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Lived Experiences of Black Male Ex-Offenders in Recovery

Sheila Khadijah Hameen
Walden University

Walden University

College of Psychology and Community Services

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Sheila Khadijah Hameen

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Dr. Barbara Palomino Develasco, Committee Chairperson, Psychology Faculty
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Walden University
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Abstract

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by

Sheila Khadijah Hameen

MA, Trinity University

BA, Argosy University

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Psychology

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August 2022

Abstract

Although a body of literature aimed at documenting the positive effects of the rehabilitative qualities of Alcoholics Anonymous existed, much of the research examining the ways that Black members make use of AA focuses on ethnic and cultural differences that may affect the way that members engage in AA because they are Black as opposed to what qualities (i.e., social support) AA has that may appeal to Black members. The purpose of this qualitative phenomenological study was to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. Social control theory was used as the framework to extend the understanding of the experience of Black male ex-offenders' choice of AA as a resource for recovery. The social identity model of recovery was incorporated to support the primary theory and was used to help identify themes of identity reconstruction and group belonging in the qualitative interviews. Purposive criterion sampling was used to recruit six participants. Semi-structured interviews were conducted, and the data were analyzed using interpretative phenomenological analysis to address the research questions. Four themes emerged: (a) relationships with others, (b) a sense of connectedness, (c) black heritage, and (d) rejection of own value system. Findings revealed that Black male ex-prisoners chose AA over other treatment options primarily because they were looking for social support from someone like themselves. Data from this study may contribute to the body of research aimed at exploring help seeking behaviors of Black male ex-prisoners to understand the lived experiences of this population and to effect positive social change within this community.

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Dedication

I dedicate this work to my mother, Sheila Hameen, who with her unquestionable faith in an all-wise God has been my role model in every aspect of life, and to my dad Adib Hameen; no matter what goal I attempted, he supported me 100%. I also dedicate this work to my late best friend, Celeste Hall, who encouraged me to be a doctor who wears jean skirts with Air Force Ones. Lastly, I dedicate this work to my high school English teacher, Ms. Lynn Hartman, who asked me to dedicate my first work to her, and whose positive inspiration and kind words I have never forgotten.

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Chapter 1: Introduction to the Study

Introduction

After serving a prison sentence, maintenance of sobriety has far-reaching implications for ex-offenders. In 2007, out of 14 million arrests made nationwide, the most arrests made were for drug abuse violations at 1.8 million, with 1.4 million arrests made for driving while intoxicated (The Bureau of Justice Statistics, 2016). Between 2007 and 2009, more than half of all state prisoners and 63% of individuals in jail met the full criteria for substance abuse or dependence (Drug Policy Alliance, DPA, 2018). Blacks were more likely to be arrested and convicted for drug-related charges than Whites. Black male ex-offenders are also more likely than any other ethnic group to be rearrested and reconvicted (DPA, 2018; Stahler et al., 2013). Examining the maintenance of sobriety in Black male ex-offenders may help to understand this disparity.

In this chapter, I summarize relevant literature related to the topic and the importance of this study. The chapter also includes the problem statement, the purpose of the study, the research questions, and the theoretical framework. Following that, the nature of the study, and methodology, are also discussed. Definitions of key terms, assumptions, and the scope of the study will also be provided.

Background

The prevalence of substance abuse and dependence in prison populations is high. One in six men entering the prison system meets full criteria for alcohol use disorder (Chang et al., 2015). Furthermore, researchers have found that ex-offenders are at an increased risk for developing and maintaining substance use disorders once released

(Abracen et al., 2017; Begun et al., 2016). These data may suggest that individuals

entering the criminal justice system with preexisting substance use disorders have

difficulty readjusting to sobriety once released and find themselves engaging in the

criminality that led to their initial arrest.

To avoid engaging in substance use that may have led to their initial arrest, ex-

offenders may reach out to loved ones to reestablish social connections. However,

Mowen and Visher (2013) found that immediately following release, ex-offenders who

experienced conflict with family members were more apt to engage in substance use.

This immediate conflict is correlated with the maintenance of substance use disorders and

increased death rates among ex-offenders within five years of release (Chang et al.,

2015). It may be helpful, then, for ex-offenders to develop non-conflictual social

networks that support the maintenance of sobriety upon release.

Suppose ex-offenders with histories of drug use are unable to establish non-

conflictual social networks among their family. In that case, it may be beneficial for them

to find other social groups to aid them in recovery. Majer et al. (2016) discovered that ex-

offenders with substance use disorders benefit from social support from other recovering

substance users. Majer et al. further maintained that following release, ex-offenders'

belief in their ability to desist from substance use is reinforced when they have social

support through self-help programs. One such self-help program is Alcoholics

Anonymous (AA).

AA is an international, nondenominational, nonpartisan, multicultural support

group for individuals with alcohol use disorder. Although other anonymous self-help

groups, such as Narcotics Anonymous (Narcotics Anonymous World Services Inc., 2018) to help individuals with illicit substance use, have sprung forth as peer support organizations that mimic AA's mission, I will focus on AA in this paper. With various anonymous self-help organizations specific to many individuals' differing addictions, it can be suggested that the ability of these organizations to provide a non-obligatory, accepting support system influences the perception of social support among their members who come from various backgrounds.

The AA organization provides social support and caters to many individuals' lifestyles and belief systems. At the core of AA, according to the Big Book (2002), is the belief that spirituality (mainly described as an acceptance in a power greater than oneself) is a central component of recovery and maintenance of sobriety among its participators. AA implements spiritual concepts as the core of its foundational principals in treating alcoholism and has been shown to promote desistence from chemical dependency and preservation of sobriety among a variety of individuals, including ex-offenders (Robison & Hamilton, 2016). However, the spiritual element may be in contrast with a potential member's belief system.

In response to contrasting spiritual beliefs, secularized versions of AA have emerged; these groups refer to themselves as AA without the religious component. According to Freedman (2014), these groups carry the same message of sobriety through different perspectives and reinforce the idea that AA's unique system is individualized. The secularized groups have an alternative version of the Big Book, called "The Little

Book" (Roger, 2013). It includes a secularized version of the 12 steps that neither denounces nor acknowledges the existence of God.

The traditional 12 steps described in the Big Book act as guiding principles set forth as the rudiments of AA to aid personal recovery. The steps of the Little Book similarly read as a guide to personal recovery through the implementation of 12 core beliefs (Roger, 2013). In both books, the language promotes accepting help from those who can understand the individual's recovery choice. One such statement in the Little Book entrusts the individual's sense of self to "the collective wisdom of those who have struggled with the same problem" (p. 15). This message reflects that of traditional AA's in that the desire to remain connected to a group of like-minded individuals is present.

AA supports a journey of personal recovery obtained by an individual within a group setting. There is a body of literature aimed at documenting the positive effects of the rehabilitative qualities of AA (DiGangi et al. 2014; Irving, 2016; Kelley & Green, 2014). McKellar et al. (2003) discovered that AA attendance was associated with decreased alcohol usage and increased social support. DiGangi et al. similarly found a positive correlation between AA membership, self-perceived wisdom, and social support systems development through relationships formed at AA. If this is true, the positive correlation between social support within a group setting and sobriety may help to explain the choice of AA attendance among Black male ex-offenders, but this may be speculative.

Social Support

In 1935, influenced by the Christian Oxford group, two men met and formed AA as a support group for individuals with drug use disorders. Their belief was that recovery from alcohol use required social connectedness to other individuals with alcohol use disorders (The Big Book, 2001). Along the same lines, Best et al. (2016) believed that when an individual in recovery has a connection to others who are also in stages of recovery, the individual adopts the values and norms of the group. Best concluded that this connection to the group leads to a disconnect between the individual's previous lifestyle and mores (in this case, criminality and substance use) in favor of identifying with the new group's prosocial behaviors. The individual comes to identify themselves by the group's standards and traditions until they become their own, reinforcing the perception of social support and sense of belonging.

A sense of community or community support is vital in maintaining AA membership and other communal fellowships that support sober living. A description of community includes prosocial relationships, job assistance programs, housing, and social service assistance (Cesaroni, 2001; Kendall et al., 2018). Stevens et al. (2015) found a significant positive correlation between a sense of community and AA membership affiliation. Therefore, a sense of community in AA may give ex-offenders the perception of social support that helps to mitigate the lack of community support that influences rearrests among this population.

It may not be possible to mitigate all influencing factors that lead to rearrests among Black ex-offenders, and it is unclear if perceived social support may help to

explain how or even if the sense of community in AA attracts Black ex-offenders. However, the perception of social support is greatly influenced by a person's sense of belonging (Bell et al., 2018; Davis, 2017; Haggerty et al., 1996). The more individuals experience positively perceived interactions between themselves and others they care about, the greater their concept of social support becomes. Since ex-offenders tend to have fewer social ties due to imprisonment, it may be likely that these support systems are overused (Clear et al., 2005; Liem & Weggemans, 2018). It may then be difficult for ex-offenders to establish a dependable social network, which, in turn, may influence their perception of social support.

Developing new social systems or social capital upon release may prove an arduous task for ex-offenders because many may distrust them. Also, their statuses as previously incarcerated individuals may legally hinder them from accessing jobs, housing, and various community resources that others in their community use (Clear et al., 2005; Liem & Weggemans, 2018). Transitioning from incarceration to reentry is made more complicated if the ex-offender has a history of substance use disorder or addiction (Western et al., 2015). AA's all-inclusive approach to membership offers a social support group membership to an array of individuals from various lifestyles with histories of substance use disorders, which would make it a feasible choice for ex-offenders looking to develop new social systems.

Having this sense of connectedness before release may give incarcerated substance users an already established social network in the form of a support group. AA has a pamphlet for developing and sustaining AA group meetings in correctional facilities

(Alcoholics Anonymous World Services Inc., 2017). This pamphlet encourages incarcerated members to attend meetings, read literature, and fellowship. The pamphlet also outlines steps for the newly released ex-offender for aftercare that encourage establishing membership in an AA organization immediately following release. The belief is that aftercare will aid the newly released individual in relapse prevention.

Intrinsic Motivation

Aftercare is the responsibility of the ex-offender. In addition, upon release, many ex-offenders are on parole and subjected to random drug testing (Mkuu et al., 2019). In qualitative interviews, the researchers found that, for Black ex-offenders, parole was motivation enough to stay clean and to avoid reincarceration. Mkuu et al. also discovered that while some parolees are required to attend community-based substance use programs as part of their parole, some of them are committed to staying clean for and by themselves. Along the same lines, Terry and Abrams (2015) maintained that individuals must be intrinsically motivated to maintain sobriety following a sentence. The researchers sought to understand the cognitive processes male ex-offenders employed to help them desist from criminality, leading to rearrests. They found that the young men were intrinsically motivated to stay out of jail but needed further motivation desist from committing criminal acts. Those who were able to stop criminal acts decided to do so by separating themselves from their previous lifestyles, which included groups that actively engaged in criminality that led to their initial arrests.

One's peer group then must also be a choice that is the responsibility of the ex-offender. Peer criminality, that is, association with peers that engage in criminal

behaviors, positively correlates with substance use and criminality that leads to rearrests. In contrast, peer support, or association with noncriminal peers, was negatively associated with substance use and criminal behaviors (Mowen & Bowman, 2018). These results suggest that other members of AA who are actively practicing abstinence might influence each other.

AA, or peer support groups, is just one of many programs available to treat and prevent substance use among intrinsically motivated individuals. However, a 2017 survey by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2018) showed that only 19% out of the 20.7 million people age 12 and older that needed treatment for substance use received it. In the same survey, AA boasts more than 100,000 locations nationwide, while there were 14,500 specialized substance abuse treatment facilities (that use counseling, behavioral therapy, medication, etc.) in the United States. Although other factors may influence the low numbers of those in treatment for substance use, intrinsic motivation may account for their choice to use resources that are readily available to them.

Help-Seeking Behaviors of Black Male Ex-Offenders

AA is a free, highly accessible resource used among Black substance users. However, few current studies attempt to explain the differences in varying degrees of self-help-seeking behaviors among this population (Peavey et al., 2017; Redmond et al., 2017). Redmond et al. (2017) discovered that Blacks recovering from substance use chose self-help groups, such as AA, at a higher percentage (75.9%) than they sought help from mental health professionals, general health professionals, and psychiatrists. The

researchers further maintained that Black Americans were more likely to choose services that incorporated a spiritual element.

Spirituality

The effect that spirituality has on Blacks' daily life choices has been studied over time. This group has a tradition rooted in spiritual practices (Haight, 1998; Horne, 2014; Kress et al., 2015; Wormald, 2015). Peavey et al. (2017) speculated that because of the spiritual aspect of AA, Black attendees might fare better than White attendees might. However, the researchers found no significant differences between the two groups' treatment results, concluding that the lack of divergence between the treatment outcomes of Black and White AA attendees was good news in relation to generalizing the results to other ethnic groups. They further maintained that the results indicated that race alone is not a predictor of a 12-step recovery response. These data may suggest that the benefits of AA may transcend racial barriers, but it still does not explain why Blacks choose AA as a self-help form of recovery.

Accessibility

Since AA has no restriction on ethnicity, socioeconomic status, or any other theoretical construct, multiple individuals, including Blacks, easily access it. Proving its high accessibility, service material from the General Service Office (2020) estimated that, since January of 2019, there are 125,352 AA groups worldwide. The data from the General Service Office combined with the offer of anonymity and no cost membership suggest that AA is a viable form of substance use treatment for ex-convicts diagnosed with substance use disorders, who may have limited financial and social resources.

Without financial and social resources, ex-offenders may have to rely on government assistance or other free services to aid them once released. Lack of insurance or lack of benefits provided by insurance (i.e., Medicaid) may also make it difficult for those with substance use disorders to be accepted into programs that offer medication-assisted treatment (Andrews et al., 2018; Harris & Jenkins, 2018). Although the free membership of AA provides uninsured or underinsured individuals alternatives to expensive treatment, it offers little insight into the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. Therefore, this study is needed to provide insight into what attracts Black male ex-offenders to AA as a choice of recovery.

Problem Statement

Little is known about what attracts Black male ex-offenders to AA. Much of the research examining the ways that Black members make use of AA focuses on ethnic and cultural differences that may affect the way that members engage in AA because they are Black (Peavy et al., 2017), as opposed to what qualities (i.e., social support) AA has that may appeal to Black members. Redmond et al. (2017) and other researchers have suggested that more research needs to be done on help-seeking behavior by Blacks with substance use disorders. Given that AA has been reported as being chosen more often among the Black community (Redmond et al., 2017; Wu et al., 2016), this suggests a research gap in the need to examine better the experience of Black male ex-offenders in AA as a self-help program for recovery.

Purpose

The purpose of this qualitative phenomenological study was to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery.

Research Questions

1. What are the lived experiences of Black male ex-offenders who use AA as a self-help program?

2. What reasons do Black male ex-offenders give for attendance at AA programs?

Theoretical Framework

Social control theory was used as the framework to extend the understanding of the experience of Black male ex-offenders' choice of AA as a resource for recovery. Hirschi (1969) maintained that a social bond referred to an individual's sense of connectedness to the world around them. These social bonds are partly responsible for explaining why individuals who are engaged in community programs and who feel purposed within their familial and community life are more likely to engage in behaviors that foster and promote recovery. Through the theoretical lens of social control theory, a phenomenological approach helped conceptualize the lived experiences of Black male ex-offenders in AA.

Social bonds, as explained by social control theory, are instrumental in promoting a life of recovery. Longabaugh et al. (2010) performed data analysis to understand the relationship between social support and drinking. They discovered that subjects' recovery

was positively influenced by the amount of social support they received. Similarly, Craig et al. (2017) hypothesized that social control theory could explain the tendency of individuals to commit acts of criminality when they did not have enough social bonds. In this research paper, criminality and criminal activities refer to any actions that may lead to rearrests, reconviction, or relapse. The researchers discovered that the more social bonds an individual had, the less likely they were to engage in acts of criminality.

The social identity model of recovery (SIMOR) reinforces the idea that social acceptance in a recovery group may be appealing to recovering substance users. Best et al. (2016) maintained that when recovering individuals maintain a social connection to groups that promote a life of substance use, challenges to maintain their sobriety arise. SIMOR was incorporated to support the primary theory and helped identify themes of identity reconstruction and group belonging in the qualitative interviews as part of the research question regarding reasons Black male ex-offenders give for AA program attendance. More detail is provided in Chapter 2.

Nature of the Study

The nature of my study was qualitative, and the research design was interpretative phenomenological analysis (IPA). A phenomenological approach allows for identifying commonalities among participants encountering the same phenomenon (Creswell & Poth, 2018). Similarly, Alase (2017) maintained that IPA gives participants living similar events the ability to tell their full stories without distortion. IPA provided narratives detailing the lived experiences of what it means to be a Black male ex-offender who

chooses to attend AA as part of recovery instead of other treatment options, and thus fulfilled the purpose of the study and answered the research questions.

Purposive criterion sampling was used to recruit the six participants. A self-constructed interview guide based on the research design, research questions (Rudestam & Newton, 2015), and theoretical framework was used to conduct semi-structured qualitative interviews with Black male ex-offenders currently attending AA to obtain data that addressed the research questions. I then transcribed the recorded interviews, member checked and hand-coded using IPA.

Definitions

Black: The United States census bureau (2020) identifies a Black person as an individual with familial roots in the Black African diaspora, synonymous with African American.

Social capital: either or friend and familial resources that individuals in recovery use as a support system to form other relationships that aid them in the recovery process (Weston et al., 2018)

Social support: Is a crucial component of substance use recovery and maintenance (Lookatch et al., 2019; Rapier et al., 2019).

Substance use disorder: The American Psychiatric Association (APA, 2013) describes substance use disorders as differing amounts of uncontrolled use of substances.

Assumptions

It was assumed that the chosen research design was the most logical choice to answer the research questions. Another assumption was that an adequate sample of the

proposed population (Black men in AA) existed and would be attainable. It was an underlying assumption that due to the proposed population, underreporting or over-reporting would be expected. The assumptions were necessary for the context of the study because the population (substance users) base has a history of underreporting substance use (Palamar, 2019; Palamar et al., 2017; Palamar & Le, 2017) and over-reporting (Nielsen et al., 2021), both of which could have threatened the validity of the study.

Scope of Delimitations

Other theoretical frameworks were considered as the guiding theory to frame the study. One such theory was grounded theory research, both a qualitative research approach and a theoretical framework. Patton (2015) stated that the question that makes up the foundation of grounded theory research is "what theory emerges from systematic comparative analysis and is grounded in fieldwork to explain what has been and is observed?" (p. 125). According to Corbin and Strauss (1990), grounded theory research involves creating a theoretical framework during the process of research. Corbin and Strauss further maintained that the focus of grounded theory research is to ground the theory in the data collected by the researchers during the experiment. This suggests that analysts who use grounded theory research seek to create a theory that is specific to the information obtained from the participants who are experiencing a process. This would have proved beneficial to the research plan if one were attempting to develop a theoretical framework during the study; however, that was not the purpose of this study.

Another theory I considered was social disorganization theory. Social disorganization is reflected by a community structure's inability or unwillingness to recognize commonalities within its resident population and maintain social order (Kornhauser, 1978). The focus of social disorganization theory is upon the influence of various types of communities (neighborhoods) in maintaining environmental settings that are either conducive or unconducive to criminality (Kubrin and Weitzer, 2003). Social disorganization theory was first posited by Shaw and McKay (1969), who found that Chicago neighborhoods with high rates of criminality among youth were characterized by low economic status, high rates of deprivation, and a lack of resources necessary for youth to achieve social capital and accompanying social status. However, since the focus is primarily on the neighborhood, which might help explain choices male ex-offenders make for recovery from a purely environmental stance, it left much to be desired in explaining or framing the holistic understanding of the male ex-offenders' choice like social identity theory did.

The study was delimited to African American male ex-offenders, 18 and above, who currently attend AA. This study aimed to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. Therefore, women, other racial groups, and individuals without criminal backgrounds were excluded. This study included in its scope data retrieved from AA organizations. This study did not include data received from other anonymous organizations unaffiliated with AA. This study can potentially be transferred to future research focused on Black men's choices of recovery.

Limitations

One limitation of the study included the reliance on self-reported data among a population of individuals (substance users) commonly known to withhold or underreport self-perceived undesired behaviors to interviewers. Combatting this limitation was difficult. The research depended on the self-report of AA members, whose anonymity is protected by a group with no interest in supporting any cause or research purpose, so provided no evidence to suggest that what the participants divulged was reliable. Latkin et al. (2016) believed that one way to limit response bias was for interviewers to ask questions that normalized behaviors that interviewees perceive to reflect poorly on the interviewer's judgment of their character.

Using a phenomenological design posed its own limitations. For example, because the research was based on interviews and the participants' ability to explain their lived experiences clearly, participants may have omitted important information leading to the experience (Webb & Walsh, 2019). Another limitation of this study was the exclusivity to Black men who use AA as a source for recovery. Therefore, any results from the study may not be transferable to other ethnic/racial groups or any other research contexts. Although I identify as a Black American, personal biases regarding treatment options for Black men did not influence the interpretation of data. The usage of bracketing and reflexive journaling were used to address any biases that arose. Chapter 3 gives a more detailed explanation of the techniques employed by the researcher to limit bias and methodological weakness.

Significance

This study adds to the literature examining the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. This study supports professional practice by opening a discussion about what qualities AA has that appeals to Black ex-offenders. This study is unique in that most research focuses on the general outcomes of AA (Best & Irving, 2017; Dwyer, 2014) instead of understanding the experience of AA as a choice or self-help for recovery. This study may have the potential to develop a narrative focused on Black male ex-offenders who have used AA as a tool for recovery. This study is also beneficial to future research focused on the choices that individuals arrested at higher rates than most of the population for drug-related charges, make as it pertains to the maintenance of those individuals' sobriety.

Summary

More than half of prisoners in the United States abuse or are dependent on substances (DPA, 2018). At the end of 2015, it was estimated that 6,741,400 individuals were on parole or probation (The Bureau of Justice Statistics, 2016). In 2012, almost half of the population on parole or probation needed treatment for illicit drug/alcohol abuse (NSDUH, 2014). These findings are aligned with research that shows that prisoners with substance abuse/dependence disorders are at an increased risk of continuing a pattern of substance abuse once they are released (Abracen et al., 2017; Begun et al., 2016). This risk is higher if ex-offenders are Black substance users (DPA, 2018). Rates of drug-related deaths among formerly incarcerated individuals increase shortly following

release. One mitigating factor is the use of self-help programs, such as AA (Majer et al., 2016).

As described by the Big Book, the idea of AA is to provide rudiments for an individualistic experience in a socially supportive environment to aid users in recovery. AA is known for its emphasis on a spiritual element that incorporates the belief of God, as a member may know him. According to the Pew Research Center (2014), Blacks believe in God, attend religious services, engage in spiritual activities, and acknowledge religion as an essential aspect of their lives at a higher rate than any ethnic group in the United States.

Though AA has a spiritual element to it, it is unknown if this is the reason that Blacks engage in AA more than they do in other accepted methods of recovery. Nye's (1958) idea of social control theory included a component of punishment that alluded to the fact that people could be motivated to reform from criminality when put in the position of facing the consequences of their actions, and on the opposite of that, is a reward system from family/society. Therefore, one reason Black male ex-offenders may engage in AA is to avoid punishment and obtain favor. Looking at it from this perspective, social control theory bears a semblance to social learning theory (Skinner, 1965).

Behaviorist B.F. Skinner coined the term "operant conditioning," which refers to learning a behavior by way of reinforcing consequences. In operant conditioning, reinforcement refers to any reward, or consequence that increases the likelihood of repeating a behavior. Ex-offenders who partake of self-help programs have friends and

family who are stable, work regularly, and are involved in an educational or work release

program are at a decreased risk for reincarceration (Freudenberg et al.2008; Kras, 2019;

Mowen et al., 2019). This suggests that the strong availability of community resources

and the existence of a social support system positively reinforce ex-offenders' likelihood

of staying away from criminal acts that lead to reincarceration. Daramola and Osho

(2017) posited that because social control theory included the three most important

factors (family, school, and peers) to consider when looking at crime committed by

Blacks, it would explain why Blacks are seemingly the most influenced by familial and

societal units.

     Although Blacks account for only 4% of participants in AA, older research

(Bernstein et al., 2005) has shown that they choose AA more often than other methods of

recovery (i.e., drug rehabilitation centers, detox programs, and professional counseling).

Similarly, current research in this area has found that Blacks choose informal sources of

treatment, like self-help groups such as AA/Narcotics Anonymous (NA) at a higher rate

than they choose treatment from mental health professionals such as psychiatrists (Pinedo

et al., 2020; Redmond et al., 2017). While AA may have some favorable outcomes, the

attending of the meetings alone may not be the only variable for attracting Black male ex-

offenders. Since the trend of Blacks choosing AA over other forms of treatment seems to

transcend time, it is important to examine Blacks' experience in AA as a self-help

program for recovery to effect positive social change within this community and among

this population. Chapter 2 is comprised of a review of the literature on the history of AA

and the history of Blacks in AA. The following section primarily focuses on relevant

research on the theoretical framework, disparities, and social support.

Chapter 2: Literature Review

Introduction

Researchers have shown that Blacks are more likely to seek recovery treatment from self-help groups such as AA than more formal treatment options (Humphreys et al., 1998; Pinedo et al., 2020; Redmond et al., 2017). The primary purpose of this research project is to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. In this study, I analyzed studies primarily concerning Black ex-offenders who use AA as a recovery resource. In this chapter I provide a detailed literature search strategy section that I used to develop the theoretical framework of the study. Furthermore, the literature review is sectioned into three major themes: AA and Blacks, disparities, and social support.

The first theme of the literature review addresses AA which includes a history of AA and Blacks in AA. Findings by Pinedo et al. (2020) suggest that Black substance users are less likely to seek formal treatment (in/outpatient services, rehabilitation services, etc.) for substance use recovery. Other research confirms that Black substance users are more likely to choose self-help groups over more formal treatment options such as psychiatrists, mental health professionals, and inpatient treatment facilities for recovery help (Humphreys et al., 1998; Redmond et al., 2017). These findings suggest that formal treatment options for recovery are less attractive to Black substance users than informal treatment options, such as self-help groups. The second theme (disparities) has one subtheme: health care. Researchers have found an association between socioeconomic factors and Black health outcomes (Assari et al., 2020; Prag et al., 2016;

Wang & Geng, 2019; Williams, et al., 2016). The third theme of the literature review, social support, is divided into family support and community support.

Literature Search Strategy

The search for current, 2015-2020, peer-reviewed articles was conducted via the Walden University online library. These databases included: APA PscyhBooks, APA PsychExtra, APA PsychInfo, APA PsychArticles, Academic Search Complete, Criminal Justice Database, ERIC, Gale Academic One File Select, Google Books, Sage Journals.

Google Scholar was also used to locate open access articles. The following search terms were used to locate articles specific to this study: *African American/Black, African, ex-prisoners/ex-offenders, community/society, social support, family systems, choice/option, recovery, alcoholics anonymous, reentry, medical mistrust, formal treatment, slave/enslaved, kin/kinship, fictive kin, health care disparities, socioeconomics, the black church, alcohol use disorder, SIMOR, social identity theory, and social control theory.*

Combinations of search terms included: *African American males' choice of recovery, ex-offenders' choice of recovery, the traditional African family, African American family, African Americans and sense of community, African Americans and the community, African Americans and alcoholics anonymous, role of medical mistrust on Black males' choice, medical mistrust and formal treatment services, slave family systems, kin interactions in African American families, fictive kin and alcoholics anonymous, health care disparities, racial disparities, genetic susceptibility and African Americans, socioeconomic factors and AA for blacks, why do blacks choose AA, fictive*

kin and alcohol use disorder, the black church and alcoholics anonymous, alcoholics

anonymous and family support, peer/social support and drinking, what is medical

mistrust, black patients and white doctors, Tuskegee syphilis experiment and medical

mistrust, alcoholics anonymous and social support, fictive kinship relations in black

extended families, and *substance abuse/offending/recovery.* Variations of these terms

were used to ensure extensive search results.

Theoretical Framework

Social bonds, as explained by social control theory, are instrumental in promoting

a life of recovery. Hirschi (1969) maintained that a social bond referred to an individual's

sense of connectedness to the world around him/her. These social bonds are partly

responsible for explaining why individuals who engage in community programs and feel

purposed within their familial and community life are more likely to engage in behaviors

that foster and promote recovery. This theory functioned as the primary theory in this

research study to help understand the role of social bonds in choice of AA as a resource

for recovery in Black male ex-offenders.

There are several tenants of social control theory that were used in relation to the

present study:

Attachment: Connection between self and community/society

Commitment: Devotion of revenue (not necessarily monetary) an individual

places in social activities and institutions.

Involvement: Or social bonding. Explains how an individual's investment of time

binds them to societal norms.

Belief: Dichotomous system by which Hirschi (1969) maintained an individual will either abandon the norms of society by justifying their warped understanding of those norms, or the individual will conform to societal standards and avoid deviant behavior.

Various researchers have used social identity theory to conceptualize substance use in terms of explaining the influence of social bonds. Kogan et al. (2018) discovered that positive social bonds act as a protective factor in Black men at risk of developing substance use disorders, while Zebrak and Green (2017) found that the fewer social bonds Black adolescents reported having, the more likely they were to report engaging in substance use throughout their lifetime. The researchers further suggested that substance use would then lead to them having fewer social bonds as they transitioned into adulthood which would lead to increased use of substances, thereby, explaining the necessity of social relationships. In an unrelated study, Peterson et al. (2019) found that participants in traditional recovery treatment programs reported that outside social relationships were equally as helpful in their recovery process as formal treatment. Results from the above-mentioned studies suggests that social bonds are an important part of prevention of substance use disorders, maintenance of sobriety, and ongoing recovery.

Like social control theory, social identity theory has been used to highlight the positive benefits of a social group identity on recovering alcoholics as it relates to AA attendance. Best (2016) developed the SIMOR, which provides an explanation of the alteration in the social identity of a substance users. The SIMOR, as put forth by Best,

details a shift that takes place in recovering substance users whose social norms were once rooted in elements of substance use, and whose values now mimic those of a group that encourages sobriety, and abstinence from substance use, such as AA. Best et al. (2016) maintained that the SIMOR explains the proclivity of substance users to share their experience of recovery in a group setting, and this, in turn, reinforces the social connectedness that is prevalent in recovery groups such as AA. This theory in tandem with social control theory as the theoretical framework reinforces the idea that social acceptance in a recovery group may be appealing to recovering substance users.

Not many empirical studies have used SIMOR to explain choices of individuals in recovery. This approach is a culmination of social identity theory and self-categorization theory (Best et al., 2016). This research built upon this existing theory by framing the research results within the scope of SIMOR and social control theory.

Literature Review

There are varying opinions as to why Black substance users choose self-help groups such as AA as a source for recovery at higher rates than they choose formal services (i.e., mental health professionals, general health professionals, and psychiatrists). Peavy et al. (2017) believed that Blacks were more apt to choose self-help groups because of the spiritual tenements associated with the 12-step model, while Kaskutas et al. (1999) opined that Blacks were more likely to use AA because it was free, and they are less likely to have insurance or to be financially stable. Still, Redmond et al. (2017) found that Blacks avoided other services in favor of self-help groups because they wanted to "fix" their issue themselves. This triad of varying opinions of Blacks' choice of AA

offers some insight into what qualities AA has that appeals to Black members. Yet not one explains in entirety the avoidance of formal treatment options in favor of AA among this group.

History of AA in Brief

The 1935 meeting between Bill Watson and Dr. Bob ultimately led to the development of AA as a peer support group. The idea behind the men's formulation of the group was to provide social support for alcoholics by alcoholics (The Big Book, 2001). The belief behind the two men's idea was that only an alcoholic could understand another alcoholic and subsequently aid other alcoholics in recovery. Along a similar vein, Best et al. (2016) put forth the SIMOR to explain the phenomenon of a recovering person taking on the abstinent values and mores, and thus, identity, of a group of other recovering people. Together, these two theories help explain the reasoning behind creating a peer self-help group for persons recovering from addiction.

Although AA functions as a peer support group, its fundamental principles are grounded in spiritual tenements. AA incorporates the biblically based teaching of the Christian Oxford Group (Dick, 1998; Grensted, 1933), which promotes the surrender of oneself to an all-loving Christian God through confession, conversion, and restitution, among other statutes. It is easy to see these statues manifested in the fifth, sixth, and eighth steps of the 12 steps outlined in the Big Book (2002). However, AA has no affiliation with any religious organization.

AA also affiliates with no outside entities. They neither oppose nor endorse any causes, faiths, organizations, or enterprises (The Big Book, 2002; J. Grow, Personal

Communication, June 25, 2018). Notably, as mentioned in the forward in the first edition, the sole requirement for AA membership is a desire to stop drinking (The Big Book, 2002). This means that any person from any background (ethnic minorities, members of hate groups, the LGBTQIA community) was welcome to attend these meetings when they started in 1935 America.

The creation of a self-help group for alcoholics by alcoholics in 1935 America brings up the question of equality of services for Black alcoholics in the group. Since Jim Crow laws were in place at that time and separate but equal was the prevailing law, during the 1940s through the 1960s, Blacks were only permitted to attend meetings as observers, but not as members (Chesnut, 2017) An account of the Black doctor, James S. Scott (Dr. Jim), credited with forming AA's first Black AA group, does not detail any specifics as to why a separate group needed to be formed. However, Jim's story does include recognition of his White sponsor and other White members who helped the Black group grow (The Big Book, 2002). In sum, one may surmise that during the time of racial segregation, AA attempted and succeeded in circumventing racial barriers to aid Black individuals who desired the same recovery benefits as its White members, speaking to the inclusivity of AA's program.

However, it is worth noting that there was a time where discriminatory practices (denying membership) were permitted within one of the most inclusive institutions whose initial directive forbade no person based on race. Arguably, racial discrimination was acceptable at this time because of segregation in America; therefore, AA may have disallowed Blacks from becoming members of AA out of social/political necessity

(Chesnut, 2017). Furthermore, even though Black alcoholics could not become members of White AA in the past, they persisted in attending meetings and even lauded AA for helping them overcome alcohol use disorder (The Big Book, 2002). More recently, Mays et al. (2017) determined that Blacks prematurely terminate substance use treatment when they perceive racial discrimination. It may be suggested that since racial segregation is no longer part of the judiciary law, Blacks are less likely to keep coming back to an institution in which they are systemically discriminated against.

In segregated America, Blacks with alcohol use disorders had limited options. Therefore, because of the lack of choices and perhaps understanding the period, Blacks with alcohol use disorder continued to return to and demand a presence in AA (Chesnut, 2017). While Blacks were permitted to obtain and read AA literature and the Big Book, the prevailing consensus of that time was that AA was for White people (Chesnut, 2017). When Blacks were eventually allowed to attend AA meetings as observers, they were often treated poorly and largely ignored (Chesnut, 2017). Consequently, if this practice of isolating and excluding Black individuals with alcohol use disorder were continued post-integration, it is impossible to know if Blacks would consider AA a better choice for recovery than more standard treatment options.

Since AA has attempted to remain inclusive in its membership concerning Black members, one might contend that this inclusiveness is enough to convince Black members that they are accepted. This perception of acceptance is why Dr. Jim's story stands out as a pivotal point in AA history. As the only Black voice in the Big Book (2002), Dr. Jim minimalizes the impact of segregation on his life, stating that he did not

believe that he "suffered too much as far as the racial situation was concerned" (p. 5,853). He then later expresses gratitude to the sponsors of AA, omitting any feelings of rejection or segregationist intentions on their part (The Big Book; 2002). As the only Black member whose story made it into the Big Book, this Howard-educated physician sets the stage for what future Black members could expect in terms of acceptance by AA.

Although the separationist undertones of 1940's America are present in Dr. Jim's story, the details are irrelevant. He mentions how he and other Blacks were helped by White members' monetary donations but did not explain why Blacks needed to have separate meetings (The Big Book, 2002). For that explanation, Chesnut (2017) constructed the Heroes of Early Black AA, a compilation of detailed recollections by Black AA members pre and post-segregation. In his book, Chesnut gives voice to the individuals responsible for forming the first Black groups in AA.

Quite a bit of research has been done on AA. While some researchers have focused on the effectiveness of AA (Humphreys et al., 2014; Kelly, 2017; Okello & Ogolla, 2016) in the treatment of alcoholism, other critics question the integrity of the one size fits all model (Tinero, 2016) and lack of scientific evidence supporting AA efficacy (Glaser, 2015). Tinero (2016) accused AA of modernized colonialism, arguing that AA removes an individual's culture to replace it with AA's ideas and standards. These standards include the acceptance of God (as understood by White, Christian American men), powerlessness, and imperfection, often to the detriment of an individual's cultural identity (Tinero, 2016). For example, if an individual's culture belief includes polytheism, this would be in direct contrast to AAs preamble, which, in and of

itself, describes God as "one who has all power" (The Big Book, 2001, Location 595).

Thus, polytheists would have to conform to standards outside of their norm or find

another source to aid them in recovery.

The idea of monotheism is not the only criticism of AA. Tinero (2016) also

condemns the institution for its foundational belief of abstaining completely from alcohol.

Tinero's harsh criticism is just short of admitting that AA's model may be better suited

for the group it was normed on (i.e., White, American males) as opposed to purporting it

to be a generalized solution to western defined "problematic" drinking. Tinero (2016)

opined that the definition of alcoholism, as explained by AA, was the antithesis of

success in treatment because of the all-or-nothing approach to abstinence. The idea that

the only two options for members were complete abstinence or failure worked against the

success that members in AA work towards. AA's preamble to its twelve steps states,

""rarely have we [AA] ever seen a person fail... those who do not recover are people who

cannot or will not completely give themselves to this simple program… they are not at

fault; they seem to have been born that way" " (The Big Book, 2001, Location 959).

Depending on the context, this statement may project AA's confidence in the program or

read as a declaration of blame placed upon any person who does not conform to AA's

idea of success.

Because AA keeps no records of its anonymous attendees, it is difficult to gauge

its successfulness or effectiveness. However, in a recent Cochrane review, investigators

found that AA and other twelve-step facilities performed as well as other treatment

options, such as psychotherapy (Kelly et al., 2020). Dr. Keith Humphreys further

maintained that AA outperformed other treatment modalities in terms of sobriety

(Costello, 2020), contrasting previous claims that AA lacks efficacy (Glaser, 2015).

Although not all researchers agree on the effectiveness of AA, it can be concluded that its

inclusive policy allows individuals from various backgrounds to feel accepted into its

program.

Disparities

AA's inclusivity makes it more accessible than formal treatment options, although

other recovery options exist for Black substance users. Researchers in the past have

alluded to Blacks accessing AA simply because it is free, and they are less likely to have

health insurance than Whites are (Kaskutas et al., 1999; Verissimo & Grella, 2017). More

recently, researchers have found that 21.3% of Blacks with substance use disorders

received treatment at specialty facilities (i.e., inpatient/outpatient drug rehab) compared

to 17.3% of the rest of the population (National Survey on Drug Use and Health, 2018)

disputing previous researchers' claims. Some researchers have speculated that this

change has to do with the implantation of the Affordable Care Act (ACA) by President

Obama in 2010 that provided recipients with federally subsidized health insurance

options (Buchmueller et al., 2020). Nevertheless, researchers have found that even

though the number of Black substance users in specialty treatment programs has

increased, Blacks have difficulty completing the programs because they are less likely to

have employment, housing, education, and health insurance (Saloner & Cook, 2013;

Stahler & Mennis, 2018) than Whites are. Still, Mays et al. (2017) noted that Black and

Latino substance users in treatment programs were likely to report experiencing

discrimination in substance use facilities based on race, while Whites were more likely to report discrimination based on health insurance. Mays et al. also found that Black patients terminated services earlier if they perceived they were racially discriminated against. Altogether, it can be suggested that while some Blacks with substance use disorders use formal drug treatment services, they are less likely to complete drug treatment programs for reasons such as but not limited to unemployment, lack of insurance, and perceived racial discrimination.

Over the years, Racial and ethnic minorities (I.e., The Hispanic and Latino communities, Blacks, Indigenous peoples, Asian Americas, etc.) have endured the stigma of lower quality healthcare options in America, creating health and healthcare disparities. Researchers have discovered that while Black substance users recognize their problematic behavior in relation to substance use, they are less likely than White substance users to have the physical resources to aid them in recovery, which increases those disparities (Verissimo & Grella, 2017). Although the ACA slightly closed the insurance coverage gap (Buchmueller et al., 2020), giving Blacks more opportunities to obtain more formal treatment services, disparities in recovery treatment still exist (Creedon & Cook, 2016; Pinedo et al., 2020), as evidenced by Blacks' choice of self-help groups over formal treatment options. In this literature review, I discussed the experiences of Black male ex-offenders' choice of recovery concerning their involvement with self-help groups (mainly AA).

Health Care

Black individuals treated by Black doctors have better healthcare outcomes. Researchers have shown that Black men seen by Black doctors are more likely to agree to more preventative services (Body Mass Index (BMI) measurement, screenings for diabetes, high blood pressure, and high cholesterol) than those seen by nonblack doctors are (Alsan et al., 2018; Powell et al., 2019; Shen et al., 2018). Alsan et al. attributed this phenomenon to the trust and understanding gained through communication between Black doctors and their Black patients. Consequently, there is a high correlation between medical mistrust and Black males delaying these preventative healthcare screenings (Powell et al., 2019). Shen et al. (2018) credited this delay to poor quality communication between patients and physicians as evidenced by negative talk on the physician's part, shorter visits, and worse healthcare outcomes. While some researchers excuse these differences between White and Black patients as subtle and unconsciously unintentional biases (Dovidio et al., 2016), other researchers highlight the deleterious effect of implicit physician bias on Black health outcomes (Hall et al., 2015). The findings en masse support the idea that healthcare disparities exist in part because Blacks choose to avoid healthcare systems due to mistrust.

Blacks are historically thought to mistrust formal treatment services. Instances such as the unethical practices used during the Tuskegee syphilis experiments from 1932 through 1972 have been believed to contribute to disparities in the healthcare system by driving a wedge between suffering (ill) Blacks and needed health services (Reverby, 2019). These disparities are expounded upon by Arnett et al. (2016), who hypothesized

that medical mistrust discouraged Blacks from using primary care physicians to meet their health needs. Arnett et al. found a positive correlation between Black patients' medical mistrust and choice of emergency room care over primary care, which furthered disparities in health outcomes among this group. The researchers further discovered that the disparity disappeared when controlling for medical mistrust (Arnett et al., 2016). Taken together, these data suggest that Blacks' avoidance of formal treatment options may have various sources of origin.

Blacks have long endured stigmatization that has prompted avoidance of entities that they believe hurt them as a collective. This group has historically protested and boycotted capitalistic establishments (i.e., the 1956 Montgomery bus boycott) to this end (Vickers, 2019). The knowledge of the experimentation and exploitation of Black bodies in research and medicine, such as the case of Henrietta Lacks, whose cells were removed and used without her consent, has further encouraged mistrust of the healthcare system among Blacks (Skloot, 2017). It may be a jump to believe that this avoidant mindset propels Blacks away from formal healthcare services. Still, it might help clarify their proclivity to choose self-help groups such as AA over more formal treatment options.

Blacks in Treatment

Although some researchers have found that Black substance users initiate and engage in specialty treatment (inpatient/outpatient addiction treatment) at higher rates than Whites (Bensley et al., 2017), other researchers have found that Blacks are less likely than Whites to be treated for substance abuse (Creedon & Cook, 2016) and less likely to complete specialty treatment (Mayes et al., 2017). In fact, Creedon and Cook

found that even with increased health insurance rates by way of the ACA among the Black community, rates of treatment for substance use disorders in this population have not improved. Bensley et al. (2017) speculated that these conflicting data might be attributed to a lack of research focusing on Blacks in treatment with alcohol use disorders.

Some researchers conducting studies on Blacks in treatment tend to highlight the group's low retention rates (Saloner & Cook, 2013; Stahler & Mennis, 2018). More recently, researchers have attempted to offer medical mistrust and clinician implicit bias to explain those rates and Blacks' avoidance of treatment (Fitzgerald & Hurst, 2017; Hoffman et al., 2016; Powell et al., 2019). Similarly, Gallagher and Nordberg (2018) looked at the criminal justice system to explain why Black men in drug court graduated at lower rates than White men in drug court. Gallagher and Nordberg found that 66 out of the 70 Black participants in drug treatment did not trust or respect their therapist. The participants cited discomfort at being forced to accept labels they believed to be derogatory, perceiving therapists as judgmental, and being threatened by them. Another theme that emerged in the study was a preference for autonomous decision-making in choosing drug treatment instead of court-ordered environments. One such environment was AA.

Treatment and the Criminal Justice System

Blacks are more likely than Whites to be convicted of drug-related crimes. They are also more likely to receive longer sentences (United States Sentencing Commission, 2018) and are less likely to be remanded to treatment when convicted of those crimes

than Whites are (MacDonald et al., 2014; Nicosia et al., 2017). Nicosia et al. further discovered that even after the institution of the criminal sentencing initiative, proposition 36, which allows drug offenders to attend drug rehabilitation instead of incarceration, disparities remain with Blacks being more likely than Whites to be referred by the court system, even when they report fewer problems related to substance use than Whites (McElrath et al., 2016). It may be suggested that one reason for this is that the criminal justice system has developed a broader net to encompass individuals who might not need treatment to make up for disparities.

Black Agency

Autonomous decision-making may not be culturally specific. However, Gallagher and Nordberg (2016) found that Blacks viewed being forced to call themselves "addicts" or "alcoholics" as culturally insensitive. In fact, 81% of the Black participants interviewed said that the forced labeling was culturally insensitive, going so far as to identify it as the biggest impediment to counseling (Gallagher & Nordberg, 2016). These data tie in with findings by Gallagher and Nordberg (2018), who found that forced labeling was seen as disrespectful and derogatory among the Black participants. Culturally, this is important, as White participants did not see labeling as derogatory (Gallagher & Nordberg, 2016). Negative perceptions of labels may be due to wanting to avoid the stigma of being "sick" and promoting the image of Black resilience.

This resilience, or the idea that Black people are resilient and therefore untouched by various maladies, can also lead to refusal or delay in treatment options. Consequently, Bewald et al. (2016) discovered that Blacks feel stigmatized within their own community

when diagnosed with an illness. Similar to findings by Gallagher and Nordberg (2016),

Bewald et al. (2016) said that Blacks were more dismissive of symptoms of illness and

reluctant to label themselves as being "sick." Blacks in the study said that they were also

less likely than White participants to seek help because they did not view symptoms as

severe and assumed that their primary care physician (PCP) would tell them that their

symptoms were not severe and ultimately send them home (Bewald et al., 2016). In fact,

some participants said that they would prefer to wait until they are at the point of death to

go to their PCP.

Social Support

Social support is a significant component of AA recovery programs. This support

emerges as a prevailing theme in a pamphlet directed towards Blacks in AA that outlines

the stories of alcoholics who identify as Black or African American in AA (Alcoholics

Anonymous World Services, Inc. [AAWS], 2018 p. 22). In these stories, the tellers

recount going to doctors, hospitals, jails/prisons, and psychiatric wards, yet being

encouraged to attend AA (Alcoholics Anonymous World Services, Inc. [AAWS], 2018 p.

17). The storytellers all seemed to find a long-sought sense of belonging in the supportive

atmosphere of AA, and they all identify as Black.

If social support alone does not encourage lower levels of drinking or depression,

that knowledge is still not indicative of Black male ex-offenders' choice to attend AA. In

fact, while some researchers have found that higher perceived social support was

associated with greater abstinence among both genders (Tinajero et al., 2019), other

researchers have said that there is a positive correlation between increased endorsement

of social support and higher levels of drinking, but only among lesbian, gay, and bisexual (LGB) women Bryan et al., 2017). The researchers believed that it was because the LGB women in the sample had social networks that influenced their drinking; the sample included some transgender individuals who were grouped by their self-identified gender. Thus, it is unclear if these results would have differed if they were grouped by their biological gender. Bryan et al. also found a negative correlation between perceived social support and increased drinking among male participants and furthered opined that the male participants with higher social support were less likely to engage in higher drinking levels because they were less likely to use drinking to cope in social situations. Findings from both studies contrast with findings by other researchers who observed no correlation between social support and drinking in either Black men or Black women (Metzger et al., 2017). Partially supporting all findings, researchers more recently discovered that social support from friends moderates alcohol consumption among Black men and women (Pittman et al., 2019). The researchers did not find, however, any relationship between family support and alcohol consumption among Blacks. These findings are worth noting, as the family unit is one of the first sources of social influence among Blacks.

Familial Support

A protective factor thought to ward against substance use in the Black community is familial support. However, Pittman et al. (2019) discovered no moderating relationship between familial support and alcohol consumption among Black men and women. Contrariwise, D'Orio et al. (2015) found that Blacks who misused drugs were more likely to endorse lower levels of perceived familial support than Blacks without substance use

disorders. Similarly, Massah et al. (2017) found a significant negative correlation between perceived familial, social support, and illicit drug use and a positive association between familial dysfunction (i.e., conflicting family relationships) and increased illegal drug use among participants. Swanepoel and Crafford (2016) concluded that feelings of rejection by the familial unit induced a craving for a sense of belonging that at-risk Black individuals could fill by engaging in camaraderie with peers who also misuse substances. These findings suggest that, in part, members of the Black community view the familial structure as a potential resource to aid them in recovery. This may help explain why Black substance users choose AA since it is structured to foster a sense of community that can, by proxy, function as a type of familial support group.

Black Family Dynamic

The nature of the Black family unit has been under scrutiny for many years. In 1965, Patrick Moynihan constructed an explanatory report of the Black family, detailing a problematic structure deemed for failure (Geary, 2015). This report called The Negro Family: The Case for National Action is more commonly known as The Moynihan Report (Geary, 2015). In the report, Moynihan condemns matriarchal-headed households associated with the Black community. He blamed slave owners for breaking up Black families and establishing a pattern of absent fathers as the heads of their own families, thus retarding all Black America. Labeling the Black experience as pathological, Moynihan categorized Blacks as broken, social deviants prone to criminality because of a weak family structure forced upon them by society (Geary, 2015). However, Moynihan's

opinions or inferences failed to account for the structure of the African family before slavery.

To understand Black family relations, one must consider the traditional African family structure. Researchers identified a type of social "village" consisting of extended family members among traditional African families (Geschiere, 2020; Tembo, 1988). The researchers also found that no matter if these families were matrifocal, patrilineal, monogamous, or permitted polygamy, the village of extended kinships (grandparents, aunts, uncles, siblings, clan members, etc.) is the foundational family structure (Ariyo et al., 2019; Geschiere, 2020; Tembo, 1988). Moynihan did not consider the value placed upon the family in the Black community and instead thought that because the Black family structure was different from White societal standards in terms of head of household, it was doomed for failure (Geary, 2015). For that reason, his report reads as if he were blaming the Black community or not assimilating the culture of dominant society without considering the role of the family in African family structure.

The role of the extended kinship in African family structure can be likened to the role of the extended family in the Black familial structure. For example, results from an AARP (2019) survey conducted in 2018 showed that 31% of Black grandparents were primary caregivers to their grandchildren, compared with 9% of the general population. In addition, Black grandparents were more likely than the general population to say that they were sources of cultural wisdom and that their role is vital in their grandchildren's lives. Moreover, Cross (2018) found that Black children are three times more likely (58%) than White children (20%) to reside with extended family at some point in their

lives. In her findings, Cross (2018) illustrates the normalcy of extended family relationships within Black households (i.e., grandparents as primary caregivers). Thus, it may be presumed that familial relationships are important to members of the Black community.

In addition, Taylor et al. (2016) found that Blacks rely most heavily on familial support, followed closely by support from friends and then church group members for mutual social support (i.e., emotional, religious, financial, etc.). Taylor et al. (2016) said that 80% of participants in their study indicated that they received support from their family and friends and reciprocated this support. However, among Blacks of lower socioeconomic statuses, the researchers discovered that participants received support only, without reciprocating (Taylor et al., 2016). Taylor et al. (2017) similarly found that socially or materially disadvantaged (low income/resource deficient) Black church members were more likely to report receiving more support than they were able to give. For example, members with lower family incomes received more transportation assistance than those with higher family incomes, and elderly congregants reported receiving more help with chores than younger congregants (Taylor et al., 2017). The researchers opined that one explanation for this phenomenon is that some members might not have the physical capacity or financial/physical resources to reciprocate the same service. These findings indicate that members of the Black community can rely on support within their social networks, with no collateral expectations. Similar to AA's group support, it appears that social support within the Black community is not limited if the receiver has nothing to give other than fellowship.

Fictive and extended Kin Relationships

Fictive relationships may be as important to Black Americans as blood relationships. Fictive kinships are close relationships resembling familial ties without blood relations (Nguyen et al., 2016; Stack, 1975). Examples of fictive kinship include godparents, foster family, "play cousins," and church "family." These relationships provide Blacks with other support systems in their community.

In addition to family support, fictive kinships may also provide Black male ex-offenders with another source of social capital upon release. In fact, Strickland (2016) found that reentering Black male ex-offenders rely on familial connections to help them cope with reentry and the support of friendships. In qualitative interviews, Strickland discovered that many participants reached out to other ex-offenders to provide them with emotional support during the reentry process. The participants reported relying on the experience of fellow ex-offenders to help them adjust to life after incarceration. This thought process is like AA's foundational principle of alcoholics alone being able to understand other alcoholics (Best et al., 2016). Taken together, perhaps the perception of support in AA exceeds that of familial and friendship ties and transforms into the desire to be a part of a nonjudgmental community of individuals united by the aspiration to live soberly.

Community Support

Another type of support group that may mirror familial support is that of the community. Cheney et al. (2016) concluded that community-based programs (i.e., outpatient self-help groups, employment, and religious communities) that comprised of

former or abstinent substance users encouraged Black substance users to engage in prosocial behaviors. The idea was that these abstinent community members function as mentors to substance users, who offer suggestions (such as changing one's social group and moving to another place), on how to abstain from substances. Other resources included family members of substance users, and local faith-based community services, that allowed participants to access employment and social resources needed to maintain a life of sobriety (Cheney et al., 2016). The researchers also noted that participants reported that faith-based practices such as attending church, going to Bible study, or participating in a choir were integral prosocial behaviors that helped them abstain from substance use (Cheney et al., 2016). These findings are consistent with ideologies that churches can function as a community support system for those with limited or no system in place.

The Church

The church (specifically, the Black church) is thought to be one of the central components of the black community. Like traditions of African religions, the Black church encourages and cultivates a correlative connection between self-identity and spirituality of Black Americans (Horne; 2014; Ushe, 2018). Out of the Black church, Black colleges were commissioned, the National Association of the Advancement of Colored People (NAACP) was established, and the civil rights movement was initialized (Gilmore, n.d.), suggesting that the Black church functions as a place of refuge, support, and unity. Furthermore, it may be assumed that the Black church is responsible for providing a sense of belonging that enables its members to feel supported enough to succeed in their endeavors.

This sense of belonging is a cornerstone of the Black church community. Since slavery, the Black Church remains a supportive force of consolation for Black Americans (Venerable, 2012; Rivers, 2018, p. 695). W.E.B Du Bois (1889) quantified the support of various Black institutions and found that the Black church ministers to the need of any of its lacking members (usually monetary) more so than any other Black institution. Du Boise further discovered that it was impossible to accurately quantify all support given by Black churches because of the unsystematic way the support is collected (i.e., lack of receipts). More recently, researchers have similarly found that Blacks continue to use the church as a social support (i.e., emotional support, financial assistance) network that enables a sense of belonging (Le et al., 2016; Nguyen et al., 2016). The seemingly free support that Black America has received from an institution that freely accepts their fellowship may provide insight into any influential impact on Blacks' choices.

Like AA, the Black church is a public institution that accepts fellowship based on need and desire. The limited social resources ex-offenders typically have upon release (Liem & Weggemans, 2018; Strickland, 2016) make both AA and the church viable options for developing a circle of social capital from which to draw (Stanley, 2016). That is not to imply that all social capital from AA or all churches is positive. Although very difficult to find in peer review journal articles, there have been news broadcasts of individuals using churches as a cover to sell drugs (Leist, 2019; Miorelli, 2016), indicating that choice of social capital may or may not be based on communities that are thought to be substance-free.

Social Capital

The role of social support and social capital in Black substance users might be an important factor in recovery choice. Cheney et al. (2016) found that Black substance users were more apt to seek out substance-free communities such as churches, AA, friends, and family to aid them in recovery. These substance-free community systems provided participants with recovering community members who offered strategies to reduce or quit substance use (Cheney et al., 2016). Cheney et al. also discovered that participants reported that while AA helped them develop more substance-free social capital, it was not instrumental in assisting them to quit or reduce their substance use. It was reported that changes in social circles and lifestyle were responsible for recovery (Cheney et al., 2016). Cheney's findings support the ideology of the SIMOR (Best, 2016). Forming social bonds with abstinent community members with whom the recovering user can learn from, and share enables the recovering user to match the standards of the abstinent community member until they become intrinsic. This suggests that Black substance users may be motivated to choose AA because of the community of substance-free social support.

Summary

A major theme that emerged in the literature was health disparities in the Black community. What researchers seem to agree on is that disparity exists in help-seeking behaviors among Black substance users. Some researchers believe that these disparities exist because of a lack of health insurance coverage in the Black community (Pinedo, 2019). Other researchers attributed disparities to perceived racial discrimination at

specialty treatment facilities (Mays et al., 2017). Still, other researchers opine that those disparities exist because Blacks are more susceptible to illness due to genetic (Giudicessi et al., 2020), socioeconomic (Chowkwanyun et al., 2020; Wilkerson, 2017), or resource-related factors (Taylor, 2020; Yancy, 2020). However, McLaren, 2020 found that when controlling for income, insurance, education, and other elements commonly associated with explaining disparities among people of color, disparities still exist. Most of the researchers identifying most disparities in the Black community focus on socioeconomic factors, alone, to explain choices made among this community.

Another prevailing theme that emerged in the literature was the influence of social support on choice of treatment. While some researchers found that perceived social support moderated drinking in Black males (Bryan et al., 2017; Tinajero et al., 2019), other researchers found no such association (Metzger et al., 2017) or a partial association (Pittman et al., 2019). Even though perceived social support may influence drinking among Black males, what is not known, is if social support drives Black males to choose AA over other treatment options.

Conclusions

Implicit bias refers to an unconscious preference for or against others based on observational concepts (i.e., gender, race, age) and influences the choices of the provider. In part, Milam et al. (2020) blamed implicit or unconscious bias among health care providers for the disparities. Milam et al. further argued that explaining away disparities as status quo expectations of the Black community (i.e., Blacks are inherently poorer in

health, lower socioeconomic status, and resource disadvantaged) will not help medical

care workers overcome bias to provide equal healthcare to all people.

This research extends knowledge in the discipline by expanding on the gap in the

literature examining the experience of Black male ex-offenders' choice of AA as a self-

help program for recovery. Whereas previous researchers, theorists, and laymen have

essentially attributed disparities within the health system as stemming from a prevailing

lack that plagues the Black community simply because they are Black (Brown-Iannuzzi

et al., 2019; de Lima et al., 2019; Geary, 2015), this researcher operated under the

assumption that Blacks have options and make choices based on those options. Chapter 3

includes a discussion of the methodology, purpose, and research questions used to

address the gap in the literature regarding the choice of AA as opposed to other treatment

options Black male ex-offenders make for recovery. The data collection method,

sampling strategy, and rationale, and ethical considerations are also included in Chapter

3.

Chapter 3: Research Method

Introduction

The purpose of this study was to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. The purpose of this chapter is to introduce the research methodology for this qualitative phenomenology regarding the choice of AA for recovery by Black male ex-offenders. This approach allowed for a more in-depth understanding of Black male ex-offenders' choice of AA as a self-help program for recovery. Along with the applicability of phenomenology, the methodology, rationale, participants, procedures, analysis method, and ethical concerns are also primary components of this chapter.

AA is a preferred method of recovery for Black ex-offenders. Researchers have speculated why that may frequently be citing positive benefits of AA (Peavey et al., 2017; Redmond et al., 2017). However, most researchers document the positive effects of the rehabilitative qualities of AA while focusing on ethnic and cultural differences that affect the way Black members engage in AA because they are Black as opposed to what qualities (i.e., social support) AA has that may appeal to Black members.

In this chapter, I provide an overview of the study design and rationale, explain my role as the researcher, and outline the methodology. I also include a justification of procedures for recruitment and selection of participants, the data collection procedures, and the data analysis plan. Furthermore, issues of trustworthiness involving credibility, transferability, dependability, conformability, and coding reliability are discussed in this chapter.

Research Design and Rationale

The following research questions guided this study:

RQ1: What are the lived experiences of Black male ex-offenders who use AA as a self-help program?

RQ2: What reasons do black male ex-offenders give for attendance at AA programs?

A qualitative method was employed to explain phenomena using subjective experiences of individuals or groups in a situation. A qualitative method is also employed when a lack of an adequately developed theory to accurately understand the problem being studied within that group/situation exists (Creswell & Poth, 2018). While quantitative researchers can determine correlative relationships between variables, the methods often cannot account for individualism in populations. Thus, qualitative research is used to follow up quantitative measures. Because I sought to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery, a qualitative method was used.

This study was conducted using a phenomenological approach. Creswell and Poth (2018) explained that a phenomenological approach allows researchers to identify commonalities among participants encountering the same phenom. According to Patton (2015), the point of a phenomenological study is to define what a particular phenomenon means to an individual or a group of individuals who have lived or are currently living the experience. Mathematician Edmund Husserl coined the term phenomenology. Husserl (1965) believed that individuals shared a connectedness with the world around them.

Because of this connection, he believed that it was possible to extract meaning from an individual's lived experiences or define an individual's life by their everyday life experiences (Husserl, 1965).

There have been other theorists who have expanded upon the basic ideology of phenomenology as applied to qualitative research. Building on Hussel's theory, Heidegger (1962) posited that individual lived experiences and the interpretation thereof could be understood through the lens of hermeneutic phenomenology. While Husserl (2019) believed phenomenology consisted of identifying a personalized or unique experience of a specific group of people, Heidegger (1962) added that this particular group of individuals' lived experiences could be understood within the context of their current or past situation. Therefore, understanding the lived experience was not limited to the experience of the lived event but also included the historical and cultural context in which the event took or is taking place. I employed the use of hermeneutic or interpretive phenomenological analysis (IPA) in this study. First developed by Jonathan Smith, IPA is used to explore a participant's perception of a specific topic (Smith et al., 1999).

Role of the Researcher

My role as the researcher in this IPA research study was to examine participants' lived experiences and attribute meaning to those experiences (Husserl, 1965). Given my completion of a doctoral level advanced qualitative research and analysis course and my designation as a licensed graduated professional counselor (LGPC), I would say that I was adequately trained to carry out the prescribed study. No participant had any personal

or professional relationship with me that would constitute a conflict of interest or one that would have biased the results of the study.

Because I am the primary instrument in qualitative research, bracketing ensured objectivity and limited researcher bias. According to the Sandford Encyclopedia of Philosophy (Beyer, 2020), it is thought that Husserl developed the idea of bracketing in the early 1900s. Bracketing refers to the ability of a researcher to objectively evaluate phenomena by compartmentalizing their predisposed assumptions of those phenomena (McNarry et al., 2019). Husserl (1970) maintained that researchers bracket their assumptions to attain objectively unbiased results. However, McNarry et al. (2019) asserted that the idea of bracketing is essentially not possible because the conceptualizations individuals have framed are based on assumptive values absorbed from daily life events. While both researchers seem to agree on the importance of bias-free data, their views on the limitation of bracketing differ.

Although I do not identify as a male ex-offender, because I identify as a Black person, the color of my skin may have influenced participant responses, and my preconceptions of Black men who have struggled with addiction and the revolving door of prison could also have influenced the data, thus bracketing was employed to combat those threats. Carrying out the process of bracketing required me to address the phenomena without preconceived notions. To ensure data were not misconstrued by way of such notions, Lincoln and Guba (1982) suggested that researchers keep a reflexive journal. This journal provided a way to chronicle predetermined biases inherent to me

and further allowed for bracketing. Thus, I used a reflexive journal to bracket any preconceived bias.

As the researcher, I had no supervisory or instructor relationships with the participants. Therefore, there were no relationships involving power over the participants. The study was not based on any facet of my work environment; thus, there were no power differentials or conflicts of interest. I offered no incentives. Therefore, no justification for incentives is needed at this time.

Methodology

Selection of Participants

The results of my study will most likely apply to Black, formally incarcerated men because the goal of my study was to explore the lived experiences of Black male ex-offenders who choose AA as a recovery method over more traditional methods. Black male ex-offenders who use AA as a self-help program were the target population. Thus, the sample was drawn from a population of Black males who were attending AA group at the time of the study. The group could have been in person or telephonic. At some point in their lives, the men must have been arrested and incarcerated for drug-related offenses.

Sampling Procedure

I used criterion sampling because it allowed the focus of the research to be specific to what was studied. That is, only individuals who met the criteria for what was studied were considered. Patton (2015) stated that "the logic of criterion sampling is to review and study all cases that meet some predetermined criterion of importance, thereby explicitly (or implicitly) comparing the criterion cases with those that do not manifest the

criterion" (p. 281). Because this study focused on a specific group, criterion sampling was the best sampling strategy.

Recruitment

I placed ads in the volunteer sections on Craigslist and used social media by creating a Facebook group that listed the specifications of the study, posted flyers in other Facebook groups that had the population I was looking to recruit, and listed recruitment opportunities on LinkedIn. Subjects were known to meet the criteria by 1) identifying as a Black or African American adult man aged 18 or over; 2) have been formally incarcerated; 3) currently attending AA; and 4) possessing adequate self-awareness, defined as being able to answer open ended questions with depth. I conducted a telephonic/electronic prescreening interview to ensure the participants meet the study parameters.

Sample Size

Saturation was an essential facet in the justification of the sample size. Guest et al. (2006) stated that saturation is "the point at which no new information or themes are observed in the data" (p. 59). While some researchers suggest using between five and 25 participants to achieve saturation in a qualitative study (Alroobaea & Mayhew, 2014; Hennink et al., 2017), Smith et al. (1999) maintained that IPA has a higher success rate with a smaller group of up to 10 participants. Similarly, Denzin and Lincoln (1994) suggested that a group of approximately six participants for a phenomenological inquiry was enough to reach saturation. The belief is that data saturation can occur with fewer participants than a quantitative study because the goal is not generalizability but to ensure

that the analysis of the data has produced all thematic elements needed for a total comprehensive understanding of the phenomenon. Therefore, six participants were recruited to ensure saturation.

Instrumentation

Data collection procedures in qualitative research include the use of interviews, participant observations, and focus group discussions. Using a self-constructed interview guide based on the research design, research questions (Rudestam & Newton, 2015), and theoretical framework, I conducted semi-structured qualitative interviews to obtain the information needed to address the research questions. Therefore, along with audio recording, I and the interview questions were the instrumentation used. The questions were open-ended.

Content validity refers to how well an instrument measures what it is meant to measure. In my study, I examined the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. Therefore, the interview protocol, which was submitted to the IRB for approval, was constructed with the study parameters in mind. Brod et al. (2009) maintained that direct communication with participants that enables the capture of their perspectives was the most appropriate way to establish content validity in qualitative research. Therefore, interviewing and member checking, which entails direct communication with participants about previous transcribed conversations, was used to ensure content validity.

Procedures for Recruitment, Participation, and Data Collection

Recruitment and Participation

According to the Baltimore Intergroup Council of Alcoholics Anonymous administrator, AA tradition disallows AA's participation in endorsing or opposing any cause. Therefore, the Intergroup administrator suggested that to obtain participants, I could ask AA members, individually, outside of AA meetings if they would be willing to take part. However, due to the outbreak of COVID-19, the use of internet-based methods, such as Craigslist advertisement, was advantageous. I also used various social media sites to recruit (i.e., Facebook, LinkedIn). Although Frankfort-Nachmias and Nachmias (2015) asserted that face-to-face interviews yield a higher response rate than non-face-to-face methods, limiting the participants' risks is of utmost importance. Since face-to-face qualitative interviews, at this point, would have posed a safety issue, qualitative interviews were conducted over the phone.

Data Collection

Six participants were used for this study. The participants were asked to sign a consent form before the start of the first interview. To ensure privacy, participants were assigned an alphanumeric (i.e., P1, P2). Only I know the names of the participants. The semi structured interviews took place over a telephonic call. The interviews were recorded using an on-phone recording app. I asked each participant the same interview questions in the same order.

Data Analysis Plan

The choice to code by hand phenomenology is a wise one, as Sohn (2017) found that phenomenology could lose its distinctiveness if a researcher were unaware of the direction qualitative date analysis software (QDAS) could take it. Sohn further encouraged researchers to maintain an intimate presence in their data outside of the confines of QDAS as this creates a wholeness within the data collection process. Although QDAS can help capture the essence of the data derived from the qualitative interviews, and one can remain immersed in phenomenology while using QDAS, it can create a sense of dehumanization (Sohn, 2017). Therefore, once the interviews were transcribed, the data were hand coded. IPA was used to analyze the data retrieved from the qualitative interviews. IPA has four major stages:

Reading and Rereading of the Transcript

Smith et al. (1999) maintained that a researcher should read the transcript numerous times. Rereading the transcript ensures that a researcher becomes as intimate with the account as possible. Alase (2017) contended that although the process may be painstaking, it is especially useful. Alase further concluded that reading the transcript at least three times, ensured that the researcher understood what the participant was saying. Therefore, I read each participant's transcript at least three times: the first time to identify blocks or chunks of statements that could be easily managed, the second to reduce the blocks of statements into the essence of what the participant said, and the third to narrow the data into categories or central meanings to develop themes.

Looking for Themes

Smith et al. (1999) said that while rereading the transcript, a researcher should identify and label emerging themes while taking note of anything that might seem significant or interesting about what a participant says. The researchers said that key words would be used to conceptualize the responses of participants. Therefore, I wrote down any emerging theme titles during the read throughs of the transcript.

Looking for Connections

At this stage, connections are made between the emerging themes (Storey, 2007). Smith et al. (1999) reported that as the new connections emerged, the researcher should check the transcript to make sure that the data matches what the participant said. On a separate document, I kept track of emerging themes and looked for links or thematic clusters (Smith et., 1999).

A Table of Themes

The final stage or IPA is to produce a summary table of themes (Storey, 2007). Smith et al. (1999) referred to this table as a coherently ordered master list. The researchers said that care should be taken to make sure that each theme is a representation of what is stated in the transcript, and not the researcher's own biased ideas. Following the table of themes, Smith et al. maintained that an analysis or summary should be provided. The analysis should be a convincing report of the participants' stories.

Discrepant cases occur when data deviate from the thematic elements and analyses of the phenomenon being studied (Rose & Johnson, 2020). No discrepant cases

were found, however if any discrepant cases presented in the data, I would have categorized, and listed them as alternative findings.

Issues of Trustworthiness

Credibility

Using bracketing techniques along with saturation and triangulation (observation/field notes), internal validity or credibility can be obtained (Abdallah et al., 2018) Janesick (2011) maintained that in qualitative research, the researcher is the literal instrument. Therefore, researcher bias is a threat to credibility. Thus, bracketing is a necessary tool for objective analysis of a phenomenon in qualitative research (Vagle, 2014). Bracketing entails a researcher operating outside of their past experiences, which means not using personal experience or judgments as a reference from which to analyze data.

Transferability

Because the study is qualitative, the point of generalizability does not apply in the statistical sense. However, transferability is the qualitative equivalent of generalization. Guba and Lincoln (1989) maintained that for transferability to happen, a researcher must thoroughly detail any actions resulting in data production through thick description. Thick description entails uncovering what is behind participants' behaviors and analyzing what is uncovered by using a methodology specific to those behaviors (Geertz, 1973). The goal is not to generalize to every case within the study but to generalize within the specific cases of the study based on inferences derived from those specific cases. Amin et al. (2020) added that the difference between thin and thick descriptions is that a thin

description is merely a list of coded themes presented in the study without a full expansion of those themes and without an interpretation of the data. The researchers argued that the lack of data integration does not advance the understanding of the topic being studied. Without this integration of data and expansion of thematic elements, the ability to generalize or transfer the results to another setting ceases to exist.

Dependability

Another concept to consider in qualitative research is dependability. Lincoln and Guba (1982) contended that the connection between credibility and reliability, transferability, and confirmability is such that credibility helps to establish reliability or its qualitative equivalent, dependability. Amin et al. (2020) suggested that using member checking, including giving transcribed data, concluding statements, and recordings to participants, was a way to ensure reliability within a study. The idea was that member checking would provide researchers with more accurate data using fact-checking and error correction. In this study, I used member checking to provide detailed and accurate data.

Confirmability

Confirmability refers to the extent research findings can be verified by other researchers. Korstjens and Moser (2018) said that point of confirmability is to objectively confirm that a study's results are directly derived from the data, and not merely pontifications of the researcher.

Inter and Intra-coder reliability

Since I was the only coder, intercoder reliability was not applicable. Intra-coder reliability refers to how consistently one coder codes the same data over time. To ensure intra-coder reliability, I analyzed the data, and then after one to two weeks, I reanalyzed the same data to determine how consistent my coding method was.

Ethical Procedures

Ethical procedures are of the utmost importance in a research study. A request to conduct this study, including proposed methods for data collection and protection, and confidentiality, was submitted to the Walden University Institutional Review Board (IRB) for approval. A copy of the interview protocol was also provided to the IRB for approval.

Data obtained (notes/digital recordings/transcriptions) was kept on a password-protected laptop. The laptop was only available to me, and I have a separate login that will make destroying the data more efficient. The data will be kept for five years and then deleted from the hard drive and from any other systems synched to any other drives that might back files up, such as iCloud and One Drive.

Participants received a consent form to view through electronic mail. Once the participants read the document and I answered any questions that arose, the participants signed and return the document in the same way it was delivered. It was explained to the participants that the choice to participate was voluntary, and they would be able to terminate the interviews at any time in the process.

Procedures for Recruitment

Data were collected from a pool of participants recruited using purposive, criterion sampling. I posted an advertisement detailing the nature of the research study on several Craigslist (Community/volunteers) sites until the number of participants was reached. Only participants who met the inclusion criteria and could sign the consent form were recruited for the study.

Although phenomenological research has no set number of participants that one needs to complete a study, it is crucial to have a follow-up plan if recruitment results in too few participants. Working as an intake specialist at a research facility has given me ample experience in recruiting, retention of participants, and having a list of backups to ensure that if the recruited participants are no shows, or if they no longer wish to participate in the study, other participants could be recruited.

The first interview consisted of a 30-minute telephone meeting for a prescreening and to acclimate the participants to the study, field any questions the participants might have had, and to have the participants sign the consent form. This interview took less than 30 minutes. The second meeting consisted of a semi-structured qualitative interview. A semi-structured interview allowed me to follow up with inquisitions when the questions on the interview guide (appendix B) limited responses. Transcriptions of the interview were provided to the participants within one month of the interview via email. I requested that the participants return the transcribed document within two weeks, with revisions. The exit interview consisted of member checking. I attempted to keep each interview between 30 and 60 minutes but allowed for more time if needed.

Summary

The goal of this chapter was to provide an outline of the methodology used to answer the research questions. A discussion of the proposed procedure, ethical considerations, data analysis plan, study participants, and interview questions were detailed to outline how the study will be carried out. A phenomenological method was employed to examine the recovery choice of AA of Black male ex-offenders. In chapter V, I provide the study results.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. The following research questions were addressed in this study

RQ1: What are the lived experiences of Black male ex-offenders who use AA as a self-help program?

RQ2: What reasons do black male ex-offenders give for attendance at AA programs?

In this chapter, the setting of the study, demographics of the participants, methods of data collection, and analysis are discussed. I also explain the results of the study and detail the way in which the conceptual framework evolved based on the findings.

Setting

Initial meetings, formal interviews, and follow-up meetings were conducted telephonically; therefore, no traditional research "setting" was established other than the one in which the participant was in at the time of the telephone interview. No personal or organizational conditions influenced participants or their experience at the time of the study that may have influenced the interpretation of the study results. The telephone interviews were conducted in the mornings or evenings based on each individual participant's availability and preference. During each interview, I used a speakerphone so that I could record the interview with a digital recorder.

Demographics

The participants selected for these interviews were six Black men over the age of 18. Each of the participants had previously been incarcerated and were currently attending AA. Although the online recruitment methods did not restrict any participant outside of Maryland from participating, all respondents resided in one city; however, the locations where participants attended AA varied.

Data Collection

Number of Participants

After receiving approval from Walden's Institutional Review Board (IRB), I began data collection. The data collection process began with a phone call to establish participant eligibility using an IRB approved pre-screening tool (see Appendix A). A total of six participants met the criteria for inclusion and were invited to participate in the study. Subsequently, an email was sent to the eligible participants welcoming them to participate in the study, along with a copy of the informed consent form. Data were analyzed from all six participants.

Once participants responded to the initial email with the words "I consent," the participant and I corresponded via text message or email to come up with a date and time that was most convenient for the participant to complete the study interview. I conducted six interviews over a 3-week period from October 6, 2021 to October 29, 2021.

Telephonic interviews were conducted with each participant using semi-structured open-ended questions. The use of an interview protocol was employed. The interview protocol included 17 questions with two prompts if needed to obtain more in-depth

responses. Prior to the start of each interview, participants were reminded that the interviews would be recorded. Because the interviews took place over the phone, I asked the interviewees to find a place that was comfortable for them to have a private conversation. One participant had to reschedule his interview due to disruptions around him.

Once the interviews were completed, I saved the audio recording on my digital recorder, and then transferred the audio files to a password protected laptop that I stored in a locked file cabinet in my private home office. I began transcribing the audio files by playing them aloud and using Microsoft Word to capture the information. Once transcription was complete, I saved the transcripts to a password protected Microsoft Word file.

Data Analysis

I followed Smith et al.'s (1999) steps for interpretive phenomenological data analysis as discussed in Chapter 3. The stages included a) reading and rereading the transcripts; b) looking for themes; c) looking for connections; d) a table of themes; and e) a write up.

Stage 1: Reading and Rereading the Transcript

I read each transcript three times, once while listening to the audio, and the other two times to familiarize myself with the data and to ensure that I understood what the participant said (Alase, 2017). While reading the transcripts, I identified significant chunks of statements, broke those chunks down into categories or emerging themes, and then reduced the categories into central meanings or subordinate themes. During the

process of analysis, I used a reflexive journal to bracket my beliefs and biases and to ensure that my preconceived notions would not influence the interpretation of the data.

Stage 2: Looking for Themes

While rereading the transcript, I identified and labeled emerging themes while taking note of anything that seemed significant or interesting about what a participant said. Keeping in mind that key words would be used to conceptualize the responses of participants (Smith et al., 1999), I wrote down emerging theme titles during my read throughs of the transcript along with the exploratory comments of the participants.

Stage 3: Looking for Connections

At this stage, connections were made between the emerging themes (Storey, 2007). I initially identified 40 emerging themes across all six participant transcripts. After 1 week, I completed a second analysis and identified the same amount. As new connections emerged, I checked the transcripts to make sure that the data matched what the participant said. On a separate Word document, I kept track of emerging themes and subsequently looked for links or thematic clusters (Smith et al., 1999) associated with the emergent themes. This process led me to identify four theme clusters and four superordinate themes, and a final master list of themes emerged.

Stage 4: A Table of Themes

I then produced a coherently ordered master list (Storey, 2007) or summary table of themes (Storey, 2007). Care was taken to ensure that each theme represented what was stated in the transcript, and not my own biased ideas. Table 1 represents the theme clusters and superordinate themes that emerged through data analysis.

Table 1

Theme Clusters/Superordinate Themes

Theme cluster	Superordinate theme	Key words	Description of what code refers to
Looking for help from others.	Relationships with others.	01-001: "I was looking for people that could help" (p.3) 01-004: You can't do it by yourself… I probably need some help." (p. 2)	The sense of being connected. Rejection of the self alone as having the ability to help self/openness to outside help.
Fitting in without judgement	A sense of connectedness	01-001: "Like, I was looking for, like things that I could identify within myself" (p.3) 01-002: it was people there like me" (p.1)	Desiring a connection with people who are viewed as being in the same position and sharing commonalities.
History of ostracism/rejection/sense of pride in overcoming.	Black heritage	01-001: "I'm terrified of being a black male" (p.1) 01-006: "Black people been through a lot" (p/1)	The identification and acceptance of the self's historical heritage as being one of marginalization.
Conversion to AA's value system.	Rejection of own value system	01-005: "I started relating to the people that were there and I seen, you know that we had a lot of things in common (p.1) 01-001: "I think they became my own; I feel like… I feel like they be… I feel… I feel like became a core… the core of you know my values" (p.4)	A shift in mindset away from self's values and acceptance of AA's standards as own.

Discrepant Cases

Although one case had more unique qualities than the other cases with regards to describing how he felt about being Black, throughout my analysis, I found no evidence to support any contradictions to the findings. Had any discrepant cases presented in the data,

they would have been categorized, and listed as alternative findings. I would have then discussed any discrepant cases, in detail, and analyzed them to conclude their contributions to the overall findings.

Evidence of Trustworthiness

Credibility

I ensured credibility in my study by using the bracketing technique of reflexive journaling. Bracketing is a necessary tool for objective analysis of a phenomenon in qualitative research (Vagle, 2014) that enables a researcher to operate outside of their past experiences. Although I am not a man, an ex-offender, or someone who attends AA, I do identify as a Black individual, ergo, it was imperative that I use reflexive journaling as a tool to bracket any preconceived notions to ensure that I would not use personal experience or judgments as a reference from which to analyze data gleaned from participants.

In addition to the application of reflexive journaling, I made use of triangulation to establish credibility (Abdallah et al., 2018), which speaks to the internal validity of the study. I employed IPA to analyze the data, and the techniques that call for triangulation, which included the use of a reflexive journal, as well as the comparison of themes across participant responses. This comparison is a major part of data analysis for this well-established methodology. Therefore, I am confident that credibility was ensured.

Transferability

Because the study was qualitative, the point of generalizability did not apply in the statistical sense. However, transferability is the qualitative equivalent of

generalization. As Guba and Lincoln (1989) suggested I thoroughly detailed any actions resulting in data production through thick description. Thick description involves a full expansion of themes the integration, and interpretation of the data (Amin et al., 2020). Therefore, I integrated and expanded on the data to advance the understanding of the topic being studied, because without this integration of data and expansion of thematic elements, the ability to generalize or transfer the results to another setting would not exist.

Dependability

To establish dependability, Amin et al. (2020) suggested that using member checking, including giving transcribed data, concluding statements, and recordings to participants, was a way to ensure reliability within a study. Therefore, participants received a copy of the verbatim transcription of their interview along with recordings and concluding statements. Participants did not have any concerns with the transcripts, neither did they have anything to add. These measures helped to support credible results and conclusions of this study.

Confirmability

Because the point of confirmability is to objectively confirm that a study's results are directly derived from the data, (Korstjens & Moser, 2018) I maintained a reflexive journal during data analysis. The reflexive journal was used to record my thoughts, biases, misunderstands, and to provide a rationale for conclusions made during the data analysis process.

Inter and Intra-Coder Reliability

Because I was the only coder, intercoder reliability was not applicable. Therefore, to ensure intra-coder reliability, I analyzed the data, and then after 1 week, I reanalyze the same data, using the same techniques to determine how consistent my coding method was. During the second analysis, I discovered fewer emergent themes, or rather, discovered that more of the emergent themes had a closer connection and would fall under the umbrella terminology of the same subordinate theme; therefore, I updated the data accordingly.

Results

The purpose of the study was to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. The research questions that guided that construction of the semi structured interview protocol were:

RQ1: What are the lived experiences of Black male ex-offenders who use AA as a self-help program?

RQ2: What reasons do black male ex-offenders give for attendance at AA programs?

All participants answered the semi structured questions along with follow up clarifying questions asked to further gauge the lived experiences of Black male ex-offenders' choices of recovery programs. Six Black male ex-offenders who attend AA shared their motivation for choosing AA over other treatment options during the individual telephonic interviews. Four superordinate themes emerged from the study.

Superordinate Theme 1: Relationships With Others

Superordinate Theme 1 gave insight into the research question: What reasons do Black male ex-offenders give for attendance at AA programs?

All six participants discussed the importance of social connections with family members and/or persons with whom they bonded in AA when looking for a treatment option. Participant 1 conveyed how significant it was for him to be accepted by his family:

> …not being able to be like uhm trusted to be invited to you know family gatherings, and car accidents, and an assault and a lot of burning up, and a lot of them, uhm like things like that, like I believe that like it was just I really couldn't do it anymore I feel like I started the endorphins…like, I just wanted better… I just wanted better. I just wanted the real me to come back; I just wanted the true me to come back like I didn't; like I didn't like being identified from my family as like uh, like a wild card; like when it came down to just even like Sunday dinners like, they didn't whether I was going to come in, drunk, inebriated, under the influence of other narcotics that come with, with that…

Participant 2 detailed his first experience of AA being a comfortable one because he felt like he was among people like himself who cared enough to say something to him about his situation:

> It was comfortable, meaning it was people there like me, I appreciate it. Basically, I say like, I never wanted to… what am I trying to say? You don't know how bad you're doing something until or you don't know how much or how wrong you

doing I guess until, and people that genuinely really care; they all saying

something. Like, basically (incoherent) like, you could take it personal when you

know it's fact and you don't want to do nothing about it. And you know it's facts,

so it was like, the people that I know care, like, I'm saying like yeah, like whether

they doing going or bad it was like now they saying something, you feel me? Like

if you don't like it, why you doing it, like, you know what I mean, like, just try to

be a happier you or (incoherent) like not wanting to think, straight up, and it was

messy; I was messy, like… I was messy; it was just a messy situation.

Participant 3 said that he was able to connect with other people that would not

prejudge him, but look at him as being on the same plane as him:

I met some good people. Good people, you know, good people. Because you

know some people look at folks in a bad way because you know, they have an

addiction to something, but with AA, being that we are all the same, you can

really see the person they are for real. So I met a lot of good people when people

look at them and think they're bad, but they just not really bad it's just they're

addiction got the better of them.

Participant 4 conceded that he could not do stay sober without the support of a

social group, and if he did, he would have to possess the mental capacity to do so:

You can't do it by yourself really… You can do it by yourself, but you got to be

really, really strong, you know what I'm saying? My, my, my way, I probably

need some help, you know what I'm saying. I can't probably do it by myself; you

know what I mean?

Superordinate Theme 2: A Sense of Connectedness

Superordinate theme 2 also corresponded with the research question: what reasons do black male ex-offenders give for attendance at AA Programs?. All six participants reported looking for and finding acceptance in choosing AA as a recovery option. Participant 1 stated:

I was really looking for… well, in a recovery option, I was looking for uhm, basically, I was looking for… how can I say this. Like, I was looking for, like things that I could identify with in myself. …I was looking for people… that could help me with triggers, that would like you know stop me from relapsing or you know going back off the wagon, or jumping back off the wagon. I was looking for uh, like a, like a center and a place and like uhm you know just something I could identify with that would understand like my struggle and my story… So I wanted… so I needed to identify that I could identify within myself.

Other participants similarly expressed that they were looking for a treatment option that included people who would accept them without judgement. Participant 3 maintained that an important tenant of AA culture was that he was

…surrounded by people who are going through the same thing that [he was] going through. See and with my daily, I know that there's people that go through what I go through, but I don't have to answer to nobody with my daily, but, with doing the AA situation, its good that you have somebody that you can express to that's not going to look at you and see you as a difference because we're all the same.

Participant 2 said that in AA,

> it's the same kind of people around, like I said, and it's basically, if you keep
>
> coming back, things will change. Things will get better because you're going to
>
> talk about it, more you're going to express, you're going to release as well, as you
>
> express it.

Superordinate Theme 3: Black Heritage

Superordinate Theme 3 answered the research question: what are the lived experiences of Black male ex-offenders who use AA as a self-help program? All six participants acknowledged powerlessness and a history of marginalization and/or pride for overcoming that marginalization within the Black community in discussing what it was like to be a Black male. Participant 1 said that

> …it's a little harder to stay on the wagon because we're fighting things like
>
> recidivism, fighting sub, you know we have subcultures in… within the African
>
> American community that like uhm that like uhm, will cause uhm you know like
>
> we have that kind of like blocks us from each other within like, we have African
>
> American males that still in the streets; that's hustling, that's still trying to get
>
> their lives together that's trying to start from scratch, that's fighting recidivism.
>
> We have gay African American males, you have DL African American men, you
>
> have the stigmas behind that; I feel as though It's a little bit harder to cope on a
>
> daily (incoherent) African American male at you know at, in recovery; that's how
>
> I feel."

Participant 2 similarly maintained that he oftentimes felt marginalized by those in leadership.

It's rough, I mean, I think, we might make it bad, but it's like they wear us out every day. The government beat us every day; we get stuck, you know what I mean?

Participant 3, while expressing appreciation for his skin tone, maintained that it was difficult being a Black male. He further maintained that being Black was synonymous with limited opportunities and high disadvantage.

Being African American it's a struggle, just dealing with you know what we been through in the past to where we are today. You know, it's hard trying make it through this society the way they paint it, but, as being a Black man, I'm pretty… I'm okay…

Being Black is… going to always be a stressful situation because of what we come from… you know, from where we stimulated from back in the day. Even though you would think that this… that the back in the day situation is put in the past unfortunately it's not. It's still front face right now, so being Black… I appreciate being ,my color of the skin that I am, but when you look for type of opportunities and things like that, it's hard. They have so many options for you. The same options that we get are not given for the Caucasian; not speaking as a Black and White situation, but, it's put in the hood. It's everywhere. You know, they got a liquor store on every corner. Some stays open certain hours so it's easy

to come by, you know. So, being Black and dealing with AA, it's hard, but you have to have a strong mentality to get through it.

Participant 4 spoke about the difficulties of being a Black male, and also mentioned neighborhood disadvantage and the expectations placed on him as a Black male.

Well, it's really kind of hard being an African American or Black man, you know what I'm saying? Plus growing up in the project… I grew up… I grew up in the projects, you know what I'm saying? So, it was hard for me because I got a twin sister, so you know, it's like I got to prove myself, you know what I mean, to all my friends, so it was kind of hard for me, I don't know, I mean, I don't know about nobody else, but it was kind of hard for me.

Participant 5 similarly acknowledged challenges he faced as a Black male, but also mentioned that he felt empowered.

It's a struggle day to day based on the way that the world is set up. Uhm, it's also empowering, too when you know how to break down everything; take it for what it is without, you know, misconstruing it as something else.

Along the same lines, participant 1 detailed how he believes that being Black empowers him, and in certain situations gives him a sense of safety among other races.

…depending on the situation that I'm in, and being Black, depending on the situation that's approaching, sometimes it's kind of… sometimes it's kind of like liberating being a black male depending in the comp… also depending on the company you in like, for example like sometimes dealing with various [police] if

you. If… for me, I feel as though, I know by… by my past experiences with police… a long criminal history, uhm, I feel as though that I know how to handle them now but it's been trial and error. Uhm, I feel like but for certain black males, or for me, under cer… still under certain situations because we kind of… skin, cause we can kind of be intimidating. Uhm. I feel as though it can be like… It could… it brings me like a sense of safety. or a sense of like uhm pride when I'm in the midst of like uhm other races, or like kind of you know depending like other races with like just regular people like other races like sometimes like being in prison, (Yawns), it kind of brings you a sense of safety, like I will, I would…I would feel way more safety…safer being a Black male, uhm, in prison than like when I did time in prison, than a white guy… being a White male.

Participant 6's response was somewhat distinct from the other participants' responses in that while he did not necessarily state that he had experienced any negative consequences from being Black, he referenced a historical component of his interpretation of the Black experience:

Well, I ain't really have a lot problems cause, cause of my skin. Everybody come up different ways, different areas, different values… I'm striving. Black people been through a lot, up down

Superordinate Theme 4: Rejection of Own Value System

Superordinate Theme 4 corresponded with the research question: what are the lived experiences of Black male ex-offenders who use AA as a self-help program?. All six of the participants admitted that at some point in their attendance of AA, they

experienced a shift in their perspective, and accepted AA's cultural values, norms, and mores as their own. Participant 1 said while he might have originally possessed a different set of values, he came to accept AA's culture as his own.

> I think they became my own; I feel like… I feel like they be…I feel…I feel like became a core… the core of you know my values.

Participant 2 said that he assimilated to the culture of AA because he kept attending groups, and eventually, his cultural values and those of AA's merged through his acceptance of AA's culture.

> it's the same kind of people around, like I said, and it's basically, if you keep coming back, things will change. Things will get better because you're going to talk about it, more you're going to express, you're going to release as well, as you express it. So, it was like it was the same as mine because I kept going back, I…that was the same; I kept going back

Participant 3 admitted that initially, his cultural conflicted with that of AA's, and that he rejected the norms and values of AA's, until he experienced a change. After this change the participant identified, he found that his cultural values aligned with AA's.

> with AA they helped me to change… with my culture, I wanted change, but I needed a push, so now, I have you know, the change is contrary with AA, so my change being in my culture is concurrent with AA culture now. At first it wasn't; I was combatant at first.

Participant 4 spoke on what it was like for him to follow AA's culture.

Uh, I was happy, you know what I mean, doing something positive in my life,

know what I mean, like I said I been, I…been through a lot so, I was happy.

Participant 5 found commonalities among himself and the members of AA, and

he began to relate to the other members due to this idea of sameness.

I guess I started relating to the people that were there and I seen, you know that

we had a lot of things in common…like the type of bonds that I created there;

that…that changed for me.

Participant 6's response indicated that he willingly embraced the culture of AA

and abandoned the values of his own culture because he wanted change.

I mean, it wasn't hard. When you want better for yourself, you know, it takes

change; change is one of the constants in life.

Summary

In this chapter, I discussed the findings of the research questions, as well as the

steps performed to conduct the study as described in Chapter 3. I presented the findings

of the study from the data collection process which included 4 superordinate themes:

relationships with others, a sense of connectedness, Black Heritage, and rejection of own

value system. The research question that was answered was: what are the lived

experiences of Black male ex-offenders who use AA as a self-help program? Based on a

review and analysis of the participants' lived experiences, I discovered that the

participants, collectively and individually attributed AA attendance with a better way of

living, and freedom from jail, side effects of alcohol, and acceptance from a community.

The second research question that was answered was what reasons do Black male ex-offenders give for attendance at AA Programs? The analysis of the interview data led me to discover that Black male ex-offenders chose AA as opposed to other treatment options because they were looking for nonjudgmental help from people who were like them. A secondary finding was that Black male ex-offenders chose AA because of side effects from using alcohol.

In Chapter 5, I discuss my interpretation of the findings, the limitations of the study, and recommendations for future research. I also detail the implication of the study and conclude with a summary of the research study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The goal of this qualitative phenomenological study was to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. Using IPA, an in-depth examination of Black male ex-offenders' lived experiences was obtained through semi structured interviews. The analysis of the participants' data led to the discovery of four superordinate themes. The four superordinate themes were relationships with others, a sense of connectedness, Black heritage, and rejection of own value system. In this chapter, I will discuss the interpretation of the finding, the limitations of the study, and recommendations for further research. I will also detail the implications for the study's results and my conclusions.

Interpretation of the Findings

Using Hirschi's (1969) social control theory as the theoretical lens from which to conceptualize the lived experiences of Black male ex-offenders in AA, I discovered that the four tenants of social control theory (attachment commitment, involvement, belief) closely aligned with the emergent and superordinate themes gleaned from the interview data I collected. My interpretation of the findings also supports findings by Best et al. (2016) related to the SIMOR, which helped me to identify themes of identity reconstruction and group belonging during the analysis of the participants' interview data.

Attachment

Social control theory's tenant of attachment describes a connection between an individual and their community/society. In my study, attachment manifested in the participants' statements of them creating relationships with other members of AA who were experiencing the shared phenomenon of abstaining from alcohol. Most participants also mentioned the relationships and attachments they had with their families being a motivating factor for them to seek treatment and to stay in recovery. Results from Peterson et al. (2019) support these findings. Peterson et al. suggested that outside social relationships were equally important in the recovery process as formal treatment in the maintenance of sobriety and recovery.

Commitment

Under the lens of social control theory, commitment refers to the devotion of time and energy an individual places in social activities and institutions. The idea was that if an individual was committed to norms or mores of an institution, they were less likely to engage in criminal or deviant behaviors (Hirschi, 1969). Similarly, I found that all the participants in the study were committed to avoiding the behaviors that led them to be incarcerated. This avoidance of those behaviors led to a shift in the participants' awareness and ultimately, the participants rejected their own value system in favor of AA's culture, which in turn, led to the participants' commitment to AA. Participants in my study reasoned that they needed to experience more than just a change in their surroundings; they also needed to avoid triggers that led them to engage in adverse behaviors, and to do that, they had to embrace the culture of AA to the exclusion of the

thoughts and behaviors that ultimately led them to AA. My findings support Hirschi's (1969) social bond theory, in that Hirschi believed that the level of commitment an individual had to a social institution determined the individual's likelihood of engaging in adverse behaviors.

Involvement

Involvement or social bonding explains how an individual's investment of time binds them to societal norms. Involvement manifested in the participants' responses when they described that they were looking for a sense of connectedness or to be accepted when choosing AA as a recovery option. The participants further described that by investing time (years) to AA and to their recovery, they came to appreciate the bonds that were created as a result of their attendance because they felt understood. Participant 3 said that:

> …some people look at folks in a bad way because you know, they have an addiction to something, but with AA, being that we are all the same, you can really see the person they are for real.

These findings support the ideals put forth by Bill Watson and Dr. Bob who declared in The Big Book (2001) that only those with alcohol use disorder could understand others with alcohol use disorder, and subsequently aid others in recovery. Therefore, the social bonds that the participants developed in AA also bound them to the norms and values of AA. This connection fostered a sense of acceptance that could only develop between the shared experience of alcohol use disorder and the desire to recover from alcohol use disorder.

Belief

When Hirschi (1969) discussed belief, he referred to the system by which an individual will either reject the societal norms through rationalizing their understanding of those norms, or the individual will choose to adhere to societal standards over their own deviant behaviors. In my study, belief manifested in the adoption of AA's culture to the exclusion of the participants' own, or the rejection of their own value system.

<div align="center">

Key Findings Related to Research Questions

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The research questions that were answered during this study were:

RQ1: What are the lived experiences of Black male ex-offenders who use AA as a self-help program?

RQ2: What reasons do Black male ex-offenders give for attendance at AA programs?

Finding 1

Based on the analysis of the respondents' data, I found that Black male ex-offenders chose AA as opposed to other treatment options because they were looking for nonjudgmental help from people who were like them. This finding answers the research question: What reasons do Black male ex-offenders give for attendance at AA programs? The superordinate theme that corresponds with this finding is relationship with others and a sense of connectedness. The theme clusters associated with these findings are fitting in without judgement and looking for help from others. My findings support findings by Best et al. (2016), who identified the SIMOR which emphasizes the idea that social acceptance in a recovery group may be appealing to recovering substance users. In my

study, all six participants described the idea of finding empathetic associations who would be receptive of their stories without rejection. The participants also discussed a shift in their thinking and value systems that took place once among individuals with whom they were able to identify. Best et al. described this shift as an ongoing transition in a recovering person's social identity, and their subsequent behaviors. The researchers argued that the recovering person internalizes the values and mores of AA, (i.e., abstinence, participation in meetings, associating with individuals who are not using) and as these new associations become more available, the recovering person's maladaptive behaviors (substance use, criminality, etc.) decrease, thereby resulting in full assimilation of AA culture and a rejection of the individual's own culture's values. These findings are important because they shed light on the reasons Black male ex-offenders who choose AA as a source of recovery give for choosing it.

Finding 2

A secondary finding was that Black male ex-offenders chose AA as a recovery option because of side effects from using alcohol. When asked to identify what brought them to AA, all six of the participants maintained that there was some physical component to their initial attendance. Participant 1 said that he was having shakes and tremors, and black out experiences. When asked what he was looking for in a recovery option, Participant 2 said:

> To find me again, like, I wasn't me. I don't even like the smell; like it was
>
> terrible, but I got caught up. And, it was one of the… Like it has the worst
>
> withdrawals. Like it's the worst withdrawal… I don't know, like it had me out of

my body. The smell, sleeping so hard, sleeping on fire… like, I can't explain it like, it just was terrible, like one day I was like the smell of it; like why am I doing it and I don't like it but I guess it was helping me ease the pain, but once I seen how I was really killing myself and, and, and, and, deteriorating my brain, it was like, it was all the way wrong, because I'm doing something I don't want to do; I keep doing it, and the problem is still there, once I need more, you get what I'm saying, so it's just like, oh, I got to get it together.

These findings are aligned with results from seminal research, and more recent research where a positive correlation between negative consequences of alcohol use and AA attendance (Hailemariam, 2018; Krentzman, 2011) was found. Thus, my interpretation of the findings supports current literature on predictive factors of AA attendance. My findings answer the research question: What are the lived experiences of Black male ex-offenders who use AA as a self-help program? Interesting to note, spirituality or the belief in God or a higher power was not among the reasons Black male ex-offenders gave for choosing AA as a recovery option. Albeit most of the participants mentioned a higher power, God, or the spiritual tenements of AA. These findings oppose research done by Peavy et al. (2017), who proposed that Blacks would be more willing to choose self-help groups because of the spiritual component associated with the 12-step model.

Limitations of the Study

One limitation of the study was the potential for researcher bias. As a member of the Black community, I bring my own idea of what it means to be Black, and how my

interpretation of being Black influences my choices. Although I am not a Black man, I have brothers, male cousins, uncles, and a father who identify as Black men. Therefore, to limit researcher bias, I used reflective journaling to identify any potential biases and expectations and bracketed them throughout the course of the study.

Another limitation of the study included the use of a phenomenological design and reliance on self-reported data. Because the research relies so heavily on the participants' ability to explain their lived experiences clearly, if questions asked during the interviews did not garner a response that reflected participants' full experiences, important data may have been omitted.

A final limitation of the study is the lack of transferability to other populations outside of the scope of Black male ex-offenders who use AA as a source for recovery.

Recommendations

Future Researchers

The purpose of this study was to examine the experience of Black male ex-offenders' choice of AA as a self-help program for recovery. I found very little research dedicated to understanding the lived experiences of Black people in their choices of treatment. Even current studies neglect to omit the historical tradition of presenting correlational data as causative of choices Black people make. Additionally, most of the literature focused on Blacks in treatment, centers on the socioeconomic statuses (Pinedo, 2019; Pinedo et al., 2020) or disadvantages in the Black community to explain disparities in treatment of Black persons. Therefore, there remains a lack of research dedicated to understanding the choice of recovery treatment options among this population. Because

of this, I recommend future researchers examine help-seeking behavioral choices by Blacks with substance use disorders.

Substance Use Facilities

A final recommendation is for substance use facilities to consider questions during the intake process. During this study, I discovered that Black male ex-offenders often felt judged and discriminated against for having an alcohol use disorder. In addition, the participants in the study acknowledged that they were also fighting other stigmas (i.e., incarceration, alcohol use disorder), and when they were looking for help, they sought to find someone that would provide them with unconditional positive regard through empathetic understanding. Substance use facilities can use these findings to tailor their questions in a way that reflects empathic understanding without judgement.

Implications for Social Change

Prior to this study, no other researcher has examined Black male ex-offender's choice of AA as a recovery option. In fact, previous researchers focused on disparities in treatment option availably between Blacks and other races due to lower socioeconomic status or lack of insurance (Lagisetty et al., 2019). Still, other researchers focused on clinician bias (Fitzgerald & Hurst, 2017) and medical mistrust (Powell et al., 2019; Reverby, 2019; Skloot, 2017) as variables that influence Blacks' choices of treatment. However, until this study, no research existed that examines the choices of recovery that Black men who have been incarcerated and have substance use disorders make.

In relation to results from this study, implications for social change include giving a voice to the Black community, a voice that does not presume that even if a correlation

exists between two variables (socioeconomic status or disadvantage and choice of treatment option), it does not imply causation. The outcomes of this study and other studies focused on help seeking behavior of Blacks with substance use disorders can inform treatment facilities on preferences of this population, thereby prompting these facilities to evolve and become more attractive to Blacks with substance use disorders.

Another implication for social change includes the option of a minorities only AA group. In 1945, when James S. Scott (Dr. Jim) formed AA's first Black AA group, this was done out of necessity and law, because Blacks were not permitted to attend AA groups as members, as stated in Chapter 2. However, this recommendation is not to promote separatism, it is to empower Black, indigenous and/or people of color (BIPOC) and to cultivate a safe space for them to share their stories that are not limited to just individuals with alcohol use disorder but extends to having an alcohol use disorder while being BIPOC.

Conclusions

In completing this study, I explored the lived experiences of Black male ex-offenders' choice of AA as a self-help program for recovery through the analysis of the interview data from the participants. In my search for data on help seeking behaviors of Black men and Blacks in general, I found that a lot of the researchers presumed that because socioeconomic status, disadvantage, and even seemingly inherent poorer health outcomes seemed to be correlated with Blacks' choices, that these were the only variables that motivated this group to make decisions, excluding other variables, such as perceived racism leading Blacks to avoid clinicians, and therefore experience poorer health

outcomes. The research done on Blacks and disadvantage, Blacks and poorer health outcomes, Blacks and higher criminality, Blacks and low socioeconomic status is overwhelming. It has been done, many times over, almost to reinforce the idea that Blacks are inherently less wealthy, inherently sicker, inherently disadvantaged. It is time for a new era of research. One that seeks to understand the correlational patterns that go beyond significant associations; research that details the lived experiences of all people.

Previous researchers indicated that formerly incarcerated individuals who attend AA are more likely to have severe symptoms from alcohol use disorder (Hailemariam, 2018). My findings support those results. Taken together, these findings indicate that the desire to stop drinking and therefore to stop experiencing the negative consequences of alcohol transcends race and is a motivating factor in help seeking behavior among ex-prisoners who choose to attend AA. However, this does not make up for the scant literature focused on help seeking behavior by Blacks. No number of findings purporting correlations between disadvantage and Blackness warrants the lack of research focused on other variables that motivate this group to seek treatment.

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Appendix A: Prescreening Tool

Name: _____ DOB: _____

Phone #(s):

_____

___

Email: _____

How did you hear about the study?

_____

Yes	No	
☐	☐	Do you identify as Black or African American?
☐	☐	Do you identify as male?
☐	☐	Have you ever been incarcerated?
☐	☐	Do you currently attend Alcoholics Anonymous?

Qualified?   YES/NO

Initial Interview scheduled for: _____

Appendix B: Interview Guide

1. Can you please tell me what is it like for you to be African American, or Black?
2. What does it mean to you to be a Black male?
3. What is it like for you to be a Black male in recovery?
4. What does recovery mean to you?
5. What were you looking for in a recovery option?
6. What brought you to Alcoholics Anonymous?
7. Can you please tell me what was your first experience of AA like?
8. Can you please tell me how long have you been attending AA
   - Can you please tell me what keeps you coming back to AA?
9. If you could choose to go anywhere else for recovery, where would you go?
   - If you would go somewhere else, for what reasons would you go?
10. What was it like for you to follow the culture or values of AA?
11. How is AA's culture different than to your own?
12. How is AA's culture like your own?
13. Can you please tell me what is it like to be an ex-offender?
14. What is it like for you to be an ex-offender in recovery?
15. Can please tell me if you have ever had any challenges in your life while in recovery?
16. Can you please tell me if you have ever had any pleasant experiences in your life while in recovery?
17. Is there anything else you would like to say about your experience in AA?