Recovery a Lifelong Journey: What it Means to Get Clean and Stay in Long-term Recovery

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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Abstract

The purpose of this qualitative phenomenological study will be to describe long-term recovery (LTR) from drug addiction for African American (AA) recovering addicts (RAs) who have ten or more years in recovery and are members of Narcotics Anonymous (NA). The theory guiding this study is the Transtheoretical Model (TTM) (Stages of Change) (Prochaska & DiClemente, 1977) as it describes the process of how individuals change their habitual behavior/s by transitioning through five stages of change (precontemplation, contemplation, preparation, action, maintenance,). TTM indicates that positive behavioral change is an ongoing process which is significant to understanding these factors in relation to LTR as a continuing commitment to change one's thinking, behaviors, and spiritual purpose to find a new way to approach life with the disease of addiction (DOA) without the use of drugs. Therefore, the purpose of this study will be threefold: (1) to describe and understand the turning point or initial surrender of RA's active addiction and why they stop using drugs, (2) to delineate and understand the meaning of LTR from the perspective of AA RA's lived experience/s as members of NA and, (3) to delineate and understand AA RA's daily maintenance tools of recovery capital (social supports, spiritual practices, and 12-step affiliation) or sustainable practices of LTR. This phenomenological study will seek to understand the lived experience of AA RAs while delineating the factors that influenced them to seek recovery and the daily preservation practices that they apply to their lives to stay in LTR from a Christian worldview.

Key words; Recovery, addiction, spirituality, sustainable, long -term recovery.

Dedication

This dissertation is dedicated to God my heavenly Father and Jesus Christ my friend who saved me, my late earthly father Geoffrey Bertram West Willis, my late maternal grandparents Dr. Robert and Bessie Cephas, my late paternal grandparents Moxley and Viola Willis, my late Uncle Bob and mother in love Stella Mae Cooper who were all instrumental for imparting faith, wisdom, humor, perseverance, and unconditional love that I carry daily in my heart and life. A special gratitude to the encouragers of my journey; my mother Rose Cephas Willis the eternal optimist and best mother in the whole wide world, my supportive and loving husband Gary, my sister Marquita, and sisters and brothers in love, my amazing children; Greg (Ragan), Geoffrey (Danielle), and Asia, and brilliant grandchildren; Lydia, Lyla, and Mason, and to my entire loving family, thank you. Gary, your patience with me abounds all understanding. You are the best and most brilliant husband in the world, and I could not have finished strong without you leading the way. I love you and I thank God for you! Mom thank you for believing in me and encouraging me to strive for excellence. I love you so much! Extreme gratitude to my recovery community Promise of Hope, my NA family, and all the sick and suffering addicts that have yet to find recovery. Prayerfully, you will find recovery and live a life that exemplifies your worth and God's purpose for your life, we do recover, in Jesus name.

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First, I would like to acknowledge the Holy Trinity, God the Father for your sovereignty, grace, mercy, and unconditional love. Jesus Christ my rock who does not waver yet guides me with His unconditional love with every breath I take, and the Holy Spirit for unctioning my spirit to thrive for excellence despite what I deem impossible. To my family who supported me throughout my entire academic journey, thank you, I love you so much! I have so much gratitude for my mother Rose Willis and husband Gary Cooper for spending countless hours listening to me read papers out loud and praying over and for me consistently. To my daughter Asia who encouraged me through consistently sending me balloons, lunch, and flowers and long talks to motivate me to continue on this path despite major health setbacks. I love you so much. To my sons Geoffrey and Greg, I love that you are both God fearing men who thrive to support your families. Your vigilant hard work continues to motivate me throughout my journey. I love you both! To my support group who have also listened to me discuss my academic and life challenges and have supported me through my academic journey by giving me their experience, strength, and hope through good orderly direction. Thank you for believing in me, encouraging me to stay in the race through all my tribulations. Thank you so much for supporting my dream.

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List of Abbreviations

African American (AA)

Alcoholics Anonymous (AA)

Alcohol Use Disorder (AUD)

American Medical Association (AMA)

American Society of Addiction Medicine (ASAM)

Assessment of Recovery Capital Scale (ARC)

Borderline Personality Disorder (BPP)

Coronavirus (Covid -19)

Diagnostic Statistical Manual (DSM-V)

Disease of Addiction (DOA)

Female Recovery Addict (FRA)

Institutional Review Board (IRB)

Long-term recovery (LTR)

Male Recovering Addict (MRA)

Narcotics Anonymous (NA)

Opioid Use Disorder (OUD)

Post Traumatic Syndrome Disorder (PTSD)

Recovering Addict/s (RA or RAs)

Social Identity Model of Cessation Maintenance (SIMCM)

Social Identity Model of Recovery (SIMOR)

Substance Use Disorder (SUD)

Theraputic Community (TC)

The Transtheorhetical Model; Stages of Change (TTM)

World Health Organization (WHO)

Chapter One: Introduction

Overview

This study addressed sustainable long-term recovery (LTR) regarding how long-term recovering addicts (RAs) described their experiences with arresting the disease of addiction (DOA) one day at a time (Kelly, 2017; Laudet & White, 2008; O'Sullivan et al., 2017). Specifically, this study identified the disease of addiction (DOA) as drug addiction, which has a multitude of catastrophic effects on one's physical and mental health (biopsychosocial and spiritual wellbeing) when sustained recovery is not attained (Collins & McCamley, 2018). Consequently, the DOA is a complex mental disorder that has no cure (Honey et al., 2020). However, recovery is attainable when an addict or person with an addiction pursues and maintains recovery through total abstinence, action, and maintenance.

The global drug addiction epidemic is well established in research regarding the causal factors of drug addiction which are frequently discussed in juxtaposition with the harmful consequences or effects of continued substance use (Collins & McCamley, 2018). However, the solution to active drug addiction is recovery, though the true complexities of recovery mainly, LTR are severely under researched. This presents a gap in research that negates expounding on LTR as an efficacious solution to drug addiction. Particularly for RA's who have successfully transitioned through life to sustain decades or more of LTR (Inanlou et al., 2020; Kelly, 2017). Therefore, further investigations about the action and maintenance components or transitional processes within LTR were addressed in this chapter.

Chapter one introduced the study by providing the background (historical, social, theoretical) of the research, the situation to self, the problem statement, the purpose statement, the significance of the study, the guiding research questions, definitions, and the summary. The

research question guiding this study was **“**How do RAs describe their lived experiences sustaining LTR through the use of recovery capital resources?" This question was developed to address the gaps in research that rarely mention the lived experience of African American (AA) RA's efficacious process of LTR regarding the specific details of the self-care maintenance required for LTR to be actualized through consistent application of recovery capital resources.

Moreover, this study was conducted by interviewing AA RAs who have ten or more years of recovery and are members of Narcotic Anonymous (NA). Following the guidelines of most phenomenological studies, the interview question was used to evoke realistic descriptions about the attainable and sustainable characteristics of LTR and how RAs utilize and benefit from recovery capital resources (Laudet et al., 2002; O’Sullivan et al., 2017). This approach addressed LTR as sustainable to provide descriptions about what life in recovery means for RA’s in LTR so that their experiences can be used to inform further addiction and recovery research.

Background

Addiction and recovery research is limited and often excludes the efficacious components of LTR in both textbooks and journal articles where they should always be discussed interchangeably to gain a realistic context about LTR without researching drug addiction and recovery (Martinelli et al., 2020). Consequently, LTR fails to have its own lengthy subset of well-established research. Therefore, the historical, social, and theoretical confounds of LTR were examined to determine why LTR is significant to further research.

Historical

Historically, addiction was not treated as a disease within TCs but as a moral deficiency or a person’s absence of willpower (Martinelli et al., 2020; Helm, 2019). The American Medical Association (AMA) and similar medical organizations formally defined addiction as a disease in

1987. The AMA's definition was predicated on the neurophysiologic structures responsible for the direct and subsequent impacts of substances or addicting behaviors, which influence cravings, cognitive behavioral functioning, and a distorted state of consciousness (Bettinardi-Angres, & Angres, 2010; Leshner, 1997). Though addiction has been recognized as a disease for over three decades, recovery research has negated to find a universal broader definition of the term recovery that expands beyond just total abstinence.

Moreover, the traditional interpretation of recovery research is not wrong in presuming that recovery entails and requires total abstinence (Best et al., 2017). However, previous, and current recovery definitions predominantly delineate abstinence while disregarding the multifaceted life-changing transitions and coping mechanisms found in LTR (Helm, 2019). Martinelli et al. (2020) specifically investigated illicit drug addiction recovery across multiple life domains linked to LTR. This study concluded that previous studies regarding addiction do not recognize that individuals in LTR are less likely to have problems with housing, engage in crimes, use mood- or mind-altering chemicals, and are more likely to be employed or in school. Therefore, an empirical foundation was essential to defining recovery or LTR as a long-term gradual process consisting of total abstinence and distinct stages of change across multiple life domains.

Social

Social stigmas are strongly linked to addiction (Kennedy-Hendricks et al., 2017) and impede a clear presentation of an active addict actualizing recovery, especially LTR. As a result, the positive lifestyle changes found in LTR usually take a back seat to the stereotypical confounds (moral deficiency, criminal behaviors, lower-income communities, animalistic behaviors) of active addiction (Collins & McCamley, 2018). For example, previous studies have

the following limitations as reasons why LTR research cannot provide further or future insights into LTR: RAs are challenging to follow up with since they are not dependable, RAs are socially inept, RAs are not trustworthy in their self-reports, and frequently relocate (Bowen & Irish, 2019). However, the factors mentioned above are more characteristic of actively using drug addicts, which is the antithesis of LTR as these assumptions continue to stigmatize addicts long after they have stopped using drugs. Consequently, these findings suggest that recovering addicts are still socially inept though RAs maintain LTR by addressing and mitigating such unreliable behaviors that counter the positive change processes found in sustained LTR.

Theoretical

Past and current social and behavioral science research consistently fail to mention or discuss detailed associations between the efficacious characteristics of LTR in juxtaposition to addiction (Inanlou et al., 2020; Kelly, 2017). For instance, Pelloux et al. (2019) highlight social science and behavioral neuroscience discoveries in a comparative social context of distal and proximal social factors linked to humans and animals with how continued substance misuse affects the neurobiological system. The authors indicate that addicts often have deficits of social modulation, including social isolation, exclusion, and rejection, that contribute to the maintenance of their drug use. Although the authors point out accurate characteristics of addiction, there is minimal discussion about the positive long-term results of the cessation of drug use (Pelloux et al., 2019). Further, the authors continue describing what qualifies as a healthy environment for addicts without expounding on how these specific factors are helpful in LTR.

Similar theoretical assumptions regarding addiction do not mention recovery and consistently refer to factors more relatable to active addiction than LTR. For example, Lüscher

and Pascoli (2021) posit that drug-evoked synaptic plasticity found in active addiction, induces the onset of adaptive behavior. However, the brain's rewiring of neurological mechanisms or plasticity is responsible for both positive and negative cognitive changes that occur when adapting behavior/s. Therefore, the authors could also discuss the positive adaptive behavior that RAs experience in LTR to understand neuroplasticity or the brains rewiring mechanisms.

Situation to Self

The motivation for conducting this study was to highlight the efficacious sustainable factors of LTR from the lived experiences of AA RA's, who are often excluded in addictions and recovery research. Also, therapeutic constructs surrounding addictions and recovery must understand the tools of sustaining LTR as crucial, and lifesaving factors of drug addiction cessation to help diverse populations of addicts new to recovery to advance addictions and recovery research. Therefore, this study was also motivated to include a diverse perspective from AA RAs to give them a voice to describe their shared LTR experiences with using sustainable recovery tools.

Ontological and axiological philosophical assumptions were the best approach for this study as ontological assumptions are well established in phenomenological research (Moustakas, 1994). The ontological approach allowed the researcher to accept diverse viewpoints as these factors are often excluded in addictions and recovery research but were needed to include reality-based perspectives and diversity AA RAs in this study (Creswell & Poth, 2019). Moustakas (1994) explains that ontological assumptions are employed to show numerous perspectives, including utilizing participants' accurate descriptions or words to establish diverse perspectives. Also, Creswell and Poth (2019) posit that researchers utilize axiology assumptions to interpret values and biases or value-laden data as the researcher's voice or presence is represented in the

field analysis (subject/s of the study) and with how the research questions are structured. Therefore, this qualitative study included these assumptions and was guided by a social constructivism paradigm, which allowed the researcher to understand and develop a subjective meaning to experiences to create awareness about AA RA's reality-based viewpoints, TTM, and their lived experiences in LTR.

Problem Statement

The problem is that LTR is not consistently included in addictions and recovery research as a viable and effective solution for RAs with the DOA (Benbenishty, 2014). This is dismal, particularly for the AA RA population, who are often marginalized, negated, or frequently under-researched (Amram & Beams et al., 2021; Delucia et al., 2015). Currently, drug addiction is on the rise particularly for urban areas which show increasingly higher prevalence of drug or substance use, legal consequences, and lack of available recovery services than other communities (Lister et al., 2017). Thus, this study aimed to understand the target population of AA RAs (N=13) who have experienced drug-evoked (active addiction) and non-drug-evoked (recovery) neuroplasticity.

Non-drug evoked neuroplasticity is responsible for altering the negative cognitive and behavioral characteristics of active addiction to transformative positive cognitive and behavioral attributes in LTR (Honey et al., 2020; Kelly, 2017; Laudet et al., 2002). This study is significant to future research because it highlights LTR as a transformative phenomenon in multiple life domains (a more structured lifestyle/s, daily adherence to spiritual principles, inclusion, purpose, a healthy relationship with self, God, and others, and the action and maintenance processes of actualizing self-efficacy). Therefore, the African American (AA) RA population was chosen as the target population to highlight positive and diverse experiences that counter-current research

findings, which often suggest stereotypical arduous social, cultural non transformative backgrounds and lifestyles of AA RAs.

Specifically, qualitative phenomenological studies about the lived experiences of AA RA's are significantly limited for this population in the following ways: 1) Personal histories of AA RAs (target population) that do not describe traumatic demographic backgrounds (child abuse, domestic violence, sexual abuse, mental abuse, neglect, low-income homes) (Pelloux et al., 2019). This generalization in addiction literature limits other possible causal factors of substance use because all AA RAs do not suffer from abuse or related factors. 2) Further exploration of AA RA's initial surrender process that led them to seek recovery is needed to understand their motivations to sustain LTR (Helm, 2019; Kelly, 2017). 3) The long-term maintenance of self-care tools (complete abstinence, finding and developing a relationship with God or Higher Power, 12-step attendance and application of the steps and spiritual principles, social supports, therapeutic interventions for those with special needs; mental illness, or no social supports) implemented not as causal of significant consequences but self-motivated and necessary to achieve and sustain positive interpersonal changes for AA RAs in LTR.

Purpose Statement

The purpose of this qualitative phenomenological study was to describe long-term recovery (LTR) from drug addiction for African American (AA) recovering addicts (RAs) with ten or more years of recovery who are members of Narcotics Anonymous (NA), a twelve-step program. This study delineated a diverse concept of the disease of addiction (DOA) through a rigorous exploration of AA RAs in LTR. Also, in this study, LTR was defined as an attainable and sustainable efficacious longitudinal change process of interpersonal discovery or self-actualization (Helm, 2019; Krebs et al., 2017; O'Sullivan et al., 2017). The guiding theory for

this study was the transtheoretical model of change (TTM; stages of change) (Prochaska & DiClemente, 1977), which focused on two of the five stages of change: action, and maintenance, to understand the phenomenon of the daily action and maintenance protocols that AA RA's in LTR described as their sustainable factors or tools of LTR.

Significance of the Study

My graduate studies in addiction and recovery counseling and my work as a drug and alcohol counselor inspired this study. I am also a recovering addict with 16 years of uninterrupted LTR. While studying addiction and recovery literature, I noticed that the research regarding active addiction, abstinence, and relapse and prevention was well established, but often accompanied by short intervention treatment solutions with rare or no mention of LTR or long-term treatment solutions for drug addiction.

Although addiction and recovery research are vast pertaining to these factors it is grossly limited regarding LTR, recovery capital resources, social supports, spirituality, life meaning, 12-step affiliation, and longitudinal follow-up assessments. Notably, awareness begins in the research so providing addictions and recovery research without a thorough analysis about the multiple domains of LTR as a consistent practice and a solution-based approach to addiction is somewhat negligent. Consequently, addiction and recovery constructs are ill-equipped for understanding life in recovery because previous and current recovery research emphasizes more about RAs past substance use behaviors and diseased thinking with less focus on how to cope with the DOA by using recovery tools to thrive throughout LTR.

My work at a thirty-day residential treatment center revealed that LTR psychoeducation and longitudinal assessments of RAs were necessary to equip clients with how to cope with daily stressors (triggers, negative or diseased thinking, interpersonal and social relationships) without

the use of drugs. Commonly this facility did not offer aftercare, LTR options, and substantial engagement with recovery tools were never actualized or discussed as a pathway to sustain recovery. Unfortunately, clients were consistently discharged without fully understanding vital recovery capital tools beneficial to sustaining LTR. So, instead, I witnessed the revolving door of relapse where some overdosed and died, and others were fortunate to seek repetitive treatment interventions that still did not equip them with LTR tools to sustain their recovery upon discharge.

My concerns are for addicts seeking recovery as they must contend with the challenges and lethal consequences of the DOA with or without therapeutic inventions and are unaware that sustainable LTR exists and is attainable. These challenges were significant to this study and provided an opportunity for future research to learn about AA RAs in LTR, the TTM, and the benefits of recovery capital used to sustain LTR. Therefore, this study aimed to describe the transitional processes within LTR across multiple life domains.

The significance of this study was to describe sustainable LTR from the lived experiences of AA RAs who have sustained LTR for a decade or more. This population is severely under-researched in social and behavioral science constructs, TCs, and related fields (DeLucia et al., 2015). Also, this study lends to research by omitting the cookie-cutter or general conceptions about addiction and LTR that rarely document RAs in LTR with more than one decade in recovery (Helm, 2019; Kelly, 2015; Theodoropoulou, 2020). Further, the research regarding addiction and the process of LTR or just recovery rarely speak about the fluid transition of this population's change process or that LTR in this capacity of multiple years and decades of LTR could be hoped for much less attainable and sustainable.

In addition, past and current research is void of positive descriptive personal stories about AA RAs in LTR that outline evidence of self-efficacy and successful social reintegration into society (Kelly, 2017). These self-efficacious factors include, but are not limited to, academic achievement, long-term employment, adherence to familial roles and responsibilities, trustworthiness, and social acceptability (Helm, 2019; Narcotics Anonymous Step Working Guides, 1998). To understand self-efficacy in LTR this study aimed to describe how AA RAs lead fulfilling lives long after substance use is terminated.

Research Question

The question guiding this study was **"**How do RAs describe their lived experiences sustaining LTR through the use of recovery capital resources?" In this study, recovery capital resources were defined by social supports, spirituality, life meaning, and 12-step affiliation with NA to understand the capacity and value of fundamental and external resources that RAs with the DOA utilize to initiate and sustain LTR (O'Sullivan et al., 2017). According to O'Sullivan et al. (2017), consistent use of recovery capital significantly fosters LTR, increases RAs ability to cope with stressful life experiences, and improves their quality of life. Also, the self-motivating factors of recovery capital are powerful in that they increase RA's self-worth and decrease the likelihood of their engagement in self-defeating addictive behaviors that lead back to the horrors of active addiction (Helm, 2019). Therefore, it was essential to understand the turning point in RA's active addiction that led them to stop repeating the habitual, self-defeating behaviors of active addiction and seek help, focused as another motivating factor that helps them sustain LTR (Laudet et al., 2002). Further, RAs who attend twelve-step fellowships like NA are vital to fostering their recovery process as NA offers social support from other RAs who are on the same

journey of self-discovery regarding associated identity changes that may not be plausible or actualized without such support.

Definitions

1. *Diagnostic Statistical Manuel of Mental Disorder* (DSM-5-TR) – The standard classification system primarily utilized to characterize and describe specific symptomology of mental health disorders for clinical research and policies (Simpson et al., 2020).
2. *The disease of addiction* (DOA)- The DOA is an obsessive, compulsive disorder where addictive behaviors are present in most life domains with or without the use of substances (Barnett, 2017; Narcotics Anonymous Step Working Guides, 1998).
3. *Long-term recovery* (LTR) - A complex process of total sustained abstinence, longitudinal change, self-discovery, and self-efficacy for addicts adapting to living without substance use (Kelly, 2017).
4. *Abstinence*-Abstinence occurs when an addict refrains from using all mood- and mind-altering substances, including alcohol (O'Sullivan et al., 2017).
5. *Recovering Addict*- A recovering addict is an individual who abstains from substance use and follows a daily spiritual regimen to regulate their obsessive and compulsive patterns of behavior to actualize self-efficacy and arrest the DOA one day at a time (Helm, 2019; O'Sullivan et al., 2017).
6. *Lived Experiences*- Describes the viewpoints and experiences of an individual/s who has personal knowledge regarding a specific occurrence (Honey et al., 2020)
7. *Action*- The active involvement in addressing and changing problematic behavior to improve well-being (Bridges et al., 2022).

8. *Motivation*- A self-determined quest that drives a person to achieve short and long-term goals (Krebs et al., 2018).
9. *Sustained recovery*- A combination of total abstinence from all substances for more than five years and adherence to a lifestyle that promotes self-improvement (Urquhart et al., 2020).
10. *Maintenance*- For recovering addicts is the process of adhering to daily coping strategies developed over time to prevent complacency or relapse (Krebs et al., 2018).
11. *Spirituality* **–** The belief that an individual can find or has value, meaning, and purpose in life; an interpersonal quest for transcendence and self-discovery (Travis et al., 2021).
12. *Recovery capital*- A concept developed to define the helpful resources (social supports, spirituality, life meaning, and 12-step affiliation) of recovery and LTR (Ardnt et al., 2017; Best et al., 2020).
13. *Narcotics Anonymous* (NA) – A twelve-step support group conceptualized from the disease model that aims to improve interpersonal growth through meeting attendance, working the twelve steps, and spiritual principal application for people who have the DOA or the addictive propensities to use substances (Dekkers et al., 2020; Narcotics Anonymous Step Working Guides, 1998).

Summary

In conclusion, RAs will never be recovered as the DOA is incurable but can only be arrested one decision and day at a time (Narcotics Anonymous Step Working Guides, 1998). However, limited LTR research shows that self-care through adherence to daily action and maintenance (TTM) tools of recovery are strongly recommended as essential requirements for sustaining LTR (Kelly, 2017). Further, LTR has many layers of successful outcomes, so when

the tumultuous stories about research regarding active addiction are compared to the positive outcomes of LTR (Helm, 2019), the stark differences are nothing short of a miracle and a phenomenon worthy of consistent analysis. Therefore, this dissertation is a qualitative phenomenological study that delineated the lived experiences of AA RA's descriptions about their regularly practiced action and maintenance tools, or recovery capital resorces used to sustain LTR. Hopefully, my research will aid in breaking the stigma about addicts that "once an addict, always an addict" and resonate in the hearts and minds of medical and mental health professionals, especially in psychology, human services, counseling, sociology, and pastoral constructs.

This study was conducted to inform the uninformed about LTR, the TTM (actions and maintenance stages), and the true complexities associated with people (RAs) with the DOA in LTR. To understand the multiple complexities found within the phenomenon of LTR chapter two discussed the theoretical framework selection (the transtheoretical model; TTM) to demonstrate how TTM relates to the purpose of this study by synthesizing current literature about the action and maintenance processes RAs experience in LTR. Also, chapter two explored the multiple life domains positively impacted by RAs stages of change, and the challenges they encounter and overcome throughout their recovery to sustain LTR. Thus, the chapter two discussion entails an overview, related literature about LTR, the benefits of LTR for RAs, recovery capital resources, quality of life, and the lifesaving tools RAs use to sustain LTR as a viable solution to arresting drug addiction, followed by a summary that concluded these findings.

Chapter Two: Literature Review

Overview

Research is well-established regarding altered negative cognitive and behavioral characteristics of active addiction and the DOA with a significant focus on short-term interventions (Silverman et al., 2016; Simpson et al., 2020; Theodoropoulou, 2020). However, research rarely mentions recovery as a transitional process of positive longitudinal change (Detar, 2011; Rubio, 2016). As a result, the confounds of LTR are grossly neglected in research (Bellaert et al., 2022) and often excluded or overlooked, though the positive attributes of LTR significantly contrast the characteristics of active drug addiction and include the following factors: Structured lifestyle (Bettinardi -Angres &Angres, 2010; O'Sullivan & Watts, 2017), personal commitment, daily application of spiritual principles (Dekkers et al, 2020; Dermatis & Galanter, 2016; Ghadirian & Salehian, 2018), inclusion, sense of meaning and purpose (Rodriguez & Smith, 2014), and developing healthy relationships with oneself, God, and others (Galanter et al., 2020; Travis et al., 2021). Consequently, excluding LTR in addiction and recovery research is negligent since the positive attributes of LTR significantly contribute to RAs quality of life, life satisfaction, self-efficacy, and wellness (Kelly & Eddie, 2020; Kurtz & White, 2015; Laudet et al., 2006; Tracy & Wallace, 2016). Including LTR in research would benefit many professional constructs (psycho-social and behavioral sciences, pastoral constructs) to help addicts increase their desire to sustain LTR (Tonigan et al., 2013). Therefore, chapter two offers an in-depth exploration that highlights the efficacious factors and the vital positive change processes of sustainable LTR.

In addition, many RA's who live with the DOA experience LTR as a viable and effective solution for arresting the DOA, but LTR is rarely discussed as a feasible, sustainable solution in

addiction and recovery research (Facchin & Margola, 2016; Kime, 2018). Also, LTR is a profound phenomenon that should be well-established in research by now since active drug addiction has been thoroughly explored as a global epidemic for decades (Notley et al., 2015; O' Sullivan et al., 2019; Wagner et al., 2016). Therefore, behavioral and mental health constructs and addicts new to recovery must understand that addicts can evolve through the stages of change to achieve LTR. Longitudinal change is possible and sustainable, particularly for RAs who access and adhere to recovery capital resources to support a better quality of life.

The purpose of chapter two literature review delineates the theoretical framework and related addictions and recovery literature to enhance understanding about RAs experiences in LTR (Kelly & Eddie, 2020). Chapter two was organized and guided by the following research question, “How do RAs describe their lived experiences sustaining LTR through the use of recovery capital resources?” In chapter two, the first section focused on the theoretical framework (TTM) and how it relates to the main topic (LTR) by delving into the body of research that focuses on two (action and maintenance) of the five stages of change or TTM (Prochaska & DiClemente, 1977). The first section included an in-depth discussion regarding the stages of change, the process of change, decisional balance, self-efficacy, and the action and maintenance processes of TTM strongly associated with sustaining LTR. The second section gleaned from related addictions and recovery research to support the findings and specific factors of LTR, which included refining definitions of recovery, recovery capital, social supports, spirituality,12-step affiliation, NA, RA's initial surrender process, and quality of life. Also, each subsection explained how LTR, and associated factors relate to the action and maintenance components of the TTM (Prochaska & Prochaska, 2016; Tonigan et al., 2013; Tracy & Wallace, 2016). Lastly, the summary included an overview of the information argued throughout chapter

two to reiterate the pertinent factors of LTR which explained how long- term recovering addicts behavioral changes are influenced by recovery capital resources and the action and maintenance stages of change.

Theoretical Framework

The transtheoretical model of change (TTM) is one of the most sought-after psychotherapy models of intervention in addictions and recovery constructs. TTM or the stages of change has introduced and advanced the most influential concepts regarding SUD's and other mental disorders within the behavioral science field (DiClemente & Prochaska, 1998; Prochaska & DiClemente, 1977; Krebs et al., 2017; Velasquez et al., 2005; Velicer et al., 1985). TTM is multifaceted as it includes the processes of change, decisional balance (Janis & Mann, 1977), and self-efficacy (Bandura, 1997; DiClemente, 1993; Prochaska & DiClemente, 1984, 1992; Prochaska et al., 1992). The multifaceted factors of TTM are vital to understanding long-term recovering addicts process, development, and evolution of intentional behavioral change.

Similarly, LTR is an intentional behavioral change evidenced by the action and maintenance components of TTM, which is key to RAs sustaining LTR (Kelly & Eddie, 2020). TTM advancements in addictions research show that individuals exhibiting at-risk behaviors can be influenced by behavioral change though the complexities (shifting components of each stage) of behavioral change still exist (Prochaska & Prochaska, 2016). Thus, for this study, TTM was the best fit for understanding RA's complex transition from active addiction to maintaining and sustaining LTR. Since, RAs who sustain LTR, experience a continuum of intentional behavioral changes influenced by the stages of change (TTM).

Stages of Change

The TTM, a stage-based model, was first developed to measure an individual's initiative and motivation to quit cigarette smoking by assessing five stages of change: pre-contemplation, contemplation, preparation, action, and maintenance (Prochaska & DiClemente, 1977). The TTMs, initial smoking studies, concluded an evolving understanding that change is gradual and can be a cyclical process, particularly for habitual behaviors like drug addiction (Prochaska & Norcross, 2018). Also, the TTM understands that individuals seeking behavioral change is predicated on their decision-making capabilities and readiness (desire and ability) which in TCs is shown to be a significant, influential factor in treatment outcomes, including developing a bond within the therapeutic alliance (LaMorte, 2019; Prochaska & Prochaska, 2016; Prochaska et al.,1992). Further, in TCs, the five stages of change signify degrees of motivation associated with specific attitude patterns, intentions, and behaviors conducive to prolonged positive change (Craig & D'Souza, 2018; Kreb et al., 2018). Therefore, in TCs, TTM efficiency is central to helping an individual identify behavioral patterns in their stage of change and modify specific behaviors within that stage until they actualize optimum progress.

Processes of Change

TTM is exhaustive across a multitude of behaviors (smoking, substance treatment, exercise, sexual behaviors, and other habitual behaviors) (LaMorte, 2019; Prochaska & Norcross, 2018; Prochaska & Prochaska, 2016; Prochaska et al.,1992). According to Velasquez et al. (2005), the TTM understands that changing addictive behaviors is a process that involves various applications of cognitive/behavioral coping strategies within the specific stages of change (Krebs et al., 2017). Also, the process of change is experiential, personalized, and differential in that an individual's change process is predicated on their cognitive responses

(thoughts, coping strategies, or maladaptive coping) to their unique experiences (Velasquez et al., 2005). Although some stages are apparent as decreased or increased levels of change process productivity, specific processes of change appear to be more noticeable in some stages and unrecognizable or less evident in others.

In addition, experiential processes are more conducive to the early stages of change (pre-contemplation, contemplation, and preparation) (Prochaska & Norcross, 2018). Whereas the last two stages of change (action and maintenance) are behavioral-oriented and action-focused, the action stage is significant to the sustainability of the maintenance stage of change. For example, in the action stage, changed behavior is characterized as a change occurring within the last six months with the motivation to continue modifying previous problem behavior/s and/or developing new healthy solution-based behaviors. In the maintenance stage, sustained behavioral change is categorized as six months or longer with the intention to continue to progress the behavioral change (Craig & D'Souza, 2018; LaMorte, 2019; Velasquez et al., 2005). Thus, when observable change is apparent after six months, the behavioral change is more likely to remain consistent longitudinally.

TTM and Self-Efficacy

Self-efficacy is conceptualized in TTM as an individual who has the confidence (belief in one's ability) to refrain and resist the temptation to engage in former behaviors (Krebs et al., 2018; Prochaska & Norcross, 2018). Relational to TTM, Bandura's social learning theory (1997) posits that an individual/s increased self-efficacy correlates with a heightened motivation to cope with challenges when they arise and increases their chances of a steadfast desired behavioral change over time (Lopez et al., 2017). Regarding coping, self-efficacy varies in each situation and is more likely to strengthen with success and decline in failure or perceived failure, which

may contribute to regression or relapse (considering or engaging in old behaviors) (Laudet et al., 2002; Martinelli et al., 2020; Mayock & Butler; McKay, 2016; Notley et al., 2015; Velasquez et al., 2005). Therefore, addiction and recovery research must understand that increased self-efficacy for RAs in LTR is likely to be strengthened by their success of sustaining LTR.

TTM and Decisional Balance

Decisional balance (Janis & Mann,1977) is the process of determining the positive (pros, gains) and negative (cons, barriers, losses) consequences in decision-making (Foster et al., 2015). The TTM integrated decisional balance in the first smoking cessation study as a vital construct to understanding the subsequent pros and cons of decision making and related patterns of cognition within the stages of change: rationalizations; expectations and consequences, regression, motivation, and relapse (Morseli, 2015; Velasquez et al., 2005; Velicer et al.,1985). Decisional balance is well established in behavioral science literature as instrumental for modifying many problematic behaviors, including but not limited to substance use, mammography assessments, weight control, exercise achievement, and condom use (Castañeda-Vásquez et al., 2017; Foster et al., 2015; Miller et al., 2015). Many decisional balance studies show similarities in positive behavioral outcomes regarding the pros and cons of awareness and active involvement factors that highlight areas of ambivalence. In the process of decisional balance, ambivalence is revealed along with its related challenges; when the pros and cons are examined, the fear of overwhelming resistance to change is lessened.

TTM and LTR

Similarly, TTM and LTR understand that behavior change is a multifaceted, nonlinear, gradual, cyclical, and a longitudinal process (Foster et al., 2015). TTM describes how an individual progresses through the five stages of change: pre-contemplation, contemplation,

preparation, action, and maintenance (Travis et al., 2021). In LTR the action and maintenance stages of change are demonstrated through RAs consistent and purposeful adherence to apply recovery capital resources to their daily lives to sustain behavioral change/s (Bellaert et al., 2022; Helm, 2019; Laudet et al., 2002; Velasquez et al., 2005). For example, in the action and maintenance stages of change an individual's transformative process of change (interpersonal developments or growth) ultimately result in optimal change or progress (Laudet & White, 2008; Laudet & White, 2010Mayock & Butler, 2021). Comparably, the action and maintenance stages of change are well substantiated in addictions and recovery research as transitional and efficacious components of LTR.

The action and motivation components of TTM guided this research and were pivotal to helping RAs describe how they develop reciprocal inhibition skills that teach them to change problem behaviors (passivity, control, anxiety, self-defeating thoughts, avoidance, isolation) for solution-based behaviors (assertion, relaxation, socialization, acceptance, self-acceptance, surrender, hope) (Kime, 2018). Further, in TTM, the maintenance stage entails a heightened awareness, preparedness, and application to sustain change which enhances stimulus control and relapse prevention as sustaining change or desired behaviors are critical to RAs avoiding triggers (people, places, things) that may stimulate problematic behaviors that put their recovery at risk (Helm, 2019; Prochaska & Norcross, 2018; Velasquez et al., 2005). Therefore, evidence-based SUD research suggests that long-term RAs who abstain from substances for at least one year, successfully exhibit patterns of experiential and behavioral processes which are significant markers of change.

Related Research

Currently, addictions and recovery research define recovery as someone who has sustained abstinence from all drug-related substances (including alcohol) and has formerly met the DSM-5 diagnostic qualifiers for substance abuse, substance dependence, and, more recently, SUD (APA, 2020b; Berridge, 2015; Hasin et al., 2013; White, 2007). Consequently, SUDs are typically chronic conditions usually associated with acute impairments in many areas of functioning (cognitive, behavioral, physiological, and spiritual) (Kelly & Hoeppner, 2015; Stokes et al., 2018). Sustained recovery from a SUD is, for most, a lengthy process, that shows "improvements in other areas of functioning which do not necessarily follow the attainment of abstinence" (Laudet & White, 2010, p.1). These assertions suggest that the current SUD service model regarding recovery is intense, short-term, symptom-focused, and inadequate for addressing LTR prospects (Bellaert et al., 2022; Bettinardi-Angres & Angres, 2010; Clark et al., 2022). Although, the term 'recovery' in the SUD construct has generally and non-technically delineated global advancements in health and functioning, RAs successful abstinence, the focus of recovery, and LTR is often excluded from research regarding further exploration.

Definitions of LTR

Similar to the current SUD service model, the American Society of Addiction Medicine (ASAM) also focuses mainly on the abstinence component of recovery, describing recovery as a process of quelling the physical and psychological dependence on substances (Alvarez-Mongolez et al., 2018; APA, 2022b; Urquhart et al., 2020). Although ASAM's definition highlights committing to abstinence it significantly excludes recovery or related factors (O' Sullivan et al., 2017; White, 2007). Thus, the necessary goal of this research was to shift the broad definitions of recovery associated with addictions research to empirically identify and

include the specific elements of recovery (recovery capital, sustained LTR) in the ‘recovery’ definition (Bathish et al., 2017; Bellaert et al., 2022; Kaskutas et al., 2014; O' Sullivan et al., 2017).

The traditionally operated model of recovery from drug addictions or SUDs suggests at least two key constituencies: the scientific community and individuals in recovery, where both have independently developed meanings and practices associated with recovery that have worked parallel until recently (Beames et al., 2021; Bellaert et al., 2022; Bettinardi-Angres & Angres, 2010; Dawood & Done, 2020; Kaskutas et al., 2014). The scientific community is comprised of physicians, medical associations, SUD researchers, and clinical treatment organizations that have implemented the term recovery to characterize a medically directed course for clinical diagnosis, treatment, and rehabilitation (Berridge, 2015; Bettinardi-Angres & Angres, 2010; Kaskutas et al., 2014; Kelly et al., 2010; Stokes et al., 2018). However, the foundational concept of recovery, derived from the fellowship of Alcoholics Anonymous (AA), is nonaffiliated with scientific communities and does not implement therapeutic interventions. Therefore, this definition also needs revising since alcohol is a drug, though AA does not refer to alcohol as a drug, and further excludes addicts from identifying their issues with other substances.

Similarly, to AA, NA's foundational concept is the disease model of addiction (Kelly et al., 2010; Richmond et al., 2020). NA defines recovery as a process that helps RAs learn a new way to live through personal growth development, altruistic behaviors, coming to believe in total abstinence and a higher power, and receiving support and supporting others through the twelve-step process (Helm, 2019; Mc Kay, 2016; Narcotics Anonymous Step Working Guides, 1998; Parker et al., 2018). Also, NA understands that total abstinence is not enough, and more

interpersonal insight is necessary to sustain and maintain recovery (Collins & McCamley, 2015; Dekkers et al., 2020; Delucia et al., 2015; Helm, 2019; Kelly, 2017; Narcotics Anonymous Step Working Guides, 1998; Stokes et al., 2018; Tonigan et al., 2013). Although NA recognizes the significance of defining recovery as a multidimensional process that reaches beyond abstinence, the specific domains of RA's personal LTR process are extremely under-researched.

Moreover, the current definition of recovery established in stress and coping theory (Lazarus & Folkman, 1984) is understood to mainly describe abstinence as the existing term 'recovery' presents a simplistic bi-axial definition that parallels the origins of SUD. However, defining recovery and its constituent elements still show disagreements on essential subtleties like the inclusion of recovery capital and stages of change regarding the general deficits (strong associations to the characteristics of active addiction and abstinence) of the conceptual grounding of these definitions. Also, the influx of SUD cases in recent years has brought awareness in the SUD field to decrease the stigma of addiction and negative public and clinical perceptions about remission for persons suffering from SUD as this often diverts efforts to find a unified and sound definition for recovery (Berridge et al., 2015; Martinelli et al., 2020; Urquhart et al., 2020). Kelly and Hoeppner (2015, p.5) provided a conceptual and accurate definition of recovery to this study: ''Recovery is a dynamic process characterized by increasingly stable remission resulting in and supported by increased recovery capital and enhanced quality of life'' (p. 5). Therefore, addicts seeking hope for LTR may benefit from this promising definition that supports a recovery-oriented model of care (recovery capital or recovery-support services) that includes and conceptualizes the elements of TTM (action, maintenance) found within sustained LTR**.**

Initial Surrender (Coming to Oneself) and LTR

Addicts new to recovery (newcomers) frequently self-report their quit experience or initial surrender as a desperate attempt to escape the horrors of their past drug life (Clinton & Scalise, 2013). Therefore, LTR cannot be discussed without exploring the experiences (events that prompted them to refrain from substance use and related lifestyle) that led RAs to make their initial surrender as this is pivotal to understanding their fortitude and motivation to sustain LTR (APA, 2022b; Clinton & Scalise, 2013; Martinelli et al., 2020; Urquhart et al., 2020). RAs initial surrender process is equally vital to this research as it represents the beginning of their new life in recovery, and their initial act of coming to themselves, which may be used to describe their heightened awareness of intentional behavioral change.

In addictions and recovery research, the initial surrender is recognized as a vulnerable phase for newcomers who no longer have substances to mask their suffering as they are likely to experience an onset of self-defeating emotive drivers and other factors like shame, guilt, depression, isolation, worthlessness, trauma, trauma-related factors, social ostracization, dereliction, and humiliation (Clinton & Scalise, 2013; Foster et al., 2015; Heather et al., 2009; Laudet & White, 2008; Laudette et al., 2002; Inanlou et al., 2020; Martinelli et al., 2020; Peterson et al., 2018; White, 2007). According to Clinton & Scalise (2013), the initial surrender is a process within a process and considered in addictions and recovery research as a spiritual death, a bottom, and for most a desperate cry for help. The authors describe the first three stages of change: precontemplation, contemplation, and ambivalence as a vulnerable, painful, and contemplative state of being, which affects the newcomers' physical, emotive, and mental stability (Clinton & Scalise, 2013). Unfortunately, newcomers in the initial stage of recovery are more vulnerable to relapse as their emotional drivers may present heightened emotions reflective

of active addiction. This is because they usually arrive to recovery with maladaptive coping skills and severe distress and are uncertain if recovery will work for them.

Moreover, the newcomer's desire to change can be ambivalent and temporal since the physiological draw of substances (coping mechanism) has a certain familiarity that may entice or trigger them to attempt using again in favor of experiencing the uncertainty and newness about the changes their new life in recovery requires (Clinton & Scalise, 2013). Addictions and recovery research is well established regarding complex relationships that individuals have with drugs and drug triggers that reach beyond biology, logic, and reason and are generally defined in research as a lack of self-control or self-regulation (Amram & Benbenshty, 2014; Dennis, 2016; Detar, 2011). Dennis (2016) posits that neurological models of addiction place a significant focus on drug triggers during active addiction. This is mainly due to new discoveries in neuroimaging technologies that enable the visualization of the drug phenomenon of brain activity in real time. However, further investigations into how RAs in LTR manage their drug triggers and compulsions to avoid drug activities can also be explored in real-time yet remain under-researched.

In addition, the extenuating high-risk factors surrounding the newcomers initial surrender explore the vital components of their willingness and motivation to stop using substances. The newcomers' motivation to refrain from using substances long enough to lose the desire to use is essential to them embracing recovery (Clinton & Scalise, 2013; Collins & McCamley, 2018; El Guebaly, 2012; Hasin et al., 2013; Helm, 2019; Krebs et al., 2018; Narcotics Anonymous, 1982; Peterson et al., 2018; Prochaska et al.,1992; Prochaska & Norcross, 2018; Prochaska & Prochaska, 2016). Thus, RAs may describe their arduous initial surrender experiences as a

memorable, and pivotal transition to adjusting to their new life in recovery and highly influential to sustaining LTR.

Therapeutic Communities (TCs) and Recovery

The development and evaluation of recovery-oriented services in TCs are severely limited in addictions and recovery research and primarily target substance use consequences instead of clarifying, defining, and expounding on the functioning areas of drug cessation that promote recovery (Amrsm & Benbenishty, 2014; Stokes et al., 2018). This is a major gap in recovery research because recovery-oriented services should also incorporate the solution to the DOA as recovery, particularly LTR, instead of focusing on the over-researched problem of active addiction characteristics, which is highly substantiated in addictions research (Laudet & White, 2008; Laudet & Humphreys, 2013; Laudet & White, 2010). Bathish et al. (2017) point out that residential TCs were conceptualized to help addicts develop a recovery identity as a transitional process linked to a significant role in advancing the treatment of addiction and treatment retention (Beckwith et al., 2015; Worley, 2016). Also, current psychosocial relapse prevention research concentrates on substance/s use and mainly focuses on short- term interventions instead of promoting psychoeducation advancements in TCs or treatment services that encourage in-depth discussions about recovery and LTR as the goal (Prangly et al., 2018; Theodoropoulou, 2020; Wagner et al., 2016). Although, the process of recovery is comprised of a harm reduction period, recovery period, and relapse time defined as temporal drug-related realities that are fluid, not fixed addictions and recovery research negates to expound on the longitudinal process of LTR as an inclusionary factor to the recovery process.

In addition, Deleuze's (1994) research surrounding the philosophy of temporality proposes that recovery is not a distinct process in and of itself but instead a series of processes

that develop in different modalities over time, not overnight. These factors are an interpersonal and an integral component of the LTR process, which is fundamental to the changes that RA's experience to actualize new-found connections that are desirable and attainable and considered in this construct as self-sustaining at five years clean (Best et al., 2020; Theodoropoulou, 2020). Clinical interventions and addictions research primarily focus on substance use outcomes (active addiction), while negating other characteristics of fundamental functioning (healthy eating patterns, increased participation in physical and leisure activities) that suggest an increase in self-efficacy and valued social roles (Clark & Scholl, 2022; Laudet and White 2008). Notably, these characteristics are frequently referenced in the research and TC's as distant secondary goals (if they are mentioned at all) but are necessary to understanding the multiple domains of RA's transformative functioning (social, mental, emotional, spiritual) in LTR subsequent active addiction.

Moreover, substance addiction is a major global problem with lethal consequences, so treatment programs and centers must aim for resources and efforts to assist addicts on their path to recovery (Best et al., 2020; Theodoropoulou, 2020). However, limited LTR resources are provided for addicts in TCs due to the high incidence of relapse where relapse prevention is rigidly constrained to targeting the social and psychological factors contributing to relapse, with minimal inclusions of promoting these factors surrounding recovery (Parker et al., 2018). Therefore, addressing positive outcomes of recovery in TCs is also beneficial to relapse prevention as TC's can promote recovery without primarily focusing on relapse as an end goal, because this thwarts the motivation of the newcomers hopes for recovery and LTR (Laudet & Humphreys, 2013; Parker et al., 2018). Specifically, in TCs, addicts are made increasingly aware of relapse consequences (legal ramifications, therapeutic institutions, death) of using through

relapse and prevention interventions (Shinebourne & Smith, 2010; Yates, 2015). However, the same fortitude is not provided regarding educating RAs about the benefits of recovery or LTR as the focal point of treatment interventions within TC's.

Consequently, the newcomer's accessibility to TCs plays a significant role in relapse prevention as geographic, professional, and conventional services in some areas show inconsistent inaccessibility due to limited appointments, short appointments, and decreased operating hours (Ward et al., 2014). According to Ward et al. (2014), some clinical services are often criticized for their impersonal approach to treating new RAs with tailored interventions. For example, in some TCs, recovery or LTR is even discouraged indicative of their reluctance to decrease certain narcotic prescriptions even after a new RA has indicated their desire to discontinue use to pursue recovery (Ward et al., 2014). Also, some TCs prohibit after-hour accessibility to drug counselors disregarding that new RAs have not yet developed social support/s within their TC to help them decrease their triggers to use substances after hours (Mc Gaffin et al., 2017; Ward et al., 2014). Although, TCs do suggest that RAs begin building supportive relationships with other RAs to prepare for distress in areas of triggers, reestablishing familial bonds and interactions, finding employment, and other daily life stressors, TCs do little to assist them with learning how to execute these fundamental suggestions through psychoeducation or follow-ups.

Furthermore, Sundin & Lilja (2018) assert that RAs lived experiences is under reached regarding their introduction to substance abuse, pursuing treatment intervention, and how they acclimate to relapse prevention strategies. In a qualitative study, the authors specifically explored the lived experiences of RA's as they were asked to delineate their childhood, adolescence, conceptions of substance use, the process that led to identifying their substance abuse problem,

seeking treatment, strategies used to sustain their recovery, and if identity changes were detectible during treatment. Some participants described adverse childhood experiences, loss of employment, and lack of social support as some of the reasons why they initiated drug use and sought treatment. Also, the participants described numerous approaches of relapse prevention (avoiding places where drugs are present, being forthcoming about previous drug use, and personal challenges, developing a one-day-at-a-time concept, 12-step attendance, avoiding romanticizing drugs and embarking on new activities) as valuable to sustaining their LTR. So, the research suggests that RAs who change multiple extrinsic and intrinsic domains about their daily life have a greater propensity to sustain LTR.

Notably, TCs understand that the core systems of addiction are sometimes accompanied by other mental health disorders (comorbidity) or dual diagnosis (Mills et al., 2015). Some commonly explained outcomes of dual diagnosis and addiction include, but are not limited to, dependence, depression, Post Traumatic Syndrome Disorder (PTSD), borderline personality disorder (BPP), trauma exposure, overdose, and suicide ideation. Mills et al. (2018) posit that short-term drug recovery and comorbidity are well-established and heavily researched. However, research gaps suggest that the impact of PTSD on LTR is unknown in areas of occupational rehabilitation, probable re-traumatization, PTSD, and related comorbidities and how these factors affect RA's in LTR. Therefore, further research is needed to understand comorbidity and LTR and the possible challenges RAs may cope with longitudinally.

Recovery Capital in LTR

Conceptually, the term recovery capital was developed due to challenges in measuring the progression of LTR, which necessitated the detailed metric suited for identifying and capturing RAs recovery progress (Best et al., 2020; Groshkova et al., 2012; O' Sullivan et al.,

2017). With this understanding, recovery capital was initially defined as “the sum total of one’s resources that can be brought to bear on the initiation and maintenance of substance misuse cessation” (Best et al., 2020 p. 2). Also, previous research proposed that recovery capital can be divided into three resource domains – personal recovery capital (personal skillset and capabilities) (Dekkers et al., 2020; Kelly & Hoeppner, 2015; Martinelli et al., 2020; Patton et al., 2022; Rodriguez & Smith, 2014; Yates, 2015); social recovery capital (relations to positive social networks) (Tracy & Wallace, 2016; Yates, 2015) and community recovery capital (obtainability and accessibility to community resources; employment, housing) (Best et al., 2020; The Society of Community Research, 2013b). As a result, a heightened interest in measuring recovery capital has advanced research to develop the Assessment of Recovery Capital scale (ARC) (Arndt et al., 2017; Best et al., 2020) grounded on the idea that the various factors of recovery capital can be measured and assessed. However, these factors may change throughout LTR.

Shaheen et al. (2018) pointed out that RAs weakened quit ability is predicated on the absence of recovery capital resources, lack of social support, and low perceived risks. In comparison, successful quit attempts are shown to improve RAs quality of life through the continuous use of recovery capital (Patton et al., 2022). Thus, addictions and recovery research would benefit from including RAs successful and failed quit attempts with utilizing recovery capital resources to understand and emphasize how the benefits of frequent use of recovery capital resources enhance RA's quality of life throughout LTR.

Current addictions and recovery research largely focus on substance use consequences instead of the application of recovery capital (social supports, spirituality, quality of life, and 12-step affiliation) in LTR (Laudet & White, 2008; Dermatis & Galanter, 2016; Ghadirian &

Salehian, 2018). Also, the few studies that do promote LTR methods generally focus on alcohol (Hasin et al, 2013; Inanlou et al., 2020). Although alcohol is a drug, treatment intervention regarding alcohol, and the 12-steps as predictors of alcohol use do not address recovery capital outside the scope of alcohol and short-term interventions. This negates an all-inclusive discussion that delineates substance use as relational to recovery, recovery capital, and LTR (Beames et al., 2021; Dermatis & Glanter, 2016; Kelly & Eddie, 2020; Urquhart et al., 2020; Worley, 2020). Therefore, to advance addictions research or widen the scope, research must address and look beyond RAs cycle of active drug using characteristics and aim to understand the motivational factors (sustained recovery from substance use and use of recovery capital) surrounding LTR as this focus is not exhaustive.

Another oversite in addictions and recovery research regarding RAs in sustained LTR is the threat of distress throughout LTR (Best et al., 2020). How RAs in LTR mitigate and cope with distress is often an arduous process that requires consistent utilization of recovery capital but is rarely mentioned in research as an influential resource for sustaining LTR (Best et al, 2020; Laudet & White, 2008; Patton et al., 2022; Yates, 2015). This is a positive attribute for RAs in LTR that demonstrates motivation, courage, faith, and determination which could provide a substantial body of empirical work, yet the focus of addictions and recovery research still primarily focuses on the stressful factors that lead to relapse rather than the stressful situations that RAs have persevered through to help them sustain LTR.

Laudet & White (2010) assert that LTR from SUD is a lengthy process comprised of developments in other areas of functioning which do not inevitably follow abstinence. Further, the current SUD model is intense and symptom-focused, yet it insufficiently addresses the prospects of LTR. Thus, research regarding RA’s must expound on recovery capital to

substantiate RAs continual process and methods of coping with stress used to improve their overall life satisfaction.

LTR and Quality of Life

Collins & McCamley (2018) assert that the World Health Organization (WHO) recognizes the quality of life as a multidimensional concept reflecting physical and psychological health, social relationships, and salient factors of the broader environment. In addiction and recovery research, quality of life is linked to clean or recovery time and has been shown to increase the prospects of sustaining LTR (Collins & McCamley, 2018; Laudet and White, 2008). However, few studies aim to assess the quality-of-life domain concerning early drug recovery and LTR, which in most longitudinal studies is specified as over five or more years, but few studies explore more than five years in recovery (Alvarez et al., 2018; Neale et al., 2014; Parker et al., 2018). This is unfortunate as the quality-of-life domain and assessment of recovery can be a beneficial addition to drug and alcohol research as it delineates individuals' experiences in aspects of functioning that are essential to RA's, their families, and community.

Laudet and White (2008) maintain that RAs quality of life is predicated on the hope for their realistic view to experience a more abundant life, which is a motivating factor that initiates their recovery, promotes their adherence to recovery capital resources, and sustainability in LTR. Also, solid adherence to recovery capital was empirically shown as an existing broader experience of suffering from active addiction as RAs quality of life is enhanced by decreasing stress which is significantly associated with and influenced by the duration of recovery or LTR (Dawood & Done, 2020). Although RA's respect recovery as the pathway that renews their wellbeing, they also acknowledge that recovery is comprised of its own challenges and stressors that RAs may feel are impossible to overcome without the use of drugs (Dawood & Done, 2020;

Laudette & White, 2008). Overtime RAs accept that these stressors are not worth turning back to their old ways of living, so instead, they exhaust their new coping skills to sustain LTR and revere recovery as a life-changing path that promotes their wellbeing though LTR is often challenging and stressful in new ways.

According to Laudet and White (2008), recovery enhances RAs quality of life (goal-oriented, productive member of society, altruistic patterns of behavior, and positive social relationships). However, previous, and current studies on recovery need to recognize simple concepts, which include that long-term RAs are less likely to have challenges with housing, crime, and drug-using behaviors (Ballaert et al., 2022). In contrast, RAs are more likely to seek out and find employment and other legal methods of subsistence that promote self-efficacy and correlate with their desire to actualize a better quality of life (Collins & McCamley, 2018; DeLucia et al., 2015; Martinelli et al., 2020). Therefore, these conceptions of realistic life domains associated with LTR, and quality of life precisely help RAs to self-report their positive longitudinal changes are attributed to recovery capital resources, and a drug-free life.

Similarly, Neale et al. (2014) suggested that addiction recovery covered 15 broad domains: substance use, treatment/support, psychological health, physical health, time, education/training/employment, income, housing, relationships, social functioning, offending/anti-social behavior, wellbeing, identity/self-awareness, goals/aspirations, and spirituality. Notably, these factors showed that LTR involves RA's making changes in numerous life domains; not just abstinence but abstinence is strongly encouraged for these changes to be actualized. Therefore, RAs commit ability and motivation to stay in recovery warrants further analysis that must expound on the sustainable benefits of recovery capital to understand RAs

increased ability to cope with stress and improve their overall life satisfaction and/or quality of life.

LTR and Social Supports

According to Anderson et al. (2021), social connections found in recovery communities are vital to improving RA's quality of life and sustaining LTR, suggesting that relapse prevention and LTR sustainability are significantly influenced by social support/s. In addictions and recovery research, social factors are often discussed surrounding active addiction and are usually contextual to homelessness, unemployment, disengagement or isolation, and lack of involvement in meaningful activities in mainstream society (Dekkers et al., 2020; Mayock & Butler, 2020). Although these factors give accurate insights into social exclusionary explanations of active addiction, they fail to highlight the impacts of social inclusion and meaningful activities practiced in LTR as relational to how social supports contribute to relapse prevention and LTR sustainability (Anderson et al., 2021). Also, addiction and recovery constructs recognize SUD as a chronic relapsing disorder (Detar, 2011; Peterson et al., 2018); however, accumulating recovery over time (LTR) is shown in research to influence the reduction of substance use, which is linked to good health, and wellbeing (Bathish et al., 2017; Best & Lubman, 2012; Neale et al., 2015). While the characteristics of SUDs are commonplace social and health burdens, addictions and recovery research has yet to report, be understood consistently, and promote realistic factors of LTR relational to a sustainable solution for addiction.

Recently, increasing interest is growing (primarily due to the opioid epidemic) regarding the social developments linked with social network structure found within social support/s and the positive outcomes garnered from recovery support (Helm, 2019; Rodriguez &Smith, 2014; Tracy & Wallace, 2016; Travis et al., 2021). According to Bathish et al. (2017) recovery-

oriented social support networks are shown to be a significant predictor of drug cessation, heightened engagement in meaningful activities, and positive quality of life. Consider this example, RAs who incorporated at least one other RA within their social support network showed a 27% increase in the probability of maintaining abstinence for a year after beginning their recovery (Bathish et al., 2017). Also, the Social Identity Model of Recovery (SIMOR) (Best et al., 2015) and the Social Identity Model of Cessation Maintenance (SIMCM) (Frings & Albery, 2015) understand the influential process of social networks and identity change from addiction to LTR (Kelly & Yeterian, 2013; Tracy & Wallace, 2016). Similarly, both models include factors of the onset of recovery throughout the maintenance process of recovery, signifying that social development is the mediating and critical factor to interpersonal change and overall wellbeing from drug addiction to LTR.

Empirically, these models show that self-help group practices and social control in reciprocal support group settings correlate with social identity salience regarding recovery and personal perceptions of abstaining from substances and actualizing self-efficacy (Batthish et al., 2017; Kelly & Yeterian, 2013; Tracy & Wallace, 2016). Dingle et al. (2015) posits that RA's in residential TCs who developed a recovery identity maintained their social identity throughout stressful life changes and well-being six months post-treatment. These findings indicate that RAs are less likely to associate themselves with an addict identity characteristic of active addiction, so they surrender their addict identity in favor of a recovery identity characteristic of interpersonal change (enhanced self-efficacy and maintenance) influenced by observable change/s in themselves and other RAs.

Dingle et al. (2015) explains that social identity development within the social support group varies among RAs. Since, RAs who experience social isolation before addiction are likely

to perceive social identity gains upon their ability to rebuild new supportive, and meaningful relationships in LTR. In contrast, RAs who had an established social identity before their addiction took off were likely to perceive a loss of identity due to their loss of supportive social connections that were impacted by their maladaptive coping behaviors in active addiction.

Research understands that social group membership is instrumental in influencing the recovery path in a cohesive psychosocial context by establishing social identity as an integral component of social membership found in recovery (Dingle et al., 2015). Consequently, the social identity models of recovery are often generalized and are not exhaustive regarding RAs wellbeing and LTR (Bathish et al., 2017). However, social identity models are emerging, but most research lacks relevance to recovery, particularly LTR outcomes regarding social networks, subjective wellbeing, group diversity (cultural, ethnic, lived experience, preferred identity), and quality of life factors are still unknown despite their significance to LTR (Bathish et al., 2017; Dingle et al., 2015).

Moreover, Parker (2018) emphasizes that RAs social support and interpersonal relationship are significant to LTR research since developing and managing their interpersonal relationship, new social support networks, and social skills are conducive to building and sustaining healthy social relationships necessary to reinforce the resistance to relapse to sustain LTR. In addition, Tracy & Wallace (2016) posit that peer support is a reciprocal process of giving and receiving support or encouragement by disclosing RA's own experiences about their addiction and recovery journey. Generally, recovery peer support groups are mostly comprised of RAs with no clinical or professional experience. However, some RAs have attained and sustained LTR subsequent unsuccessful and successful psychiatric interventions and recurring substance use challenges. Similarly, peer support is shown in research to be an essential

component of various existing drug addiction treatment and recovery methods (TC, NA), which recognize the conceptual value of peer support groups, counseling, and case management as a conduit to sustaining abstinence. Consequently, the addiction and recovery construct rarely expound on the benefits of peer support groups as exclusively relational to LTR, which presents a significant gap in addiction and recovery research.

According to McGaffin et al. (2017), social support is a crucial determinant for improving personal strengths, relationship functioning, and relationship meaning. Consistently, addiction and recovery research report that positive substance use outcomes are revealed when RAs surround themselves with other RAs in their social network (Batthish et al., 2017; Dingle et al., 2015; Mc Gaffin et al., 2017; Tracy & Wallace, 2016). Further, across bio-psych-social and addictions research, social supports are significantly shown to reduce characteristics of SUD and other mental illnesses, which include but are not limited to depressive symptoms of sadness, lack of belonging, isolation, emotive dysregulation, and lack of motivation (Batthish et al., 2017; Dingle et al., 2015; Kelly & Yeterian, 2013; Mc Gaffin et al., 2017; Tracy & Wallace, 2016). Specifically, recovery support from reciprocal relationships may provide a greater propensity to reduce the likelihood of relapse, reduce characteristics of SUD, and sustain recovery longitudinally.

In contrast, RAs new to recovery may create and adapt to protective isolation (interacting only with people in recovery) with heightened awareness to steer clear of individuals and situations that could trigger a relapse (Anderson et al., 2021). However, RAs in early recovery who over-avoid people and situations run the risk of extreme social isolation, impeding RA's quality of life, sense of belonging, and interpersonal trust needed to recognize supportive social circles and to develop new meaningful relationships (Neale et al., 2012; Woodard et al., 2014).

Further, Anderson et al. (2021) posits that after treatment, RAs who return to social groups comprised of using addicts show a greater risk of relapse than RAs who maintain social groups comprised of recovery peers. For instance, Woodard et al. (2014) identify three consistent factors of sustained change in recovery communities: (1) recovery peers are strongly cohesive, with support distributed within peer relationships; (2) a heightened sense of belonging and hopeful recovery-centered identity; and (3) increased possibilities for social and professional growth. Similarly, developing positive behavioral patterns from recovery peers, growing awareness of personal and communal responsibilities, and developing a recovery-centered social identity are identified and suggested in TCs as successful outcomes for recovery but actualized in LTR as a conduit for sustainability.

Moreover, recovery peers' shared value system fosters feelings of belonging, shown in research as essential to cultivating emotionally supportive relationships that thrive through empathy, identification, understanding, responsibility, community, and honesty (Best et al., 2016; Laudet et al., 2006; Woodard et al., 2014). Also, addictions and recovery research support that RAs who obtain recovery peers and develop a recovery-centered social identity show successful recovery outcomes cohesive with the SIMOR social identity change associated with group membership, which ascribes to how individuals internalize new norms and values. Although these findings are well supported in research, further research should investigate RA's motivation to change as an interpersonal process that is influenced intrinsically and strengthened by the recovery peer group (Narcotics Anonymous Step Working Guides, 1998) throughout LTR. Therefore, recovery peer group exposure is strongly influenced after RAs determine that an interpersonal change is necessary, then support from other RAs on the same path of recovery

positively impact their choice to change and encourage their process of finding a new way to live.

According to Woodard et al. (2014), RAs in early recovery have been shown in research to focus on building relationships and learning new activities with less focus on personal identity. The authors posit that theories support personal identity embodied through new habits, practices, and routines through shared expressive activities that develop strengths and skills essential for recovery (Woodard et al., 2014). Over time, as RAs sustain their LTR through social support, their central focus is to understand their emerging personal identity, and RAs recognize it as a benefit (experience, strength, hope) to help others within their recovery peer group (Anderson et al., 2021; Neale et al., 2012). So, building a recovery network is vital to LTR though social modulation is gradual, and is contingent upon the degree of RA's perceived loss or gain of social identity, motivation, and learned ability to seek and foster emotionally supportive relationships in recovery social networks (Anderson et al., 2021; Best et al., 2016).

LTR AND NA

NA is an anonymous worldwide community-based 12-step support group that endorses the DOA model for recovering drug addicts (Delucia et al., 2015; Narcotics Anonymous, 2008; Rodriguez & Smith, 2014). The central tenets of NA are hope and freedom from the obsession to use substances providing that RAs commit to abstinence (clean), regular meeting attendance, finding and using sponsorship (guides through the twelve steps), mutual support, twelve steps, and spiritual principal/s application, reading literature, and involvement in altruistic service to share their experience, strength, and hope with addicts who suffer from the DOA (Morgan-Lopez et al., 2013; Narcotics Anonymous, 2008). NA provides an opportunity for RAs to delve into an interpersonal inventory of self-discovery through the twelve steps to examine the

underlying patterns of behavior (the root cause/s) that led them to use substances while gaining emotional support from other RAs on the same path of self-discovery (Delucia et al., 2015). For example, twelve-step maintenance is strongly suggested and encouraged as each step contains spiritual principles (honesty, open-mindedness, willingness, acceptance, surrender, forgiveness, humility, faith, and trust) that, through a daily application, help RAs mitigate and cope with their past and daily challenges (stress, emotional dysregulation) (Snyder & Fessler, 2015). According to DeLucia et al. (2015), RAs who practice NA, as suggested, showed positive psychological functioning in areas of self-acceptance (positive attitude toward oneself), interpersonal growth (continued development and self-improvement), purpose and meaning (beliefs that provide life meaning), belonging (feeling a part of), positive relationships with others (belief in trusting relationships).

Moreover, RA's application of the program (steps, meeting attendance, sponsorship, spiritual principles) and frequency of attendance is at their discretion (Rodriguez & Smith, 2014). Consistency, willingness, motivation, and action is shown in addiction and recovery research as an effective interpersonal process (DeLucia et al., 2015; Snyder & Fessler, 2015). Also, NA (the fellowship, literature, shared experiences) only provide suggestions (guidelines) about the benefits and negative consequences of certain actions (DeLucia et al., 2015). However, NA strongly suggests that RAs learn to apply the following pertinent factors consistently to attain and sustain LTR: abstinence from all mood altering chemicals, honesty, open-mindedness, willingness, regular meeting attendance, finding a sponsor and calling them regularly, writing on the twelve-steps, developing a personal network of support within the fellowship, and establishing a relationship with a Higher Power of their choosing to lessen, and avoid, acting out on "disease thinking" (dishonesty, distorted cognition) and old behaviors (manipulation, self-

centeredness, self-righteousness) which impedes sound decision- making conducive to recovery (Narcotics Anonymous, 2008).

Decision-making is held in high regard in NA and can mean life or death for RAs since choosing to engage in substances may be the last thing they ever do, as death to overdose is an unfortunate reality for this population (Clinton & Scalise, 2017). So, RAs making the right decision to not use one day at a time, sometimes one moment at a time, helps to explain their total adherence to recovery as simplified to making one solid decision every day; to not use substances no matter what type of distress occurs. Although practicing old maladaptive behaviors as a coping strategy is still plausible without the use of drugs.

In addition, NA supports self-efficacy, as 12-step participation is linked to positive outcomes beyond attending meetings, which include sponsorship, prayer, participating in service, doing step work, and applying spiritual principles (honest, open-mindedness, and willingness) daily (Narcotics Anonymous, 2008). These are all vital action and maintenance- based factors of the interpersonal growth RAs develop and sustain in LTR (Clinton & Scalise, 2017; Delucia et al., 2015; Rodriguez & Smith, 2014). For example, studies show that having a sponsor and sharing in meetings is linked to abstinence at 12 months (Majer et al., 2013; Monico et al., 2015). Further, NA maintains that abstinence and consistent intentional change is essential for growth to occur in LTR. Therefore, NA aims to help RAs attain a spiritual foundation to promote belonging, inner peace, and heightened awareness of their meaning and purpose, which increases self-efficacy significantly throughout LTR.

Spirituality

Here spirituality was defined as a willful surrender to God's will as the guide through self-actualization; the transcendent self-discovery of meaning, purpose, self-acceptance, beliefs,

and values (Clinton & Scalise, 2017; Ghadirian & Salehian, 2018; Kurtz & White, 2015). Spirituality and religion are shown to motivate RA's in LTR when incorporated as a daily practice (Walton-Moss et al., 2013). Also, the benefits of spirituality are well established in addiction and recovery research and have shown positive outcomes (improved coping, resilience, optimism, self-forgiveness, belonging, and reduced anxiety) for RAs (Galanter et al., 2013; Galanter et al., 2020; Kelly & Eddie, 2020; Laudet et al., 2006; Travis et al., 2021). Particularly for RAs who participate in 12-step fellowship/s (NA), practice religious faith, and value spirituality.

Spiritual twelve-step programs like NA suggest that RAs are at liberty and encouraged to believe in a power greater than themselves with a focus on what that power can do as a reliable force or ally to help them throughout recovery (Galanter et al., 2013; Galanter et al., 2020; Narcotics Anonymous, 1998). NA promotes spirituality, not religion which provides more flexibility to RAs who may have no concept of God or do not believe in God. Therefore, NA suggests that spirituality can be attained without conceptions of God, but recognition of a power greater than oneself is understood in NA to be a sufficient guide to transcendence and sustaining LTR while decreasing the self-centered and self-will nature of an addict with the DOA (Narcotics Anonymous, 1998).

Kelly & Eddie (2020) assert that a hallmark of addiction is brokenness, or a hindered moral value comprised of spiritual deficits. These deficits include but are not limited to isolation, degradation, worthlessness, humiliation, guilt, and shame that thwart true life meaning and purpose. Also, the survival behaviors characteristic of using addicts are generally considered animalistic but are incongruent with RA's underlying moral code which may evoke the emotive drivers; heavy-laden remorse, guilt, and shame. In early recovery and throughout LTR, these

drivers, if not addressed, can adversely affect daily functioning, self-esteem, and overall wellbeing (Kelly & Eddie, 2021). However, the debilitating pain these emotive drivers could cause can also motivate one's propensity to change to seek recompense for past transgressions, especially if they had previous conceptions of spirituality or religion. Thus, spiritual and religious structures are the solution for atonement of RA's moral fiber that help them move beyond their past transgressions throughout LTR.

In addition, faith-based communities (churches, pastoral constructs) have a specific role in serving RAs and their families as they offer supportive services (Ghadirian & Salehian, 2018; Kelley & Eddie, 2020). These support services include pastoral counseling, religious doctrine, spiritual principles, and group interactions (congregations, social supports, church community) that facilitate spiritual solutions for distress and crisis (distrust, brokenness, suffering, hopelessness, abandonment) associated with SUD's (Ghadirian & Salehian, 2018; Itzick et al., 2017; Kelley & Eddie, 2020; Travis et al., 2021). For this reason, the efficacious components of spirituality within faith-based communities are attributed to their immediate response to one's suffering and coping through past indiscretions to mitigate emotive dysregulation and spiritual despondency.

In contrast, some faith-based communities can be less supportive and misinformed due to social stigmas surrounding the DOA (Inanlou et al., 2020). Although the DOA is not a moral failure or moral deficiency it is significantly associated with erroneous behaviors characteristic of active addiction (Travis et al., 2021). Some RAs may have trepidations toward religious/spiritual practices or faith-based communities due to their perceived unworthiness of God's acceptance which is rooted in active rebellion or previous unsavory experiences with spirituality and religion (Kelly & Eddie, 2020). This is a sensitive area for RAs as perceived

unworthiness may induce justifications for resuming participation in substance use to numb feelings of inadequacy, shame, and worthlessness.

Spirituality and religion have a critical role in the onset and offset of addiction but show that moderate levels of spirituality and religiousness in men and women have significantly helped their LTR journey (Ghadirian & Salehian, 2018; Itzick et al., 2017; Kelley & Eddie, 2020). For example, Travis et al. (2021) posits that the integration of a faith-based approach in therapeutic interventions is shown to increase resilience and support for RAs longitudinally. This suggests that faith-based communities may be a pivotal conduit to RA's intentional change and LTR sustainability.

Jha & Singh (2020) posit that previous relapse and prevention research studies show that RA's have higher levels of religious faith. Also, addictions and recovery research show that spirituality improves one's bio-psycho-social well-being, lessens depressive symptoms, improves daily coping with life's stressors, and mitigates emotional dysregulation. Moreover, a spiritually focused recovery is shown to support spiritual change that alleviates obsession, compulsion, and addiction and is well established in research as vital to successful LTR (Ghadirian & Salehian, 2018; Itzick et al., 2017; Kelley & Eddie, 2020; Travis et al., 2021). Therefore, spirituality and the inclusion of daily spiritual practices in LTR are essential components as antidotes to RA's disease thinking and relapse, which is a realistic risk factor of LTR.

Although research regarding spirituality and recovery suggests that spirituality is an efficacious factor of recovery, the spiritual orientation of RA's understanding of God is severely under-researched (Galanter et al., 2013; Galanter et al., 2020; Ghadirian & Salehian, 2018; Kelly & Eddie, 2020; Laudet et al., 2006; Travis et al., 2021). According to Copoeru (2018), addiction is an experience of a hetero-transformation of the psycho-physical agreement of an addict.

However, research regarding addiction and the process of LTR, or just recovery in general, rarely explores RA's spiritual transition from active addiction (using drugs) to LTR (abstinence, recovery capital application, spiritual practices) or that LTR is sustainable through maximizing spirituality (Theodoropoulou, 2020). Thus, LTR research is void of RA's transcendent experiences that describe their transformation from being spiritually dead to living a spiritually focused life full of meaning and purposeful commitment to self-efficacy.

Social-cultural Stigma and LTR

Consequently, addictions and recovery research often associate RAs with general conceptions (stereotypes) and insignificant barriers (stigma/s) that generally characterize using addicts or who gets addicted instead of exploring the pertinent challenges of who is addicted or has the DOA (Facchin & Margola, 2016). For clarity, addiction and recovery research does understand that the DOA does not discriminate as it reaches beyond race, age, sexual orientation, gender, and socioeconomic status (Alvarez-Monjaras et al., 2020). Also, RAs in LTR can and do change or evolve yet these findings are often overlooked and dominated by stereotypical or cookie-cutter conceptions (criminalization, minority populations, violence) that stigmatize RAs with the "once an addict, always an addict" narrative (Martinelli et al., 2020; Parker et al., 2018). Further addictions and recovery research should promote changing this narrative from negative associations to positive ones that equally expose RAs growth, self-efficacy, and better quality of life actualized in LTR (Jha & Singh, 2020; Honey et al., 2020; Woodward et al., 2014). Therefore, to reduce stereotypes and stigma/s associated with the DOA, addictions, and recovery research stereotypical confounds and stigmas should be replaced with nonjudgmental assertions that correlate with the positive and intentional behavioral changes RA’s make in LTR.

In general, addiction and recovery research is limited regarding minority populations, particularly for AAs (DuPont, 2018; James & Jordan, 2018). For example, the social and political interest of the nationwide opioid epidemic is well established in research but, mostly reports middle-class Caucasians when referencing increased opioid deaths. In contrast, the impact of the opioid epidemic in the AA community is significantly undocumented. Futher, James & Jordan (2018) assert that over the last five years, opioid deaths have increased among AAs (43%) exceeding Caucasians (22%) in several states. The increase of opioid deaths in the AA community across several states is double that of Caucasians, yet there was no current research found to support this finding.

Addiction and recovery research is also well established and generalized surrounding the personal drug histories of AA RAs regarding socioeconomic and cultural factors such as low-income, sexual, and physical abuse, minority disparities, and criminalization (Facchin & Margola, 2016). Unfortunately, research is significantly limited regarding the personal histories of AA RAs who have not experienced some or most of these factors. Several studies on addiction support that drug addiction is shown to develop from low economic dysfunctional families, particularly in studies regarding AA communities where drug use and criminal behavior were explained as a regular occurrence (DuPont, 2018; Facchin & Margola, 2016; Frimpong et al., 2016; James & Jordan). Though this finding may be factual for some minority communities, other factors exist regarding one's propensity to use drugs that should not be excluded from research.

There are several approaches to addiction and LTR, of which both are rarely mentioned in studies. Also, the "crime-causes-drug-use" model is often used to describe AAs path to using substances as it includes three sets of theories that assume an association between drugs and

crime (Facchin & Margola, 2016). However, this model fails to clarify drugs and crime as a dualistic linear causality. The chief concern here is that these factors are generally considered in research as contributory to sociological, psychological, environmental, or situational factors that continue to stigmatize AA RAs in LTR long after criminal behaviors have been terminated (Kelly & Eddie, 2020). Further, drug use does not reliably lead to aggressive criminal behaviors but is generally mentioned in addiction and recovery research with solid associations to minority populations, particularly AAs, yet is valid across races, and less likely to occur in LTR.

Moreover, some studies suggest that crime precedes drug use or increases drug use to celebrate criminal activity, but the "crime-causes-drug-use" model links drug use and crime as a single cause-and-effect explanation (Facchin & Margola, 2016). Facchin and Margola (2016) posit that deterministic unidirectional cause-effect models are unreliable in examining the drug-crime relationship. The authors explain that these models lack conceptualizing associations among drug use and crime as a multifaceted interaction process that encompasses several variables operating and interrelating at different levels (Facchin & Margola, 2016). However, these models are often used in addiction and recovery research to continue the discussion of stigmatizing factors (criminalization, deviant and animalistic behaviors) linked to AAs and active addiction (Facchin & Margola, 2016; Frimpong et al., 2016). The cause-and-effect models can also be used to investigate the cause of RAs intentional behavioral change to sustain recovery and how these changes the effect or influence LTR.

Also, AAs continue to be marginalized in receiving appropriate care (substance use prevention and treatment services) (James & Jordan, 2018). Frimpong et al. (2016) posit that the prevalence of high abstinence rates at successful discharge in SUD treatment centers (TCs) are racially disproportionate. AAs and addicts with racial and ethnic minority backgrounds were less

likely to be abstinent at successful discharge (OR = 0.71, 95% CI = 0.57, 0.87) and had the worse SUD treatment outcomes with lower rates of successful discharge, unemployment, and minimal housing prospects compared to Caucasians (Frimpong et al., 2016). Therefore, drug policy proposals should include AAs and other minority groups when designing treatment options to explore and advance successful recovery outcomes for minorities.

Current addiction and recovery research tends to frame categories or situations that annihilate the character of individuals with the DOA and further perpetuate drug-related stigmas when delineating their paths to and through recovery (Copoeru, 2018). However, RAs who are clean and in recovery often avoid erroneous behaviors and adapt a new way to live contrast to their active addiction lifestyles (Kelly, 2017). Therefore, re-considering the key descriptive categories of describing addicts as "pathological" or "deviant" to describing addicts as "sick" in their disease may promote mental health and counseling constructs to approach addicts in the context of their disease, not in the context of a moral deficit (Copoeru, 2018). After all, the Diagnostic Statistical Manual (DSM-5) does consider drug addiction as a disease (i.e., substance use disorder (SUD), Alcohol use disorder (AUD), and opioid use disorder (OUD) (APA, 2022b). To clarify, addiction and recovery research continues to lack specificity about individuals with the DOA in recovery, which impedes measurement development and research.

By now in 2022, the goal of addiction and recovery research should have shifted past broad definitions, stigmas, and stereotypes to empirically identify the detailed foundations of recovery through the lived experiences of RAs from diverse paths (Kaskutas et al., 2014). There is a gap or missed opportunity for a more in-depth exploration of RA's diverse change processes (attainable and sustainable solutions) that can be assessed longitudinally from active addiction throughout their LTR. Understanding RAs recovery journey may provide a new narrative of self-

efficacy that eradicates stigmatizing an already vulnerable population (Jha & Singh, 2020; Kelly, 2017). The point often overlooked is that addictions and recovery research must consider using a disease model that recognizes this population as vulnerable yet highlights RAs perseverance for self-efficacy to decrease harmful social cultural stereotypes and stigmas though some life domains may be challenging to determine quantitatively.

Summary

The current state of LTR (ten years or more) research is severely under studied regarding how RAs describe their lived experiences using recovery capital resources to sustain LTR (Best et al., 2020; Martinelli et al., 2020). Also, previous, and current addictions and recovery literature (books, journal articles) are consumed with inconsistent terminology, conceptions, stigma/s, and stereotypes that generally highlight RA's past consequential using behaviors to reiterate that addicts are still dying daily from the global drug epidemic (Prochaska & DiClemente, 1992; McKay, 2016). However, the lethal consequences of active addiction should prompt this construct to advance research to explore the action and maintenance components of the TTM as a solution-based approach to saving lives. The lifestyle improvements RAs have found in LTR, may offer hope for addicts seeking to live and not die from the DOA (Prochaska & Norcross, 2018; Rubio, 2016; Wagner et al., 2016; Silverman et al., 2016). Addiction and recovery research does empirically support the idea that abstinence reduces relapse by activating positive social, cognitive, and affective changes. However, research moderately explains the beneficial factors of reducing relapse as relational to LTR, and rarely mentions or forgets to expound on relating these specific factors with how recovery capital resources help RAs avoid relapse and sustain LTR (Dekkers et al., 2020; Kelly et al., 2011). Notably, while correlated, recovery capital considerations may represent diverse beliefs, behaviors, and experiences that are

self-defined and self-governed that must be evaluated and explained to advance addictions and recovery research.

Few previous and current studies exist about sustainable LTR that focus on RAs specific factors (action and maintenance) of intentional behavioral change in LTR, particularly for AA RAs with ten years or more of sustained recovery (Rubio, 2016; Wagner et al., 2016; Silverman et al., 2016). For example, out of 184 journal articles researched on this topic, only 17 articles provided substantial research delineating recovery and LTR in juxtaposition to addiction, whereas only five current articles (within the last four years) (Ballaert et al., 2022; Ghadirian &Salechian, 2018; McKay, 2016; Martinelli et al., 2020; O'Sullivan et al., 2017) solely discussed LTR as a viable solution to addiction while centrally focusing on action, motivation, and maintenance in LTR. Unfortunately, none of these articles studied RAs with ten years or more of sustained LTR.

In existing addiction and recovery research, it is unknown how RAs with ten years or more clean and in recovery describe their lived experiences about sustaining LTR using recovery capital resources (Best et al., 2020; Patton et al., 2022). Long-term recovering addicts transformative change process in multiple life domains is a phenomenon since they, too, were once using addicts who could not stay clean for ten minutes because they were caught in the grips of active addiction (Delucia et al., 2016; O'Sullivan et al., 2017). Therefore, this study highlighted the lived experiences of AA RA's who have ten years or more years of sustained LTR, the positive effects of LTR for multiple life domains, recovery capital resources, and the action and maintenance stages of change as significant conduits to sustaining LTR (Dekkers et al., 2020; Kelly et al., 2017; Neal et al., 2014). In conclusion, delineating RA's successful achievement of ten years or more of sustained LTR thoroughly addressed the existing gaps in

addiction and recovery literature to recognize LTR as a phenomenon and viable solution for individuals with the DOA.

Chapter Three: Methods

Overview

This study aimed to understand the experiences of 13 African American (AA) recovering addict (RA) participants who have sustained LTR using recovery capital resources for ten years or more. Following phenomenological research, the researcher explained the design, research questions, setting, the researcher's role, participants, procedures, data collection, and data analysis. Chapter three also discussed the methodology used to ensure the findings' trustworthiness and ethical considerations, with a summary that concluded and reiterated the research findings.

Transcendental Phenomenology Qualitative Design

This qualitative transcendental phenomenological study explored the lived experiences of AA RAs who have attained and sustained LTR from substance use. Edmund Husserl developed the philosophy of phenomenological research to describe meaning-giving methods in social and behavioral sciences research, and Clark Moustakas advanced transcendental phenomenology to explore the lived experiences of several people who have all experienced the same phenomenon (Creswell & Poth, 2018). This approach was an appropriate choice for this study as transcendental phenomenology describes and captures the essence from the lived experiences of the participants while bracketing the researcher from analysis and explanation so that the researcher can identify the phenomenon solely based on the lived experiences of the participants in the study (Creswell &Poth, 2018). TTM (action and maintenance stages of change) (Prochaska & Velicer, 1997) was chosen to inquire how AA RA NA members describe regarding how they use various recovery capital resources daily to sustain LTR. This approach was instrumental in providing rich data from the participants detailed descriptions about their LTR experiences and the action and maintenance (TTM) processes within their experiences.

Research Question

How do RAs describe their lived experiences sustaining LTR through the use of recovery capital resources?

Setting

The setting for this study was conducted via the Zoom digital platform, a digital conferencing forum developed to hold virtual meetings for individuals and groups (Galanter et al., 2021). The Zoom platform was chosen for the participants due to their familiarity with attending NA meetings on Zoom because of the Coronavirus (Covid -19) pandemic, which closed 70, 000 in-person meetings weekly meetings across 144 countries in March 2020. (Narcotic Anonymous World Services, 2018; Senreich et al., 2022). This setting was chosen to accommodate some participants who may not be comfortable with in-person or social settings because of the social restrictions caused by Covid-19 (Galanter et al., 2021; Narcotic Anonymous World Services, 2018; Senreich et al., 2022).

Also, conducting interviews via the Zoom platform provided confidentiality for the participants as Zoom is HIIPA compliant with privacy settings best suited for confidentiality (Wait et al., 2022). On Zoom the participants were able to select their degree of privacy (i.e., home, park, backyard, car), and confirmed their privacy by self-reporting at the onset of their interview that they were in a private location. Also Zoom provided options that allowed the participants to change their name and keep their video closed during the interview/s (Narcotic Anonymous World Services, 2018; Senreich et al., 2022; Wait et al., 2022). To ensure confidentiality the researcher surveyed her entire interview setting for each participant at the beginning of the interview so that the participants could observe that the interview setting was

private. To reassure the participants of their privacy and confidentiality, the researcher informed the participants that her camera would remain facing the closed door throughout the interview.

This study provided confidentiality which was vital for adhering to the ethical considerations of the participants (AA RA NA members). The recovery community generally thrives on anonymity and confidentiality due to sensitive topics or underlying interpersonal stressors often disclosed in the NA meeting setting (Narcotic Anonymous World Services, 2018; Senreich et al., 2022). Therefore, the researcher assigned the participants with pseudonyms, that were numbered, and gendered by initial, for example, male RA 1 (MRA1), which provided another layer of confidentiality when recording data.

Participants

The inclusion criteria for this study were African American participants (N=8; (4) males and (4) females), 45-75 years of age, with at least ten years of recovery, and consistent Narcotics Anonymous (NA) participation throughout their recovery. Purposive sampling was used to select the participants (n=8) through social media/Facebook, then the researcher emailed the qualifying participants to confirm their qualifications. Upon confirming the participants qualifying factors, the researcher sent out the consent forms via email, which were signed and returned, then the interviews were scheduled. According to Palinkas et al. (2015), using purposive sampling helps the researcher achieve a more information-focused and in-depth study as the participants inform the researcher about their experiences to optimize understanding of their subject/s of interest (Creswell & Poth, 2018). In qualitative research, purposive sampling is indicative of selecting participants tailored to the research study; AA RAs ages 45-75 in NA with ten years or more of LTR matched the study criteria.

In accordance with the qualitative transcendental phenomenological study methodology, the interview question was in-depth, open-ended, descriptive, and exploratory (Creswell &Poth, 2018). The broad interview question followed qualitative research and helped the researcher to identify, describe, and gain a better understanding of the phenomenon's essence through the self-reports and lived experience/s of the participants (Creswell &Poth, 2018). Lastly, all eight Zoom interviews for this study were recorded and conducted individually for ninety minutes over one month.

Procedure

The procedures used to conduct this study included Institutional Review Board (IRB) approval, eliciting participants, interviews, horizontalization, cluster of meanings, coding, member-checking (follow-ups), and explaining how the data was gathered and recorded (Creswell &Poth, 2018). The IRB process has several steps to safeguard the ethical conduct (respect for persons, beneficence, and justice) of human study participants, which was adhered to throughout this study (Ryan et al., 2015). This study elicited participants from social media/Facebook post where no permissions were required as site permissions were approved or granted through Facebook. After the participants responded to the Facebook posts through direct messaging, the researcher confirmed the participants qualifications and sent the qualified participants consent forms via email.

Moreover, this qualitative study collected in-depth data from the interviewing process to increase reliability which follows most phenomenological research (Creswell &Poth, 2018). The researcher conducted eight individual unstructured interviews, which were recorded via Zoom for ninety minutes over a month, then digitally transcribed. The interviews were guided by one central question: Tell me about your experience with sustaining LTR through the use of recovery

capital resources? Also, the interviews included self-reports, descriptions, and conversations that pursued and revealed the phenomenon about AA RAs lived experiences in sustained LTR (Creswell & Poth, 2018). Also, member-checking or follow-up interviews were conducted using audio recorded phone calls to check the participants interview transcripts, and developed themes (similarities) for accuracy, then digitally transcribed**.**

The Researcher's Role

My target sample was AA recovering addicts, who are NA members in sustained LTR. I chose this population to provide a diverse perspective from the lived experiences of AA RAs in LTR to further addictions and recovery research. My previous work experience as a residential drug and alcohol counselor, graduate studies in addiction and recovery counseling, and personal experience as an AA RA NA member in LTR allowed me to develop the necessary probing question for this study. Due to the possibility of my experiences being similar to some participants, appropriate steps were taken to prevent biases from influencing the interview process and data analysis. The steps for my self-assessment included: NA meetings and attendance, LTR experience, recovery capital preferences, assumptions, and relationships related to this study. The purpose of the self-assessment is to determine how much the study is related to my personal experiences in LTR to reduce bias to better understand the diverse perspectives about the transformative and positive influences that LTR has on the participant's multiple life domains.

Further, I may have some connections with the selected participants through membership in NA and virtual NA meeting attendance on Zoom. However, I was unaware of the participants personal stories to and through LTR, which helped me to reduce bias during the interview process. In qualitative research, the role of the researcher must reduce bias to adopt several

perspectives when monitoring, developing, collecting, and analyzing in-depth or broad data to present accurate findings (Creswell & Poth, 2018). Therefore, my recovery journey was not discussed in the interviews to keep my role as a researcher distinct and separate from my NA membership or affiliation.

Data Collection

The research question, "How do RAs describe their lived experiences sustaining LTR through the use of recovery capital resources?" provided the basis for this study. This open-ended question or prompt guided the qualitative one-on-one virtual interviews, then the responses were analyzed through a qualitative transcendental phenomenological approach. The data collected from the participants provided a qualitative analysis that focused on the descriptive statements and emerging themes from their shared experiences in sustained LTR to capture the phenomenon.

Before the interview process began, demographic information (age, name, ethnicity, clean time, email address, and phone number) was collected from each participant and recorded in a separate journal as a description of the sample. Before each interview began, the researcher thoroughly explained the study details to the participants to ensure their awareness about the study and to remind them that all correspondence would be audio recorded, transcribed, and kept secure and confidential. Also, the researcher provided time to answer the participants questions about the study before they signed the inform consent.

The participants were asked to print out their informed consent upon receipt. After the study review they were asked to send a photo of their signed informed consent to the researcher through text messaging before the interview. The in-depth qualitative interviews allowed the participants to respond and describe their LTR experiences in their own words and personal

perspective. The interviews closed by thanking the participants for sharing their time and experience in this study.

The final analyses were determined by the structure (how) and texture (what) of the results from the information yielded in the study. All collected data (consent forms, demographic information, journals, recordings, and all confidential material) is kept on a computer tablet with a digital passcode that only the researcher can access. The computer tablet was purchased for the sole purpose of this study and stored in a locked safe that only the researcher can access. After the dissertation publication, all related study materials or data collected will be destroyed by fire in seven years.

Interview Question

Interview Question.

Tell me about your experience with sustaining LTR through the use of recovery capital resources?

The broad interview question opened the discussion to the participant's independent recovery journey to prompt them to express their journey from the onset of the interview. According to Creswell and Poth (2018), the phenomenon should be clearly defined in phenomenological research, and the interview questions should consistently guide the study's central question. In this study, building rapport by welcoming and thanking each participant before the interview helped them to be comfortable with describing their interpersonal experiences, daily responsibilities, and personal achievements in LTR. Also, this question helped the researcher to better understand the benefits of recovery capital and the specific positive cognitive-behavioral changes achieved throughout LTR. The identifiable factors of the participants' lived experiences allowed the researcher to establish themes or similarities of

phenomenological activity regarding the depth of action and maintenance required to sustain LTR.

This study was conducted to describe and capture emerging themes about the participant's experiences in using recovery capital resources to sustain LTR to highlight the transitioning phases of action and maintenance (TTM) over time. The interview question continually focused on the research question to explain the transitional lived experiences of RAs in LTR over multiple life domains. This focus helped the researcher to understand how RAs develop adherence to recovery capital resources and how they determined what recovery capital resources are beneficial to sustaining LTR.

Further, to develop and capture the essence of the phenomenon, the participants provided textural and structural descriptions about the changes that they experienced throughout LTR. This allowed the researcher to formulate and cluster meanings of common and impactful experiences into codes to identify the emerging themes. As a result, the researcher was able to capture the essence of the phenomenon and gain an in-depth understanding about specific changes (complacency, motivation, and perseverance) that occur for RAs in LTR (Creswell & Poth, 2018). Understanding multiple perspectives from AA RAs experiences in LTR may further addiction and recovery research in understanding LTR as a transitional, repetitious, and self-efficacious phenomenon.

Data Analysis

Previous studies have used Moustakas's (1994) transcendental phenomenology to explore recovery capital and AAs in sustained substance recovery (James & Jordan, 2018; Kelly & Eddie, 2020). Thus, utilizing this study design guided the researcher through a systematic format within the data analysis process to highlight descriptions from the data (Creswell & Poth, 2018).

Further, rich data was collected after interviewing to increase credibility, which generally follows the qualitative transcendental phenomenological research process.

After the data collection, the researcher conducted a data analysis, using horizontalization to highlight the participants significant descriptive assertions from the interview transcriptions. Also, to organize the data, emerging themes and/or subthemes were drawn from the participant/s clustered meanings, then coded, named, and labeled with brief definitions provided for each code, which developed textural and structural descriptions from the data (Creswell &Poth, 2018; Moustakas, 1994). During this process, the researcher was bracketed while reviewing the data to ensure trustworthiness to capture an accurate interpretation of the data or clusters of meanings contextual to how the participants reported their experiences in LTR. Further, member checking was conducted via audio recorded phone calls (for 45 minutes) to verify that the participants' experiences were accurately captured.

Trustworthiness

To adhere to the boundaries or trustworthiness of the research, the researcher consistently referenced the data from the data collection. Then the researcher member checked with the participants to verify that the labels and codes correctly and thoroughly aligned with an accurate portrayal of the their interview transcriptions (Creswell & Poth, 2018). Also, all transcriptions of phone calls, field notes, themes, and subthemes were clarified for researcher bias to ensure that the researcher's preconceptions or experiences with LTR did not influence the research findings (Creswell & Poth, 2018; Moustakas, 1994). A peer review of the data analysis was implemented in different phases throughout the study to examine the researchers' methods, emerging themes, meanings, and interpretations from someone with familiarity about the topic of sustained LTR, which provided an in-depth investigation to ensure authenticity (Creswell & Poth, 2018). Lastly,

throughout the study, the data and related materials were securely handled and protected in a locked computer file where they will remain for seven years and then be destroyed by fire.

Credibility

Credibility provided confidence in the study findings and was conducted in an ethical manner to ensure accurate descriptions of each participants reality (Creswell & Poth, 2018). To establish credibility for this study, the researcher used techniques (member checking, triangulation; in-dept interviews, and direct quotes) to obtain the participants' responses to validate the research. Member checking was conducted by sending a copy of the participants' transcript via email. After the participants reviewed their transcript/s, they were contacted by phone to capture and verify their responses and viewpoints, which were all verified as accurate. Further, the interview transcriptions were digitally manufactured through Zoom, then the data was analyzed several times manually, and color coded to accurately establish theme development.

Transferability

Transferability allows other researchers to apply the study findings to other future research studies (Creswell & Poth, 2018). The findings in this study provided a thorough analysis of substantial information with well-developed descriptions regarding LTR to ensure trustworthiness and transferability. This study adhered to the validity of the research to capture the attention of other scholars who hope to advance similar studies or research about LTR and the self-efficacious factors of using recovery capital resources to sustain LTR.

Dependability and Confirmability

Every research study should have dependability to ensure that the procedures implemented in the study are consistent, reliable, and can be replicated (Lincoln & Guba, 1985).

A thorough and in-dept analysis of the study must be provided with detailed descriptions about the procedures implemented to complete the study (Creswell & Poth, 2018). In this study, the researcher implemented a peer review to make certain that the study was dependable and accurate.

Confirmability ensures that the results are derived solely from the participants contributions, not the researchers bias (Creswell & Poth, 2018; Lincoln & Guba, 1985). In this study confirmability provided neutrality in that the findings were influenced by the participants' responses, which gave the participants a voice to expound on their lived experiences in LTR. Also, the researcher was bracketed to omit bias or personal interest. Further, the researcher triangulated the data by utilizing an audit trail which included an external peer review, which helped the researcher develop a comprehensive understanding of the phenomena.

Ethical Considerations

The ethical considerations for human subjects or participants followed the Belmont's Report three suggested guidelines or principles: 1) Respect for persons, which protects the participants' autonomous participation or choice to participate, and their protection of autonomy through a signed informed consent form. 2) Beneficence reduces harm and maximizes the benefits of the study as the researcher conducts ethical decision-making of risk-to-benefit assessments to evaluate the subject's welfare regarding possible risks that could result from the participant's participation in the study. 3) Justice ensures that the subjects of interest receive a fair distribution of treatment and that vulnerable participants are not exploited in the study (Icy et al., 2018). The Belmont Report also endorses that the informed consent is required to ensure that the researcher evaluates the benefits and risks of the study, so that the presentation of the participants' participation is fair and equitable (Icy et al., 2018). Therefore, the researcher

assessed the ethical considerations for the human participants in all phases of this study (before, beginning, during, and after) to consistently adhere to the three ethical principles (respect for persons, beneficence, justice) to prevent adverse effects of coercion or harm to vulnerable human subjects.

In addition, each participant received an informed consent form via email to ensure that they were thoroughly briefed both verbally and written regarding the procedures, rights, confidentiality, the purpose of the study, and possible risks of the study (Creswell & Poth, 2018). The participants were informed of their rights to withdraw from the study for any reason at any time without fear of reprisal from any associated affiliates. Also, to protect each participant's identity throughout the study, the researcher explained that the participants identity would be kept completely confidential with a numbering and coding method. Further, the informed consent form was signed, dated, and returned prior to the interview to confirm that the participants acknowledged the details of the study and any potential risks.

The potential risks included re-traumatization and drug triggers, but only if the participants gave an in-depth account about the horrors of their active addiction. Notably, the participants were not asked to relive or give an in-depth account about the horrors of addiction in this study. However, to do no harm and safeguard the ethical considerations of the participants, the researcher-maintained awareness of the possible risks to the participants throughout the study. Fortunately, no potential risks or harm to participants occurred in this study.

Summary

Chapter three explored the phenomenological methodology used to conduct this study about the subjective lived experiences of AA RA's in LTR and the recovery capital resources they use to sustain LTR. Chapter three overview followed a comprehensive description of the

research design, target population, interview questions, and procedures used to collect and analyze the data. Also, chapter three included a detailed explanation regarding the researcher's role, biases, self-assessment, and the researcher's relationship with the participants to provide transparency for the researcher's role in the study. Further, the researcher acknowledged, explained, and adhered to the IRB approval qualifications or requirements necessary for conducting this study. Lastly, chapter three concluded with an explanation of trustworthiness and ethical considerations to ensure the study's validity and the significance of the researcher's adherence to the Belmont Report's three principles (respect for persons, beneficence, justice), which were implemented to protect the welfare of the participants throughout this study.

Chapter Four: Findings

Overview

This qualitative phenomenological research study aimed to understand LTR from the lived experiences of African American (AA) long-term RAs with consistent NA membership regarding their experiences with using recovery capital resources (recovery tools) to sustain LTR. This study focused on the gap in scholarship directly related to the limited understanding of LTR from the lived experiences of long-term recovering addicts who sustain their recovery by using recovery capital tools daily. Additionally, this research study sought to delineate the extent of how RAs in LTR maintain their recovery longitudinally and the multiple life domains that have evolved because of their commitment to stay in recovery. One main research question or prompt guided this study: Tell me about your experience with sustaining LTR using recovery capital resources. Utilizing Moustakas' (1994) phenomenological approach, chapter four provides an overview of the findings, how the data was collected and analyzed, the results, theme development, tables 1 and 2, explanation of themes and codes including the participants lived experiences, and summary.

Participants

This study used purposive sampling to select 8 African American participants (N=8); (4) males and (4) females), 45-75 years of age, with at least ten years of recovery, and consistent Narcotics Anonymous (NA) participation throughout their recovery. The participants (n=8) were selected through social media/Facebook, then the researcher emailed the qualifying participants to address any concerns and confirm their consent to participate in the study. The 8 participants received pseudonyms (Male; Female; M1, M2, M3, M4, F1, F2, F3, F4) and were only identified by age and gender to protect their identities. After recording the data, the participants

participated in a brief phone interview to member check for accuracy, which was confirmed as accurate by all the participants.

Table 1

Participant Demographics

Participants	Ethnicity	Age	Sustained LTR
M1	African American	59	33 Years
M2	African American	66	14 Years
M3	African American	53	14 Years
M4	African American	74	14 Years
F1	African American	59	28 Years
F2	African American	60	34 Years
F3	African American	68	33 Years
F4	African American	59	29 Years

M1

M1's most effective recovery tools are relationship with God, prayer, NA fellowship, and applying spiritual principles (surrender and acceptance) to all situations daily. M1 prioritizes personal growth and adheres to recovery work (12 steps, meeting attendance, service) daily. M1 has endured transitional challenges in LTR (the death of both parents), yet he is still fully committed to his relationship with God, his recovery, his four children, actualizing his goals, and serving others. Since being in recovery, M1 values his meaning and purpose in life as a humble servant of God, has no regrets, and looks at life from an honest and humble perspective. As a

result, he has earned his high school diploma and multiple college degrees. He has also founded a mentoring program for troubled adolescent boys where he imparts hope, guidance, leadership, and support.

M2

M2 was eager to discuss his LTR journey, as he emphasized that through developing his faith in God, God gave him a second chance on life. M2's most effective recovery capital resources are his relationship with God, prayer, reading spiritual doctrine, service, and receiving empathetic support from RAs in NA. Before coming to recovery, M2 experienced feelings of inadequacy, selfishness, and self-centeredness that have lessened due to adhering to God's will and maintaining spiritual structure and routine in his life. M2 finds fulfillment in life by helping others through community programs, church, and his involvement in NA. M2 tries not to disappoint those who have helped him throughout his recovery, so he is highly motivated to sustain LTR and is accountable to his family and support network.

M3

M3's essential recovery tools for sustaining LTR are relationship with God, attending meetings, staying connected to recovery circles, and asking for help. M3 believes that having a sponsor, reaching out to other addicts, and sharing in meetings is a great way to stay humble and get feedback from recovery peers. M3 applies the 12 steps of NA to all situations in his life and still avoids people, places, and things associated with active addiction. M3's lifestyle in recovery is grounded in living a wholesome godly life through adhering to God's will, helping others, and applying spiritual principles to his life daily.

M4

M4 is committed to living a recovery lifestyle and includes meditation, prayer, mindfulness, meetings, and being of service to others in his daily routine. M4's most essential recovery tools are his relationship with God through prayer and being of service to others. M4 has had various service commitments since the beginning of his recovery and currently holds several service commitments in NA to help carry the message of recovery to addicts still suffering from drug addiction. M4 emphasized the importance of unconditional love in his life and relationships and how God and NA have helped him express and give love selflessly. As a result, M4 strives to be someone others can reach out to for help, as he loves giving back the unconditional love that was and is given to him.

F1

F1's most valued recovery tools are being in a relationship with God, giving back, and staying clean. F1 also includes making gratitude lists, service commitments, relying on God, and staying within the basis (sponsorship, step work, networking with recovery peers) of the NA program in her daily regimen. F1 recognizes the gift of recovery in newcomers and how working the twelve steps helps them reevaluate their life, which motivates her to stay vigilant in sustaining her LTR. Before recovery, F1 was homeless and rejected by family and friends, so she greatly values responsibility, being a good friend, employee, and sibling. F1 motivates herself to improve despite roadblocks, fear of failure, and fear of success (getting a degree, owning a home, and traveling), and considers her LTR as an ongoing process of self-care and love.

F2

F2's most beneficial recovery tools are relationship with God, service, NA's twelve steps, and traditions, as they help her learn more about herself to become a better version of herself. F2 considers experiencing pain or tribulations as opportunities for growth and change. F2 incorporates spiritual principles daily, particularly open-mindedness, which helps her listen to her recovery peers' perceptions about how she conducts herself, and sparks an awakening of the spirit that enhances her LTR. F2 tries to see God in everything she does, so she meditates for peace and clarity to help her hear guidance from God for what she needs to do daily. F2 believes that there is no middle ground in recovery and that she must remain fully committed to the process by adhering to God's will without conditions or rebellion.

F3

F3's essential tools for sustaining LTR include relationship with God, prayer, meditation, applying spiritual principles, meetings, service, reading Christian doctrine, and NA literature. F3 emphasized that her relationship with God has grown stronger through her commitment to recovery because she has learned to trust God throughout various stages or transitions in her life. F3 explained that she strives to attain peace and serenity daily and that serenity means "it is well with my soul", a simple concept that helps her rely on God for guidance to point her in the right direction. F3 attends meetings regularly and lives by the 12 steps of NA to help her overcome her challenges with self-acceptance. F3's recovery is based on taking responsibility for her thoughts and actions rather than seeking validation from others, as she has learned over time that she does not have to live and die by someone else's approval.

F4

F4 considers her relationship with God, prayer, meditation, meetings, sponsorship, service, and NA's 12 steps and 12 traditions as her most essential tools for sustaining LTR. Throughout F4's recovery, she has regularly attended meetings as she is grateful for the social support she receives from her sponsor, women she sponsors, and other RAs in NA who lend a therapeutic value to her recovery. F4 acknowledged that her life has changed for the better since getting clean because of her conscious contact (prayer and meditation) and relationship with God. Also, F4 delineated the importance of applying spiritual principles in all areas of her life by being open-minded, accountable, responsible, having integrity, and remaining teachable. F4 explained that applying spiritual principles to her life daily is vital to actualizing her purpose, which is to serve God.

Results

This transcendental, phenomenological study aimed to explore the lived experiences of African American (AA) long-term recovering addicts regarding the recovery capital resources they use to sustain LTR. I began collecting data from 8 participants by conducting eight semi-structured interviews (each interview lasted approximately 45 minutes to an hour) using Zoom, where all 8 participants were asked to answer 1 question. After interviewing each participant, I began analyzing and immersing myself in the data, which developed a composite of each participant's textural and structural descriptions about their experiences with using recovery capital resources longitudinally. While bracketing the researcher, the data was analyzed, coded, and synthesized to identify meanings and experiences through emerging categories and themes to capture the phenomenon's essence. As a result, 5 thematic categories and 38 codes emerged that

describe and enhance understanding about the most effective recovery capital resources AA RAs use to sustain LTR.

Theme Development

The 8 participants in this study described their experiences using recovery capital resources, what (textural) resources they use, and how (structural) these resources effectively help them sustain LTR one day at a time. The participants shared their experiences in detail, from the beginning of their recovery to their current daily practices and routines. Five main themes consistently emerged from the data analysis in this study: Relationship with God, altruistic practices, applying spiritual principles, social support, and 12-step work. See Table 2 for a list of themes and codes associated with the research question.

Table 2

Themes and Codes

Themes	Codes
Relationship With God	Adhering to God's will for guidance and direction, faith, value, meaning and purpose, unconditional love, and relying on God to cope through life's unexpected transitions
Altruistic Practices (Service)	Being of service to others, selflessness, belonging, fulfilling, giving back
Applying Spiritual Principles	Gratitude, integrity, humility, surrender, open mindedness, powerlessness, willingness, acceptance, honesty with self and others, and vigilance

Social Support	Sense of belonging, identification from other RAs, meeting attendance, gratitude, reciprocal relationships, and unconditional love
12 Step Work	Self-acceptance, self- reflection, adherence to God's will, honesty, humility, integrity, compassion, accountability, belonging, commitment, and personal responsibility to self and others

Theme 1: Relationship with God

The first theme (relationship with God) consisted of six codes based on an analysis of the overall experiences of AA RAs in LTR. This thematic category revealed that all the participants developed a relationship with God at the onset of their recovery and continue to nurture their relationship with God for guidance, faith, self-acceptance, meaning and purpose, and unconditional love. All the participants revere God and adhere to God's will as they attribute their relationship with God as the foundational component that motivates them to be the best versions of themselves. All the participants consider their relationship with God as a compass to helping them cope in life to sustain LTR through daily prayer and/or meditation and surrendering to God's will. Also, all the participants believe that the power of God is responsible for their second chance in life, so they trust His guidance and direction in their life. For example,

> **M1:** I always share with people that I never lost my relationship with my higher power. What I did was lose focus on what the purpose of having my higher power was about. It wasn't that I had a point in my life where I didn't have a God in my life because I grew up in a spiritual family. We always had religion. We always had something that kept us centered. I've been consistent in my faith. I stay consistent. I do the best I can.

M2: I am amazed at how much God has forgiven me and restored my life, knowing the harm I caused to myself and others in my addiction. If God could forgive my past transgressions and give me a new lease on life, then I could forgive myself and modify my behavior toward a consistent positive change with God's help.

The participants believe in a power greater than themselves (God) and focus on what that power can do as a reliable source of comfort and guidance to help them throughout their recovery (Galanter et al., 2020; Narcotics Anonymous, 1998). In chapter two, many researchers (Galanter et al., 2013; Galanter et al., 2020; Kelly & Eddie, 2020; Laudet et al., 2006; Travis et al., 2021) point out that RAs who participate in 12-step fellowship/s (NA), significantly value spirituality and faith. The participants concept of God is understood as a sufficient guide to transcendence and positive transformation that they seek purposefully and consistently to actualize self-acceptance and self-efficacy. The participants assertions confirm that they experience positive outcomes of improved coping, resilience, self-forgiveness, and belonging when they include communing with God in their daily regimen.

M3: I got to put my recovery first. So, I put my God in my recovery first. He's first, but he said you put your recovery first, too. So, my recovery is up there with Him. So now, my relationship with him is one that is unfiltered because I don't have the drugs holding me. The drugs are not blocking it. I'm with him all the time, all day in communion with Him, so that plays a major role. I go to church just about every Sunday, so I'm in there hearing what I need to hear from him in order for me to live this fulfilled life because it takes spiritual fulfillment as well, and that's where I find that, in Him.

M4: Without my relationship with God, I would have no foundation or grounds to stand in recovery. My life would have no value. I ask God for His will to guide me in the

direction that I should go because He knows me better than I know myself. I trust God before any human power because no human power can help me transform to the magnitude that God does.

F1: I am God-reliant. I surrender to the power greater than me to stay in the center of my recovery. I pray to a power greater than myself. For the most part, I do it every morning and do it every night.

For the participants, building a true relationship with God began at the onset of their recovery and continues throughout their recovery. Spiritual disciplines, like prayer and meditation involve action, which for the participants is demonstrated by their intentional participation to use spiritual disciplines to adhere to their relationship with God. How the participants experience their relationship with God reflects their values and beliefs and shapes their understanding of who they are, and how they relate to the world around them.

F2: In the beginning, I wasn't a participant in the relationship with God, but God had done nothing wrong. I just didn't get it right. Then the relationship changed to a grateful relationship because of my participation. Now I pray and meditate twice a day and commune with God in silence to center the energy to find peace. I seek God in everything I do and ask Him *what is the assignment for today*, wanting to do God's will, now willing to do God's will.

F3: My relationship with God has grown stronger since I've been in recovery. I've learned to trust God. I've learned to trust my concept of God. I've learned to trust my relationship with God. Understanding God helps me accept people. I am grateful to know that God loves me. God is in charge, and I am open to messages from God, His presence, and how He reveals Himself.

F4: I start my days just sitting with God. I make time with God so that I can hear how He would like me to carry out His will for the day. So daily I ask God for the strength and the power to stay in His will and the power to carry out His will. This helps me to remain humble, make sound decisions, and adds meaning and purpose to my life. I feel fulfilled when I spend time with Him.

Theme 2: Altruistic Practices (Service)

Theme 2 contained five codes, which indicated that all the participants sustain LTR by participating in altruistic practices. The act of service gives the participants a sense of belonging, fulfills their meaning and purpose, and allows them to give back the unconditional love to others that was and is given to them. All the participants expressed their gratitude for being in the position and spiritual condition to help others, since before their recovery, self-centered behaviors governed their lives. As a result, giving back helps them to be selfless, demonstrate their regard for others, and show their reverence to God in the process. For example,

M1: Not using drugs is the first thing. I am willing to do what it takes to provide and work with people who need help. I go back and share life lessons and fearlessly give back.

M2: I only keep what I have by giving it away. It does me good to reach out and be of service to help someone else. As a matter of fact, that's how one of the ways I keep going is to help other people. I always try to be of service to someone else to kind of counteract the selfishness I had in active addiction.

M3: I get to give recovery away and share my experience, strength, and hope.

M4: I have compassion for others, and service helps others. Service is important, and I've been in service since the day I got here. So service is key to me because it really keeps it

green for me. When I can look in the eyes of another sick and suffering addict, and I see the pain, and I see the despair, and I see those black holes, yeah, it causes me to want to share the love that I have. It causes me to want to give.

For the participants, being of service has taught them to put love and gratitude into action. This action of servitude has also helped them to increase their sense of belonging as service builds connections and reciprocal relationships with others.

F1: I take a meeting into one of the treatment centers here every Tuesday and have some powerful other recovering addicts that go with me. That has allowed me to see what the people were doing when I was in a treatment center. They were coming in to share their experience, to help me. It would be unfair for me to be in this process and not give back. So unfair. To just see others, get the gift of recovery, it's amazing!

F2: Just as God sends people to help you, he sends you to help people. But you got to be open, willing, and honest. But to be of service and to give back, it is really powerful, right? One addict reaching another without parallel is because of service. Without service, the fellowship (NA) can't grow.

Being of service to others entails purposeful actions (being loving, giving to others, compassion, being open to receiving help) and enhances selfless living. All the participants have had their own experiences with receiving help from others, so they are grateful to give back or be of service to others inside and outside NA. According to the participants, they receive much more (increased connection to God, fulfillment, sense of belonging) than they give because they contribute to the world around them.

F3: I do service work in the twelve-step fellowships, but I also do service work in other areas like domestic violence advocacy. If I do it for God's purpose, then he seems to empower me to be able to do it. I want to pass that hope on.

F4: I still do service work. It's a we program (NA). It's the therapeutic value of one addict helping another. I definitely give back what was so freely given to me.

Theme 3: Applying Spiritual Principles

Theme 3 contained 10 codes and revealed that all the participants use daily spiritual principal application as an essential recovery tool for sustaining a well-balanced quality of life in LTR. The most widely used spiritual principles among all the participants included gratitude, surrender, acceptance, integrity, humility, honesty with self and others, open-mindedness, willingness, hope, and vigilance. All the participants described applying spiritual principles as a learned behavior or practice that consistently helps them assess their interpersonal thoughts, interactions with others, and personal growth to promote positive transformation throughout their recovery. For example,

M1: Surrender and acceptance, for me, they go hand in hand, and I've had to use them more often than not.

M2: I learned to be open-minded, to consider maybe there is another way to open up to someone else's opinion. I must be vigilant every day because I realize I'm only one bad decision away from repeating that (using), and so far in these 14 years, I have not made that bad decision.

M3: I'm powerless over that situation. What do you do then? Okay, I know to turn it over to God. I'm not going to deal with that. I'm not going to wreck my brain about that. God can take care of that. So, I'm moving on by faith.

Each participant described their own perspective about applying spiritual principles and how they use them to respond, think, feel, and behave. Similar sentiments are shared among the participants as they described the significance of specific spiritual principles that enhance their individual coping skills and wellbeing.

M4: I try to live according to spiritual principles. I'm aware, I'm mindful, I'm intentional, I watch my thoughts, I keep the focus on me, and I try to live according to the spiritual program.

F1: I need to mention that I live by a grateful heart and find no reason to use.

F2: I truly believe that I have really grown spiritually. Your recovery is contingent upon your spiritual condition at any time. So, over all these years later, it really shows in my life if I'm spiritually fit, you get a different response from me. It's really just that simple because what you see is what you get, and it seems to be the more spiritual I am, the better I grow.

For the participants, life is still challenging without the use of drugs as they recognize that in recovery it does not benefit them to try to control people, places, and things. The participants' awareness of their interpersonal challenges highlights their willingness to change, grow, and persevere through adversity. The participants willingness to apply spiritual principles to their daily occurrences demonstrates their hopefulness, commitment to recovery, and determination to not use drugs or go back to old behaviors no matter what life presents.

F3: No matter what, I must trust, and that is not a challenge, it's a reminder. A lot of times, I got to be honest with me. To this day, I realize that I believe if I ever lose hope, I'm doomed. That scares me more than anything else. So, when I start feeling the hope waning. I have learned how to address it.

> **F4:** Being humble, honest, open-minded and willing to be teachable, you know what I mean? Being willing to take a suggestion, willing to take an assignment from your sponsor, being humble to listen, and having integrity, it's a lifestyle for me today.

Theme 4: Social Supports

Theme 4 contained six codes, indicating that all participants consider social support an essential recovery tool to sustain LTR. Since social isolation from family, friends, and society is a character trait of active addiction, social support was regularly mentioned as a ‘we’ or inclusionary tool that the participants significantly attribute to sustaining LTR. Social support has helped the participants develop meaningful reciprocal relationships throughout their recovery that has strengthened their interpersonal relationship with themselves**.** For the participants, social support provides a sense of belonging, identification, non-judgmental reciprocal relationships, and unconditional love. Also, all the participants consider genuine social support that they receive from other RAs in the NA fellowship (sponsorship, attending meetings) as beneficial to their change and growth**.** For example,

> **M2:** There is no way I could have done this on my own. I really needed, and still do need, the help of other people who are very familiar with what I'm going through. I still need the help of the fellowship of NA because there is no way I could have gotten this far on my own. NA says that the therapeutic value of one addict helping another is without parallel. That is so true. It's so true to talk with someone who understands, who has been there and could offer their support. There is no judgment, but support and that knowledge that lets me know they understand and are still here standing, too. I could not have done it by myself.

M3: It's just that collective group of people that I feel comfortable around. I'm happy when I go to meetings. I'm joyful because I'm living a life that I never thought would be possible. So, I make a lot of meetings.

M4: I'm living the most amazing life. I've never lived this good because I've learned how to continue to grow in this process, change as I need to change, and evolve into the person my God has destined me to be. And I didn't know how to do that until I got in recovery. So, how do I do it? I plug in. I stay plugged in. I mainly focus on being present in the world and consider relatability, oneness, and my connection to others as really important.

Social support is instrumental to RAs growth, self-efficacy, and better quality of life (Honey et al., 2020). RA's often experience stigmas associated with old drug using behaviors that isolated them from others (family, friends) in active addiction (Copoeru, 2018). Nonjudgmental assertions increase RAs desire to fellowship with others and encourages positive and intentional behavioral changes. Though the participants have been clean and in recovery for a long time, still receiving the support from people who pour unconditional love and empathy into them provides a welcomed feeling of belonging and comradery.

F2: It's the love and the care. People love me enough to believe in me and care enough to tell me what I need to be doing to be better at whatever it is I'm doing. That is just as much an important part of my long-term recovery because, through all that, I've gotten not just love, care, friendship, and support but trust. The trust and honesty that I've developed and that I have gotten from other people has also been really important in my long-term recovery.

> **F3:** I need to stay in the center on a regular basis. I've been through deaths. I've had three sisters and two brothers who have passed since I've been in recovery. Those are one of those moments when I come through all of that, I realized those RAs were carrying me at that time. They were coming and showing up and showing up at funerals, calling and coming by. I'm a big stickler for the we, it's so important because I can't stay clean by myself. I can't stay sane by myself.

Theme 5: 12-Step work

Theme 5 contained 11 codes, indicating that all the participants are committed to participating in 12-step work (answering interpersonal questions in writing). Step work is a self-assessment that helps RAs understand and bring awareness about who they are and how they function (feel, respond, think, and behave) (Narcotics Anonymous, 1982; Dekkers, 2020). In step work, RAs identify and apply multiple spiritual principles found in the step to enhance their daily living skills (Narcotics Anonymous, 1982; Dekkers, 2020; Tracy & Wallace, 2016). For the best outcome, step work is formally worked or reviewed orally with the RAs' sponsor or someone they trust in recovery. The step-working process offers a therapeutic value of support through empathy and compassion, which holds the RA working the step accountable and encourages them to apply action to mitigate negative or enhance the positive character traits they discovered about themselves in each step. For example,

> **M1:** I have a loving sponsor who practices the same eleven step (We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will and the power to carry that out), and we continue to do the work. I show up and try to be honest.

M2: The steps have shown me how to deal with life. How to deal with almost any situation that may come up without the use of drugs, like the death of a loved one, separation, or divorce.

M3: I'm ready for life, okay? I'll run that situation through the steps. I'll go pray. I'll go use my faith in my high power. Everything kind of revolves around the steps, anyway.

M4: I still do my step work, and I mean formalized step work, and as situations come up, I bring my situation to my sponsor. He says, okay, then we need to review the step on...It's my interpretation. I'm responsible for my recovery.

F1: I have participated in and learned a lot about myself through step work, and I continue to do so.

For the participants twelve -step work is a repetitive process cycled through in a linear method over time. Twelve step work promotes self-acceptance, self-efficacy, self-reflection, adherence to God's will, honesty, humility, integrity, compassion, accountability, sense of belonging, commitment, and personal responsibility to self and others (Narcotics Anonymous, 1982; Dekkers, 2020; Tracy & Wallace, 2016). All the participants referenced twelve-step work as an action that demonstrates their desire to make intentional positive behavioral changes to help them thrive in LTR.

F2: The twelve steps and the twelve traditions have been the most beneficial because what happens with the twelve steps is that they have taught me about me. And if I don't know who I am, if I don't learn how to treat myself better, if I can't be forgiving, learn how to be forgiving with myself, if I can't learn how to be loving to myself, if I can't learn how to be caring to myself, then I cannot exhibit that to anyone else. So, I've learned through the steps about who I really am. I've learned who I really want to be. Still, today

> I'm not a finished product. There's so much more that I want to be. The craziest thing is that I'm never who I think I am, and when I get those rude awakenings, the one thing that I turn back to to balance me back out is the steps. Thank God for the fellowship, which is someone who helps me go through the steps, and helps me get another view, another perception.

For many of the participants, self-acceptance and self-efficacy are the goals in doing twelve-step work, as they were void of these factors before recovery. Employing twelve-step work is not a requirement of NA. However, all the participants participating in this study have benefitted significantly from the interpersonal search for self-found within the 12 steps and consider the 12 steps of NA as a pivotal tool for sustaining LTR.

> **F3:** I truly believe that God brought me to the twelve-step process, and that whole process just reinforces, didn't bring me back to God. It just reinforces the relationship and allows me to allow it to grow. I am grateful for the relationships I have because I do believe God gave me somebody that I can talk to about some of those odd ideas and fears and questions and things that I have. The twelve-step fellowship allows me to do that.
>
> **F4:** Through working the steps, I learned that I had good things and good qualities about myself. I made bad decisions, but I wasn't a bad person. So, I had some good qualities about myself, and I needed somebody else to point that out because I think we can pick up a stick better than we can pick up a feather when we talk about and criticize ourselves. So, my sponsor was able to pick out the good qualities about me, and then she was able to label some things through the experiences that I had been through. She was able to find out the defects of my character in some areas, so we were able to talk about it.

Summary

Chapter four answered the research question: Tell me about your experience with sustaining LTR using recovery capital resources? Eight participants (4, males; 4, females) who self-identify as recovering addicts in LTR were interviewed. The participants were eager to explore their experiences with using recovery capital resources to sustain LTR as they reflected upon their thoughts, feelings, and actions to provide rich descriptions about their lived experiences in LTR. Overall, the participants' experiences with using recovery capital resources were unified regarding the consistent action and maintenance involved with using recovery capital resources to sustain LTR. These findings support the TTM (stages of change) discussed in chapters 1 and 2 regarding how the action and maintenance components found in TTM are conducive to changing one's behavior longitudinally.

The most emergent theme was the participants relationship with God, which was considered amongst all the participants as their main source for sustaining LTR. Other pertinent and emergent themes revealed that altruistic practices, applying spiritual principles, social support, and participating in twelve step work were highly instrumental to the participants longevity in recovery. Also, all the participants experienced a renewal of the spirit upon coming to recovery that they are vigilant about maintaining through action and application daily. Many participants noted that they are often grateful for their new lease on life and acknowledge their adherence to Gods will as the source of their ability to sustain LTR. In Chapter 5, a more detailed account of the results and recommendations based on the conclusion of this study will be presented.

Chapter Five: Conclusion

Overview

This qualitative transcendental phenomenological study aims to understand the experiences of AA long-term recovering addicts who have sustained a decade or more of LTR by using recovery capital resources. The first section of Chapter 5 consists of an overview, summary of findings, results discussion; theoretical and empirical interpretation of findings, expanding previous research, and this study' contributions to research. The second section of Chapter 5 addresses the implications for TCs, practice, and theoretical and empirical implications, and delimitations and limitations. The last section of Chapter 5 includes a Christian worldview, future research recommendations, followed by a conclusive summary to conclude the findings of this study.

Summary of Findings

This research aimed to capture the lived experience of AA participants in LTR and their use of recovery capital resources. The participants gave an in-depth account to reveal what recovery capital resources were the most beneficial to sustaining their LTR, the methods and frequency in which recovery tools were used, and their motivation behind using each tool. This study revealed that the participants self-reported identifiable positive changes and transformations from using recovery capital resources throughout their recovery to sustain LTR. The participants described the depth of action and maintenance required to sustain LTR, revealing five emerging themes: Relationship with God, altruistic practices (service), applying spiritual principles, social supports, and 12 step work. The participants' thematic categories were so similar in application, duration, and degree of importance that it was almost as if the researcher was interviewing one person.

Discussion

This transcendental phenomenological study explored the lived experiences of African American long-term recovering addicts who use recovery capital resources to sustain LTR. Prochaska & DiClemente's (1977) transtheoretical model of change (TTM; five stages of change) served as the theoretical framework for this study focusing on two of the five stages of change: action and maintenance. This study shared the lived experiences of 8 AA RAs with sustained LTR (10 years or more) who are members of NA to understand their daily action and maintenance protocols using recovery capital resources. The data for this study was collected through semi-structured interviews to provide awareness about what recovery capital resources (action) long-term recovering addicts use and how they sustain (maintenance) and enhance their LTR by using them. This discussion section includes the following subsections: Theoretical and empirical interpretation of findings, expanding previous research, and this study's contributions to research.

Theoretical and Empirical Interpretation of Findings

The TTM understands that decision-making capabilities and readiness (desire and ability) determine an individuals sustained behavioral change (Prochaska et al., 1992; Prochaska & Norcross, 2018; Prochaska & Prochaska, 2016). To corroborate this theory, all the participants in this study signified degrees of motivation or desire associated with sound decision-making capabilities, constructive attitude patterns, intentions, and behaviors conducive to sustained positive change (Craig & D'Souza, 2018; Kreb et al., 2018). Further, this confirms previous research (Kelly, 2017; Kelly & Eddie, 2020; Laudet & White, 2008) regarding using progressive actions (utilizing recovery tools daily) toward effective change to reduce old cognitive and

behavioral patterns. As a result, the participant's decision to adhere to using recovery capital resources provides a realistic view of how they experience a better quality of life in LTR.

In addition, solid adherence to recovery capital resources was empirically shown as an existing broader experience in contrast to suffering from active addiction (Dawood & Done, 2020). This was true for the participants as they each expressed gratitude for their enhanced quality of life due to learning to apply recovery capital resources to cope with life transitions throughout their LTR. As such, each participant's descriptions about their heightened awareness to stay clean no matter what, fulfill their purpose through spiritual practices, and desire to maintain positive change and growth toward their newfound purpose was supported by theoretical and empirical data in Chapter 2 (Craig & Souza, 2018; Kelly & Eddie, 2020; Kreb et al., 2018; Kime, 2018; Laudet & White, 2010).

The purpose of this study was to give a voice to LTR addicts' lived experiences and purposeful actions of utilizing recovery capital resources to actualize positive cognitive and behavioral changes in LTR. Most LTR studies do not explore RA's personal experiences regarding their vigilant quest to sustain self-care and self-self-efficacy. Instead, addictions and recovery research surrounding LTR generally focuses on individual drug use, drug-evoked behaviors, and lifestyle when reporting about people who have not used drugs in years (long-term recovering addicts). This study expands previous research (Amram & Benbenshty, 2014; Dennis, 2016; Detar, 2011) from the perspective of LTR addicts lived experiences to justify that sustainable LTR involves a more well-established empirical investigation to better understand specific sustainable factors of LTR. Particularly, LTR addicts' intentional positive transformation actualized in multiple life domains.

Contribution to Research

This study is a novel contribution to research because there is less focus on overly informing the character traits of the DOA characteristic to active addiction, which often depicts LTR as a non-sustainable factor or excludes LTR altogether (Dennis, 2016; Detar, 2011). Thus, this study aimed to highlight the TTM and LTR to explore what recovery capital resources RAs use to stay in LTR, what motivates them to sustain their changed behavior/s in LTR, and how they have learned to cope through life without the use of drugs for decade/s of recovery despite having the DOA. The research question answered by the participants, "Tell me about your experience with using recovery capital resources," allowed them to highlight their vigilance and consistency with using recovery tools to maintain their positive transformation. The five themes that emerged from this study were relationship with God, altruistic practices (service work), applying spiritual principles, social supports, and 12-step work. All these themes are contrast to previous addiction and recovery research regarding the character traits of long-term recovering addicts who have the DOA.

This study is a novel contribution to research in the following ways. 1) The participants' lived experiences provided in-depth descriptions of overcoming trials and tribulations while staying committed to their LTR by using recovery capital resources. 2) This study thoroughly explored intentional behavioral change to shed new light on the action and maintenance tools RAs use to sustain LTR without elaborating on drugs or drug-induced lifestyles. 3) The researcher reported the significance of each emergent theme and recovery capital resource used for sustaining LTR to describe the participant's action and maintenance methods, and how they benefit from using recovery capital resources regularly. 4) Each participant shared various interpersonal challenges throughout their LTR, including selfishness, lack of self-acceptance and

sense of belonging, isolation, death of loved ones, separation, and divorce to emphasize how essential daily use of recovery capital resources are to sustaining LTR.

Implications for TCs

The first daily action that the participants employ is making the sound decision to not use drugs. The second purposeful action toward initiating intentional change includes 'doing the work' or engaging in recovery capital resources daily, beyond just staying clean. Though staying clean is imperative to sustaining LTR, the researcher highly recommends that developing a personal commitment to LTR involves daily use of recovery capital resources (action) as the solution to actualizing self-efficacy and positive transformation.

Another recommendation is that when new RAs enter out or inpatient services, LTR is thoroughly discussed and presented as a realistic possibility in relapse prevention psychoeducation courses or groups. Usually, the basis of TCs is a harm reduction approach, a meaningful discussion that should not be removed (Prangly et al., 2018; Theodoropoulou, 2020). However, it is equally important to spend a great deal of time teaching new RAs that sustaining LTR (which should be the goal) requires interpersonal work (changing their thinking and behavior) that they can attain through purposeful action.

LTR sustainability should be the primary focus of attraction to recovery from the onset of recovery through implementing recovery capital resources, teaching new RAs what resources to use and how to use them, and offering them opportunities to share how they benefit from using them. This is so the new RA can apply action toward their daily goals of intentional behavioral change of staying clean and listening to themselves share their goals or plans to change and grow. A solution-based approach will help new RAs acknowledge that they can make sound decisions regarding their self-care, purpose, and future, while encouraging them to be

accountable to maintain their changes and offer them hope that they too can sustain LTR and actualize self-efficacy.

For long-term treatment centers, clients should be introduced to a structured lifestyle surrounding the daily regimented use of recovery capital resources. Though most long-term treatment facilities introduce their clients to 12-step support groups through attending meetings, which is helpful, new RAs need to be informed about what they can do to sustain their recovery outside of attending meetings. Therefore, implementing groups on using recovery capital resources that focus on spirituality, spiritual principles, and learning how to apply them is needed for new RAs to cope with life and to begin fostering a relationship with God for guidance to find their purpose and meaning in their new life of recovery.

Implications for Practice

Many addicts new to recovery have no idea that millions of RAs in LTR live a structured life beyond using substances or that LTR is attainable (Parker et al., 2018; Stokes et al., 2018). Offering hope about sustainable LTR to addicts new to recovery is imperative to their belief in sustaining LTR for themselves (Laudet et al., 2002; Parker et al., 2018; Stokes et al., 2018). In addiction and recovery constructs, a fear-based approach often dominates conversations regarding addiction and recovery The risk factors of relapse or active addiction (overdose, death, imprisonment) are daunting. However, promoting a solution-based approach (sustainable LTR) would benefit this population as they are already aware of the lethal and cautionary risk factors surrounding addiction and need to be informed about treating their disease with the viable solutions found in recovery. Therefore, psychoeducation regarding recovery should mainly include sustaining LTR by applying recovery capital resources, methods of application, and

explanations of how the new RA may ultimately benefit from using each tool so that they are motivated to gain something new, spectacular, and life changing.

Theoretical and Empirical Implications

LTR delineated in this study showed that the participant's consistent regimen of daily engagement with recovery capital resources enhances their LTR, relationship with God and others, and overall well-being one day at a time. TTM efficiency and previous empirical research confirm that long-term recovering addicts desire to identify behavioral patterns in their stage of change throughout their recovery are motivated to modify or maintain specific behaviors within that stage until they actualize optimum progress (Honey et al., 2020; Prochaska, & Prochaska, 2016). Accordingly, all the participants explained that their interpersonal work in LTR is not finished, though they have made significant changes to their lifestyle to actualize positive change. Therefore, this perspective sheds new light on addiction and recovery research and the TTM's last stages of change (action and maintenance), particularly regarding RA's persistent, intentional behavioral change and their heightened motivation and desire to use recovery capital resources as their action and maintenance tools throughout their recovery.

Christian Worldview

For the participants, sustaining LTR was an apparent phenomenon within itself. However, the true phenomenon was the participant's desire not just to sustain recovery, but to commit to their recovery through the intentional use of recovery tools. As a result, what has emerged is their adherence to a higher calling from God to become the best versions of themselves so that they can be a beacon of light when helping others. Each participant in this study commonly described their relationship with God as their first resource, not their last resort.

Their adherence to God's will is a significant factor in their commitment to stay, change, and grow in LTR to be of servitude to God and others.

Consistently, theme 1, relationship with God (prayer, meditation, staying in God's will, God's unconditional love, guidance, grace, forgiveness, and purpose for their life), emerged as it was referenced by the participants throughout all the thematic categories. Further, the participants emphasized that their LTR is motivated by their reliance on God for guidance, enhancing their desire to use recovery tools to cope with daily living. Overall, the participant's relationship with God provided them with unconditional love, purpose, forgiveness, and grace to help them attain the serenity and freedom to love themselves and live an abundant life according to Gods will.

Delimitations and Limitations

The framework of this study was created with the rationale to lend a new perspective to addictions and recovery research regarding long-term recovering addicts' intentional behavioral changes and sustainable factors of LTR. The phenomenological design was chosen because it allowed me to have personal experience with the topic. However, through bracketing, I highlighted the participant's experience as the central focus of this study. To fill the gaps in previous research, I had to choose an age group that would provide in-depth descriptions about the lived experiences of RAs in LTR. Therefore, the age group of 45- 75-year-old participants was a realistic approach to represent RAs who have lived two opposing lifestyles in one lifetime.

Further, the time in recovery requirement for this study was also instrumental in understanding the participant's longevity in recovery. Few addictions and recovery studies investigate RAs with more than five years clean and in recovery. Thus, to provide a realistic

description of LTR, RAs with ten years or more of sustained LTR were the best fit to demonstrate that addicts can attain sustained LTR.

The AA population was chosen for three distinct reasons: 1) AAs are rarely documented in research to show sustained, positive, intentional behavioral change. 2) While understanding that addiction is prevalent across all ethnicities, AAs are often under-researched in addiction and recovery constructs, particularly regarding LTR. 3) To place the central focus (participatory actions, lived experiences) on marginalized groups (long-term recovering addicts and AAs). Also, for the selection of gender, equal representation from both male and female participants was essential to show different gender perspectives about one's desire and ability to sustain LTR. Further, the participant's membership in NA was chosen to elicit participants who were likely to adhere to a recovery lifestyle and to better understand long-term recovering addicts who use the 12-step process.

Limitations or weaknesses within this study included scheduling conflicts and NA membership conflicts. There were only two scheduling conflicts, and both were due to family emergencies. The participants had to reschedule their interviews and had no further issues with keeping their new interview schedules.

NA membership was a barrier because the participants knew I was familiar with NA jargon, so they spoke the NA language in their interviews. This was understandable because the practices of NA become an embedded lifestyle over time. However, a researcher who is not a member of NA may have had to synthesize much more information (the 12 steps and their spiritual principles, NA traditions, and service committees in NA) to gain an empirical understanding about the participant's lived experiences.

Another barrier to NA membership was that two participants hesitated to discuss their faith and faith practices because they were accustomed to not naming specific faith affiliations (religion) and practices, since NA is a spiritual, not religious, program (Narcotic Anonymous, 1982). When this occurred, I informed the participants that their specific belief/s in their Higher Power and the name of their Higher Power was welcomed in this study. Once I was made aware of this limitation, I informed the next six participants before their interviews that they were welcome to share their specific religions, spiritual beliefs, and practices.

Recommendations for Future Research

The researcher recommends that future addictions and recovery research include LTR and the action and maintenance surrounding recovery capital use as the solution for the disease of addiction. The DOA has no cure, but it is treatable with recovery solutions (recovery capital resources) like any other illness or disease that needs to be established with a systematic form of continuum of care. Many studies show that LTR exists (O'Sullivan et al., 2017; Patton et al., 2022; Stokes et al., 2018). However, to further addictions and recovery research long-term recovering addicts' lived experiences must be heard to understand that multiple years and decades of recovery are not a fluke. LTR is a reality for millions of Americans that must be well established and normalized in research to be understood in our society as a viable solution to the DOA.

Future recommendations for addiction and recovery research are as follows: 1) More evidence-based mixed studies (quantitative and qualitative) are needed to inform research about the sustainable factors of LTR. 2) More evidence-based studies must be conducted to explore the vigilant self-care (action, maintenance, recovery capital resources) that long-term recovering addicts actualize across multiple life domains. 3) More evidence-based phenomenological

studies need to be conducted to include all ethnicities equally, equal gender representation, and various age groups between 16-40 to fill the lack of inclusion gap in addictions and recovery research to provide a better understanding about RAs' lived experiences in recovery and LTR from a broader point of view. 4) To truly evolve addictions and recovery research, LTR must be included in all discussions about drug addiction because LTR is rarely acknowledged or focused to understand the magnitude of extrinsic and intrinsic multiple life domains (adherence to familial responsibilities, gainful employment, social acceptance, higher education, self-efficacy, heightened spirituality, goal oriented/achievements, altruistic practices, and lack of criminality) positively affected by one's choice to sustain LTR through using recover capital resources.

Conclusion

This transcendental phenomenological study was led by Prochaska and DiClemente's (1977) Transtheoretical model of change (TTM) to understand LTR addicts lived experiences with using recovery capital resources (prayer, social supports, spirituality, and 12-step affiliation) to sustain intentional behavioral change and LTR. RAs use recovery tools or recovery capital resources as action and maintenance tools to maintain and sustain their recovery. These findings confirm that a realistic solution for treating the disease of addiction (DOA) exists as RAs who use recovery tools to sustain their recovery experience a heightened awareness to optimize their self-care regimen by initiating and maintaining their intentional behavioral change, which is instrumental to their longevity in recovery. The participants lived experiences with using recovery capital resources showed the enormity of willingness, purposeful action, and vigilance they employ to improve their overall wellbeing (cognitive, behavioral, spiritual) and quality of life throughout their recovery. This study revealed that the participants daily use of recovery capital resources develops and reinforces their relationship with God (God, themselves, and others), altruistic practices (service), spiritual principal application, social supports, and 12-step

work to actualize a spiritual and structured lifestyle grounded in integrity, humility, grace, and unconditional love.

One of the main takeaways from this study was that collectively, 8 participants achieved 199 years of uninterrupted sustained LTR through their vigilant use of recovery capital resources. In closing, this study aims to inform addictions and recovery constructs that addicts can and do recover. The social stigmas surrounding addiction will eventually die when more research exposes sustainable LTR and associated factors as a realistic path to freedom from active addiction, positive transformation, and self-efficacy. Most importantly, this study was conducted to offer hope to addicts in active addiction who have not yet made it to recovery, and to new RAs well on their way to sustaining LTR. The journey continues as long-term recovering addicts lived experiences with using recovery capital resources gives a voice to addiction and recovery research to show how these resources are vital to helping them make positive intentional behavioral changes throughout their recovery to sustain LTR one day at a time.

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Appendix A

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

May 4, 2023

Nicole Willis Cooper
Jason Ward

Re: IRB Approval - IRB-FY22-23-1156 Recovery a Lifelong Journey: What it Means to Get Clean and Stay in Long-term Recovery

Dear Nicole Willis Cooper, Jason Ward,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: May 4, 2023. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) 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(s) should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B: Facebook Recruitment Post

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a Doctor of Education degree at Liberty University. The purpose of my research is to understand how long-term recovering addicts' use recovery tools (e.g., social supports, spirituality, 12-step participation, and 12- steps) to sustain long-term recovery. To participate, you must be 45-75 years of age, African American, with at least ten years of recovery, and consistent Narcotics Anonymous (NA) participation throughout your recovery. Participants will be asked to take part in a one-on-one, audio recorded, Zoom interview. It should take approximately 90 minutes to complete. Participants will be asked to provide their input in an audio recorded follow-up phone call to review their interview transcript, and the developed themes (similar experiences), for accuracy. It should take approximately 45 minutes to complete. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed. If you would like to participate and meet the study criteria, please direct message me for more information. If you meet my participant criteria, I will work with you to schedule a time for an interview. A consent document will be emailed to you one week before the interview and you will need to sign and return it at the time of the interview.

Appendix C: Recruitment Follow-up Email

Dear Potential Participant,

As a doctoral candidate in the School of Behavioral Sciences, at Liberty University, I am conducting research to better understand how long-term recovering addicts' use recovery tools (e.g., social supports, spirituality, 12-step fellowship, and steps) to sustain long-term recovery. Last week an email was sent to you inviting you to participate in this research study. This follow-up email is being sent to remind you to sign and return the attached consent document if you would like to participate and have not already done so. The deadline for participation is (will update upon study approval).

Participants must be African American age 45-75 with consistent Narcotics Anonymous (NA) membership participation throughout your recovery and have at least ten years of sustained long-term recovery (LTR). Participants will be asked to take part in a one-on-one, audio-recorded, interview. It should take approximately 90 minutes to complete the procedures listed.

Participants will be asked to take part in a recorded follow-up phone call to review their interview transcripts, and the developed themes (similarities), to check for accuracy. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

To participate, please contact me at [redacted] or email me at [redacted]. If you meet my participant criteria, I will work with you to schedule a time for an interview.

Appendix D: Informed Consent Form

Title of the Project: Recovery a Lifelong Journey: What it Means to Get Clean and Stay in Long-term Recovery

Principal Investigator: Nicole Willis Cooper, Doctorate Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be African American be age 45-75 have had consistent Narcotics Anonymous (NA) membership participation throughout your recovery and must have at least ten years of sustained long-term recovery. Taking part in this research project is voluntary.
Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of this phenomenological study is to describe African American long-term recovering addicts' experiences with using recovery capital resources (recovery tools) to sustain long-term recovery. Recovery capital resources include but are not limited to social support, spirituality, 12-step affiliation, and step work. This study is being done to advance addictions and recovery research to include long-term recovery as a viable and sustainable solution for drug addiction. Also, this study will lend to research by highlighting long-term recovering addicts intentional behavioral change as essential to their positive transformation and sustained long-term recovery.

What will happen if you take part in this study?

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

1. To participate in a 90 minute, one on one audio recorded interview via Zoom that will be transcribed.
2. To take part in a follow-up audio recorded phone call, to review your interview transcripts, and the developed themes (similar experiences), to check for accuracy. This will take approximately 45 minutes to complete.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study. Benefits to addictions and recovery research include a heightened awareness of clear non stigmatized descriptors about the positive, efficacious, and intentional behavioral changes actualized for recovering addicts in long-term recovery.

What risks might you experience from being in this study?

The expected risks from participants in this study are minimal, which means they are equal to risks you would encounter in everyday life. The risks involved in this study include possible re-traumatization and drug triggers if the participant gives an in-depth account about the horrors of

their active addiction, which is not being asked of the participants in this study. However, the researcher predicts that some participants may give a brief account of their active addiction experiences to compare their transformation as their motivation to maintaining their intentional behavioral change and sustaining long-term recovery.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

1. Participant responses will be kept confidential by using codes that combine their gender initial and number (e.g., M1, F2).
2. The researcher will conduct the interview from her private office setting.
3. The participants should find their own private location where others will not easily overhear the interview.
4. The interview and phone follow-up will be audio recorded and transcribed.
5. All data pertaining to this study will be stored on a password locked tablet that only the researcher will have access to and after seven years, all electronic records, journals, notes, recorded interviews and recorded phone calls will be deleted, and destroyed by fire.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University, or Narcotics Anonymous. Narcotics Anonymous has no affiliation with this study. If you decide to participate, you are free to not answer any question and withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Nicole Willis Cooper. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted]. You may also contact the researcher's faculty sponsor, Dr. Jason Ward, at [redacted].

Whom do you contact if you have questions about your rights as a research participant?

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. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you agree to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

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.

_____

Printed Subject Name

_____

Signature & Date