self-efficacy amongst members of a particular group also determine the amount of effort individuals expend and how long they persevere in the face of adversity (Bandura & Schunk, 1981). Low self-efficacy can also have a direct impact on behavior by inhibiting the acquisition of new skills and suppressing existing skills for fear of failure (Bandura, 1982). People's beliefs in their own coping efficacy directly influences their vigilance toward potential threats and how they are perceived. Also, people who believe they can exercise control over threats are less likely to distress themselves and resort to destructive behaviors (Bandura, 1997). Bandura's model of self-efficacy can be seen in Figure 2.

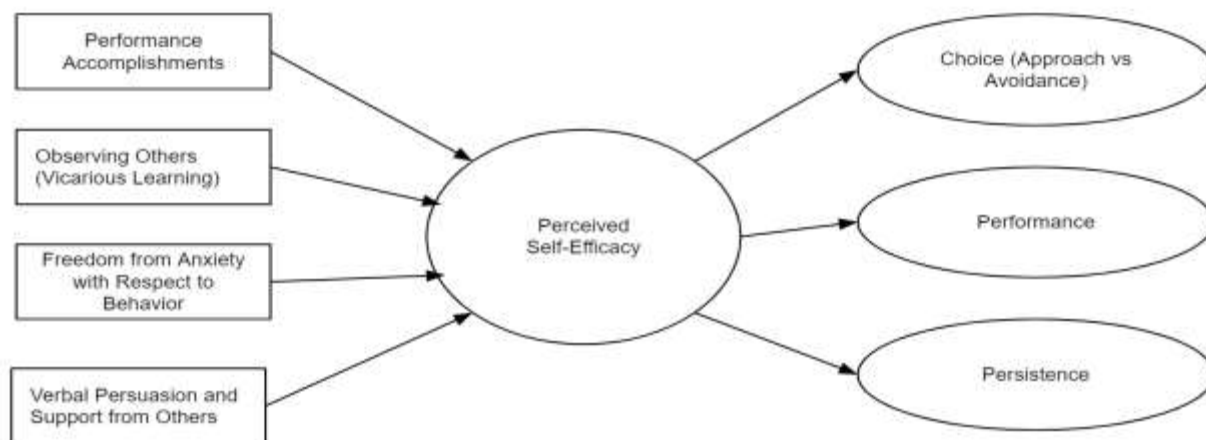


Figure 2. Modified representation of Bandura's (1997) model of self-efficacy (Ambrose, Lazarus, & Nair, 1998, p. 367).

Reciprocal determinism. The theory of cognitive self-efficacy may be understood through the concept of reciprocal determinism. Reciprocal determinism reflects how a person's behavior influences and is influenced by personal factors and the social environment (Meisel & Colder, 2020). This concept involves personal factors, behavior, and environmental influences that create interactions, which result in triadic reciprocal determinism (Bandura, 1986).

Bandura's model of triadic reciprocal determinism can be seen in Figure 3.

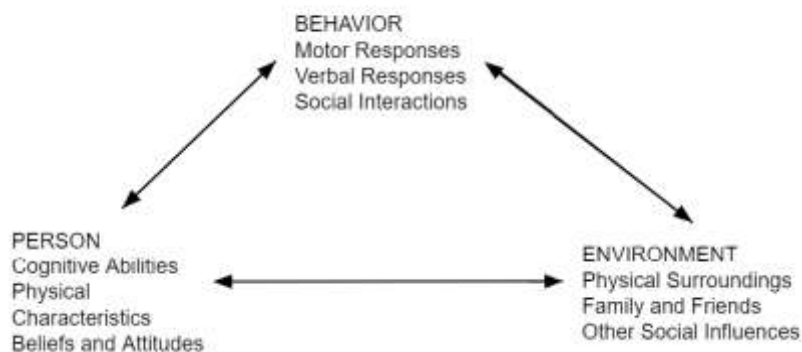


Figure 3. Modified representation of Bandura's (1986) model of triadic reciprocal determinism (Agholor, 2019, p. 145).

Self-efficacy's four processes. Self-efficacy has a direct impact on a person's thoughts, feelings, self-motivation, and behavior (Bandura, 1993). The Apostle Paul stated, "Finally, brothers, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things" (Philippians 4:8, New International Version). The power of servant leadership in relation to self-efficacy lies in the shifting of sinful thoughts centered around self to thoughts centered around the elevation of others (McHale et al., 2018). It often produces feelings such as excitement, fear, and anxiety in response to anticipated outcomes (Bandura, 1977). Self-motivation to initiate behavior is equal to one's confidence in achieving success in that behavior (Bandura, 1997). Behavior is guided by thoughts and operates in the present (Bandura, 1993).

Self-efficacy produces such effects through the following four processes: cognitive, motivational, affective, and selective (Bandura, 1997). The effect of efficacy on cognitive processes influences personal goal setting by the self-appraisal of one's capabilities. Therefore, the stronger an individual's efficacy, the higher the goals the person will set and the firmer the commitment to those goals (Bandura, 1991). It is an orientation toward motivation that fuels persistence, intentionality, long-term planning, and self-correcting actions in the face of difficulties (Bandura, 2001). It is an affective process as people's beliefs in their capabilities affects their levels of stress and depression when facing difficult situations (Bandura, 1988). It is also a selective process, as people select to avoid activities and situations they believe exceed their capabilities, but accept the challenges they feel capable of handling (Bandura, 1993).

The relationship between cognitive self-efficacy and abstinence self-efficacy is significant to this study as experiences with success or failure are associated with strong or weak feelings of efficacy and are predictive of future performance (Gore, 2006). Efficacy involves

goal-related thinking and has been defined as a person's ability to engage or not engage in certain behaviors (Bandura, 1997). Literature demonstrated self-efficacy as an important characteristic that can help individuals overcome recovery-related challenges (May, Hunter, Ferrari, Noel, & Jason, 2015). Furthermore, it has been found to increase abstinence over time (Jason, Davis, & Ferrari, 2007).

Abstinence self-efficacy. There are not many examples in the literature in regard to the relationship between participation in servant leadership and SUD abstinence self-efficacy (Stevens & Jason, 2015). One of the few examples cited throughout the literature is sponsor participation in a 12-step program such Alcoholics Anonymous. Participation as a sponsor is associated with significantly higher levels of abstinence self-efficacy (Haroosh & Freedman, 2015). Sponsors act as empathetic friends, and in the process, receive a degree of recovery for themselves (Stevens & Jason, 2015). The participation in servant leadership activities should be recommended as an important element of any successful recovery program as it provides tremendous social support that may build an individual's confidence in remaining abstinent (Leghari et al., 2018).

Providing such support to others has been shown to increase length of abstinence, spiritual growth, personal strength, and appreciation of life for the one providing the support (Haroosh & Freedman, 2015). Although social support has been extensively researched for its possible beneficial impact on an individual's overall health and well-being, it has also been shown to assist with substance use recovery, the extent to which this occurs is less clear (Stevens, Jason, Ram, & Light, 2015).

Many researchers agree that it takes transformative actions to change a behavior (Bandura, 1997; Benight & Bandura, 2004). People create many of their life circumstances and

those who have a high sense of coping efficacy adopt strategies and courses of action designed to change hazardous environments into less destructive ones (Bandura, Taylor, Williams, Mefford, & Barchas, 1985). Generally, people create personal psychic environments and control their thoughts, feelings, and behaviors (Benight & Bandura, 2004). Ultimately, individuals who have strong coping efficacy are likely to mobilize the effort needed to successfully resist situations of high-risk for substance abuse (Bandura, 1986).

Self-regulation. Self-regulation of thought processes is at the center of emotional well-being following traumatic experiences. Furthermore, the sheer frequency of aversive thoughts is not what accounts for all stress and anxiety, but also the lack of self-regulation in one's own thought process following traumatic experiences (Benight & Bandura, 2004). Such thoughts are known to be associated with SUD and severe mental disorders; however, the literature is not clear in establishing a causal relationship between the presence of psychiatric symptoms and abuse of psychoactive substances (Nunes-Baptista, Munhoz-Carneiro, & Rogério-Morais, 2013). What the literature does acknowledge is the relationship between the use of drugs and an increase in the severity of psychiatric disorders, in a similar same way that feelings of hopelessness and anxiety can increase drug use (Suchman, McMahon, Slade, & Luthar, 2005). In the literature, cognitive behavioral models demonstrate that individuals with high efficacy in their abilities to abstain from substances are less likely to drink or use than those who possess low self-efficacy (Tate et al., 2008).

Prior to this current study, no research had been conducted on the abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential TC. Furthermore, this study adds to the literature on the applications of servant leadership and it contributes to the expansion of Greenleaf's (1977) theory by providing a rich understanding of

the experiences of servant leaders while in SUD recovery. It will also contribute to the literature on Bandura's (1982) cognitive-behavior self-efficacy theory by providing a greater understanding about how servant leaders experience changes in their perceptions of abstinence self-efficacy.

Related Literature

Literature focused on participation in a servant leadership program being an effective means for one's own SUD recovery is scarce. A sense of purpose and value is gained by the individual who genuinely seeks to make a significant contribution to the greater good of society (Stevens & Jason, 2015). One of the core tenets of servant leadership is that a servant leader helps inspire in one's constituents a genuine desire to serve others (Greenleaf, 1977, 1998). The aim of some of the literature on servant leadership has been to examine the influence of a servant leader to inculcate the desire in others to strive toward identifying and meeting the legitimate needs of one's constituents (Greenleaf, 1998; Parris & Peachey, 2013b). Through intentionally seeking to identify and meet the needs of others, influence is gained with those who are served (Hunter, 1998). There is extensive literature on how a servant leader gains influence, but little in the area of the reciprocal process for the one seeking to serve and how such service inspires a continual desire not to serve self but others (Stevens & Jason, 2015). This review of related literature includes the topic of influence, reciprocal influence, adverse childhood experiences, therapeutic communities, and human recovery capital.

Influence

Influence is relevant to the purpose of this study given the leadership voids throughout ministries and non-profit organizations, in large part due to the reluctance of many to seek influence with others by becoming a servant. Clemons (2018) noted a void in leadership

throughout ministries and non-profit organizations, often because a lack of leaders can cause a lack of influence. Servant leadership is a leadership theory that focuses on the gaining of influence through service to others (Greenleaf, 1998). Maxwell (2002) stated, “The true measure of leadership is influence—nothing more, nothing less” (p. 61). In Matthew 20:28 (New International Version) Jesus stated, “Just as the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many.” Becoming a servant to others includes placing the responsibility of meeting the needs of others before one’s own needs, which is counterintuitive to what is currently taught in America (Greenleaf, 1998). Such leadership is difficult to teach without providing a tested personal example (Spears, 1995). The literature is clear throughout that as servant leadership theory has evolved, scholars have continually adapted how they define and measure concepts related to practicing servant leadership (Dodd, Achen, & Lumpkin, 2018). Few studies have examined how a servant leader can influence others to become servant leaders themselves (Lacroix & Verdorfer, 2017). Such selfless sacrifice (altruism) may have tremendous healing effects for the servant leader recovering from SUD (Van Dierendonck & Patterson, 2015). McHale et al. (2018) stated:

The beautiful thing is that healing, which really is formation into Christ, comes when we are no longer obsessing about receiving healing for ourselves, but are, instead, sincerely seeking it for those around us. It comes when we forget about ourselves, and join the Trinity in honoring and glorifying those around us as we were meant to. (p. 217)

Servant leaders seek to empower others through mentoring and stress the importance of creating value inside and outside of the organization by seeking the best interest of those in the wider community (Greenleaf, 1977). The commitment of people increases when the leader intentionally seeks to help them grow personally and professionally while seeking nothing in

return (Maxwell, 2002).

For servant leaders to maintain influence with every member of the organization, they must place the needs and aspirations of others first (Greenleaf, 1977; Spears, 1995). The servant leader places trust in followers and, by meeting their needs and helping them to reach their full potential, the leader's needs will also be met (Mahembe & Engelbrecht, 2014). Leaders within servant leadership theory seek to transform constituents to become healthier, wiser, freer, more autonomous, and more likely to serve others (Greenleaf, 1977). Also, seeking to bring out the best in others and helping them grow as individuals will help the servant leader gain lasting influence with each constituent (Farling et al., 1999). Sherman (2018) stated, "Being an influential leader hinges on strong, mutually beneficial relationships rooted in clear communication, mentorship, empowerment, and shared accountability" (p. 7). Servant leaders place a value on people and view serving the needs of others through building their confidence so they will take risks they otherwise would not have taken (Greenleaf, 1998). To make effective and lasting change, individuals require leadership to provide a safe environment that encourages them to extend themselves beyond their comfort zone with assurance that judgment will not follow (Trastek, Hamilton, & Niles, 2014). A model of servant leadership can be seen in Figure 4.

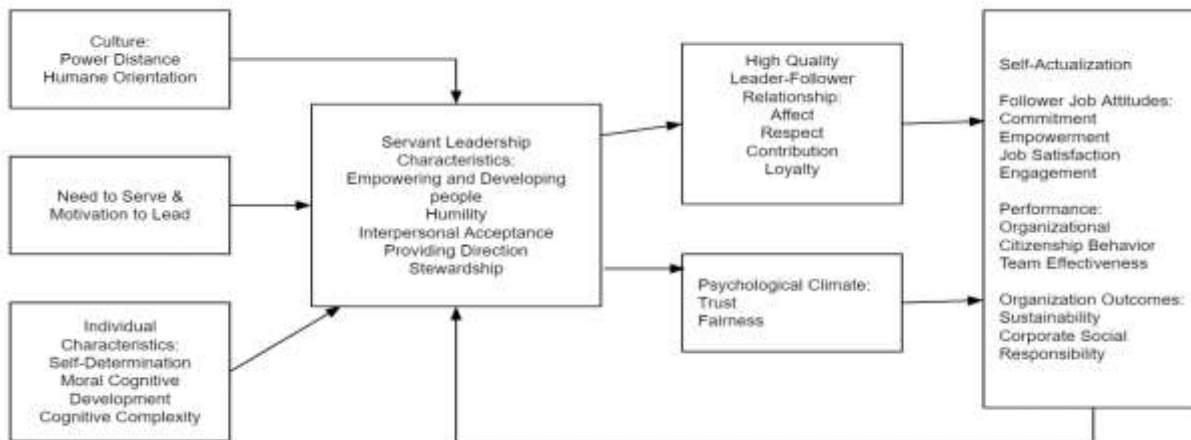


Figure 4. Model of servant leadership (Van Dierendonck, 2011, p. 1233).

A review of the literature on leadership in general demonstrates that leadership is one of the most comprehensively researched social influence processes in the behavioral sciences (Parris & Peachey, 2013). Leadership is generally understood as a relational process utilized to influence constituents to work enthusiastically toward a goal specifically identified for the common good of the organization (Maxwell, 2002; Summerfield, 2014). However, few studies emphasize the utilization of servant leadership to directly benefit the common good of society (Clemons, 2018; Crabtree, 2014). The common good of American society is under constant attack by SUD, and families and professional organizations are consistently seeking programs and methods that lead to sustainable abstinence self-efficacy (Bahr et al., 2012). An individual's level of SUD abstinence is often influenced by relational processes that may act as barriers to, or facilitators of, SUD recovery (Earnshaw et al., 2018). The influence gained by serving the needs of others will often result in reciprocation.

Reciprocal Influence

Authors discuss how one's self-view as a leader has an impact on that individual's own emergence as a leader and the leadership experiences one has influences one's self-view as a

leader (Emery et al., 2011). The more one practices the traits of listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community, the more one gains a sense of intrinsic self-worth that fuels the desire to continually serve others rather than self (Lafferty et al., 2013; Spears, 1995). Servant leaders are often described as displaying *Agapao*, an ancient Greek concept that describes unconditional love for another without expectation of reciprocation (Parris & Peachey, 2013a). Greenleaf (1977) in describing servant leadership stated, “It begins with the natural feeling that one wants to serve, to serve first. Then, conscious choice brings one to aspire to lead” (p. 22). The mindset of a servant leader is in sharp contrast from one who is a leader first, and it is because of a desire to identify and meet the needs of others that often leads to greater influence with one’s constituents (Hunter, 1998). A common theme demonstrated throughout the literature on servant leadership is that the servant leader does not seek any type of personal gain, which is often described as extrinsic rewards such as money or material possessions (Laub, 2005). The opposite of extrinsic rewards are intrinsic rewards and may result in higher levels of influence with constituents. A conceptual model of servant leadership can be seen in Figure 5.

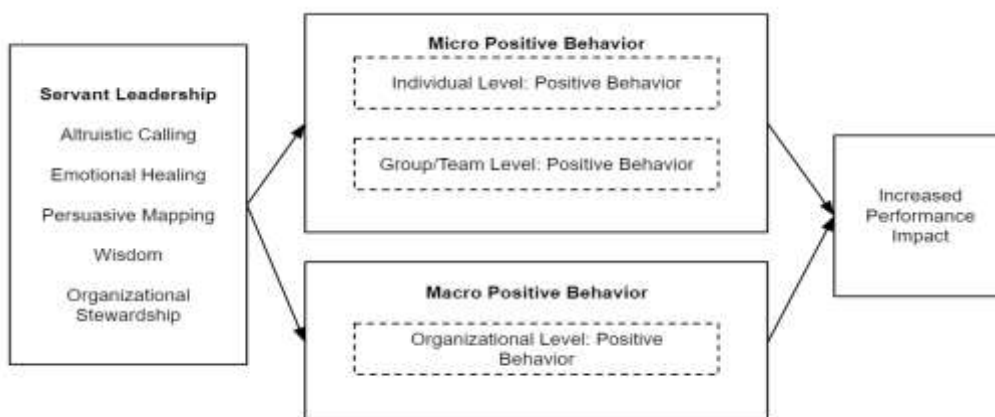


Figure 5. Conceptual model linking servant leadership, positive psychology, and performance impact (Searle & Barbuto, 2010, p. 2).

The intrinsic reward found in emotional healing is often characterized in the literature on servant leadership as the ability to foster spiritual recovery from hardship and trauma (Barbuto & Wheeler, 2006; Laudet, 2007). The characteristic of empathy facilitates a sensitivity to others' personal concerns that fosters an environment where constituents feel safe and can recover hope (Barbuto & Wheeler, 2006). Few researchers have explored how influence gained through servant leadership facilitates the enhancement of intrinsic motivation and hope for the future that leads to increased abstinence self-efficacy (Piccolo, Greenbaum, Den Hartog, & Folger, 2010). Additionally, few researchers directly discussed the value of utilizing influence to gain trust with those seeking escape mechanisms such as substance abuse to cope with adverse childhood experiences (Dube, Anda, Felitti, Chapman, & Al, 2001).

Adverse Childhood Experiences

Kiburi, Molebatsi, Obondo, and Kuria (2018) stated, "Research evidence shows a strong graded relationship of adverse childhood experiences (ACEs) and substance use in adulthood" (p. 1). Repeated exposure to stress by children may result in disruption of their neurodevelopment that may result in impaired cognitive functioning (Dube et al., 2001). Resulting in the affected child resorting to negative coping mechanisms such as substance use to cope (Chandler, Kalmakis, & Murtha, 2018; Jonson-Reid, Kohl, & Drake, 2012). The pursuit of coping mechanisms often plays a role in developing a SUD as adolescents seek to develop autonomy and social acceptance (Allen, Chango, Szvedo, Schad, & Marston, 2012). SUDs are influenced by several interrelated factors, ranging from social and familial networks to neighborhood-level social factors (Martinez, Walter, Acevedo, Lopez, & Lundgren, 2018).

The literature is clear on the importance of a servant leader understanding the role emotional turmoil plays in a person's SUD recovery (Colman et al., 2013). Recovery from any

disease must address the root causes, and many of the root causes of SUD are emotional (Choi, DiNitto, Marti, & Choi, 2017; Colman et al., 2016). Knowing the servant leader is equipped with wisdom that provides an ability to pick up cues of a potential relapse (Barbuto & Wheeler, 2006).

Studies have shown that compromised child development interferes with the usual acquisition of self-capacities such as affect regulation skills, and an impairment in these skills leads to reliance on avoidance coping strategies including substance abuse, which further prevents the development of self-regulation capacities in a vicious cycle (Briere & Elliott, 2003; Hunt, Berger, & Slack, 2017; Jonson-Reid et al., 2012). Studies have also shown that greater levels of adversity were associated with more frequent depressive symptoms, anxiety, tobacco use, alcohol use, and illicit drug use (Anda et al., 2006; Chapman et al., 2004). The literature demonstrates that individuals with a history of ACEs are at a greater risk for failure in treatment for SUDs (Chandler et al., 2018; Dube et al., 2001). One of the reasons cited is that when individuals do not receive treatment tailored to their specific needs, higher rates of relapse may result (Blakey & Bowers, 2014). A second reason is that the change in the neurological processes in the brain caused by the impact of ACEs may result in long-term consequences over one's lifespan (Chandler et al., 2018). Such long-term effects create public safety concerns as high levels of exposure to childhood adversities create a cycle of child maltreatment and domestic violence (Schilling, Aseltine, & Gore, 2007). The CDC-Kaiser ACE study pyramid is shown in Figure 6.

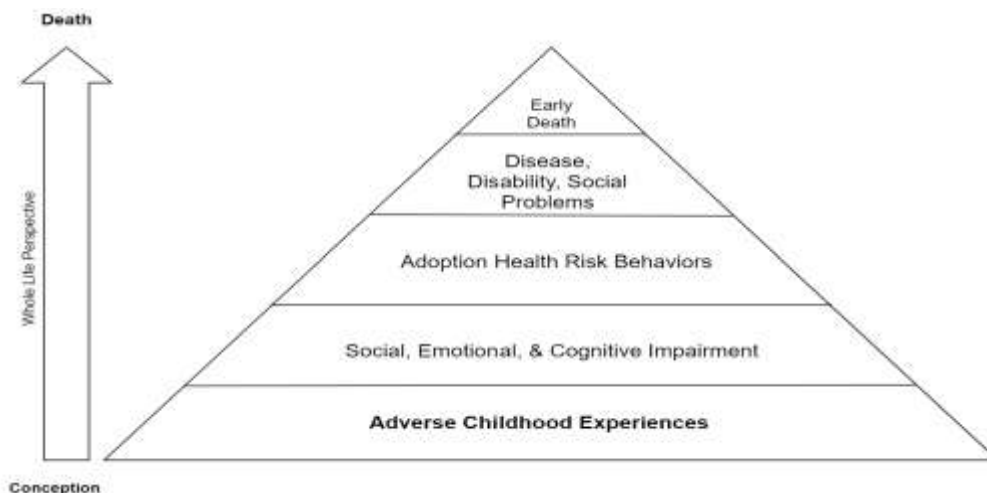


Figure 6. Modified representation of CDC-Kaiser ACE study pyramid (Centers for Disease Control and Prevention, 2018b; Phillips, McDonald, & Kishbaugh, 2017, p. 2550).

The unique orientation of a servant leader for emotional healing, strongly aligned with the characteristics of listening, empathy, and compassion, makes them uniquely qualified to serve those in recovery and develop healthy coping strategies (Heyler & Martin, 2018; Ravinder, Sharma, & Kawatra, 2017). The recovery from SUD is significantly obstructed by a lack of empathetic social support (Leghari et al., 2018). The essence of servant leadership is to identify and meet the needs of each stakeholder with the hope that influence will be gained and that servant leadership behaviors will be repeated and the others will benefit with the reciprocal process.

By accepting the role of a nurturer, a servant leader can gain the trust of those recovering from SUD, and a positive cycle can be developed in which those served desire to serve others (Van Dierendonck & Patterson, 2015). Servant leaders who humbly avail their service to the SUD recovery of others are likely to inspire the desire in those served to go the extra mile and ultimately help others in their recovery journey (Mahembe & Engelbrecht, 2014). While much has been written separately about ACEs and therapeutic communities (TCs), little has been

written about the relationship and links between utilizing influence as a means in building trust to cope with ACEs at a TC (Lees, Haigh, & Tucker, 2017).

Therapeutic Communities

The literature commonly points out that team members often thrive and experience higher levels of self-esteem in a positive setting facilitated by servant leaders (Ravinder et al., 2017). Resulting in improved outcomes for the individual and ultimately the entire community (Clemons, 2018; Gosling, 2018). The literature is also expanding to show studies that conclude recovery programs with a peer support model, structured therapeutic community, and spiritual emphasis, may positively impact social function, which in turn may improve self-esteem (Jensen & Kane, 2012; Lashley, 2018). Furthermore, scholars continue to seek a clear model of leadership that would stand up to the pressures of change that constantly bombard organizations seeking to aid the SUD recovery of others, such as TCs (Crabtree, 2014; Lees et al., 2017). The focus of increasing the self-esteem in the recovering servant leader by making a positive contribution in the SUD recovery of others is a gap in the literature this study seeks to explore.

Servant leadership, especially in TCs, is built on the foundation of leadership emphasizing the gaining of influence through ethical and moral leadership behavior that inspires others (Greenleaf, 1998; Spears, 1995). Servant leaders commit to focus on their followers, and in so doing inspire constituents' commitment toward those shared goals (Hoch, Bommer, Dulebohn, & Wu, 2018; Hunter, 1998). Servant leaders empower constituents to establish human connections as motivation and promote communal wellness (Greenleaf, 2002). Abuses of power and unethical practices by questionable leadership have led to unhealthy emotions and a need for a leadership theory based upon ethical practices that demonstrate a genuine concern for one's constituents (Sendjaya et al., 2008). Examples in the literature report that in order for TCs

to produce positive outcomes, residents must interact in a prosocial manner, characterized by mutual concern, over a significant period of time and that trust is essential to the functioning of a therapeutic culture (Gampa, Linley, Roe, & Warren, 2018; Pearce & Pickard, 2013). One of the key elements of program effectiveness for TCs is the fostering of risk-taking that requires a culture built upon trust (King, Dow, & Stevenson, 2016). See the Therapeutic Community Model in Figure 7.

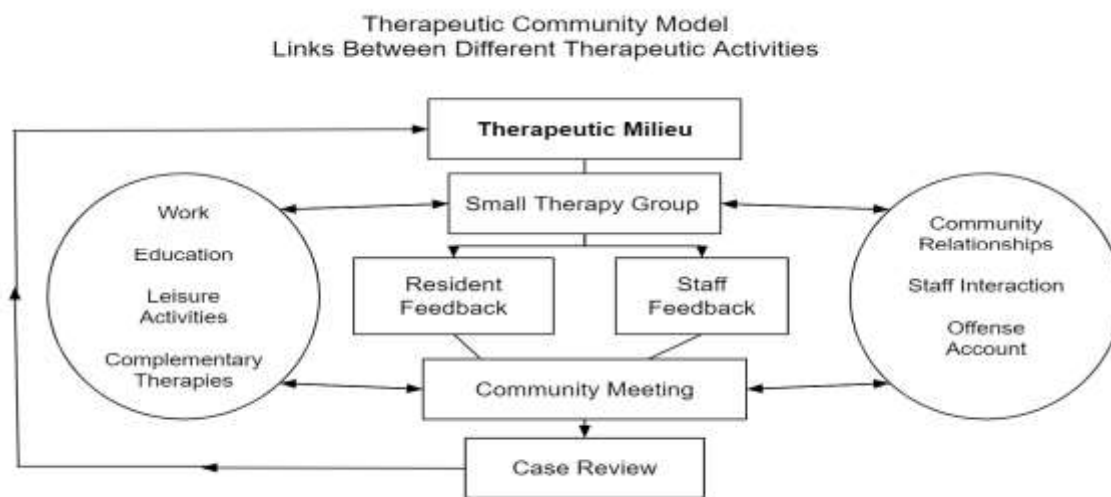


Figure 7. Modified representation of the Therapeutic Community Model (Ackerman & Hilsenroth, 2003, p. 27).

Risk-taking and belonging with TCs. Servant leaders can identify ways to stimulate individual risk-taking, which can be accomplished more effectively in a supportive community. Individuals who take risks are more likely to put forth their best effort regarding creativity and innovation in a servant leadership culture (Yoshida, Sendjaya, Hirst, & Cooper, 2013). The ability to stimulate risk-taking depends on trust within a relationship (Dodd et al., 2018). The relational aspect of servant leadership is key to this study, as servant leaders must foster a culture that promotes risk taking through a shared sense of belongingness. The literature clearly demonstrates that human beings have a pervasive desire to form and maintain some quantity of

lasting, positive, and significant interpersonal relationships (Baumeister & Leary, 1995; Dodd et al., 2018). First, satisfying this desire involves frequent, affectively pleasant interactions with a few other people, and, second, these interactions must be in a temporally stable and enduring framework of affective concern for each other's welfare (Baumeister & Leary, 1995).

Belongingness requires more than mere social contact. For the drive to belong to be satisfied, the contact must be frequent, stable over time, positive, and expressive of mutual concern, which is more natural in a TC (Pearce & Pickard, 2013). Servant leadership theory's emphasis on service to others and the role servant leaders play in preparing people resonates with scholars and practitioners who are seeking viable leadership approaches to meet the human longing for belongingness (Parris & Peachey 2013a). One such challenge that faces the traditional leader-first paradigm in regard to SUD is that empathy and social support, which tends to be missing outside of TCs, are critical as social support reduces the adverse psychological impact of life stresses and can significantly lower the risk of a wide range of mental health problems (Agman et al., 2015; Hernandez et al., 2014). Belongingness is a core desire among humans and is often a root cause of the formation of a SUD, but it can also facilitate recovery (McKay, 2017). A community reinforcement approach is touted throughout the literature as a tool that may make abstinence more rewarding than continued use (Meyers, Roozen, & Smith, 2011). Healing in a community setting is a journey of exploration that takes time and hard work, facilitating connection and integration with others (Liggins, 2018).

Morality. An area within the literature that appears to be developing is the focus of servant leadership emphasizing morality and the development of the individual as a gateway for healing. Aij and Rapsaniotis (2017) stated, "Servant leaders seek to develop a culture that is based on trust, justice, concern for others, a safe psychological environment, transparency,

learning, and an attitude of service” (p. 11). This definition is particularly significant to this study as TCs face challenges in staying on mission while consistently providing a safe psychological environment to those being served (Pearce & Pickard, 2013). TCs are often characterized by challenge, support, and shared responsibility and are generally tight knit, interconnected, warm, and intimate (Pearce & Pickard, 2013). The responsibility to maintain such a warm and intimate culture requires high levels of organizational stewardship by each of the servant leaders at the therapeutic community.

Organizational stewardship. Organizational stewardship is described in the literature as the extent that leaders prepare their organization to make a positive contribution in the community and society and emphasize a sense of purpose toward the common good through the sharing of power and resources (Barbuto & Wheeler, 2006). In possessing organizational stewardship, servant leaders must have a genuine ideology that includes a commitment to create value for all members of the community (Liden et al., 2008). Simpkins and Lemyre (2018) stated, “Through nurturing relationships within and between organizations, stewardship practices are believed to build a sense of community, encouraging the trust and dialogue necessary to work through complex issues” (p. 145).

In the literature on servant leadership, organizational stewardship is considered to be an essential construct to the overall well-being of any organization as it requires the leader to be moral and relationship-centered (Barbuto & Wheeler, 2006). An element of such organizational stewardship is foresight as it allows servant leaders to maintain a forward-looking perspective and to anticipate emerging opportunities be engaged in activities to promote nurturing relationships (Malgeri, 2010). Connection to the community is a hallmark of foresight and the servant-leader is uniquely equipped to aid others in re-establishing human connections that

promote communal wellness through accurate conceptualization of tasks and projects (McBath, 2018). Foresight requires the leader to engage in routines and practices that establish mechanisms such as regular meeting for relationships to grow and for human recovery capital to be nurtured (Day & Schoemaker, 2008).

Faith-based TCs. Religious conversion and spiritual awakening are often seen as being manipulated by Christian faith-based TCs to become therapeutic tools to deal with SUD (White & Whithers, 2005). Faith-based recovery programs are frequently viewed as moral treatments simply based on Christian values (Tsai, Rosenheck, Kaspro, & McGuire, 2012). SUD is sometimes viewed by society as deviant behavior, which is freely chosen. It is through this lens that faith-based recovery services are often seen as a means to which clients can be redeemed from the sin of addiction, rather than a way through faith to develop a dependence on God's strength in painful situations (Belzman, 2010). Researchers have found that religious conversion is associated with a decrease in depressive symptoms, which reduces the tendency to abuse substances (Ng & Shek, 2001). In Christian faith-based TCs, a multidimensional rehabilitation approach is often taken. As a result, a holistic change in lifestyle that models the character of Christ may occur (Chu, Sung, & Hsiao, 2012). Researchers of numerous studies have indicated that faith-based TCs successfully leverage longer periods of abstinence in conjunction with higher levels of religiosity (Stewart & Bolland, 2002; Wallace et al., 2007). Researchers contend that communal living itself is therapeutic, regardless of the religious or secular orientation of the intervention; whereas advocates of faith-based services insist that the cognitive, behavioral, and social consequences of religious awakening are what matter (Sung, Chu, Richter, & Shlosberg, 2009).

Spiritual formation. Greenman (2010) defined spiritual formation as, "Our continuing

response to the reality of God's grace shaping us into the likeness of Jesus Christ, through the work of the Holy Spirit, in the community of faith, for the sake of the world" (p.24). Spiritual formation is a lifelong journey of transformation and progressive movement of character development and wholeness found in Christ (Greenman, 2010). The Christian counseling community is continually exploring how to integrate spiritual formation into counseling and psychotherapy (Beck, 2003). Approaching SUD treatment from a Christocentric vision of spiritual formation requires providers to be led by the Holy Spirit and intentionally direct those in their care toward Christlikeness (Barber & Baker, 2014). According to the Bible, which Christians consider to be inspired by God, such formation occurs in a community of burden-bearing followers of Christ (Hardy, 2019). Researchers have indicated spiritual formation is not about individuals' search within themselves for spiritual health, but a continuing response to the reality of God's grace (Benner, 1998; McHale et al., 2018). Greenman (2010) stated:

Grace identifies God's decisive dealing with human sin through the cross of Christ, so that spiritual formation involves our reckoning seriously with the ongoing realities of human temptation and our continual struggle against corrupt desires. Rooted in a robust sense of sin and joyful confidence in the efficacy of the gospel, spiritual formation involves grace-based disciplines of confession, forgiveness and reconciliation. (p.24)

Spiritual formation in a community setting is where rich communal interactions take place and reorientation to God for those who feel abandoned by Him may occur (Schmutzer, 2009). In such a setting where reorientation to God is the focus within the context of community, human recovery capital is formed.

Human Recovery Capital

Human recovery capital is the sum of resources that an individual can draw on for

support throughout the SUD recovery journey (Kelly & Hoepfner, 2015). In recent years recognition has been growing in the literature that recovery is a journey and not an event, and that it takes around five years before recovery can be regarded as self-sustaining (Cano, Besta, Edwards, & Lehmann, 2017). The increasing focus on achieving a self-sustaining recovery from SUD requires a better understanding of the factors (recovery capital) that contribute to recovery following treatment (Duffy & Baldwin, 2013). While some researchers examined the benefits of human recovery capital, few critically assessed the extent to which recovery capital can provide a theoretical and practical way to deliver sustainable SUD abstinence self-efficacy in a therapeutic community (Gosling, 2018). Human recovery capital in a therapeutic community setting is affected by the environmental context in which an individual is immersed and comes about through changes in relationships among persons that facilitate the actions of the community (Cloud & Granfield, 2008). The facilitators in this study are residential servant leaders, contributing human recovery capital. For these servant leaders altruistic calling is a conscious choice to serve others (Greenleaf, 1977). Servant leaders embrace service to followers and sacrifice self-interest for their followers' development in all areas as the focus is on the growth of the individual first and that growth will ultimately benefit the entire organization (Bass, 2000; Claxton, 2014). Servant leaders desire positive development in individuals, organizations, communities, and societies (Liden et al., 2008). The necessity for altruism in leadership was recognized by many scholars as was the altruistic nature of a servant leadership (Avolio & Locke, 2002; Block, 1996; Greenleaf, 1977; Sendjaya et al., 2008).

The research community has valid concern that the rapid growth of the current recovery capital movement is ahead of the development of an evidence base for its implementation (Best et al., 2010; Groshkova & Best, 2011). The lack of consensus about how to best achieve

sustained recovery capital has prompted debate about the goals of treatment and has created difficulties for organizations and practitioners (Groshkova & Best, 2011). The consistent area of agreement is that sustained recovery is thought to be characterized by voluntarily control over substance use, health, wellbeing, and participation in society, each a part of human recovery capital (Laudet, 2007). Interpersonal relationships often play a critical role in the development and course of SUDs (Harrison, Timko, & Blonigen, 2017). SUDs often develop in dysfunctional interpersonal relationships, and stress in such relationships may precipitate relapse (Chandler et al., 2018). However, interpersonal relationships, a form of recovery capital, are also a primary component of successful SUD interventions (Harrison et al., 2017). The literature is clear that individuals with SUDs are commonly depicted as chronically relapsing, and substantial literature exists to demonstrate a positive correlation between relationships and recovery (Bergman, Greene, Slaymaker, Hoepfner, & Kelly, 2014; Jason et al., 2007; Kelly, Greene, Bergman, White, & Hoepfner, 2019).

To achieve such outcomes, the individual in recovery must acquire human recovery capital to possess resources to draw upon throughout the initiation and maintenance of sustainable abstinence self-efficacy (Cloud & Granfield, 2008). As SUD recovery is a life-long journey, total abstinence is not always a pre-requisite for recovery (Laudet, 2007). However, studies suggest that individuals with high levels of recovery capital are more likely to abstain from further substance use (Duffy & Baldwin, 2013; Laudet, 2007). Human recovery capital, in the form of supportive relationships with peers, is suggested throughout the literature to be critical for ongoing recovery from a SUD. A substantial body of literature supports the predictive value of aspects of in-treatment recovery capital and the usefulness of interventions aiming to boost aspects of recovery capital for longer term outcomes such as abstinence self-

efficacy and preventing re-admission to treatment (Best et al., 2010; Duffy & Baldwin, 2013). Long-term outcomes are cited throughout the literature as more likely when supportive social networks are in place (Bliuc, Best, Iqbal, & Upton, 2017; Jetten, Haslam, & Haslam, 2012).

Supportive social networks are beneficial for recovery and help the development of recovery capital through identification of and engagement with groups that shape individuals' behavior through a desire to be a part of a positive group. (Bliuc et al., 2017; Laudet & White, 2008). The literature clearly states the importance of developing positive social identities in the recovery process and group membership is fundamental to understanding adherence to the norms and values of social groups that share similar life experiences and challenges (Cruwys et al., 2013; Jetten et al., 2012). The accumulation of such human recovery capital that increases recovery progress and can serve as a predictor of sustained abstinence (Groshkova, Best, & White, 2013). Social networks are complex, multidimensional, and a dynamic process, as is the psychosocial environment where recovery unfolds (Laudet & White, 2008; Stevens, Jason, Ram, & Light, 2015). The recovery capital model is shown in Figure 8.

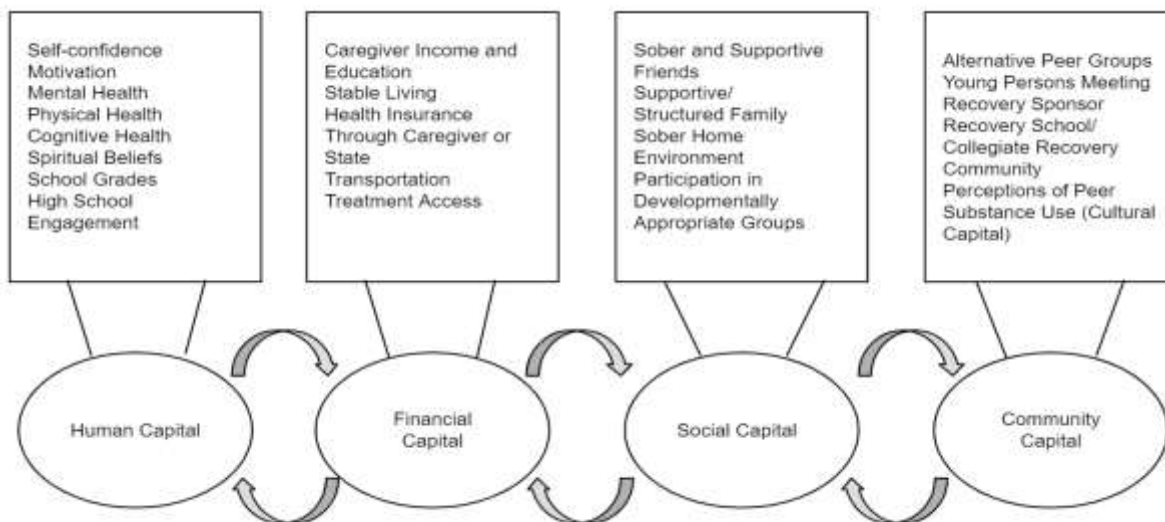


Figure 8. Model of recovery capital (Nash, Hennessy, & Collier, 2019, p. 137).

The literature demonstrates that social networks play a key role in addiction recovery and research indicates individuals with SUDs who utilize multiple social networks may increase their abstinence self-efficacy through sobriety-conducive and sobriety-supportive social contexts (Kelly, Stout, Greene, & Slaymaker, 2019; Stokes, Schultz, and Alpaslan, 2018). Often, successful recovery from SUDs requires one to change social networks from those that are supportive of substance use to those that are supportive of abstinence and recovery, seeking human recovery capital (Moos, 2007). Such changes in social networks have been shown to reduce exposure to substance-related cues and may facilitate the acquisition of recovery coping skills and abstinence self-efficacy that reduces the risk of relapse (Moos, 2007; Zywiak, Longabaugh, & Wirtz, 2002). The strong relationship between social factors and abstinence recovery should encourage treatment providers to guide those in SUD recovery to consider changes in social networks as a key to increasing abstinence self-efficacy (Kelly et al., 2019).

In preparation for the transition from a residential therapeutic community to living independently, the leadership at the TC of this study seeks to equip residents with the tools necessary for maintaining the types of healthy relationships that contribute to long-term abstinence self-efficacy. McHale et al. (2018) stated, “Residents plan where they will live, where they will go to church, and what job they will have. Residents set goals for the future—where they want to be in the months and years to come” (p. 215). Therapeutic Community Interventions (TCI) have been shown throughout the literature to be more effective in reducing relapse as compared to alternate programs (Jensen & Kane, 2012; Mosher & Phillips, 2006). Studies show that SUD relapse rates appear to be reduced for TCI participants and that participation in aftercare was seen to predict positive outcomes (Galassi, Mpofu, & Athanasou, 2015; Pelissier, Jones, & Cadigan, 2007). Overall effectiveness of TCIs can be measured in

terms of initial and ongoing engagement with the program, completion of the program, short-term change in wellbeing and long-term outcomes in terms of functioning after program with proactive aftercare activities (Harley, Pit, Rees, & Thomas, 2018)

The positive effects of aftercare serve to encourage SUD interventions in therapeutic communities to continue to develop voluntary aftercare that mediates positive effects on reducing SUD relapse through increased abstinence that is increased by human recovery capital (Boisvert, Martin, Grosek, & Clarie, 2008; Welsh, Zajac, & Bucklen, 2014). The manifestation of hope is realized when one achieves difficult goals, develops persistence in the pursuit of these goals, and develops manageable steps to be successful in the face of future challenges (Snyder, 2000). A hopeful person expects success rather than failure, and possesses optimism rather than pessimism (Snyder, 2000). The two constructs of hope and abstinence self-efficacy coexist in the pursuit of a goal and, thus, may have important affective consequences in proactively building recovery capital (Snyder, 2002). The literature is clear that human recovery capital allows the person in SUD recovery to perceive obstacles to recovery as challenges to be overcome and the stronger the capital the less insurmountable the barriers (Searle & Barbuto, 2010; Snyder, 2000).

While there is abundant literature on the benefits of applying servant leadership for organizational benefits, few studies examine the application of servant leadership as a means of addressing a root cause of SUDs such as ACEs (Choi, DiNitto, Marti, & Choi, 2017). An abundance of research shows that ACEs in the form of broken family relationships or abuse and neglect significantly contributes to the formation of SUDs (Briere & Elliott, 2003). However, little research explores the experiences of those who seek to walk alongside others who suffer from SUDs while at a TC as a result of an ACE (Smith, Gates, & Foxcroft, 2006). Also, few

studies evaluate the impact of TCs in relation to SUD recovery and servant leadership theory (Trastek, Hamilton, & Niles, 2014). Extensive research exists on human recovery capital such as the building of one's self-esteem, but research on developing such outcomes through servant leadership is scarce (Ravinder et al., 2017).

My review of the current literature provides evidence of the gap in the literature in regard to enhancing the abstinence self-efficacy experiences of those practicing servant leadership while residing in a faith-based residential TC. The current study will assist in filling this gap.

Summary

The review of the literature revealed an abundance of studies involving servant leadership theory and cognitive behavior self-efficacy theory, the two theories framing this study. Also, numerous studies were found relating to influence, adverse childhood experiences, therapeutic communities, and human recovery capital. However, as I sought to investigate the use of servant leadership theory to increase one's abstinence self-efficacy while living in a Christian faith-based therapeutic community, I found much less research. My intention, in completing this research study, is to examine how individuals with a SUD have been impacted by participating in such a program and how the greater SUD treatment community may equip their constituents with tools to increase and sustain abstinence self-efficacy.

This chapter focused on the theoretical framework for this study. The servant leadership theory as written by Robert Greenleaf (1998), and Albert Bandura's cognitive-behavior self-efficacy theory (Bandura, 1982) frame this study. These theories lend themselves to guiding those suffering from SUD to learning ways to promote sustained abstinence self-efficacy. This literature review established that servant leadership is a developing leadership theory. Also, the review revealed clearly that more studies need to be performed to test this theory, especially in

the area of participation in a servant leadership program as a means of aiding one's own SUD abstinence self-efficacy.

The literature examined focused on building influence by identifying and meeting the needs of those seeking SUD recovery, which may result in long-term outcomes. Next, the literature affirmed ACEs as a root cause for many individuals with a SUD. Because this study focuses on sustainable abstinence self-efficacy, understanding why the SUD began and what memories or events may trigger relapse is important. In this literature review I then began to focus on therapeutic communities, as the site for this study falls into that classification.

The final section of the literature review focused on research studies that emphasized the building of human recovery capital in order equip individuals for sustained SUD abstinence self-efficacy. This section was important because influence is a process that must be built upon trust in the context of relationships while addressing the root causes of addiction. The building of human recovery capital by acting as a servant leader at a Christian faith-based therapeutic community is a gap in the literature that this study seeks to address. The objective of my research is to gain insight into the participants lived experiences to serve those in substance abuse recovery.

CHAPTER THREE: METHODS

Overview

SUDs substantially contribute to morbidity and mortality, including premature mortality, infectious disease, and comorbid mental health conditions, and societal costs from lost productivity, health care costs, and crime (Vasilenkoa, Evans-Polcec, & Lanza, 2017). The expansion of evidence-based treatment options for SUDs has been an important advance in enhancing treatment gains for organizations such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) (Kelly et al., 2017). A 3-year prospective study of adolescent outpatients and AA/NA participation and a 7-year prospective study found that AA/NA participation has been associated with higher abstinence and reduced health-care costs (Mundt, Parthasarathy, Chi, Sterling, & Campbell, 2012). Studies show that such programs encourage participants to engage in altruistic behaviors by spending more time helping others recover, and helping others helps the helpers achieve long term sobriety (Miller & Carroll, 2006).

This researcher aims to understand a subgroup of SUD recoverees who have not yet been researched. Understanding the abstinence self-efficacy experiences of those who participated in a servant leadership program at a Christian faith-based residential ministry will contribute to the current body of research. Although not the only predictor of sustained abstinence self-efficacy, Waters (2015) pointed out that members of groups such as AA and NA more often see themselves as a community of substance abusers rather than as consumers of a treatment (p. 771). Being a part of a community becomes a way of life that follows certain principles of relating to self and others, which are shared and reinforced and ultimately result in greater lengths of abstinence (Witbrodt, Kaskutas, Bond, & Delucchi, 2012).

The purpose of this transcendental phenomenological study is to describe the abstinence

self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community. This chapter outlines the research design, provides information about the participants and setting, and details how data will be collected and analyzed. The chapter will conclude with a discussion of trustworthiness promoting the validity of this study and the ethical issues that will be addressed during this process.

Design

A transcendental phenomenological approach to qualitative research was selected as the research method for this study as it allows me to gain the most subjective view of the phenomenon being studied. Qualitative design places the researcher in the observable world (Creswell & Poth, 2018). The qualitative researcher collects data directly at the site where the participants experience the phenomenon (Creswell & Poth, 2018). In the qualitative design the researcher becomes personally involved with the participants to share perspectives that provide a rich description of their experiences (Gall et al., 2007). The ultimate objective of this design is to render a holistic and complex picture of the phenomenon (Creswell & Poth, 2018).

The qualitative researcher begins with assumptions and the use of a theoretical framework that inform the study of a research problem addressing the meaning of individuals or groups (Creswell & Poth, 2018). The phenomenological approach involves immersion in the shared experience to obtain comprehensive descriptions to analyze the essences of the experience (Moustakas, 1994). Zahavi (2019) stated, “At its core, phenomenology is a philosophical endeavor. Its task is not to contribute to or augment the scope of our empirical knowledge, but rather to step back and investigate the nature and basis of this knowledge” (p. 1). This design matches with the intended purpose of gaining insight into experiences that influence SUD abstinence self-efficacy in a residential servant leadership program. This approach models

MacTaggart and Lynham (2019) who conducted a transcendental phenomenological study of the lived experiences of responsible leadership. The primary findings of their study were extracted from interviews of five participants with ten shared textural descriptions being constructed (p. 86).

Phenomenology is heavily based on the writings of the German mathematician Edmund Husserl (Creswell & Poth, 2018). Husserl's transcendental phenomenology focuses on intentionality as it relates to the internal experience of being conscious of something and that self and the world are inseparable parts of meaning (Moustakas, 1994). Husserl emphasized the meaning of a phenomenon is in the act experience rather than in the object (Moustakas, 1994). The phenomenological researcher often starts with his personal experience and how he became fascinated in gaining a strong understanding of the phenomenon, and then describes why he is a good person to bring a more in-depth understanding of the phenomenon (Randles, 2012).

In addition, the phenomenological approach dives deep as it involves total immersion in the shared experience to obtain comprehensive and rich descriptions for the purpose of analyzing the essences of the experience (Moustakas, 1994). This design aligns with the intended purpose of gaining insight into experiences that influence SUD abstinence self-efficacy at a Christian faith-based residential therapeutic community.

Transcendental phenomenology is the ideal approach for this study as the purpose is to gain a better understanding of the abstinence self-efficacy experiences of those who participated in a servant leadership program at a residential ministry that serves those recovering from SUD. This approach requires the researcher to analyze the words of each participant and form a mosaic of themes that describes the essence of the experience of the entire sample (Creswell & Poth, 2018; Moustakas, 1994). Transcendental phenomenology requires triangulation of multiple

forms of data collection (Moustakas, 1994). Three sources of data collection for this study consist of interviews, focus groups, and participant letters of servant leaders. After all data has been collected, the participants' experiences will be clustered into individual themes, and those themes will form a composite description to deduce the essence of the participants' experiences (Moustakas, 1994).

Research Questions

The following research questions will guide this study:

Central Research Question (CRQ)

What are the lived, abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community?

Sub Questions (SQ)

SQ1. How do residential servant leaders describe their experiences with learning to focus on meeting the needs of others and with the ensuing impact on abstinence self-efficacy?

SQ2. How do residential servant leaders describe their experiences with forgiveness of those related to adverse childhood experiences (ACEs) and with the ensuing impact on abstinence self-efficacy?

SQ3. How do residential servant leaders describe their experiences with building human recovery capital and with the ensuing impact on abstinence self-efficacy?

SQ4. How do residential servant leaders describe their experiences with growth as an influential leader and with the ensuing impact on abstinence self-efficacy?

Setting

The research setting for this study is a Christian residential TC in New England. I conducted an online search to identify possible non-profit ministries that utilize servant

leadership and this TC soon stood out as the best possible site. After directly emailing the Director of Servant Leadership I was invited to visit the site and discuss my vision for the study. The leadership team was intrigued by the prospect of having data gathered on the abstinence self-efficacy experiences of those who participated in the servant leadership program and they granted me permission to use this site as the setting for this study. Founded in the 1970s the TC offers Christian counseling and long-term residential care for men and women between the ages of 18-35 who struggle with addiction. Residents at the TC are struggling with all manner of life-altering pain and difficulty and have turned to substance use to cope with these difficulties and particularly adverse childhood events. Some arrive at the TC as Christians and some as unbelievers. Also, many residents possess opinions about God that are heavily diluted by their life experiences. Residents receive room and board, weekly counseling, basic vocational therapy, drug and alcohol rehabilitation, and Bible teaching all for free due to the financial support of individuals and churches who believe in what God is doing at the TC.

This site was selected because of a key feature of the program that serves as a training center for equipping young adults for Christian service through the process of Christian formation. The servant leadership program forms a large portion of the leadership and organizational structure as the men and women serving as servant leaders live and work alongside the residents. The servant leaders provide ongoing coaching and encouragement to residents. Other members of the ministry include Paul Smith (Executive Director), Michael Jones (Program Director), and Tom White (Director of Servant Leadership).

Participants

Participants for this study were servant leaders who are currently serving or have served at the TC within the last thirty-six months. I chose the purposeful sampling method to select

participants. Gall et al. (2007) stated, “In purposeful sampling, the goal is to select cases that are likely to be ‘information-rich’ with respect to the purposes of the study” (p. 178). The purposeful sampling method will guide the recruitment of individuals who are in SUD recovery and not those in recovery for other forms of addiction. There are approximately 20 active servant leaders employed by the TC at any one time. The demographic of the sample are adults between the ages of 18 to 40 with approximately 50% male and 50% female. The ethnicity of the participants is 100% Caucasian. The close-knit community does lend itself to high levels of accessibility as servant leaders eat, work, study, pray, and play together. I asked the Director of Servant Leadership to recommend fifteen to twenty potential candidates that have self-identified as struggling with SUD.

Procedures

In phenomenology the researcher thematizes the phenomenon of consciousness in the most comprehensive of manners and must capture the totality of the lived experiences being studied (Giorgi, 1997). Several steps were completed before the research study began and for the researcher to capture the essence of the lived experiences at the TC. The first step in beginning of this study was to request in writing verification of the permission granted to use the TC as the site for this study. I requested a formal letter stating that the TC will provide contact information for each participant and that I had permission to reach out to each participant after the letter has been sent. uld

The second step prior to obtaining IRB approval was to ensure that the questions used for the interviews and focus groups wo pass reliability and validity tests before being considered as a part of this study (Yeong, Ismail, & Hamzah, 2018). This check for reliability and validity was accomplished by asking two experts in the field to review the interview and focus group

questions to ensure they were sensitive to the experiences of those recovering from SUD. Both individuals hold doctoral degrees and were directors of residential TCs.

The Researcher's Role

As the researcher, I play an integral role in this research study. Reviewing my relevant background experiences that influence my research paradigm is essential. The current SUD crisis in America is pervasive in American middle schools and high schools and impacts students' academic achievement (Waters, 2015). As the owner/director of a learning center for almost 20 years, I have seen first-hand how adverse childhood experiences can lead to experimental substance use as a form of escapism. Over time I have witnessed how such escapism can grow into lifelong SUDs.

My interest in serving those with SUDs started at the age of 16 when I was admitted into a residential TC, which was a year-long faith-based residential program for troubled teenagers between the ages of 13 and 17. My seeking an escape from the realities of a broken family never escalated into a SUD, but I know my life was certainly headed in that direction. I personally understand the need for expansion of evidence-based treatment options for SUDs. At the age of 16, I learned by observing servant leaders focusing on the needs of others creates an intrinsic sense of purpose, and escapism through drugs and alcohol was no longer necessary.

I bring a participant-observer paradigm into this study as I assume a meaningful identity within the group being observed (Gall et al., 2007). I will help readers of this study understand the servant leadership activities of the participants and how these activities can be applied to other programs that seek to impact SUD abstinence self-efficacy. I possess no professional nor personal role with the ministry or with any of the participants. My role is that of a human research instrument as I will aim to arrive at understanding the phenomenon of SUD abstinence

self-efficacy from the perspective of those being studied (Peredaryenko & Krauss, 2013). Data will be gathered from personal interviews, focus groups, and participant letters.

Data Collection

Triangulation was used to capture multiple perspectives through interviews, focus groups, and document analysis (Patton, 2015). A phenomenologist seeks to understand other peoples' perceptions of experiences because it allows him to vicariously become more experienced with the phenomenon (van Manen, 2014). The phenomenological researcher must understand that experiential accounts or lived experience descriptions are never truly identical to pre-reflective experiences themselves (van Manen, 2014).

Because the intent of this study was to gain a greater understanding of the lived experiences of each participant, I collected data through interviews, focus groups, and analysis of documents in the form of participant letters (Creswell & Poth, 2018). The 10 semi-structured personal interviews were with each of the 10 participants who sign the IRB approved consent form (Hawkins, 2018). The second form of data collection was a participative focus group (Kinalski, De Paula, Padoin, Neves, Kleinubing, & Cortes, 2017). Once interviews and focus groups were completed, I asked each participant to compose written letters.

Interviews

I decided upon a predetermined set of open-ended questions that focus on gaining a better understanding of the relationship between participation in a residential servant leadership program and SUD abstinence self-efficacy (Creswell & Poth, 2018). Phenomenological interviewing, individual and in focus groups, involves an interactive process that aims to elicit an in-depth comprehensive description of a lived experience of a phenomenon for a small number of individuals who have experienced it (Cypress, 2018). McNamara (1999) explained that the

interviewer conducting semi-structured one-on-one interviews should ask one question at a time, and remain as neutral as possible, to not lose control of the interview. For the one-on-one interviews, I asked questions that attempted to capture servant leaders' lived self-efficacy experiences. The open-ended questions are as followed:

Standardized Open-Ended Interview Questions Aligned with Research Questions

1. Please tell me a little about yourself prior to becoming a member of the servant leadership team.
2. How have the relationships that you have developed as a member of the servant leadership team impacted your abstinence self-efficacy? SQ3
3. Describe your perceived connection between your childhood experiences and your SUD. SQ2
4. What role has forgiveness played in your SUD abstinence self-efficacy? SQ2
5. To what extent has your service to others provided personal healing that has helped you to increase your abstinence self-efficacy? SQ1
6. How have your perceptions of addiction and recovery been impacted by supporting the recovery of others? SQ3
7. What have you learned about the SUD recovery process that you will carry with you for the rest of your life? CRQ
8. Define what it means to heal from SUD. SQ1
9. How do you think your experiences at the TC and as a servant leader will impact your abstinence self-efficacy? CRQ
10. What role did other servant leaders have in your participation as a servant leader? SQ4

11. Describe how attempting to have a positive influence with others has impacted your abstinence self-efficacy? SQ4

Interview Question 1 will help answer RQ1 by allowing participants to provide background information that may provide knowledge to be drawn upon for future questions (McNamara, 1999). Interview Question 2 illuminates how shifting one's paradigm of focusing solely on self may have an impact upon one's own healing. Studies have found that participating in the recovery of others brings tremendous insight to the need for one's own recovery (Liggins, 2018; McKay, 2017). The purpose of the questions pertaining to childhood was to uncover factors that may lead to the need to fill a void created during the formative years (Read, 2016). In particular, I wrote Interview Questions 3 and 4 in an attempt to bring light to how the experiences of one's childhood can determine a sense of fulfillment or a lack of it. Hunt, Berger, and Slack (2017) stated, "Children who have been exposed to maltreatment and other adverse childhood experiences (ACEs) are at increased risk for various negative adult health outcomes, including cancer, liver disease, substance abuse, and depression" (p. 391). Questions 4, 5, and 6 were intended to cause the participant to reflect upon how emotions such as resentment have contributed to the SUD and have prevented forgiveness and healing. However, perceptions may not always represent reality, and through reflection reality can be discerned and faced without substances. Research has demonstrated that individuals who tend to be resentful of childhood trauma may become more isolated and anxious, and develop some form of SUD (Barcaccia, Milioni, Pallini, & Vecchio, 2018). Murphy-Michalopoulos et al. (2017) utilized a similar data collection method while conducting a qualitative study on the relationship between trauma history, posttraumatic stress disorder, substance use, and HIV risk behavior among female fish traders from the Kafue Flatlands in Zambia. Semi-structured interview questions

covered views on migrant-related stressful life events, trauma, psychosocial problems related to trauma, and ways of coping with problems (p. 4).

Questions 7 and 8 provided participants a chance to reflect on how their personal perceptions of SUD healing has evolved throughout their journey as a resident to becoming a residential servant leader. It is important to reflect on participating in the healing of others as it will provide insight that is valuable to one's own healing process (Liggins, 2018). Question 9 was intended to inspire reflection about the intentional choice to remain another year at the ministry to serve others and how that choice demonstrates a desire to heal (Harris, 2015). Questions 10 and 11 were directly intended to review insights into the power of influence as a receiver and a giver (McHale et al., 2018). Question 12 was designed to allow participants an opportunity to provide insights about the servant leadership program that has not been covered in the previous questions (McNamara, 1999).

Focus Group

Participants were given two dates and times and were asked to join the Zoom video conference that was most convenient. Two meetings were held to have as much involvement as possible. The focus groups were utilized to understand group experiences and the transformation of reality (Doria et al., 2018). The focus group questions were designed to stimulate a state of feelings, perceptions, and beliefs that participants may not express in individual interviews alone (Gall et al., 2007). The open-ended focus group questions were as followed:

Standardized Open-Ended Focus Group Questions Aligned with Research Questions

1. Please introduce yourself to the group and share the reasons for your decision to join the servant leadership team.

SQ1

2. What advice would you give to someone who was thinking about joining the servant leadership team to find healing that may lead to increased abstinence self-efficacy?
3. How would you describe the sense of healing that is gained by serving the needs of others? SQ1
4. What advice would you give to someone who was thinking about joining the servant leadership team to develop a greater sense of forgiveness that may lead to increased abstinence self-efficacy? SQ2
5. How would you describe your experiences with forgiveness while serving the needs of others? SQ2
6. What advice would you give to someone who was thinking about joining the servant leadership team to build greater human resource capital that may lead to increased abstinence self-efficacy? SQ3
7. How would you describe your experiences with building human resource capital while serving as a servant leader? SQ3
8. What opportunities were offered to you at the TC that advanced your perceived abstinence self-efficacy? CRQ
9. How would you describe your experiences with building influence with others through service and sacrifice and how have those experiences impacted your self-esteem? SQ4

Question 1 allowed participants to provide background information that may provide knowledge to be drawn upon for future questions (McNamara, 1999). Questions 2 and 3 were written to explore the experiences of healing in helping an individual to be made whole (Aij &

Rapsaniotis, 2017). Questions 4 and 5 were designed to uncover insights into how guiding others through the process of forgiveness may lead to higher levels of forgiven for ACEs or other traumatic life events (Slotter & Luchies, 2014). Questions 6 and 7 directly examined mindfulness for meaningful ways to develop human resource capital with likeminded people who are seeking to increase SUD abstinence self-efficacy (Glozah & Komesuor, 2015). Question 8 sought to better understand how one views the opportunity to serve others as a part of the SUD recovery process (Ravinder et al., 2017). Question 9 was intended to increase understanding of how service to others builds influence that leads to higher levels of self-esteem in the servant leader (Hunter, 1998).

Participant Letters

Lastly, in addition to phone interviews and online focus groups, triangulation was completed through document analysis (Moustakas, 1994). Participant letters allowed the researcher to understand participants' experiences through a conscious act with knowledge of specific circumstances of the letter's recipients (Trace, 2017). To have servant leaders reflect on their experiences with abstinence self-efficacy, I asked them to write a letter to an imaginary, prospective servant leader. The servant leaders will need to explain in detail, how their perception of how being a servant leader influenced their self-efficacy and their overall assessment of the value of the servant leadership program for SUD recovery (see Appendix C).

Data Analysis

The researcher of this study utilized Moustakas's (1994) process for phenomenological research by employing phenomenological reduction. The steps in this section included (a) epoche, (b) horizontalization, (c) identifying themes, (d) textural descriptions, (e) imaginative variation, and (f) synthesis (Moustakas, 1994). The process begins with the epoche. Epoche is a

Greek word that means to refrain from judgement, to abstain from the ordinary ways of perceiving things (Moustakas, 1994). Moustakas stated, “In the Epoche, the everyday understandings, judgements, and knowings are set aside, and phenomena are revisited, freshly, naively, in a wide-open sense, from the vantage point of a pure or transcendental ego” (p. 33). Throughout this study, my personal opinions about SUD, servant leadership, and abstinence self-efficacy were set aside. By doing so I was better able to come to know the phenomenon free of prejudgments and preconceptions (Moustakas, 1994). Throughout the data analysis process, bracketing personal experiences was essential to not impose my personal assumptions onto the interpretation of the data (Creswell & Poth, 2018).

Following the epoche process was horizontalization. Data derived from semi-structured interviews, focus group interviews, and participant letters was analyzed in order to identify “horizons” of experience in the form of significant words and relevant quotes (Moustakas, 1994). The significant words and quotes identified through horizontalization were grouped into codes and themes (Moustakas, 1994). Through transcription, review, and synthesis, I watched for major themes to emerge in response to the three methods of data collection (Moustakas, 1994). Upon placing data into meaningful themes, I built a narrative of each of the participants’ textual descriptions of experiences (Moustakas, 1994). Through the analyzing of the textual descriptions, I was able to write a composite description that captures the essence of the experience of servant leaders (Creswell & Poth, 2018). Toward the conclusion of the data analysis process, the themes were further used to write a description of the servant leaders experiences through imaginative variation. The objective of imaginative variation is to seek possible meanings of the textural descriptions by using one’s imagination, varying one’s frames of reference, and approaching the phenomenon from multiple positions and roles (Moustakas,

1994). I utilized this process to fully describe the setting that influenced how servant leaders experienced the phenomenon (Creswell & Poth, 2018). Imaginative variation required my openness to viewing the experiences of servant leaders from a variety of perspectives and variations so that I could best understand the essence of the experiences (Creswell & Poth, 2018; Moustakas, 1994). The final step in phenomenological reduction was to synthesize the data (Moustakas, 1994). Moustakas (1994) stated, “Intuitively-reflectively integrate the composite textual and composite structural descriptions to develop a synthesis of the meanings and essence of the phenomenon or experience” (p. 181).

Trustworthiness

In qualitative research, a study can be significant if trustworthiness is established. Trustworthiness is created when studies verify credibility, dependability, confirmability, and transferability (Creswell & Poth, 2018). In this section I will examine the credibility, dependability, and confirmability of the of the data, and the transferability of the results of this study to other SUD recovery programs.

Credibility

Credibility refers to the accuracy of the data and participant views as interpreted and represented by the researcher (Polit & Beck, 2012). To ensure credibility after the interview and focus group questions, all participants were given the opportunity to clarify their statements and to elaborate on any of their responses (Cope, 2014). Each of the participants were sent emails that contained their individual quotes and the context in which the researcher used the quotes. Each participant was strongly encouraged to inform the researcher if any of the quotes were inaccurate or mischaracterize what was actually said (Hongjing & Hitchcock, 2018). This member-checking ensured that no personal bias interfered with the researcher’s interpretation of

the data. Thomas (2017) stated:

Research guides and texts discussing quality, validity, and credibility in qualitative research often recommend member checks, such as sending respondents their transcript for review, as one of the recommended procedures to confirm or enhance credibility in qualitative research. (p. 20)

In all presentations of the data and discussion of the results, credit will be given to everyone who contributes to the research process (Stewart & Gapp, 2017). Triangulation was used throughout the research as a strategy to test validity through the convergence of information from different sources (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2014).

Dependability and Confirmability

Dependability is the constancy of the data over similar conditions with the ability to replicate study findings with similar participants and conditions (Koch, 2006). To ensure dependability of the findings of this study, I fully disclosed my personal experience at the age of 16 in which I was admitted into the Fold Family Ministries, which is a year-long faith-based residential program for teenagers between the ages of 13 and 18. Moustakas (1994) stated:

As I reflect on the nature and meaning of the Epoche, I see it as a preparation for deriving new knowledge but also as an experience in itself, a process of setting aside predilections, prejudices, predispositions, and allowing things, events, and people to enter anew into consciousness, and to look and see them again, as if for the first time. (p. 85)

The concepts of Epoche (Moustakas, 1994) and bracketing (Creswell & Poth, 2018) allow the researcher to set aside personal experiences to not allow personal understandings to taint the interpretations of the data in any way (Creswell & Poth, 2018).

Confirmability refers to the researcher's ability to demonstrate that the data represent the

participants' responses and not the researcher's biases or viewpoints (Polit & Beck, 2012; Tobin & Begley, 2004). The researcher can demonstrate confirm-ability by describing how conclusions and interpretations were established and exemplifying that the findings were derived directly from the data. In reporting qualitative research, this can be exhibited by providing rich quotes from the participants that depict each emerging theme.

Transferability

Transferability refers to findings that can be applied to other settings or groups and by providing rich description of the participants' experiences is required for the readers to ascertain if the research situation is applicable to their own SUD recovery program (Creswell & Poth, 2018). Munthe-Kaas, Heid-Nøkleby, and Nguyen (2019) explained that when implementing an intervention in a particular setting or population, the level of effectiveness of the intervention in the review of the study can indicate absolute and relative effects (p. 2). It is hoped that the description provided will allow the reader to determine how the results may apply to their SUD recovery program.

Ethical Considerations

IRB approval was obtained before any contact with participants. The IRB consent form was emailed to each of the 10 participants. The consent form will indicate that no participants were forced to follow through with any phase of the data collection process and that they were free to withdraw from the study at any time. Pseudonyms were assigned to all participants to ensure their confidentiality (Lahman et al., 2015). I created a codebook that shows which pseudonyms were assigned to who and this information will be kept in a separate locked filing cabinet. All interview, focus group, and participant letter notes are be stored on a password locked computer. I will keep all information from this study for three years and then all records

will be permanently deleted. The ethical credibility of this study was maintained by explaining the confidentiality procedures to participants and ensuring that all procedures were followed (Dixon-Woods et al., 2017).

Summary

The focus of this qualitative, transcendental phenomenological study was to gain a better understanding of the lived experiences of those who have participated in a servant leadership program at a residential ministry that serves those recovering from SUD. I hope that the data gathered in the interviews, focus groups, and participant letters of servant leaders will contribute to the literature that pertains to SUD abstinence self-efficacy. The participants were individuals who are in SUD recovery and participated in the residential servant leadership program at the TC in New England. Individual interviews, focus groups, and participant letters were the sources of data. All possible steps were taken to protect the confidentiality of all participants. After all data was collected, the participants' experiences were clustered into individual themes and those themes formed a composite description to deduce the essence of the participants' experiences (Moustakas, 1994).

CHAPTER FOUR: FINDINGS

Overview

This chapter provides background information of each participant and outlines their self-perceptions of the relationship between participation in a servant leadership program and abstinence self-efficacy. Data are presented in themes and participants' experiences are voiced through direct quotes. All quotes from participants are presented verbatim, which includes grammatical errors in speech and writing to most accurately represent their voices. Results of the data is then presented. A summary concludes the chapter.

Participants

First, upon my request, the Director of Servant Leadership sent emails to qualified individuals and gave me a list of 14 respondents. Ten committed to participate. I conducted one-on-one phone interviews with the 10, six volunteered for the focus group, and five wrote letters. Pseudonyms were assigned and I was ambiguous about their ages to ensure confidentiality. Table 1 displays participant demographics.

Table 1

Participants' Demographics

Pseudonym	Age	Gender	Ethnicity
Bill	Mid 30s	Male	Caucasian
Edward	Late 20s	Male	Caucasian
Francine	Late 30s	Female	Caucasian
Georgia	Early 30s	Female	Caucasian
Jerry	Late 30s	Male	Caucasian
Leah	Early 20s	Female	Caucasian
Monica	Mid 30s	Female	Caucasian
Nancy	Late 20s	Female	Caucasian
Sam	Late 30s	Male	Caucasian
Todd	Late 30s	Male	Caucasian

I spent approximately 10 minutes of each interview listening to the participants' responses to the following probe: Please tell me a little about yourself prior to becoming a member of the servant leadership team. I intended this question to be an ice breaker, but the participants were remarkably candid. Recounting their SUDs and testifying how the Lord has helped them seemed second nature.

Bill

Bill, in his mid-30s, became a resident at the TC over 3 years ago. As he spoke about his life experiences prior to coming to the TC, Bill described how he felt beaten down by addiction. In a somber tone Bill recalled:

I had become the worst of every cliché. I was strung out, burnt-out, brain-dead, traumatized, broken, lost, and utterly alone. It had been a long road, but at last my

brokenness was complete. At last my heart cried out for change and for the first time since I was a child, I felt a willing spirit awaken within me. Unfortunately, this took place in a jail cell. I had a long way to go and God had His work cut out for Him.

(personal interview, June 3, 2020)

At this point Bill learned again what it meant to pray, which is what he did in earnest, crying out to God for help. However, he felt his prayer was the selfish and desperate prayer of a prisoner awaiting trial. After a deep sigh Bill recalled:

I didn't even promise to change. However, despite the fact that I did not promise to change to God, He had promised to change me. Bewildered, I witnessed a series of felonies reduced to misdemeanors and was granted probation and released, but I couldn't stay clean. (personal interview, June 3, 2020)

Bill continued to find himself powerless in the face of his addiction. Despite legal consequences and his family's best efforts, he continued to use drugs. Eventually his brother sought him out and pleaded with him to become a resident at the TC.

When Bill arrived, he knew he had to change, but his heart was hard. After a long pause he stated:

I believed in God, but my relationship with Him was distant at best. I didn't trust the program, the staff, my fellow residents, and I didn't trust God. I refused to open up or allow myself to be known and I clung to the memories of comfort once found in drugs. Slowly I began to connect my stubbornness and my defensive posture to all the hurt and pain I had accumulated over the years. I was forced to confront the underlying issues fueling my disease. (personal interview, June 3, 2020)

With his defenses subdued and his ability to trust restored, relationships with his fellow

residents and staff began to form. These relationships supported and guided him through the healing process. The character of Christ was shown to him through the lives of those around him, and by getting to know them, he began to know God. Over time God reminded Bill of who He was and who He has always been. For the first time in our communication, I could hear joy in Bill's voice as he recalled:

It did not feel so much like a transformation as it did a return. The more I got to know God the more I felt like myself again. In the past I had always thought of love as leverage. If I loved someone it gave them the power to hurt and control me. If they loved me it gave me the power to manipulate and use them. (personal interview, June 3, 2020)

Bill thought love made him weak and hate gave him the strength to take what he needed to survive. Now love was saving his life day by day and empowering him to conquer what had enslaved him for so long. With an authoritative tone in his voice Bill exclaimed:

As the veil was removed and as I was able to see how backward my thinking had been, I longed to do for others what my brothers and sisters in Christ had done for me. But, because of my history I had a difficult time thinking of myself as a loving brother or a good friend and I often felt like a con-man perpetrating a fraud. (personal interview, June 3, 2020)

Bill felt that being a resident at the TC forced him to remind himself of his true identity in Christ and realize that, "It is not only about how I can love, but God who makes love possible between brothers and sisters in Him" (personal interview, June 3, 2020). At the end of his time as a resident he desired to share this truth and his experiences with others as a servant leader.

Edward

Edward, in his late-20s, described his life before Christ as a life of, “feeling anxious, full of fear, sad, angry, unable to be myself or fit in with others” (personal interview, June 2, 2020). When Edward was eight years old, his parents got divorced and he blamed himself. Sounding a little choked up he recalled:

As a result of the divorce I lived in two different homes, which left me feeling confused and with a lack of security. At one home I was the man of the house, doing as I pleased, and at the other home I was a boy being raised in fear. At the age of 13, I began seeking connection with peers who were in similar situations that I was in and began to smoke cigarettes, pot, and I began to drink. (personal interview, June 2, 2020)

When Edward was 19, he began to experiment with narcotics, which evolved into an addiction. After a brief pause he recalled:

By the age of 24, I began shooting heroin and cocaine and I was stealing from my family, small businesses, and stores to get what I needed. I’ve come close to death three times and I was homeless for three years. (personal interview, June 2, 2020)

Edward described how Christ gradually changed his preconceived notions of who He was, “It was a slow process for me. I had taken my experiences from my upbringing and applied that to my heavenly father, which made me feel like a bad man” (personal interview, June 2, 2020). Edward felt like he needed to prove himself by doing good works and he revealed, “Over time God showed me that He is not the God that I thought He was” (personal interview, June 2, 2020). Edward learned that he needed to give the Lord control in his life instead of trying to have control of his own life. Edward learned that, “Life with Christ is understanding that I am a sinner, but God tells me to come to Him as I am so that I can find rest in Him” (personal

interview June 2, 2020). Edward realizes that he will still make bad choices and will continue to sin. He stated, “In the time I feel defeated by my temptations and sin, there is comfort in knowing that Jesus understands” (personal interview, June 2, 2020).

Edward now desires to pursue a holy life and realizes that he will fail often, but he knows God will ever abandon him. After a thoughtful pause he explained:

I have felt like a leper, unclean and unable to be in society because of my fear of being exposed. I was blind to my ways and not hearing the truth that I needed to hear. I fell on a path of destruction and death. (personal interview, June 2, 2020)

He realizes relationships he formed while at the TC were the key to his successful completion of the program. He recalled, “My brothers and sisters who are in and out of the program have a place in my heart, and I am thankful to all of them for being a part of my growth” (personal interview, June 2, 2020). Edward attributes his current connection to God, himself, and others to these trusting relationships. Before his graduation at the TC, Edward decided that he wanted to guide others in the development of forming meaningful relationships as a member of the servant leadership team. “I can’t imagine going through this process without my fellow residents, and the relationships that were built here with God and others were essentials to my growth” (personal interview, June 2, 2020).

Francine

Francine is in her late-30s, and she finds it difficult to tell of all the ways God has met and shown her love. While reflecting how God has shown Himself, she stated, “He has revealed so many things in my life that I would not have even thought to ask for” (personal interview, June 2, 2020). Francine first arrived at the TC thinking she was going to get help with her drinking, and instead she learned that the Lord had other plans. She briefly paused, took a deep

breath, and recalled:

I had been running from the pain that I experienced after terminating two pregnancies years ago and having a miscarriage. Immediately after terminating the second pregnancy I realized what I had done, but by then it was too late. I didn't feel forgiven for these sins and I was trying to make it without the Lord because I didn't know what else to do; I was lost. (personal interview, June 2, 2020)

A few months after becoming a resident, Francine realized she could not run anymore and decided to surrender to the Lord; it was time to repent and let forgiveness permeate her heart. She stated, "I Surrendered slowly, and it was painful to go back and walk with the Lord through my past. I could see His compassion, goodness, and love" (personal interview, June 2, 2020).

Francine's time as a resident at the TC provided numerous opportunities to be a witness to the unmeasurable goodness of Christ.

There was once a time when I couldn't admit what a sinner I was, but all my dishonesty made me miserable and filled my days with frustration and all day and all night God's hand was heavy on me, my strength was evaporated like water on a sunny day, until I finally admitted all my sins to Him and stopped trying to hide them. (personal interview, June 2, 2020)

Francine acknowledged that, before entering the TC, she thought that Christianity was all about her.

I was always a Christian and I thought I could pick and choose what parts to follow. My Christian walk was about being as good as I could without hurting others. I tried my best and if I messed up, I would pray for forgiveness. Most of my prayers were for something and I had no idea what it meant to be a Christian. (personal interview, June 2, 2020)

Francine viewed forgiveness as something that came “pretty cheap” (personal communication, June 2, 2020). She admitted, “There were many times that I had royally screwed up and then went and begged the Lord for forgiveness. I always promised to change, but I never did” (personal interview, June 2, 2020).

It was at the TC that Francine decided to work through the pain she had been pushing down. She stated, “The shame and guilt not only kept me away from my family, but I didn’t realize how far I had fallen away from the Lord” (personal interview, June 2, 2020). As she invited the Lord into her life, she began to see His love and forgiveness.

I now see how guilt and shame are tools that the Lord uses to bring us to the foot of the cross, not to turn us away. As I brought my darkness to His holy light, He took my shame and guilt. I met with my counselor and a close friend every week and the Lord showed up in undeniable ways. (personal interview, June 2, 2020)

Instead of hiding from God, Francine decided to ask for forgiveness, and she was finally able to work through the pain and grief. She recalled, “After seeing His faithfulness, my trust grew and I started to receive healing for my miscarriages and told the Lord how I felt” (personal interview, June 2, 2020). After learning who God is and developing a relationship with Him, she felt that God wanted her to strive to be a voice that can really bring people to Him as a walking, talking testimony of His love. She decided to come back to the TC as a servant leader because, “I desire to share the knowledge I have learned about Christianity with others” (personal interview, June 2, 2020).

Georgia

Georgia, in her early-30s, remembers her childhood as “a pretty typical Christian life” (personal interview, June 3, 2020). She had two devoted, loving parents and grew up going to

church and youth group. She accepted the Lord at the age of eight and loved worshipping Him at the church where her dad pastored. She painfully recalled a dramatic shift in the trajectory of her childhood:

When I was eleven my dad was diagnosed with severe depression, which caused him to withdraw and basically stop being a part of our family. My young brain interpreted this as something I had done to make him stop loving me and abandon me. This continued for several years and when I was 14, he went to the hospital and he officially stopped pastoring. (personal interview, June 3, 2020)

Georgia believes that because of the way she connected her dad to the Lord, losing intimacy with her father caused her to think that the Lord had left her as well. After a long pause she stated, “I walked away from the church and God. This started my own struggle with mental illness and I developed a serious eating disorder and began to inflict self-harm” (personal interview, June 3, 2020). As Georgia got older, she started seeking the comfort that she did not receive from her father in relationships with men. She reluctantly recalled:

These relationships introduced me to alcohol and marijuana as a way to dull the pain. As I went to college this party lifestyle led to an alcohol and cocaine addiction and more mental health issues. After two years of this I finally decided I wanted help, but not from the Lord who I blamed for all my problems. I decided to go to a secular rehab. (personal interview, June 3, 2020)

While there she started reading the Bible again and the Lord started comforting her.

The seed of God had been planted into my heart again, but it wasn't enough to stop me from returning to my old habits. It was however enough to get me to a Christian rehab center to try to get my life back together. (personal interview, June 3, 2020)

When Georgia first arrived at the TC, she had many doubts about whether the Lord even cared about her and recalled, “I protected myself through thick walls of sarcasm and anger” (personal interview, June 3, 2020). However, God would not let her stay there for long. She retold of an inflection point:

The first time Christ revealed to me at the TC was through a fellow resident’s memorial service. Upon hearing how on fire the fellow resident was for Christ after he met Him, I selfishly thought, “Wow, I want people to see how much I love Jesus too.” (personal interview, June 3, 2020)

With joy in her voice she said, “I love how the Lord has used my selfish motivations for His glory and He does that all the time” (personal interview, June 3, 2020).

Christ further revealed Himself to Georgia early in her time at the TC when she self-harmed and had to go to the hospital for the weekend. She said, “During that weekend Jesus showed me how little I had trusted Him by taking control back into my own hands” (personal interview, June 3, 2020). As she wrestled with God being faithful and trust-worthy, she realized that she had to either to totally commit to God or leave the TC. This experience completely changed her time at the TC and she stated, “I began to understand that if He is trustworthy and faithful, it means that I can fully commit myself to Him and know that He won’t let me down” (personal interview, June 3, 2020). She acknowledged, “Now that I know the Lord, I am a completely different person. He has changed so many lies that I believed about myself to truth about my identity as His daughter” (personal interview, June 3, 2020). Georgia began to see herself as a woman of great value whom God planned and created perfectly. Georgia recalled the difficulty in becoming vulnerable and stated:

He has softened my heart and lowered my pride to receive and accept care from people.

A lot of this work He used my fellow residents as my struggles with men were so deeply rooted for me. I am so grateful for the way He is redeeming things I thought were broken forever. He has refined almost every part of my personality and taught me what it means that He loves because of who He is and not because of who I am. (personal interview, June 3, 2020)

Georgia decided that becoming a servant leader was a meaningful way to give back for the many ways her time at the TC taught her how to walk with the Lord and to help teach others that, “Getting to know Him is so much more rewarding than any drug or sinful relationship” (personal communication, June 3, 2020).

Jerry

Jerry, in his late-30s, grew up in a close-knit Christian family. He recalled, “My father was a pastor and I grew up going to church. In my adolescent years I had a lot of angst about church” (personal interview, June 8, 2020). As a pastor’s kid Jerry felt there was an expectation for him to become a pastor one day, and he said, “I think that created in me a desire to rebel against other people’s expectations for me” (personal interview, June 8, 2020).

As Jerry became a young adult and started making his own decisions, he walked away from church and his life became aimless. He stated, “I was successful in my job, but empty inside” (personal interview, June 8, 2020). He began to experiment with substances in high school, but at that time they were more for social purposes.

As a young adult I had a serious medical condition that required several surgeries and that was when I was first introduced to opiates. I carried my opiate addiction into my adult years and no one really knew about it. It wasn’t until much later that I sought help. (personal interview, June 8, 2020)

Jerry went to his father and laid it out; he had been abusing opiates for many years and had amassed large amounts of debt. He said, “I was trafficking in narcotics in order to support my habit” (personal interview, June 8, 2020). His family was shocked, but his father was committed to getting Jerry the help he needed and connected him with the TC.

I thought that I had nothing to lose by going there because I thought that I had already thrown my life away. When I first went to the ministry, I thought I would just dry out and I didn’t really think about changing. (personal interview, June 8, 2020)

During Jerry’s year as a resident, God had transformed his spirit and his heart. He recalled, “The Lord relieved me of my old self-hating, self-defeating spirit and called me from death to life (personal interview, June 8, 2020). After graduating as a resident, Jerry decided to accept the invitation to return to the TC as a servant leader. He reminded himself that:

All God requires of me is a willingness to be dependent on Him and accept His gift of grace. Not only does that liberate me to be kinder to myself but also to love other people without the fear of failure. (personal interview, June 8, 2020)

Leah

Leah is a young woman in her early-20s who recalled:

When I was eight, my mom packed me and my sisters into the car and told us we were going to stay with relatives. She left my dad behind. My family had seemed normal and pleasant from the outside, but that was just a facade. (personal interview, June 4, 2020)

She described how her mom and dad argued all the time, and how there is not a single photograph from her childhood that does not have an alcoholic beverage in it. She slowly explained, “We ended up in a run-down neighborhood where I was exposed to sex, drugs, and illegal activities that seemed normal to everyone else” (personal interview, June 4, 2020). Leah

had to grow up fast because her mom was not around much, and she remembered, “I would often buy groceries and pick my sisters up from school, making sure they had dinner and were put to bed on time” (personal communication, June 4, 2020).

Leah interpreted her mom’s angry behavior with her as “being worthless to the core” (personal interview, June 4, 2020). She found herself developing relationships with people who treated her the same way. When Leah was 13, her aunt gained guardianship and helped her grow closer to her dad; things seemed to be looking better. However, just three years later her dad passed away, leaving her absolutely devastated. With emotion in her voice she recalled, “I closed myself off to everyone. I thought moving away to college would fix everything. But I failed my first semester and moved back home. I felt hopeless. I drank more and sought attention from men” (personal interview, June 4, 2020).

Leah was living with a family from her church when she heard about the TC. She stated, “At the time, I believed it was the only option left” (personal interview, June 4, 2020). During her time at the TC, scripture became real to her for the first time in her life. She recalled:

I was excited when I learned more about who Jesus is and who He says I am. I found a new identity in Christ, and it was the complete opposite of what I had been led to believe about myself. I began to build healthy relationships for the first time. (personal interview, June 4, 2020).

Leah was finally able to let people care for her and recognize that people at the TC wanted to build her up, and not tear her down. She stated, “When I graduated in January of 2016, I was finally able to see myself as who the Lord created me to be” (personal interview, June 4, 2020).

Leah was disappointed at first that she was not invited to immediately join the servant leadership team, and someone recommended that she take at least a year to mature. She accepted

the challenge and began interning at her church with the children and youth ministries to develop her leadership skills. She stated, “I had a much deeper connection with people after that experience because I learned to treat people as children of God” (personal interview, June 4, 2020). That time also allowed her to develop a new level of dignity and respect for herself and a capacity to care for others that she never had before. One year after graduating from the TC, Leah asked to return as a servant leader, and her request was granted.

Monica

Monica, in her mid-30s, was raised in a very conservative church and remembers her parents separating when she was six years old because her father was verbally and physically abusive.

I joined the church when I was 14, but my anger at my father did not go away. The bitterness towards my father resulted in anger toward God and at 19 I left the church to seek more interesting things and started hiking the Appalachian Trail, which set the tone for the next 10 years of my life. (personal interview, June 4, 2020)

During this period, Monica found out she was pregnant by someone who took advantage of her innocence. She stated, “He would not leave my side until he walked me into an abortion clinic and applied immense pressure on me to terminate the pregnancy” (personal interview, June 4, 2020). She recognized it was ultimately her choice and she described it as “the single most traumatic event in my life” (personal interview, June 4, 2020). After the abortion she described becoming depressed and fatalistic, running from the pain for many years without knowing how to grieve.

She said, “I went from state to state and relationship to relationship, eventually drowning myself in alcohol” (personal interview, June 4, 2020). Through a series of painful

circumstances, Monica now believes the Lord brought her to the TC. She acknowledged that God was not the Lord of her life when she arrived at the TC and stated, “I had no hope, I built a huge wall between us and I did not trust Him. I viewed God as distant and sadistic” (personal interview, June 4, 2020). She recalled, “About halfway through my residential program, the walls began to come down with the help of my fellow residents and staff” (personal interview, June 4, 2020).

As Monica began to lower her defenses she recalled, “My chains started to come off and I became more and more connected to God. Physically I began feeling lighter than I ever had before, and I even started to feel loving feelings toward God” (personal interview, June 4, 2020). Special counseling was offered to Monica that focused on healing from her abortion. She stated, “Because God was able to do the work of healing, I started to actually and genuinely care for other people” (personal interview, June 4, 2020). Monica decided to take her desire to care for others into the role of servant leader and stated, “I would not be able to do this if it was not for His work on the cross” (personal interview, June 4, 2020).

Nancy

Nancy is in her late-20s and the home in which she grew up was not a religious one. Her dad was an atheist and her mom grew up Catholic. Her parents gave Nancy the option to choose or reject faith, but she was never swayed in a certain direction.

My childhood was really based off of music. My dad was a big hippie and he went to the original Woodstock. When I was little, they would have reunion festivals from the time I was a baby until I was 12 years old. We never missed a summer, and there were great things with that but drinking goes hand in hand with all of that. (personal interview, June 2, 2020)

At age 12, Nancy began experimenting with pot, alcohol, and other substances. However, substance abuse did not become a habitual problem until Nancy tried opiates at 17. She stated, “I was addicted quickly” (personal interview, June 2, 2020). She explained that her habit was at its worst shortly after she graduated from college. Around that time, her father was diagnosed with Parkinson’s, which pushed her deeper into drugs, as she tried to numb the discomfort and sadness she felt around her dad. She would buy drugs off the street and started stealing her father’s medications to get high. With emotion in her voice she stated, “Nothing else seemed to matter and I felt powerless to stop. When my father died and we lost the house I grew up in, I knew it was time to fight my addiction” (personal interview, June 2, 2020). At that point, she was admitted as a resident. As she reflects on that time, she cannot help but see it as the Lord giving her joy and starting to work in her heart. As Nancy’s connection with Jesus grew, she heard the Lord speak to her, “I am here and I want you; do you want me too?” (personal interview, June 2, 2020). She began to realize all He had done for her and the ways He had saved her when she was deep in her addiction, and from that point forward, she no longer craved the drugs that had once held such a firm grip on her.

Nancy knew early on in her recovery that she wanted to be a servant leader. She said, “The Lord kept bringing it back to my attention” (personal interview, June 2, 2020). The servant leadership program was key in strengthening her relationship with the Lord and her early steps in living out her faith in Jesus. Nancy described her year as a servant leader year as the most painful and wonderful year of her life. With enthusiasm she stated:

Walking alongside other women in recovery opened my eyes to my own pain and trauma, specifically the wounds and guilt I felt around my father’s death. I was finally able to begin my own healing process, at the same time pointing others to Jesus. (personal

interview, June 2, 2020)

Sam

Sam is a man in his mid-30s who grew up in a Christian home with both of his parents being relatively new Christians and both being raised in broken homes. He stated, “I always considered myself to be a Christian, but growing up I never felt an intimate relationship with God” (personal interview, June 5, 2020). He recalled that neither of his parents knew how to show affection and love to him as a child and he interpreted that as not being loved. He stated, “It was a very emotionally detached family” (personal interview, June 5, 2020). In high school Sam found himself hanging out with kids from dysfunctional homes and he immediately felt a connection with them. Always a strong student, Sam received a full scholarship to college, and he went without any career goals in mind.

I got into the party scene in college and started drinking and smoking pot. Before I knew I started selling drugs and I got sucked into the easy money and a felt a sense of worth from all of the new friends I was making. (personal interview June 5, 2020)

After graduating college, Sam got heavily into dealing and he had an entire drug distribution system.

All of my relationships were extremely transactional and after years of this lifestyle I found myself homeless for several months living out of soup kitchens and church food pantries. It got to a point where I couldn't do it anymore and I turned to my parents for help. (personal interview June 5, 2020)

Sam's mom researched Christian treatment facilities and found the TC. Sam remembered:

At first the physical labor helped me through the detox process and I just remember how gracious everyone was. I cried out to the Lord to help me stay clean and sober because I

had tried so many times on my own and I just couldn't. (personal interview, June 5, 2020)

The early stages of the program required Sam to dig into his feelings and emotions which was difficult for him.

At first, I didn't feel I was accomplishing anything. It wasn't until I explored inner healing that it clicked for me that God is real. God knew what I needed and He gave it to me. God opened my eyes and revealed His love to me. I knew at that moment I was saved. (personal interview, June 5, 2020)

Sam discovered that the gift of grace and mercy propelled him love others with grace and mercy and decided to upon graduation to join the servant leadership team.

Todd

Todd, in his late 30s, first came to the TC as a resident full of self-hatred and extreme insecurity. He stated, "I felt inadequate as a person, less than human, and unworthy of love" (personal communication, June 8, 2020). Those feelings drove him to a decade of drug use and frequent incarceration. Todd noted that to get drugs he would, "steal from everybody, even the people I loved most (personal communication, June 8, 2020). After hitting rock bottom Todd finally gave into his parents' requests for him to go to the TC. While reflecting on his time as a resident he recalled:

During my year as a resident, God had transformed my spirit and my heart. The pain and fear that drove me to drugs had been replaced with a constant reassurance of my acceptance in Christ Jesus. The Lord relieved me of my old self-hating, self-defeating spirit and gave me a spirit Jesus called from death to life. (personal communication, June 8, 2020)

Todd learned that his new relationship with God challenged everything he thought he knew about love, relationships, family, discipline, and acceptance. He stated, “God forced me to face my pride, my selfishness, and my untrusting nature. He opened in my heart a desire for the truth about the active love of the Holy Trinity” (personal communication, June 8, 2020). Todd acknowledges this search has not been easy and stated, “finding the true nature of our Father has overflowed my soul with a love, peace, and joy that is unattainable from anything or anyone else” (personal communication, June 12, 2020).

After Todd’s time at the TC he realized how God had used every person there to minister to him. He enthusiastically stated, “I was never asked to be someone I was not” (personal communication, June 12, 2020). Everyone at the TC recognized the value God had given him even when he could not see it in myself.

They graciously walked beside me on my journey and empowered me with love. Once God had opened my eyes to the love He had for me, I wanted to help others who struggled to find that same gift, so I came back to be a servant leader. It is amazing to witness someone being transformed by the love of Christ. (personal communication, June 12, 2020)

Todd acknowledged that he understood when he completed his time as a resident that he was still at the beginning of his transformative relationship with Christ. He quickly acknowledged:

I knew there would be more growing pains, more things to learn. I had spent so many years drowning in self-hatred that every failure immediately brought back the automatic response of self-condemnation. I have to remind myself over and over that all God requires of me is a willingness to be dependent on Him and accept His gift of grace. Not only does that liberate me to be kinder to myself but also to love other people without the

fear of failure. It makes me more resilient.

He proudly stated:

As a servant leader I learned to bring what God has taught me to my daily experiences with the residents. I understand that the men and women who come here in their brokenness are looking for more than the right answers. They are searching for steadfast relationships despite their flaws and assurance that they will not be rejected or abandoned. (personal communication, June 12, 2020)

Summary of Participants

The participants ranged in age from early 20s to late 30s. The gender of participants was 50% male and 50% female, with 100% of participants identifying their ethnicity as Caucasian. They had all entered the TC as residents struggling with SUD and upon graduating from the one-year program, returned as members of the servant leadership team. All participants indicated that at no point since becoming servant leaders had they fallen back into SUD.

Results

The central research question and four sub-questions formed the basis for the data collection and data analysis process. After transcription, review, and synthesis of interviews and focus groups I found consistent and clear themes emerged. These themes were further solidified as I coded the data from the transcriptions and participant letters.

Theme Development

Utilizing Moustakas's (1994) process for phenomenological research by employing phenomenological reduction, significant words and relevant quotes from the transcriptions and participant letters were identified and 18 codes emerged. I utilized the Navigation Pane in Microsoft Word to isolate and identify the codes (see Table 2).

Table 2

Codes Used in Analysis of Transcripts and Letters

Code	Instances	Description
Accountability	17	Answerable for thoughts or behaviors to others
Bond	11	A strong relationship
Brokenness	18	A feeling of irreparable damage
Christ-like character	14	Thoughts and actions modeled by Christ
Cope	8	A method of dealing with a difficulty
Deny	13	A refusal to give or grant something
Escape	7	To avoid something painful or difficult
Freedom	22	The state of not being enslaved
Forgiveness	62	The process of releasing pain and hurt
Grace	14	Unmerited mercy that cannot be earned
God	345	References to God, Christ, Jesus, and Lord
Joy	9	A feeling of intrinsic pleasure
Love	72	A spiritual connection that gives purpose to life
Numb	11	To deprive of feeling or responsiveness
Pain	50	Emotional suffering or discomfort
Relationships	74	The way two or more people interact
Value	14	Perceived worth of something
Work	51	An activity involving effort done to achieve a result

I used the 18 codes to develop a textual and structural description of the participants' experiences. The codes were synthesized into five themes and 15 subthemes to describe the essence of the participants' experiences while in the positions of servant leaders (see Table 3).

Table 3

Themes Found in Analysis of Data

Theme	Description	Subtheme
Recovery Journey	The shift from anesthetizing insecurities with substances to security in Christ	Spiritual Brokenness
		Life in Christ
		To the Depths
Spiritual Formation	The intentional choice to live a Christ-like life by focusing on God and others	Denying of Self
		Loving Others Well
		Modeling Christlike Character
Pain to Peace	The decision to accept healing in Christ from SUD	Escape
		Living in Forgiveness
		Freedom in Christ
Communal Bond	The daily decision to follow Christ through leadership of others centered around service sacrifice	Godly Relationships
		Bonding Process
		Accountability
Lead Like Jesus	The daily decision to follow Christ through leadership of others centered around service and sacrifice.	Grace and Forgiveness
		Adding Value
		Lasting Joy

Theme One: Recovery Journey

Born into a shattered world, each participant encountered profound brokenness prior to coming to the TC. As I digested the life stories of each of the participants, I had to stop myself from asking, “Why not self-medicate?” It certainly seems fair that if pain is hurled upon us, we should have the right to anesthetize it. Substances numb the pain of wounds, but often stand in the way of genuine healing. Early in the interviewing process I received feedback from participants that *healing* is a loaded word and that one never heals from SUD, rather it is a lifelong recovery journey. I realized the servant leaders had a vastly different notion of SUD recovery than my own.

As I reviewed the interview transcripts, I was struck by what Jerry said about the healing process. His voice was noticeably choked up as he stated in a stern tone:

I push back on the therapeutic gospel that Jesus died so I could feel better about myself. That is kind of the way the world pitches solutions that if you are addicted you just need to feel better about yourself. It is crucial to understand our value as created in the image of God. To me healing is when you are coming into a place of security in Christ and so many of the things that drive addiction is because we are so insecure of who we are and we are chasing everyone’s approval and it runs us ragged. Drug use plays on our insecurities. Healing started for me when I really started to understand who I was in Christ and knowing how secure it was to place that value He has given over and above any other value or approval. Healing does not mean problem free living and we have to be careful not to sell that message to people. (personal interview, June 8, 2020)

This statement caused me to reflect on not only the beginning of the recovery journey, but the

addiction journey as well. As I reread all of the participants' introductions, and I realized that to Jerry's point, at the root of everyone's SUD were insecurities. I soon realized personal insecurity was affecting spiritual security, often resulting in spiritual brokenness, the first sub-theme under recovery journey.

Spiritual brokenness. The code of *broken* or *brokenness* appeared in the collected data a combined 18 times. In my personal interview with Edward, he put it very succinctly: "I learned that to recover from substance use you must first acknowledge the root cause is spiritual brokenness" (person interview, June 2, 2020). As I revisited the transcript of my interview with Jerry, I started to make a deeper connection between SUD and spiritual brokenness.

At our core as people we desire to love and if we don't fill that desire with something good then you may fill it with something negative. You can't live for being sober it's not that different than living for being high, it's just the other side of the coin. We are created to live for something bigger than just to gratify our own desires. As an addict I was chasing satisfaction in drugs, but as a servant leader I learned there is also satisfaction in serving others. (personal interview, June 3, 2020)

Considering that a root cause of SUD is spiritual brokenness, I was struck by one of Leah's statements and how she described the need to continually ensure that past brokenness did not overtake her:

The biggest thing I have discovered is that there is maintenance that I have to do on myself with the Lord and checking my heart to see if there are hurts there and I had to do that a lot as a servant leader because if I was not checking my heart on a daily basis it would build up and I would feel overwhelmed. I'm learning how to do that now when I wake up each morning and I spend time with the Lord and ask Him to search my heart. It

is important to be mindful of where I am each day so that I don't accidentally find myself using drugs or alcohol. (personal interview, June 4, 2020)

I paused after Leah said this because it occurred to me that simply knowing that one is spiritually broken, and that Christ is the "Great Healer" is not enough for sustained abstinence self-efficacy. To reach a destination one must intentionally stay on course. Georgia reinforced the concept of maintenance in order to prevent straying off course and stated, "Being a servant leader taught me how to positively deal with pain and to rely on the Lord's strength and not my own" (personal interview June 3, 2020). Clearly all participants held the view that spending time with the Lord and relying on His strength are essential to staying the course. Leah helped me to understand that taking a wrong turn now and then is part of the journey as she stated:

Living in the community has absolutely given me the skills and the tools to know what I needed to do when I start going down a negative road. It doesn't matter how much you fall down; it is all about getting back up and developing relationships of accountability is key to doing that. (person interview June 4, 2020)

I discovered the direct opposite of spiritual brokenness is life in Christ and the participants have unique experience in living out their faith, leading others in their life in Christ, the second sub-theme under recovery journey.

Life in Christ. Jesus stated, "I am the bread of life" (John 6:48, New International Version). I realized that in the hearts and minds of these servant leaders, Christ is not part of their recovery journey, He is the journey. Despite not mentioning the name of God in any form with any of my questions, the names Christ, God, Jesus, and Lord, combined, appeared in the data 345 times. My interview with Bill really stood out because he was the only participant who considered himself lucky to first come to the TC as a resident, because his options were either

the TC or prison. In answering the question about what he had learned about the SUD recovery journey, Bill stated:

The one thing that stands out is that Christ is necessary for recovery and to live a full life. True and full recovery doesn't just mean being abstinent from substances, it means living a full life in Christ. Just to have an abstinence of chemicals in your blood stream is not what it means to live life to its fullest, which is really what we want people to do. Christ is absolutely necessary to a full life. (personal interview, June 3, 2020)

In responding to the same question, Leah said:

I recognized even more deeply that it is not about me. As a resident you learn that, but at the same time all you do all day is talk about yourself and the things in your past. You learn how to turn off your own self to be able to focus on somebody else, but also recognize that and be in that with them. I think understanding that everybody's experiences are different and valid. I learned to recognize that regardless of what someone has been through, all stories are valid of how Christ has worked in your life. (personal interview, June 4, 2020)

It became obvious that a critical first step for the servant leaders was to stop focusing on themselves and trust that others servant leaders would ensure their needs are met. This is a paradox that became easier to accept as they learned they could depend on one another. Yet as they continued their recovery journey, the participants encountered experiences as if going to the depths, the third sub-theme.

To the depths.

I noticed the word *work* appeared 51 times in the data and servant leaders acknowledged how God had worked in their lives as they were serving residents. Georgia directly connected

her ability to abstain with working through problems with others when she said:

Once you go to the depths with other people and you realize that you are in the depths right now and I don't need to use, you realize there is nothing that could happen to make me feel like I don't have a choice but to use drugs or alcohol to numb the pain. (personal interview, June 3, 2020)

Monica echoed Georgia's comment when she stated, "Nobody sees themselves correctly and you need other people to help see yourself. It is easy to tell myself lies, but a loving community tells you the truth in love" (personal interview, June 4, 2020). Jerry expanded on the reciprocal aspect of being on the recovery journey with others by stating:

You learn to care enough about other people that you consider the impact it has on the residents if you relapsed. I think people gain confidence from seeing another person who is moving along in life in a good way and it gives them a sense of duty that provides strength and helps prevent relapse. As a servant leader there are some boundaries that I'm not willing to cross because the example the residents see in me is important to their own recovery. Sometimes this can feel burdensome, but overall, I feel my service is adding value to others. (personal interview, June 8, 2020)

Along the same line, Edward stated:

People make sacrifices to stay here and help others and this influenced and inspired me to do the same. My confidence comes from God alone, but He used my service to others as a way to build my confidence and rely on His strength. (personal interview, June 2, 2020)

Todd used the term *trenches* and said:

If someone is looking for supportive relationships the servant leadership team is were to be. You are in the trenches with other servant leaders and I made the best friendships.

They are the deepest friendships because it is such a demanding job and very tiring and you need to depend on other servant leaders in order to survive. (personal interview, June 8, 2020)

Nancy's comments about fighting this fight complimented Todd's use of the term *trenches* as she exclaimed:

What we do as servant leaders is one thing that is huge in our own recovery because we worked through similar things. We are walking alongside residents who are currently in that and it is a constant reminder of what the Lord has done in our lives, what He has saved us from and what we are able to do as servant leaders is team-up with people from similar backgrounds just trying to fight this fight is huge in our recovery because it is a constant reminder of what we have to lose and how amazing our lives are now as we find out who the Lord created us to be. (personal interview, June 2, 2020)

The concept of spiritual warfare kept coming to mind, and I remembered what Paul had written to the church in Ephesus, "Put on God's complete set of armor provided for us, so that you will be protected as you fight against the evil strategies of the accuser" (Ephesians 6:11, The Passion Translation). It seems logical that since insecurities were a root cause of their SUD, knowing that they are not in the fight alone is an essential piece of armor that God has provided.

Theme Two: Spiritual Formation

When I first reached out to the TC in 2018 and asked the Director of Servant Leadership how their program was different from traditional 12-step treatment programs, he stated, "We guide the residents through the process of spiritual formation, which is a movement from self to other, a movement that is rooted in a conversion of the self to God" (phone conversation, April 16, 2018). The servant leaders described their experiences focusing on the needs of others as

spiritual formation and described in vivid detail how their abstinence self-efficacy was strengthened throughout this process. Three sub-themes that emerged under spiritual formation were: denying of self; loving others well; and modeling Christlike character.

Denying of self. The participants collectively indicated that in order to serve the intense needs of residents in a tight-knit residential TC, servant leaders must be willing to subordinate their personal needs and focus on meeting needs of residents and fellow servant leaders. References to denying self appeared 13 times in the data. Edward stated, “I think by serving others you learn that you need to deny yourself. We are serving others for the glory of God and His kingdom” (personal interview, June 2, 2020).

While speaking about how denying self may also serve as motivation to maintain substance abstinence, Francine said about the residents, “The way they look up to me, I wouldn’t want to ruin that by grabbing a drink” (personal interview, June 2, 2020). Sam, speaking during the focus group discussion, stated:

You need to be really selfless as well and if you go into it thinking it is for you to be sober longer you really need to have a straight and narrow mind on Jesus Christ himself because if you are not strong yourself and grounded in Christ you can relapse. (focus group discussion, June 14, 2020)

In her letter to an imaginary prospective servant leader Francine wrote:

I want you to know that you have to really learn how to rest when you can and give your all when you can. You will have to put the residents before your needs and care for them before yourself. That is what it is like being a servant leader. You will need to slow down and really think how Jesus would want you to act in every situation. You need to make sure you are always yoked with Him. Their free time is not your free time, but a

time to build relationships with them. (participant letter, June 14, 2020)

While discussing her own servant leadership training, Georgia stated, “The priority taught to me as a servant leader was putting the residents first and helping them with their problems in the midst of my own pain and exhaustion” (personal interview, June 3, 2020). Georgia explained how she put her training into practice and wrote:

You might think you’re a pretty selfless person, but this requires a whole new level of self-sacrifice that I wasn’t expecting. As a resident, you are encouraged to look outside of yourself, even when in pain, to see how your fellow brothers and sisters in Christ are doing, but as a servant leader, it is required. You might have had a really hard mentoring session with a resident and the Lord will bring up lots of things for you to work on personally, but the ladies have to come first. You can ask them for prayer and support, but it is not their job to carry your burdens, it is your job to help carry theirs. (participant letter, June 14, 2020)

In the personal interview, Jerry supported Georgia’s comments of denying self, but he also elaborated on the potential impact upon one’s abstinence self-efficacy when he said:

I realized that it can be pretty gratifying when there is self-forgetfulness in service to other people to where your own problems seem to dissipate without you even noticing it because your focus shifts from self to other. You find some satisfaction in something else and there is some forgetfulness that I think is good that takes place. You learn to care enough about other people that you consider the impact it would have on the residents if you relapsed. I think people gain confidence from seeing another person who is moving along in life in a good way and it gives them a sense of duty that provides strength and helps prevent relapse (personal interview, June 8, 2020).

During a focus group discussion, Leah addressed the need for intentionality to find a balance in the denying of self as she stated:

You must humble yourself and lay your own things aside, but have the time for yourself and be dedicated to your own healing because what is being asked of you as a servant leader is very stressful and strenuous, but there always is an opportunity to work on your own things but it takes a lot of intentionality. (focus group, June 14, 2020)

Nancy reiterated Leah's comments on balance as well as Jerry's comments on denying self as a gratifying process when she wrote:

You have to be willing to surrender all you have to the Lord, allowing Him to not only work through you, but to work in you as well. Often, as a servant leader, the Lord walks us through our own trauma and our own brokenness. Learning to balance your own pain while seeking the Lord and showing these women the love of Christ is not an easy task, but it is a rewarding one. Your own recovery, your own story can do so much good in the lives of these residents while they are here. By willingly submitting to the Lord's will in your own life, you are simultaneously being a witness to them. (personal letter, June 14, 2020)

Sam summed up very well the benefit of denying self when he wrote:

It was during the times that I focused on myself the most that I least enjoyed and was least effective in the servant leader position. Through sacrifice, with the help of Christ in all, I found that I was more apt to help those men in my charge and also find healing in my own issues. (participant letter June 7, 2020)

The servant leaders showed the more you give of yourself to others, the more you are freed from yourself and the calamity that came along with self-absorption that manifested into addiction.

Loving others well. I came to realize that one cannot truly love others well in the context of servant leadership if one is not willing to deny oneself and seek freedom from sin through Christ. Altogether the word *love* appeared in the collected data in 72 instances.

However, I did not make this connection until my personal interview with Georgia, as she said:

All of the things that would traditionally push me to use, I had to put on the back burner and focus on caring for residents and focus on loving others well and I had to learn to live to a standard that I had agreed to even though things were triggering me, even though I was tired and wanted to feel better and make the pain go away. I had committed to serving others and I had committed to loving these women and pushing through and continue to make that choice. I have realized that if I can stay clean while loving all of these people who are really hard to love especially at the beginning, then I can absolutely stay clean while I am not doing half as much work. (personal interview, June 3, 2020)

Monica built upon this connection in our personal interview as she reflected on being a disciple of Christ in the servant leadership program and stated:

The disciple portion of the process allowed me to learn to love other people. I made a conscious effort that I was going to love people and allow them to come into my heart. Even in the negative experiences in loving people the Lord was able to teach me things about how to love well. I had to learn to confront people and hold them accountable. Holding other people accountable requires me to be accountable to myself and others that provided healing. (personal interview, June 4, 2020)

In the focus group meeting, Georgia responded to a question about what she would say to residents preparing to join the servant leadership by stating:

Take the skills they have learned as a resident and get ready to use them a lot more.

There is so much forgiveness required in this role, especially when you are serving and loving people that don't want the love you're giving or don't want to do what you are asking to do. (focus group, June 14, 2020)

Georgia continued with the theme of loving well and how servant leaders modeled that while she was a resident:

The ones who I saw as real, flawed humans but still able to live a loving life for the Lord showed me that even though I make mistakes, I can still live for Jesus and help others in their recovery. The more I saw the servant leaders I respected living in this way of forgiveness and repentance, the more equipped I felt to live this way myself. (focus group interview, June 14, 2020)

In the focus group meeting Francine attended, she summed up loving others well while modeling the character of Christ when she stated, "You have to keep forgiving and loving them and if you keep remembering to love them like Christ loves them, it is easier than thinking that you are forgiving them out of your own strength and goodness" (focus group, June 14, 2020).

All the participants joined the servant leadership team knowing they still had wounds that needed healing. However, as they became servant leaders and realized they were able to care for others and put the needs of others ahead of their own, it affected the way they loved people in a unique way. I believe maybe for the first time in their lives they realized they could love as Christ loves.

The importance of modeling Christ in the role of servant leader was referenced 14 separate times by the participants in the study. In speaking of Christlike character Francine said, "When you are committed to serving others, you want to show Christ-like character in forgiving them when they do try to manipulate you" (personal interview, June 2, 2020). In our focus group

discussion Sam made a similar point and said:

I always told people that were thinking about becoming a servant leader that God can use anyone if they have a Christ-like attitude to become a servant to benefit the growth of others. I have seen miserable servant leaders who either leave early or just grind out their one-year commitment. (focus group, June 6, 2020)

What stood out the most about Sam's statement was the part about servant leaders leaving early or just grinding it out. His statement caught me by surprise because I had not yet come to fully understand the unrelenting level of love for others that the servant leadership position requires. Jesus commanded, "Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind and love your neighbor as yourself" (Luke 10:27, New International Version). During our interview Nancy stated:

God's gift of love is a constant reminder of where I was and how I never want to return there. There is nothing I can't get through if I am holding on to the Lord and His Word. Seeing how the Lord has provided healing to residents helps us as servant leaders just as much. (personal interview, June 2, 2020)

Leah reinforced the extent to which love is interwoven into every aspect of the servant leadership program and said:

Being with servant leaders was one of the first times that I was truly loved for who I was. It was such a freeing experience to be seen in that way and loved. The shared experience and support and love is something that I will always remember and base my own life on. To know you have that kind of support helps in my recovery. Seeing servant leaders love people, the way God sees them made we want to be a servant leader. (personal interview June 4, 2020)

During his interview, Bill explained:

As a servant leader I had the opportunity to model the kind of Christlike love that I experienced. Hopefully this helps the residents I served have the same experience with grace and the same kind of perspective changing moments in their time as a resident.

(personal interview June 3, 2020)

To restate what Jerry said previously, “At our core as people, we desire to love and if we don’t fill that desire with something good then you may fill it with something negative”

(personal interview, June 8, 2020). Filling the desire to love with something negative only

temporarily fills the void, and ultimately leads to more pain as illustrated by Bill’s statement,

“The biggest thing that kept me addicted was that you live a traumatized life being an addict and that becomes the pain that you are also trying to escape” (personal interview, June 3, 2020).

Theme Three: Pain to Peace

Paul wrote to the Galatians, “It is for freedom that Christ has set us free. Stand firm, then, and do not let yourselves be burdened again by the yoke of slavery (Galatians 5:1, New International Version). The word *pain* appeared 50 times in the data. Nancy stated quite definitively, “It is not really about the drugs that we use, but why we want to numb the pain in the first place” (personal interview, June 2, 2020). Monica shared, “I had two abortions and I lost a child to miscarriage and that was very painful and I’m sure I was trying to numb the pain with drugs and alcohol” (personal interview, June 4, 2020). Leah admitted, “It is easier to drink and use drugs to numb the pain” (personal interview, June 4, 2020). It is not simply enough for most people with SUD to simply stop using substances as if they were quitting smoking. The desire to use goes much deeper than a physical dependence on chemicals such as nicotine or caffeine. The root issue is a need to fill an emptiness or numb a negative feeling or memory.

This theme of pain to peace was manifested through three sub-themes: escape; living in forgiveness; and freedom in Christ.

Escape. As Jesus stood by the pool, called in Aramaic The House of Loving Kindness, He encountered a man who had been disabled for 38 years and said to him, “Do you truly long to be healed” (John 5:2-6, The Passion Translation). This is the same question that each of the servant leaders needed to answer as residents and ask of themselves and those they serve daily. If the answer is no, they are not simply indicating they want to continue substance use, but rather they do not want to surrender their pain to Christ. While the word *escape* only directly appears seven times in the data, the words *cope* and *numb* appeared a combined total of 19 times. The need for escape, which results in coping without numbing the pain to block out some memory, feeling, or experience was implicit on numerous occasions during the interviews and focus groups.

At the beginning of this study I do not recall giving much thought to the root causes of SUD. In the literature I pointed to studies that connected SUD with adverse events from one’s childhood, but it was not until my interview with Bill that I better understood the connection between substance use and escape. He stated, “There are definitely traumatic experiences from my childhood that connect with my desire to anesthetize those feelings. It’s a vicious cycle, you experience trauma and you discover a reliable substance and there is escape” (personal interview, June 3, 2020). In summarizing the early stages of SUD, Jerry stated, “That is how I learned to escape from the angst that I had with who I am and who I am going to be and the opiates were the connection between the two. It is always about an existential who am I” (personal interview, June 8, 2020). As Georgia and I were discussing the connection between SUD and escape she pointed out:

Nobody wakes up one day and thinks I have such a great life so I'm just going to get high all the time. There were years or one traumatic event that led someone to say my reality is not okay so I need a different reality. (personal interview, June 3, 2020)

Leah addressed an underlying desire for escape as she said:

The lies we believe about ourselves that come from a traumatic event or things that happened as a child are simply lies and it was the example set by other servant leaders that taught me that I no longer needed to seek escape from those lies because I am free in Christ. (personal interview, June 4, 2020)

As I reflected on our discussions, I began to understand that the servant leaders are where they are in their recovery because they wanted to get well. With that decision they accepted the truth that there was hard work involved and a lot of pain to be faced. This of course was a courageous decision, but what I think was the bravest of all is that they decided to put faith and trust in an invisible God when they had received so much agony at the hands of a visibly broken world. As Leah said,

I would never had been able to be a servant leader or face my family again without forgiveness. It was key and it is critical to the healing process to let go of the anger and hurt and just be free from that and sow my mind and heart into serving residents well. Being a servant leader allows you to focus on things of the Lord and not on rage and resentment. It is a beautiful thing to see a resident want to do the hard work of forgiveness and to see them through that and to recognize that I was once in that spot and to be reminded that healing is a continual process. (personal interview, June 4, 2020)

By accepting the forgiveness Christ offers for their sins, servant leaders learned that leading as Christ led requires them to live in forgiveness.

Living in forgiveness. Collectively, the participants directly referenced forgiveness 62 times. When asked about the need for forgiveness in relation to abstinence self-efficacy Bill stated, “Resentment kills sobriety and to forgive is absolutely necessary to substance use recovery” (personal interview, June 3, 2020). Edward was emphatic about the need for forgiveness and said:

It plays a huge part. When I go back before I was able to forgive people, there was always a bitterness and an anger that I felt. I think that the ability to forgive provides a lot of freedom. I don’t get pent up with anger or bitterness with someone and I can cancel the debt. When I’m not angry I’m not going to go out and seek substances to numb anything (personal interview, June 2, 2020).

During my interview with Georgia she stated:

Forgiveness is one of the biggest blessings that I am grateful for. Before being a servant leader, I would bring up pain from my childhood anytime I would get into an argument with my father. Before my time at the ministry I would turn to drugs and alcohol because I would feel so depleted and empty. Now if we get into a disagreement my first reaction is to go into that arsenal of pain from the past, but there is nothing there. I don’t have anything to throw and that is a good thing. It has really showed me that once I let the Lord heal the wound, now that the isn’t there anymore there is nothing that I need to numb. Holding on to pain and bitterness is not really an option for me anymore because I understand the benefits of living in forgiveness. God has done so much in my heart because I have made the choice to forgive. (personal interview, June 3, 2020)

In her letter to prospective servant leaders Georgia expanded on this sentiment and connected it to the role of servant leader and wrote:

Another large part of this job is helping the ladies walk through forgiveness: big and small. It may be something they're walking through in counselling, or as simple as forgiving a friend for taking the laundry machine first. It is important, and I think a big part of this process is living in forgiveness yourself. Women, especially ones as perceptive as these residents, can tell when you are walking in bitterness towards another person; therefore, it is so important to examine your own heart before entering into a conversation with a resident to ensure there is forgiveness and grace there. Leading someone else in forgiveness is a process, not a one-time event. She must be willing, and you must be patient and prayerful in walking with her through this. (participant letter, June 14, 2020)

In our focus group discussion, Leah and Nancy were most engaged when the topic of forgiveness was brought up. Leah first stated:

It was something I had to learn really quickly and I didn't realize how much I struggled with forgiveness until I had to actively forgive people who weren't even sorry and didn't realize that they were doing something wrong or knew and didn't care because of the pain they were walking through and it was so hard for me to love them and I could not love them like Christ if I was harboring bitterness and anger toward them. Learning to choose to forgive them just really freed up this space in my heart to be able to walk with them and love them through it which in turn led to their heart change in seeing that someone is loving them even though they don't deserve it. (focus group, June 14, 2020)

Nancy was as passionate as Leah about forgiveness but came at it from a different perspective and said:

It was easier for me to forgive others but it was harder for me to seek forgiveness for

myself. When I made mistakes as a servant leader it was harder for me to seek that forgiveness for myself, but I can't guide others and forgive others if I don't seek that forgiveness for myself. It is easy for me to forgive others but hard for me to forgive myself. As a servant leader you just need to be really open to anything the Lord calls you to while you are here. You have to be able to express the forgiveness that Christ has shown. Even though we are in a position of authority we make mistakes too and we don't do everything perfectly. It is important to demonstrate humility and be humble enough to ask for forgiveness. (focus group, June 14, 2020)

After Nancy's comments I remembered Francine having a similar experience with forgiveness of self when she stated:

I had to forgive myself for a lot of the choices I made in my life. Before coming here, I was Catholic and I thought I was going to hell for breaking one of the 10 Commandments. When I came to the ministry, I had no idea who Jesus was. When I discovered who Jesus truly is, I was able to forgive myself. I had two abortions and I lost a child to miscarriage and that was very painful and I'm sure I was trying to numb the pain with drugs and alcohol. (personal interview, June 2, 2020)

Although Jerry did not directly mention a problem with self-forgiveness, he did address pride as a stumbling block:

In my pride I wanted to say I wasn't hurt by anything and I built my life on you're a man and a man is someone who does not need anyone or anything and that is what I was like when I first came as a resident. What I learned is that you need to be willing to receive forgiveness and give forgiveness for the healing process to begin. As a servant leader those things are put to the test regularly as you live in a dorm environment people are

mad at you a lot of times and you have to tell them things that they don't want to hear and they are trying to make you mad. Every day there is this challenge to have the humility to be gracious to someone you are upset with. Understanding the forgiveness that has been given to you in Christ and being able to give it to people is key to long-term abstinence from substance abuse. (personal interview, June 8, 2020)

I believe that Nancy accurately sums up the connection between forgiveness and abstinence self-efficacy when she wrote:

He has forgiven us of our sins, and we often need to be reminded to forgive ourselves and to forgive the people who have wounded us. Walking alongside these women has reinforced my own recovery, witnessing the change in the lives of our residents will undoubtedly do that. It reminds us of God's grace and His promises to us. The Lord has not guided my recovery, He has become my recovery. (participant letter, June 16, 2020)

One of the first steps in living in forgiveness for many of these servant leaders was going deep and crying out to the Lord, because they often did not know why they abused substances. When they understood the root cause of their SUD was unforgiven pain that was caused in past relationships, the Lord was able to provide healing through current relationships at the TC.

Freedom in Christ. The codes of *free* or *freedom* appeared in the data a combined 22 times. The servant leaders consistently discussed how self-abandonment provided a freedom in Christ that far exceeded any temporary relief provided through substance use. Edward clearly illustrated this point as he stated, "It is all about freedom in Christ. I am no longer enslaved to narcotics or any false idols. The focus can shift from worshipping false idols to worshipping God by focusing on His children" (personal interview, June 2, 2020). Bill expressed in our interview that his "false idols" or "stumbling blocks" were avoidable when he stated:

What I found was that here is where God was calling me to be and by doing what He was asking me to do, which was to serve others, I put myself in a position to avoid the things of the world that were a stumbling block for me. (personal interview, June 3, 2020)

Jerry helped put the concept of freedom in Christ into perspective when viewing abstinence self-efficacy as he said:

The more you give of yourself to others the more your freed from yourself and the calamity that comes along with self-absorption that manifests into addiction. Once you start to live for other things you become freed from the shame of being an addict and for recovery to be successful your focus needs to be bigger than not doing something.

(personal interview, June 3, 2020)

Nancy was able to weave the concepts of submission and freedom in Christ together as she stated:

By willingly submitting to the Lord's will in your own life, you are simultaneously being a witness to them, while showing these women that it can be done. Showing and reminding them that the Lord is with us, and He wants us to be freed from our own chains. (personal interview, June 2, 2020)

Nancy further encapsulated how serving others provides freedom in Christ when she wrote, "Being a servant leader means laying down your own life for the needs of others, preaching the Gospel and encouraging others that He can and will free us from our addiction and pain" (participant letter, June 14, 2020). In referring to freedom from lies of the world Leah said:

My time as a servant leader extended my healing and continued the process of looking at stuff from my childhood that I ended learning as a resident that the root of why I chose to

numb myself. That healing continued as I led people and heard their story and how that brought up memories for me. As a servant leader I tried to teach residents how to combat lies together. The lies we believe about ourselves that come from a traumatic event or things that happened as a child but recognizing it as a lie and having other people helping me to see the lies in my role as a servant leader. (personal interview, June 4, 2020)

Finally, Bill brought concept of freedom in Christ into a full circle when he stated:

There is nothing more essential to being clean and sober than peace within your soul. The desire to escape is what feeds addiction and peace is the opposite of that and it was a big deal for me to experience that as a resident. That was my first step to accepting God back into my life. As a servant leader I get to help others understand what freedom in Christ really means and looks like. (personal interview, June 3, 2020)

As I learned about the TC, I realized they do not refer to terms like *addiction* or recovery very often. I sensed quite a bit of consternation as I referenced such terms. I began to understand that within the community, people do not view others through the lens of addiction, and that frees them to let go of their self-perception as an addict in recovery. They are enveloped in the gospel, which is not about some action they are taking, but about Christ. The paradigm shift from their addiction to serving God by serving others is what truly sets them free.

Theme Four: Communal Bond

Solomon wrote, “Though one may be overpowered, two can defend themselves. A cord of three strands is not quickly broken” (Ecclesiastes 4:12, New International Version). Within a TC setting where spiritual formation is catalyst for all actions, communal interactions purposefully occur to orient everyone’s focus to the work God is doing in their lives (Schmutzer, 2009). Throughout all interactions with servant leaders, I found confirmation of a comment

Jerry made as he stated, “There are lots of classes and programs offered here, but what this place really boils down to is community” (personal interview, June 8, 2020). Living in a broken world, we are expected to be independent and not wear our pains on our sleeves. In the short amount of personal time between work and family commitments, seeking comfort in substances can be much easier than seeking meaningful engagement in relationships centered around God and His love for us and others. The essence of the experiences of servant leaders is that it is all about God-centered relationships and acknowledging that apart from Him, they are lost and must in love hold each other accountable to keep their focus on Christ alone.

Godly relationships. In his letter to the church of Ephesus Paul wrote, “Be completely humble and gentle; be patient, bearing with one another in love. Make every effort to keep the unity of the Spirit through the bond of peace” (Ephesians 4:2-3, New International Version). The code of *relationships* appeared 74 times in the data and it was always clear to me, whether directly stated or not, that the participants were referring to relationships grounded in the love of God. In beginning this section, I immediately remembered my interview with Bill in which he said, “The relationships I’ve experienced are really what have kept me clean. My sobriety is based entirely on my Christian faith and the Godly relationships I experienced while on the servant leadership team” (personal interview, June 3, 2020). Francine’s comment on her formation of relationships with other servant leaders differed from Bill’s as she stated:

The hardest part of being a servant leader was being friends with other servant leaders because I viewed them as authority figures and not as vulnerable people. When I became a servant leader, I simply learned that some of the other servant leaders were just introverted people and that was hard for me. There were some people that were also residents with me and as we became servant leaders together, we lifted each other up.

(focus group, June 14, 2020)

In the same focus group discussion, Leah followed up on Francine's comment and said:

Servant leaders absolutely lift each other up. Being a servant leader is such a challenging job and you need to depend on others to best care for the residents. The closest lifelong friendships that I have ever had have come from my time as a servant leader. These are people that I talk to all the time and I know they always have my back no matter what. A big part of that closeness and connection comes from what we have been through together and those life experiences and taking the time to understand how much we all need the Lord in our lives and to remember who He is in our lives and to remind each other of that in all situations. (focus group, June 14, 2020)

Georgia immediately picked up where Leah left off and stated:

Before I came on as a resident and a servant leader, I had no good female friendships and it showed me how positive it is and now outside of the ministry I see the benefits of such Godly relationship and it definitely has helped with my abstinence self-efficacy. To be able to fall back on those relationships when things get hard has made all the difference for me. (focus group, June 14, 2020)

It became apparent the relationships formed or human recovery capital built, are going to be what helps keep these servant leaders on course through the storms of life to help one another keep their focus on Christ and not on the crashing waves (Matthew 14:27-31, New International Version).

Bonding process. In the data the word *bond* appeared 11 times. Something that stood out was that many of the servant leaders had discussed broken relationships and a sense of isolation and loneliness. Monica grabbed my attention as she stated, "We are hurt in

relationships and so we need to be healed in relationships. The Lord provides healing through relationships” (personal interview, June 4, 2020).

Jerry stated, “I was very lonely in life although it did not appear that way. People thought I was fine, but I was very empty and lonely and couldn’t stop using” (personal interview, June 8, 2020). This comment stood in stark contrast to what he expressed later in the interview as he said:

The bond that was formed with others was key for me and I always felt at home when I’m part of a team. This team was full of people trying to follow the Lord. We shared a common goal of serving those in recovery and we were able to bond because we all had similar backgrounds with those we served. (personal interview, June 8, 2020)

Nancy supported the concept of a strong bond as she said:

I think the commonality with each other forms a bond that withstands years and years after we serve alongside one another. The bond is something that is talked about often with one another, but just living life with one another and walking through our struggles together while we are helping others to do the same thing is huge to have that level of support. (personal interview, June 2, 2020)

Monica simply stated, “The bond formed with other servant leaders is one of my favorite things about the servant leadership program” (personal interview, June 4, 2020).

I began to ask, “What is the glue that holds this bond together?” When I posed this question to Nancy, she immediately responded, “The strength comes from being one in Christ” (personal interview, June 2, 2020). However, I gained more insight from reading Sam’s participant letter into how God strengthens us in different ways, but for a common purpose. Sam wrote:

God designed us different to meet the different needs of the body. Use your natural gifts in your servant leadership and trust in God to equip you for those relationships and things you can't do well. Because He will grant it if it is in His will. (participant letter, June 6, 2020)

It became obvious to me these servant leaders had fought many spiritual battles together, and as a result, a special bond was formed. Through difficulties they learned to depend on their fellow servant leaders, and they realized the value of putting their difficulties aside for the common purpose of serving others as others had served them.

Accountability. Appearing 17 times in the data, *accountability* is a pivotable aspect of life as a servant leader. Monica stated:

There have been 6 people that have passed from overdose since I arrived here. When I look at the residents now, I know it is life and death and I know it is the same for me because if I were to continue to drink, I would die. I have learned to not take my life for granted and I hope that through the influence I have with others I will be able to help others not take their own lives for granted. As a servant leader, I have told residents, if you leave right now you will die. (focus group, June 6, 2020)

Throughout all the interviews there was a palpable sense of belonging and acceptance felt amongst the servant leaders regardless if they always agreed with each other or even liked each other on a personal level. Leah said:

When you are in a community that requires you to give everything you have and you're doing it with a group of people, you very quickly create a bond and a connection with those people because you are submerged in life with them and it's an environment where friendships are grown very quickly because you spend every waking minute with them. I

think what helps with my own abstinence is the constant connection with others and constant accountability with those that I am so close with. (personal interview, June 4, 2020)

In our interview, Georgia recounted:

The other servant leaders have seen the work that the Lord has done in me so having the relationships with people during my time there has been helpful because they can snap me out of the funks that I'm in and really hold me accountable to the things I've committed to. (personal interview, June 2, 2020)

In the same interview Georgia acknowledged it was a two-way street:

Sometimes the only reason I stuck it out was because of the relationships that I had built with those I was serving with and I wasn't to leave them in the trenches. The bond and deep connections with other servant leaders made me accountable to providing others with the same level of support they provided me. (personal interview, June 2, 2020)

This ties into the concept of reciprocal influence in a manner that first took me by surprise as I had not previously considered the dynamic of servant leaders serving each other. Monica reinforced this concept as she stated:

I grew so much as a servant leader. I was a lead for 5 other servant leaders and I had to care for residents while caring for servant leaders. As you walk other servant leaders through the leadership process you don't think about, your but rather the relationships. When you focus on the needs of others, all of your needs are met. (personal interview June 4, 2020)

Georgia provided a specific example of this as she explained:

I have a friend that I went through the servant leadership program with and we have been

through hell and back with each other. She knows everything about me and if there was a time that I did not feel safe in my recovery, she would call because she can remind me about the places I've been and to remind me that is not a place I want to go back to.

(personal interview, June 6, 2020)

Monica expanded on reciprocal accountability and stated, "I had to learn to confront people and hold them accountable. Holding other people accountable requires me to be accountable to myself and others" (personal interview, June 4, 2020). Leah pointed out that sometimes such accountability can simply be in the form of a reminder:

A big part of that closeness and connection comes from what we have been through together and those life experiences and taking the time to understand how much we all need the Lord in our lives and to remember who He is in our lives and to remind each other of that in all situations. (personal interview, June 4, 2020)

The servant leaders learned that before they could hold other people accountable for their words and actions, they must first be accountable to God and themselves. This level of accountability required a level of vulnerability that most of them never had in any relationship prior to coming to the TC. It was learning to be vulnerable with others and secure in who they were in Christ that supports their confidence to remain substance abstinent. Servant leaders learned that healing comes as they seek formation into the likeness of Christ and follow His model of loving God and loving others.

Theme Five: Lead Like Jesus

The notion of transformation from consumption of self to serving others must seem impossible to many residents of the TC. However, it is not an arbitrary endeavor that is simply based around helping these servant leaders feel better about themselves. It is literally a rescue

mission not just for temporal lives, but the eternal lives of those walking alongside Christ, sharing in His suffering so that they may share in His glory (Romans 8:17, New International Version). In Sam's participant letter he illustrated beautifully how the influence process through servant leadership occurs:

It is God who provides the growth, it is your job to plant the seed and nurture it as needed. That is how God gets the glory. That is also how true and deep relationships will flourish as God will be at the center of them. And in this you will ultimately gain influence with the residents in your care. (participant letter, June 7, 2020)

By following Christ's example, servant leaders choose to join the Trinity and show grace and forgiveness to those they serve. By following the example of Christ, servant leaders are able to lead as He led.

Grace and forgiveness. The code of *grace* appears in the data 14 times and is something that drives the servant leaders to serve well. However, with *forgiveness* being referenced 62 times it became clear that forgiveness of self and other must occur before genuine service can be performed. Bill powerfully described how through grace servant leaders influenced the trajectory of his life:

I immediately experienced grace, even in accountability I experienced grace any time someone needed to correct me it was with a gracious attitude. The character of Christ was modeled by the servant leaders on day one. They were very good at probing my level of desire to stay sober and build relationships. After 6 months I came out of the protective bubble and began to interact in a normal way. They modeled to me how to be gracious in conflict and put love at the forefront of everything. I learned as a servant leader that if you are trying to care for that person the love that you have for that person

must be on the forefront. It was their Christlike character that allowed me to be introduced to God. (personal interview, June 3, 2020)

I had written in my interview notes that Bill did not think he deserved grace and I recalled what the Apostle Paul wrote, “But God demonstrates his own love for us in this: While we were still sinners, Christ died for us” (Romans 5:8, New International Version). While referring to grace Francine said, “Learning the Christian way of life and seeing other people live it out has had a tremendous influence. Within this community there is a lot of grace and that has been very helpful” (personal interview, June 2, 2020). Monica specifically discussed how the Christlike grace modeled at the TC allowed her to release her reluctance to trust men, which is something she had carried since childhood.

There were opportunities here to do things outside of my comfort zone, but because of the Christ centered grace and love embedded into the culture here I felt confident to take risks that I otherwise would not have taken. Learning to work with and around men without feeling stupid was a huge step that I was able to take as a servant leader.

(personal interview, June 4, 2020)

In Sam’s letter to those considering joining the servant leadership team he cautioned, “It is not a small thing to be a servant leader and you need God’s grace to get through each and every moment” (participant letter, June 7, 2020). In speaking of the need for God’s grace and its importance to a servant leader, Edward stated, “I have also learned to turn to the Lord, which is the most important part that the Lord has forgiven us for the same grace that He has given to me He wants me to give others” (personal interview, June 2, 2020). Edward later said, “Serving others taught me how to reflect on the grace that had been shown to me and now it is time to be gracious to others” (personal interview, June 2, 2020).

In the discussing the multiple dimensions of grace, Bill said, “One thing I’ve learned as a servant leader working with guys that are angry and have wounds is that to experience grace it is necessary to accept grace” (personal interview, June 3, 2020). As I transcribed Bill’s interview I remember pausing after this comment. At first, I did not know how to interpret the relationship between experiencing grace and accepting grace. As I processed the experiences of servant leaders as a whole, I began to understand that to these servant leaders grace is the right relationship with God that was purchased by Christ’s death on the cross and that by living in that grace it is incumbent upon them to demonstrate to others how to live in that grace. They realized that they did not earn grace and that it was freely given to them by God and it is by their example as servant leaders that residents gain an understanding of how to accept and experience grace. By modeling the character of Christ, servant leaders join His mission to bind up the brokenhearted and free captives from darkness (Isaiah 61:1). Serving as Christ served brings intrinsic value to the server.

Adding value. The word *value* appears 14 times in the data. In speaking about how having a positive influence on others has impacted his own abstinence self-efficacy, Bill stated:

It gives value to my sobriety because giving value to others comes from the fact that I am clean and sobor today. It comes from a desire to serve the Lord and it is fueled by a desire to serve others as well. So, I’m confident because I have a mission. If you take something away you have to replace or you’re just going to feel empty inside. (personal interview, June 3, 2020)

Todd commented:

The leaders of this program say we see God’s gifting in you and we think you need to put that to use and we would like you to stay and serve others. That gives your journey to

stay sober more value. You are then able to impart that value to others. (personal interview, June 8, 2020)

Leah stated, “However, choosing the harder thing is such a brave thing to do and I think helping women recognize their value was so gratifying to me as a servant leader” (personal interview, June 4, 2020). Bill, later in our interview, said:

To serve in a community where the community is bonded together and all working toward the same goal and that goal is something that relates directly to you and how your life has been saved gives tremendous value to not only your sobriety, but also it allows the negative things in your journey to be redeemed because you can use those things as you shepherd others toward the same end. Christ calls us to serve and, in that service, there is value. (personal interview, June 3, 2020)

Edward emphasized the need for a sense of value as he stated:

Without value you just kind of feel like this is life and just trying to make ends meet and there is not really value in recovery when you are living like that. For me the servant leadership program was absolutely essential for my abstinence and if I had just gone home after my year as a resident, I believe I would have just fallen back into my old lifestyle. (personal interview, June 2, 2020)

In making the transition from self to other, the servant leaders demonstrate becoming co-laborers with Christ. A life centered on self is in no position to lift others. However, through spiritual formation in the context of a love relationship with the Trinity, servant leaders seek to better the lives of those they serve in obedience to Christ. By joining the Trinity and serving as Christ served, servant leaders receive ointment for their wounds and an inexplicable sense of joy (McHale et al., 2018).

Lasting Joy. The word *joy* only appears nine times in the data, but I could hear it in the voices of all 10 servant leaders. In his participant letter Sam cautioned potential servants to be careful of their reasons for joining the team.

I would also tell people to check their motives before becoming a servant leader. I believe you can be an effective servant leader even if your intentions are not Christ centered, but you will definitely put more stress on yourself and feel more hurt personally when you do things for your own desires and not His will. (participant letter, June 7, 2020)

Georgia stated, “Seeing residents grow in the Lord brings me joy and I suppose being a part of bringing joy to someone else does make me feel better about who I am in the Lord (personal interview, June 3, 2020). Francine said, “Watching God work in their lives gives you joy in the Lord” (personal interview, June 2, 2020). Leah spoke of joy and stated:

I didn’t realize that I was having an impact with other people until the end of time when residents told me how much I helped them. My thought process was that as long as I know that I’m going to love them as Christ loves them and I’m going to do the best that I can to care for them. When I was a resident, I felt loved in a way that I had never experienced in my life and I wanted to help residents feel that way as well. The servant leadership journey did positively impact my self-esteem, but I learned that it is not about me or how I feel about myself, but ultimately how the Lord impacts the women and it gave me joy to know that they now have a relationship with the Lord and I feel honored to be even slightly a part of that. (focus group, June 14, 2020).

Georgia said:

The substance use disorder psychological mind field doesn’t feel like you are in it so much because it is just not the focus. You find some joy in something else and there is

some forgetfulness that I think is good that takes place. (personal interview, June 3, 2020)

In the first sub-theme “Spiritual Brokenness,” Jerry stated, “At our core as people we desire to love and if we don’t fill that desire with something good then you may fill it with something negative” (personal interview, June 3, 2020). The servant leaders learned to fill the desire to love by serving others. By serving as Christ served, the participants were able to lead as Christ led and share in His joy.

Research Question Responses

The research questions that guided this study were formed to elicit rich descriptions of servant leaders’ overall experiences, and how these experiences impacted their abstinence self-efficacy. Participants’ responses to each of the research questions are detailed below.

Central Research Question

The central research question for this study was: What are the lived, abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community? The servant leaders described their experiences as a “recovery journey.” Their comments were categorized into three sub-themes to answer this research question. The sub-themes were (a) spiritual brokenness, (b) life in Christ, and (c) to the depths.

The journey begins with first finding security in Christ as a resident in the program. After demonstrating a certain level of spiritual maturity, the resident is invited to join the servant leadership team and journey alongside residents and continue to strengthen their own security in Christ by living in service to others. Servant leaders acknowledge that they live in a broken world and rather than block out the pain and brokenness through substance use, they accept the challenge to serve residents with the understanding that there will some level of fulfillment in serving and leading others in how to address their own spiritual brokenness.

Accepting the disaster of attempting to live in this broken world apart from Christ, but without drugs and alcohol to anesthetize the pain, the servant leaders now strive for a full life in Christ. Learning to rejoice in the work that God has done in their own lives and the lives of those they serve is paramount. For the servant leader's daily life is not about simply thinking about Christ, but about making Christ the focal point of every thought, word, and action. This is an impossible task in a broken world, but they live within a community that helps to facilitate living with a Christlike mindset. Servant leaders support each other as they are helping residents learn how to carry and surrender their burdens to Christ. It is the community itself working in unison that provides daily bread for the arduous journey and allowed the servant leaders to strengthen their abstinence self-efficacy.

Sub-Question 1

The first sub-question for this study was: How do residential servant leaders describe their experiences with learning to focus on meeting the needs of others and with the ensuing impact on abstinence self-efficacy? The servant leaders described their experiences with focusing on the needs of others as *spiritual formation* and described in vivid detail how their abstinence self-efficacy was strengthened throughout this process. Their comments were categorized into three sub-themes to answer this research question. The themes were (a) denying of self, (b) loving others well, and (c) modeling Christlike character.

The TC revolves around guiding residents through the process of spiritual formation, which is rooted in a conversion of the self to God. The subordination of one's own needs and hurts is necessary for meaningful service to others and often serves as a means of and motivation for maintaining abstinence from substance use. Denying of self also means to these participants the denying of self-sufficiency and the need to constantly acknowledge that, apart from Christ, it

is very difficult to maintain substance abstinence. In learning to shift the focus from self to others, servant leaders are learning that to lead others, they must love others as Christ loves them.

By making a conscious effort to love others well the servant leaders develop a healthy perspective on holding themselves and those who they serve accountable to not seek substances to numb the pain in difficult situations. The servant leaders understood that God can use them if they have a Christ-like attitude to become a servant to benefit the growth of others. It is critical to acknowledge that the mission is not to simply help residents grow to become more productive members of society with healthy self-esteem, but to lead them in building a deep and full relationship with the living God. By seeking to relate with Christ in a consistent and intentional way, servant leaders experience a heart change that seeks to please God above all else. As this heart change is in direct conflict with SUD, the servant leaders have positive outlooks for their abstinence self-efficacy.

Sub-Question 2

The second sub-question for this study was: How do residential servant leaders describe their experiences with forgiveness of those related to adverse childhood experiences (ACEs) and with the ensuing impact on abstinence self-efficacy? The responses of the servant leaders formed the theme of *forgiveness of self and others*. The participants described how forgiveness of negative experiences from their childhood and other stages of life strengthened their abstinence self-efficacy as they released unresolved pain from past traumatic events. Their comments were categorized into three sub-themes to answer this research question. The sub-themes were (a) escape (b) living in forgiveness, and (c) freedom in Christ.

The servant leaders all understood they were no longer bound by the shackles of

addiction as they had been set free in Christ. The desire for a different reality is what led to their SUD as a form of escape and for most of the participants a vicious cycle ensued that created a perpetual need to escape traumatic events that often resulted from the SUD. The notion of simply forgiving and forgetting ACEs and other traumatic experiencing seemed impossible to the servant leaders until they were able to absorb the reality that Christ can heal all wounds and that they can find fullness and rest in Him alone.

However, each one of them discovered that as they learned how to abandon self, they found a freedom in Christ that far exceeded any temporary relief provided by substance use. The freedom from lies was often too difficult to achieve alone and required them as servant leaders to help the residents recognize lies just as their servant leaders had done for them. The servant leaders explained their abstinence self-efficacy only strengthened the more they gave of themselves to others as they were no longer ensnared in self-abortion and lies.

Sub-Question 3

The third question for this study was: How do residential servant leaders describe their experiences with building human recovery capital and with the ensuing impact on abstinence self-efficacy? The servant leaders described their experiences with building human resource capital in the form of relationships rooted in the love of God and others and formed the theme *communal bond*. Their comments were categorized into three sub-themes to answer this research question. The sub-themes were (a) Godly relationships; (b) bonding process; and (c) accountability.

The structure provided at the TC enables the servant leaders to learn about Christ and what healthy Christ-like relationships look like. The servant leaders view the relationships formed at the TC as some of the most important relationships in their lives. All of the

participants exuded a confidence that if there is a time they are struggling or needed prayer, even if it gets to the point where they might relapse, these relationships are the ones they can depend on because they walked through so much together. The bond formed as the servant leaders live together as fellow believers with similar backgrounds and personal struggles creates a deep and powerful connection that is built to endure.

Having all gone through the resident portion of the TC, the servant leaders first learned to truly love each other for who they are in Christ and not for anything they had done or could do apart from Him. The gracious attitude that was adopted by members of the TC facilitated accountability because any need to correct one another was always grounded in the love of Christ. The servant leaders understood the compassion inculcated at the TC for hurting people is what makes this community so special and provides them with strong confidence in their abstinence self-efficacy because they know they do not need to walk through struggles alone.

Sub-Question 4

The fourth question for this study was: How do residential servant leaders describe their experiences with growth as an influential leader and with the ensuing impact on abstinence self-efficacy? The servant leaders described their experiences with becoming influential leaders and formed the theme *lead like Jesus*. Their comments were categorized into three sub-themes to answer this research question. The sub-themes were (a) grace and forgiveness; (b) adding value; and (c) lasting joy.

The servant leaders recognized they are flawed humans, but still able to live a loving life for the Lord by grace even though they still make mistakes. They understood that by God's grace they can still live for Jesus and help others in their recovery. They gained influence with residents by living in this way and through their example the residents felt more equipped to live

in grace and forgiveness. The servant leaders while recognizing that everything they do is with the Lord's strength; they take pride in the fact that they are showing others to live well and that gives them confidence and adds value to their own abstinence self-efficacy.

As the servant leaders see residents build a relationship with Jesus, they experience joy which strengthens their own relationship with the Lord. They come to realize that the more they pour out their lives to others the more God pours into them. While the servant leaders do not subscribe to the therapeutic gospel of Jesus dying on the cross so they could feel better about themselves, being a part of bringing joy to someone else does make them feel better about who they are in the Lord. The influence gained by the servant leaders strengthens their own abstinence self-efficacy because they have learned to appreciate the trust that is earned and their focus shifts to wanting to see residents grow in Christ by their example.

Summary

This chapter provided a rich description of 10 participants and their abstinence self-efficacy experiences as members of a servant leadership team at a Christian residential TC. The participants' verbal and written comments provided insight into the essence of their experiences. After I analyzed the data, I identified relevant words and statements, which I separated into five themes and 15 subthemes.

The data collected directly addressed the central research question about the lived experiences of servant leaders in a therapeutic community and the four sub-questions. The first theme emerged as servant leaders described their abstinence self-efficacy as a *recovery journey* to live a full life in Christ and that an abstinence of chemicals in the blood stream is not enough without Christ as the focal point. The first sub-question queried about the impact of choosing to serve others and was answered through the theme of *spiritual formation* in which servant leaders

discussed the intentional choice to adopt a Christ-like attitude and live a life focused on God and others rather than on self. The second sub-question queried about forgiveness related to painful experiences and was answered through the theme of *pain to peace* as servant leaders acknowledged that true healing from the root causes of SUD is only found in Christ. The third sub-question queried about building human recovery capital and was answered through the theme *communal bond* as servant leaders detailed the unbreakable bond formed with others at a Christ-centered TC. The fourth sub-question queried about growth as a leader and abstinence self-efficacy and was answered through the theme of *lead like Jesus* as the participants discussed accepting the grace and forgiveness freely offered by Christ and the joy they have found in carrying the torch and modeling the character of Christ to residents and perhaps future servant leaders at the TC.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this transcendental phenomenological study was to describe the abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential Therapeutic Community (TC). This chapter will include a summary and discussion of the findings. Theoretical, empirical, and practical implications for Substance Use Disorder (SUD) treatment providers will also be presented. Finally, I will discuss delimitations and limitations of the study, recommendations for future research, and conclude this chapter with a summary.

Summary of Findings

The five primary themes to describe the abstinence self-efficacy experiences of residential servant leaders are: (a) recovery journey, (b) spiritual formation, (c) pain to peace, (d) communal bond, and (e) lead like Jesus. Within each of the five themes are three subthemes in response to the central research question and four sub-questions of this study.

Central Research Question

What are the lived, abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential therapeutic community? I sought to determine what unique factors were present at the site of this study that led to participants' experiences with abstinence self-efficacy. The primary theme was *recovery journey* and the subthemes were *spiritual brokenness*, *life in Christ*, and *to the depths*. Participants' recovery journey began when they were residents and required them to demonstrate a high level of spiritual maturity to be invited to return as servant leaders upon graduating the residential program. Participants reported that as residents they learned the root of their SUD was spiritual brokenness, which

could only be made whole through Christ. As servant leaders they had to be empathetic and supportive while not compromising biblical truths. Through these truths the participants were able to model what a life in Christ looks like and how to live such a life on a daily basis. The role of servant leader is spiritually, physically, and emotionally demanding and a bond is often formed between servant leaders in the midst of difficulty. As they discovered they could meet this challenge alongside Christ, their abstinence self-efficacy strengthened.

Sub-Question 1

How do residential servant leaders describe their experiences with learning to focus on meeting the needs of others and with the ensuing impact on abstinence self-efficacy? The primary theme was *spiritual formation*, which the participants described as a shift in focus from self to God and others. The three subthemes were *denying of self*, *loving others well*, and *modeling the character of Christ*. The participants described how their focus was on Christ alone as they served residents. In doing so their abstinence self-efficacy was strengthened because they knew they could live in a way in which the root causes of SUD no longer dictated their actions.

Sub-Question 2

How do residential servant leaders describe their experiences with forgiveness of those related to ACEs and with the ensuing impact on abstinence self-efficacy? The primary theme derived from this question was *pain to peace*. The three subthemes were *escape*, *living in forgiveness*, and *freedom in Christ*. Participants detailed that at the root of their SUD was a desire to escape the insecurities of a life apart from Christ. Monica expressed that the insecurities formed in relationships can only be healed in right relationship with Christ through forgiveness of self and others (personal interview, June 4, 2020). This forgiveness provides a

freedom that renders the pain and lies of the past powerless to imprison a life consumed with Christ alone. The participants acknowledged that their abstinence self-efficacy was strong, but only as strong as their focus on Christ.

Sub-Question 3

How do residential servant leaders describe their experiences with building human recovery capital and with the ensuing impact on abstinence self-efficacy? The main theme resulting from this question was *communal bond*. The three subthemes were *Godly relationships*, *bonding process*, and *accountability*. Participants agreed that the shared experiences in the TC allowed them to build human recovery capital, which they believe will endure over time. With relationships founded on security found in God alone, servant leaders were able to lower their human defenses and enter into trusting relationships. With trust and love each servant leader can hold others accountable while they themselves are accountable to others. They recognized their confidence is in Christ alone, and reported the relationships formed at the TC enabled strong abstinence self-efficacy.

Sub-Question 4

How do residential servant leaders describe their experiences with growth as an influential leader and with the ensuing impact on abstinence self-efficacy? The main theme developed was *lead like Jesus*, and the three subthemes were *grace and forgiveness*, *adding value*, and *lasting joy*. Participants agreed that the bar is higher for servant leaders, but adherence to those standards gains the trust of residents and results in positive influence. The servant leaders understood the necessity of forgiving residents who hurt them so they could model living a Christ-centered life. Servant leaders expressed that pride is gained by showing others how to live well, which adds value to their own recovery. Collectively, servant leaders reported that

seeing residents grow in the Lord brought them joy and being a part of bringing joy to others increases abstinence self-efficacy.

Discussion

The findings contribute to the literature on the phenomenon of SUD abstinence self-efficacy and expands on Robert Greenleaf's (1970) servant leadership theory and Albert Bandura's (1982) cognitive-behavior self-efficacy theory. I will discuss the findings of this study in light of the theoretical and empirical literature reviewed in Chapter Two. Also, I will discuss how the findings confirm previous research and extend the body of research.

Theoretical

Scholars of servant leadership postulate the measure of effective leadership is that those served grow as persons and are more likely to become healthier, wiser, freer, more autonomous, and more likely to serve others (Greenleaf, 1977). The theory is also grounded in the premise that by seeking to meet the needs of others, the servant leader gains a sense of personal fulfillment (Ilgen et al., 2005). As illustrated in Figure 1 from Chapter Two, researchers have compared servant leadership theory to an inverted pyramid model with the leaders located at the bottom to best serve the needs of each member of the organization (Hunter, 1998; Laub, 2005). As the servant leader focuses on helping others accomplish their goals, the leader gains influence and a healthy culture is sustainable as each member is focused on the interests of others, thus everyone's needs are met (Wenger, 2000). This study extends what is known about servant leadership theory by studying servant leaders in SUD recovery and how their sense of personal fulfillment in that role positively affects their abstinence self-efficacy.

Proponents of cognitive-behavior self-efficacy theory state that the level of a person's confidence to execute an action often determines the outcome (Bandura, 1982; Lightsey, 1999).

Abstinence self-efficacy is the application of Bandura's construct of self-efficacy applied to substance use abstinence (Ilgen, McKellar, & Tiet, 2005; Jones & Prinz, 2005; Miller & Carroll, 2006; Rollnick & Heather, 1982). Self-efficacy is not a fixed personality trait, but a dynamic process modified by situational circumstances and changing individual factors (Bandura, 1993; Wittkowski, Dowling, & Smith, 2016). Individuals with strong coping efficacy are likely to mobilize the effort needed to successfully resist situations of high-risk for substance abuse (Bandura, 1986). This study extends what is currently known about abstinence self-efficacy theory by isolating the experiences of those in SUD recovery while participating in a residential servant leadership program. The abstinence self-efficacy developed while serving at the TC influences servant leaders' ability to abstain from substance use in all situations. As Georgia said,

Once you go to the depths with other people and you realize that you are in the depths right now and I don't need to use, you realize there is nothing that could happen to make me feel like I don't have a choice but to use drugs or alcohol to numb the pain. (personal interview, June 3, 2020)

Empirical

This study extends previous research on the application of servant leadership in relation to abstinence self-efficacy. Spiritual formation is the catalyst for all actions in the community. The literature review revealed influence, reciprocal influence, adverse childhood experiences, TCs, and human recovery capital are beneficial in SUD recovery programming.

Mahembe and Engelbrecht (2014) revealed that as servant leaders meet the needs of others, their influence with constituents grows. Also, Stone, Russell, and Peterson (2004) showed that the concern for the well-being of group members modeled by servant leaders

enhanced the level of care and support team members showed for one another. Heightened influence with constituents through service was confirmed as participants learned how to shift their focus from self to others through spiritual formation. By focusing completely on Christ and service to others, servant leaders' needs were met by those they served.

Laub (2005) explained how extrinsic compensation is not the primary motivator for servant leaders and through reciprocal influence intrinsic rewards are gained. Barbuto and Wheeler (2006) found servant leaders often find emotional healing as they help others in recovery from hardship and trauma. This study confirmed these findings as participants referenced self-forgetfulness in service to others as "gratifying," by learning how to balance their own pain by relying on the Lord's strength to serve the needs of others. Servant leaders discussed how confidence is gained from seeing others grow in Christ as a result of their example. An example of such reciprocal influence is found in Sam's participant letter: "Through sacrifice, with the help of Christ in all, I found that I was more apt to help those men in my charge and also find healing in my own issues" (participant letter, June 7, 2020).

Kiburi, Molebatsi, Obondo, and Kuria (2018) found a direct relationship between Adverse Childhood Effects and substance use in adulthood. The servant leaders in my study confirmed this finding as they collectively discussed that a root cause of their SUD was to numb the pain from events in the past. Choi, DiNitto, Marti, and Choi (2017) indicated a successful SUD recovery program must address the root causes of substance abuse. My study expands on this recommendation by examining a TC that not only addresses Adverse Childhood Effects, but the resulting spiritual insecurity caused by traumatic experiences. The servant leaders made the decision to seek wholeness in Christ and to rest in the freedom He provides. Greenman (2010) explained how spiritual formation involves grace-based disciplines that facilitate forgiveness and

reconciliation. Greenman's statement was confirmed by Leah, "Learning to choose to forgive them just really freed up this space in my heart to be able to walk with them and love them through it which in turn led to their heart change in seeing that someone is loving them even though they don't deserve it" (focus group, June 14, 2020).

My study expands on the findings of King, Dow, and Stevenson (2016), who concluded that a key element of effective TCs is fostering risk-taking that requires a culture built upon trust. The results of my study corroborates these findings as participants discussed the bond that was formed between servant leaders as they walked through struggles together. Chu, Sung, and Hsiao (2012) found Christian TCs modeling the character of Christ effective for long-term abstinence self-efficacy. The current study extends these findings as servant leaders do not only seek to model the character of Christ, but lead as Jesus led. Hardy (2019) used the term "burden-bearing followers of Christ" to indicate willing to help those within a community carry things such as problems, feeling, or memories that are often too heavy for one to carry alone (p. 174). Hardy (2019) found that spiritual formation is most often experienced in a community of burden-bearing followers of Christ. Hardy's findings were illustrated by Georgia's statement, "The bond and deep connections with other servant leaders made me accountable to providing others with the same level of support they provided me" (personal interview, June 2, 2020).

Pearce and Pickard (2013) concluded that for a sense of belongingness to manifest into risk-taking, personal contact must be frequent, stable over time, positive, and expressive of mutual concern. Parris and Peachey (2013a) explained that scholars and practitioners are continually searching for approaches to leadership that meet the human need for belongingness. This study contributes to the academic and clinical field regarding the building of human recovery capital as consensus among participants indicated that unique relationships were built.

One example of this is found in Francine's comment, "The closest lifelong friendships that I have ever had have come from my time as a servant leader. These are people that I talk to all the time and I know they always have my back no matter what" (focus group, June 14, 2020).

Schmutzer (2009) determined that spiritual formation in a community setting is where rich communal interactions take place and reorientation to God for those who feel abandoned by Him may occur. The findings of this study diverge from previous studies on the building of human recovery capital as the strengths of the capital is not dependent on people, but on Christ's presence through others.

Implications

This study holds numerous implications for practitioners and organizations seeking approaches to SUD recovery that produce sustained abstinence self-efficacy. This section contains the theoretical, empirical, and practical implications of the study. I conclude this section with recommendations for SUD providers, TCs, and individuals.

Theoretical

This study demonstrates how servant leadership theory and cognitive-behavior self-efficacy theory are utilized to strengthen the abstinence self-efficacy of members at a TC focused on guiding people through the process of spiritual formation. SUD providers and stakeholders should take note of how the application of servant leadership theory, resulted in strengthened abstinence self-efficacy as participants benefited from subordinating their own needs and pains while simultaneously relying on God's strength. Jerry stated, "I realized that it can be pretty gratifying when there is self-forgetfulness in service to other people to where your own problems seem to dissipate without you even noticing it because your focus shifts from self to other" (personal interview, June 8, 2020).

The participants first came to the TC to build coping efficacy and cease substance abuse. Researchers have found a sense of purpose gained through meaningful service, builds coping efficacy (Bandura, 1982; Majer et al., 2016; Stevens & Jason, 2015). Servant leaders increased their own coping efficacy by serving others and those experiences directly increased their confidence to face potential threats to their sobriety. Jerry commented, “I think people gain confidence from seeing another person who is moving along in life in a good way and it gives them a sense of duty that provides strength and helps prevent relapse” (personal interview, June 8, 2020).

Empirical

Professionals within the field of SUD should provide clients with all sustainable ways to increase abstinence self-efficacy. Guiding others in SUD recovery through the process of spiritual formation strengthens the abstinence self-efficacy of servant leaders. Spiritual formation occurs when a person, in submission to God and His love, moves from being self-oriented to acting for the good of others (McHale et al., 2018). As previously discussed, societal problems associated with SUDs include economic burdens, family instability, psychosocial dysfunction, and premature deaths (Klostermann & O’Farrell, 2013). The servant leaders acknowledged the gains in their spiritual security through service for Christ fuels their desire to continually serve others rather than self.

Practical

Researchers and practitioners should utilize the data derived from this study to increase abstinence self-efficacy through the process of spiritual formation. Many paths are offered for SUD recovery, but the data in this study show servant leaders gain spiritual security through a love relationship with the Trinity. Within the Holy Trinity, Father, Son, and Holy Spirit each

surrenders to each other in loving self-abandonment (Keller, 2008). Spiritual security within the Trinity comes as each member gives their whole selves to and for the others (Keller, 2008). It is within a community of persons who know and love one another that a model of spiritual formation occurs and provides the structure for a TC to model the love demonstrated within the Holy Trinity (McHale et al., 2018). Jerry described the modeling of the Trinity at the TC like this, “There are lots of classes and programs offered here, but what this place really boils down to is community” (personal interview, June 8, 2020).

From a practical perspective an end goal must exist before any meaningful journey begins. Through spiritual formation, Christ is not part of the recovery journey, He is the journey. As discussed in Chapter Two, approaching SUD treatment from a Christocentric vision of spiritual formation requires providers to be led by the Holy Spirit and intentionally direct those in their care toward Christlikeness (Barber & Baker, 2014). Christ modeled an example for human life by depending moment by moment on the supernatural power of the Holy Spirit (Issler, 2000). In the Christian faith, the Holy Spirit is the third person of the Holy Trinity which consists of Father, Son, and Holy Spirit, with each being fully God (Tavast, 2012).

Recommendations

Because SUD has a devastating impact on society, stakeholders inside and outside of the community of faith should openly discuss spiritual insecurity as the root cause. In recent years healthcare professionals have become increasingly interested in the impact that spirituality has on individuals attempting to recover from SUD (Walton-Moss, Ray, & Woodruff, 2013). Spiritual well-being has been associated with an individual’s success with SUD treatment programs (Burkhart, Schmidt, & Hogan, 2008). One recommendation is for providers to develop more programming that leads addicts through spiritual formation, by recovering addicts who are on the

same journey.

A second recommendation is for leaders of TCs to be intentional in planting seeds of servant leadership in the early stages of treatment to inculcate a sense of purpose that extends beyond simply remaining sober. The servant leaders demonstrated how giving of self to others results in freedom from self and the calamity of self-absorption that may manifest into addiction. As Jerry stated, “You can’t live for being sober it’s not that different than living for being high, it’s just the other side of the coin. We are created to live for something bigger than just to gratify our own desires” (personal interview, June 3, 2020).

A third recommendation is for those struggling with SUD to intentionally seek out ways to shift the focus from self to others through service. My study gave insight individuals can apply to their daily lives as they seek to strengthen abstinence self-efficacy. Jerry said, “As an addict I was chasing satisfaction in drugs, but as a servant leader I learned there is also satisfaction in serving others” (personal interview, June 3, 2020).

Delimitations and Limitations

Delimitations are intentional choices made by the researcher to establish clear boundaries for the study (Dimitrios & Fountouk, 2018). Utilizing a purposeful sample from a Christian TC in New England was the primary delimitation. Also, the sample was limited to 10 participants who were currently serving or had served at the TC in the past 36 months and were themselves in SUD recovery. These delimitations were established to ensure that participants had direct experience with the phenomenon within a period of time that would facilitate strong recall (Creswell & Poth, 2018).

A primary limitation of the study was that it occurred during the COVID-19 pandemic and social distancing guidelines prevented the researcher from becoming a complete-participant.

As a complete-participant I would have assumed temporary membership within the TC and experienced all of the daily activities and interactions of servant leaders (Gall, Gall, & Borg, 2007). I believe this would have rendered a richer description of the phenomenon. A second limitation caused by COVID-19 was the absence of several currently-employed residential servant leaders. My intent was to recruit 10 active servant leaders from a pool of approximately 20. This limitation caused by COVID-19 required me to expand the recruitment criteria to include participants who were not actively serving, but had served in the role of servant leader within the past 36 months. A third limitation was my decision to study a specific TC with a servant leadership program consisting mostly of former residents with SUDs. Generalization of the findings to other populations was not the initial aim of this study, but to gain a deeper understanding of the participants' experiences with serving the needs of others with SUD.

Recommendations for Future Research

The literature on the utilization of servant leadership as a method to increase abstinence self-efficacy at a faith-based residential TC is lacking. Future research should include utilizing a panel study and following participants over a longer period of time (Gall, Gall, & Borg, 2007). I recommend additional longitudinal studies of varying length and sample sizes. Since my study followed participants for up to 3 years, such data would yield a deeper understanding of participants' ongoing spiritual formation without direct residential peer support. A second recommendation is to conduct onsite observations to allow for a more complete description of the phenomenon. Finally, qualitative researchers could reach out to graduates of the TC who did not become servant leaders, for the purpose of comparative analysis of long-term abstinence self-efficacy.

Summary

Throughout this study I described the abstinence self-efficacy experiences of participants in a servant leadership program at a Christian residential TC. It was framed by Robert Greenleaf's (1970) servant leadership theory and Albert Bandura's (1982) cognitive-behavior self-efficacy theory. I was able to address each research question in depth through the use of interviews, focus groups, and participant letters.

The essence of the experiences of the servant leaders in this study was aptly captured in Greenman's (2010) statement, "Grace identifies God's decisive dealing with human sin through the cross of Christ, so that spiritual formation involves our reckoning seriously with the ongoing realities of human temptation and our continual struggle against corrupt desires" (p. 24). Servant leaders learned that spiritual formation was not about a search within themselves for spiritual health, rather a continual grace-based movement of confession, forgiveness, and reconciliation (Greenman, 2010). Through this movement servant leaders acknowledged being shaped into the likeness of Christ through the work of the Holy Spirit. Providers who adopt the practices of the TC can facilitate fellowship between a self-giving God and self-absorbed sinners that may result in shifting the trajectory of lives imprisoned by SUD. Ultimately, the participants believed they were prepared for a lifelong transformation journey as they understand that brokenness no longer dictates their lives as they have found wholeness in Christ.

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APPENDIX A: IRB APPROVAL LETTER

May 27, 2020

Re: IRB Exemption - IRB-FY19-20-332 A Phenomenological Study of Abstinence Self-Efficacy Experiences among Residential Servant Leaders with Substance Use Disorders

Dear Scott Rancourt, Frank Bailey:

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46: 101(b):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

APPENDIX B: RECRUITMENT LETTER

Dear Recipient:

As a doctoral candidate in the School of Education at Liberty University, I am conducting research to better understand the abstinence self-efficacy (confidence in abstaining from substance abuse) experiences of participants in a servant leadership program at a Christian residential therapeutic community and I am writing to invite you to participate in my study. In order to participate in this research study, you must meet the following criteria:

1. Are between the ages of 18 and 40 years old.
2. Have served in a leadership role at the site of this study within the past 36 months.
3. Are in substance use disorder recovery.

If you agree to join my study, you will be asked to do the following:

1. Participate in a one-on-one interview that should last between 45 minutes to 1 hour. You will have the ability to choose your preferred method of interviewing (WebEx online video conference, or phone interview). This interview will be audio recorded.
2. Participate in an online focus group discussion with other servant leaders in this study. You will be asked to join a WebEx online video conference meeting and actively participate with others for 90 minutes on a designated date and time. This focus group discussion will be audio recorded. If you do not wish to be seen on video, there is an option to give the group access to the audio only on your computer or other device.
3. Participate in writing a letter to an imaginary prospective servant leader. You will be provided with specific instructions as to what to include in the letter. This may take 15-30 minutes to compose.
4. Review the transcripts of your interview data and your part in the focus group discussion to ensure they are accurate. This should take 15 minutes for you to complete.

Your name and/or other identifying information will be collected as part of your participation, but this information will remain confidential. As a token of my appreciation for your participation, you will be compensated with a \$30 Amazon gift card, after your interview, focus group, and written letter are complete.

To participate, please call me at (802) 777-3398 to confirm that you meet all criteria to participate in this study and to schedule the one-on-one interview. After our phone call you will receive a welcome email with a consent document attached. The consent document contains information about my study and should be signed and returned to me prior to the interview.

Please email me at srancourt@liberty.edu or call me at 802-777-3398 if you have any additional questions. Thank you for considering participation in my study.

Sincerely,
Scott Rancourt
Doctoral Candidate at Liberty University

APPENDIX C: WELCOME LETTER

Dear Recipient:

Thank you for your interest in participating in my study. I have attached a consent form that is required for your participation. It must be signed and returned to me at 10 Thistle Lane, Essex, VT. 05452 or you may type your information directly into the form and attach it in an email.

Also, when forwarding your consent form, please let me know which method of interviewing you prefer (web-conference or phone interview and what dates and times within the next week that you are available to speak. Thank you very much for taking the time out of your busy schedule to participate in this study. I look forward to speaking with you and gaining insight from your experiences!

Sincerely,

Scott Rancourt
Doctoral Candidate at Liberty University

APPENDIX D: CONSENT FORM

A Phenomenological Study of Abstinence Self-Efficacy Experiences among Residential Servant

Leaders with Substance Use Disorders

Scott Rancourt

Liberty University

School of Education

You are invited to be in a research study of participation in a residential servant leadership program as an approach to influencing abstinence self-efficacy (confidence in abstaining from substance abuse). You were selected as a possible participant because you are serving or have served as a residential servant leader at the His Mansion ministry. Please read this form and ask any questions you may have before agreeing to be in the study.

Scott Rancourt, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information: The purpose of this qualitative, transcendental phenomenological study is to gain a better understanding of the abstinence self-efficacy experiences of those who participated in a servant leadership program within a residential ministry that serves those recovering from SUD.

Procedures: If you agree to be in this study, I would ask you to do the following things:

5. Participate in a one-on-one interview that should last between 45 minutes to one hour. You will have the ability to choose your preferred method of interviewing (WebEx online video conference, or phone interview). This interview will be audio recorded.
6. Participate in an online focus group discussion with other servant leaders in this study. You will be asked to join a WebEx online video conference meeting and actively participate with others for 90 minutes on a designated date and time. This focus group discussion will be audio recorded. If you do not wish to be seen on video, there is an option to give the group access to only the audio on your computer or other device.
7. Participate in writing a letter to an imaginary prospective servant leader. You will be provided with specific instructions as to what to include in the letter. This may take 15-30 minutes to compose.
8. Review the transcripts of your interview data and your part in the small group discussion to ensure they are accurate. This should take 15 minutes for you to complete.

Risks: All studies carry a risk; however, the risks involved in this study are minimal, which means they are no more than you would encounter in everyday life.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study. Benefits to society include advancing the knowledge of approaches to increasing SUD abstinence self-efficacy.

Compensation: Participants will receive a \$30 Amazon gift card once their interview, focus group, and letter are complete.

Confidentiality: The records of this study will be kept private. In any sort of report, I might publish, I will not include any information that will make it possible to identify a subject.

- Research records will be stored securely in a locked file cabinet in a private office for all study materials including the laptop containing any electronic material. Only the researcher will have access to the records. Participants will be assigned a pseudonym to protect his/her identity. I will conduct the interviews in a location where others will not easily overhear the conversation.
- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased.
- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted. Only the researcher will have access to these recordings.
- I cannot assure participants that other members of the focus group will not share what was discussed with persons outside of the group.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

Contacts and Questions: The researcher conducting this study is Scott Rancourt. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at srancourt@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 1887, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Signature of Participant

Date

Signature of Investigator

Date

APPENDIX E: INTERVIEW QUESTIONS

1. Please tell me a little about yourself prior to becoming a member of the servant leadership team.
2. How have the relationships that you have developed as a member of the servant leadership team impacted your abstinence self-efficacy?
3. Describe your perceived connection between your childhood experiences and your Substance Use Disorder (SUD).
4. What role has forgiveness played in your SUD abstinence self-efficacy?
5. To what extent has your service to others provided personal healing that has helped you to increase your abstinence self-efficacy?
6. How have your perceptions of addiction and recovery been impacted by supporting the recovery of others?
7. What have you learned about the SUD recovery process that you will carry with you for the rest of your life?
8. Define what it means to heal from SUD.
9. How do you think your experiences at the therapeutic community and as a servant leader will impact your abstinence self-efficacy?
10. What role did other servant leaders have in your participation as a servant leader?
11. Describe how attempting to have a positive influence with others has impacted your abstinence self-efficacy?

APPENDIX F: FOCUS GROUP QUESTIONS

1. Please introduce yourself to the group and share the reasons for your decision to join the servant leadership team.
2. What advice would you give to someone who was thinking about joining the servant leadership team to find healing that may lead to increased abstinence self-efficacy?
3. How would you describe the sense of healing that is gained by serving the needs of others?
4. What advice would you give to someone who was thinking about joining the servant leadership team to develop a greater sense of forgiveness that may lead to increased abstinence self-efficacy?
5. How would you describe your experiences with forgiveness while serving the needs of others?
6. What advice would you give to someone who was thinking about joining the servant leadership team to build greater human resource capital that may lead to increased abstinence self-efficacy?
7. How would you describe your experiences with building human resource capital while serving as a servant leader?
8. What opportunities were offered to you at the therapeutic community that advanced your perceived abstinence self-efficacy?
9. How would you describe your experiences with building influence with others through service and sacrifice and how have those experiences impacted your self-esteem?

APPENDIX G: PARTICIPANT LETTER INSTRUCTIONS

Participant Instructions: Imagine that you are writing a letter to a resident who has just been invited to join the servant leadership team. Describe the ways that you experienced each of the following as a servant leader: 1. Learning to focus on meeting the needs of others, 2. Walking others through the process of forgiveness, 3. Guiding others in developing human recovery capital, 4. Gaining influence with others through service and sacrifice. Which of these four experiences did you feel was the most meaningful to your abstinence self-efficacy and why? To what extent did you feel empowered to extend yourself in these four areas? What suggestions would you offer to anyone in the SUD recovery process considering joining the servant leadership team?