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Alcohol Addiction Recovery Experiences Among Christian African Immigrants

Chukwudera Arthur Egesionu
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Walden University
2023

Abstract

Alcohol Addiction Recovery Experiences Among Christian African Immigrants

by

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MA, Liberty University, VA 2014

Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Specialization: Forensic

Walden University

July 2023

Abstract

The problem of alcohol addiction is heightened when other psychological factors are present, such as the stress of acculturation. The purpose of this research was to describe the experiences of Christian African immigrants in America who have used faith-based treatment approaches while in recovery from alcoholism and to determine how their faith may have been a way of coping with their recovery. In this hermeneutic qualitative phenomenological study, data were collected through semi-structured interviews with eight participants. The data were analyzed to explore the experiences of Christian African acculturating to America who endorse a faith-based approach to their recovery, and the following three main categories emerged: (a) acculturation stress and its relationship to alcoholism; (b) factors that affected recovery; and (c) integrating psychological, spiritual, and medical factors in recovery. In addition, 13 subcategories emerged: (a) job and settlement stress; (b) using alcohol to cope; (c) stress from helping people at home country; (d) culture shock, accent, communication, and respect differences; (e) social drinking/peer pressure; (f) family support; (g) church and related activities support; (h) personal faith/spiritual growth support; (i) spiritual leaders and relationship support; (j) role of spirituality; (k) the place of psychology and therapy; (l) the role of medication; and spiritual support system. The findings of this research will provide a better understanding of the experiences of participants who have endorsed faith as crucial to their recovery. This has potential implications for positive social change by providing a clearer understanding of this phenomenon, which can help with addiction counseling, especially for the population of the study.

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Dedication

I dedicate this to my lovely wife – Gift with Heavenly, Delight, Excel, and Treasure, who bore the bulk of the pains, when I focused more on the gains of completion.

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I acknowledge the relentless nights that my chair- Dr Lucy Esralew devoted in this study, it surpasses what an ink could express. It is difficult to imagine this seemingly herculean task possible without her motherly sense of duty. I am also highly indebted to the support and diligence that my co-chair – Dr. Arcella Trimble manifested in my professional development epitomized by this research. I also appreciate the intense prudent efforts of Dr. Valerie Worthington in refining this work.

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Chapter 1

Introduction

Alcohol addiction or alcoholism is a significant social concern worldwide (Ragia & Manolopoulos, 2017). According to Milstein (2020), the problems arising from alcohol misuse in the past 200 years have caused huge challenges for the global society, and as a result, the need for effective interventions has been considered from various angles, such as combining medications (including disulfiram, naltrexone, and acamprosate), behavioral modifications, and peer support. There have been multiple approaches to the treatment of alcoholism including psychological (Milstein, 2020), religious, and spiritual (Grim & Grim, 2019). In addition to monotherapies and single strategies (either medical or nonpharmacological), there is an integrative or integration approach to alcohol addiction consisting of a combination of psychological, medical, and religious or faith-based approaches (Entwistle, 2015). Such combinations of one or more strategies in treatment in addition to spiritual or faith-based approaches form the basics of the integration approach (Entwistle, 2015; Street & Moyle, 2019).

There are numerous studies that focused on the impact of spirituality in preventing addiction and religion's role in the recovery process; however, researcher have not focused on integrating religious components into existing models of treatment or on the populations that would benefit from this (Jankowski et al., 2020; Milstein, 2020; Rodriguez-Galan & Falcon, 2018). Thus, there is a need to further study how spiritual and religious factors connect during the alcohol treatment process (Milstein, 2020). Integrating faith models in treatment is popular as the use of alcohol has been part of religious rituals (Giordano et al., 2016; Hart & Ksir, 2015; Shaler, 2016). Regardless of the popularity of faith-based models, empirical studies are mainly focused on western cultures (Al' Omari et al., 2015). There is a need to extend the study of how

faith-based approaches relate to the treatment of problematic alcohol use in other cultures, especially among immigrants dealing with addiction issues (Al' Omari et al., 2015; Milstein, 2020).

Tshiswaka et al. (2017) identified the numerous acculturation problems African immigrants to the United States experience. According to the study, one of the ways immigrants deal with acculturation stress is through alcohol consumption. Accordingly, some immigrants may also resort to religious practices both in coping with the acculturation stress and as a way of recovering from the alcoholism the stress contributed to. Little is known about the experiences of these immigrants while in recovery from alcohol addiction.

This study was focused on the lived experiences of African Christian immigrants to the United States who endorsed faith as important to their recovery from alcohol addiction. A deeper understanding of the lived experiences of this population could be useful to various institutions, especially those that may integrate faith in their approach to alcohol treatment of individuals who originate from African cultures. The study adds to what is known about alcohol addiction, especially related to African Christian immigrants in the United States and how they experience their faith or religion as part of their recovery. The findings can also be helpful to psychologists and counselors working with this population and in developing training programs specifically for African immigrants to help them identify or develop better ways to cope while in recovery from alcohol problems as they acculturate in the United States.

This chapter includes the background of the problem, which is a summary of current available literature related to the problem of alcoholism and the integration construct as a treatment modality. Then the purpose of the study will follow alongside the research questions. Afterward, the theoretical frameworks will be explored alongside the nature of the study.

Furthermore, definitions of key words, assumptions, scope of delimitations with limitations, and significance of the study are summed up.

Background

In the United States, about 12 to 15 million people have alcohol problems (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018). Also, there are about 6.3 million illicit drug users and an additional 6.2 million people addicted to alcohol (SAMHSA, 2018). In the United States alone, alcohol abuse is not only among the top four leading causes of teen death, but is also associated with other causes of death such as homicide, especially within the African American population (Knopf, 2017). Generally, the African American population may relate to African immigrants as they share a cultural heritage, but their actual psychological experiences are unique.

Tshiswaka et al. (2017) focused their study on African immigrants to elucidate their unique experiences as their faith and acculturation stress interact to affect their use and ultimate abuse of alcohol and eventual recovery from alcohol use disorder (AUD). Approximately 13% of US population, about 40 million people are immigrants (Tshiswaka et al., 2017). This is projected to increase to 81 million in 2050. One of the key contributions of the Tshiswaka et al. study is differentiating the African American population from African immigrants. While the former is considered citizens of one nation, where they reside, the latter are preoccupied with the responsibilities of meeting the psychosocial expectations of the new country of residence and the socioeconomic needs of the original country. These challenges contribute to acculturation stress that can result in reliance on alcohol as a coping mechanism.

The problem of alcoholism has been increasing and, in the United States, alone, about \$400 billion is spent every year in addressing issues including crime, loss, and health challenges

arising from alcohol use and or abuse (National Institute on Drug Abuse [NIDA], 2017).

According to results from the 2015 National Survey on Drug Use and Health, 21.7 million Americans (8.1% of the U.S. population) ages 12 and above require treatment for drug and alcohol related problems (SAMHSA, 2016). These statistics include African immigrants who have resorted to alcohol use as a way of coping within their new environment.

The problem of alcoholism or alcohol addiction increases when individuals are dealing with other psychosocial issues such as coping in a new environment, which immigrants face amidst other concerns (Saasa, 2019). Many African immigrants view relocating to United States as a good opportunity to meet economic and financial needs and are under pressure when they migrate (Woldeab et al., 2019). Woldeab et al. traced the origin of immigrants to the US and how they face numerous psychological, social, economic, and family problems in the process of acculturation. One of the ways immigrants used to deal with the mitigating circumstances is delving into spirituality and religiosity on one part and alcoholism on another (Saasa, 2019; Wong et al., 2018).

There are different ways of treating alcohol problems and paths toward recovery may vary. Presently, alcohol problems have been addressed using treatments that range from self-help groups to therapeutic modalities (e.g., cognitive behavioral therapy [CBT]), pharmacodynamics, spirituality, and motivational interviewing (Milstein, 2020). There are also numerous treatment facilities, which can be outpatient, inpatient, residential, or partial residential, hospitals, groups, and private centers with varying unique focuses (Milstein, 2020). During the recovery process, various factors arise. For African immigrants, such factors may include their faith and the extent of their acculturation. The crux of this study focuses on the phenomenon of recovery and how

Christian African immigrants or those who have adopted faith-based approaches perceive their experiences in the process.

Al-Omari et al. (2015) explored the experience of participants in the recovery process and identified how their perceptions of religion, faith, and spirituality impact their recovery. The researchers found that faith and spirituality play significant roles among religious Jordanians going through recovery. Al-Omari et al. found a gap in the relevant literature by identifying that most of the previous studies focused on the western world and recommended an extension of this study to other populations.

Milstein (2020) noted that faith, religion, and spirituality are related terms, and that research has shown the trio to be aids during the recovery process. Milstein's study was focused on the spirituality and recovery of Orthodox Jews and relied on the faith development model in conducting the research. Milstein noted historically, the three constructs- faith, religion, and spirituality are used interchangeably, making it hard to distinguish them. In this study I attempted to elucidate the connections and distinctions of these terms in the definitions section; however, *spirituality* refers to the recognition of a superior or supreme being, while the organization and administration of people for such spiritual purpose is the meaning of *religion*. *Faith* is the distinct force or factor in such relationships and is evident whether the experience is personal, as in spirituality, or organized, as in religious practices. In other words, faith is a constant factor whether in spiritual or religious practices. Milstein based their study on faith models using experiences of participants who are involved with alcohol anonymous (AA). Because faith factors cut across religion and spirituality, this study (without prejudice to using religion and spirituality terms) shall tilt toward a faith model in studying the experiences of clients, who already expressed faith is relevant in their recovery. In doing this, the participants will expose

their own definition of faith and how it may or may not influence their recovery from alcohol addiction.

Connolly and Granfield (2017) examined the responsibility of faith and faith-based organizations to ensure recovery capital, which is a one-time lump sum of money provided for people in recovery. According to their study a plan must be put in place to reinvent the lives of those going through recovery by providing social and community support to prevent relapse. This qualitative study emphasizes the need to provide capital as a support system while providing evidence-based treatment for individuals recovering from alcohol addiction. Faith-based organizations are key contributors in providing support to aid recovery and avoid relapse. This support includes providing funds to help those in recovery to readapt to the community, providing counseling or therapeutic support, and using faith treatment models to preserve recovery and to prevent relapse. Such faith models have been chosen as a secondary lens in this study to better understand the recovery experience of participants.

A key construct in this study was the use of the faith development model as a lens in understanding the experiences of study participants during recovery. This considers the role of faith development in helping individuals recover or readjust life expectations and experiences based on developmental stages (Milstein, 2020). Thus, faith and religion are vital components in personal growth and development especially, as is evident in treatment modalities. Cogdell et al. (2014) explored the construct of religion related to the need to offer material and passionate assistance for participants with addiction issues. The researchers recognized the role of organized religion in providing physical support for individuals with addiction problems and refer to assistance for the welfare of participants as *passionate assistance*. The qualitative research emphasized perspectives relating to neuroscience, addictive behaviors, faith, and acculturation

factors. Cogdell et al. found a relationship between religion and drug abuse as they observed participants during a 6-week study by processing the effect of religious abstinence and focusing on the best preliminary actions to ensure successful abstinence from alcohol and drug addictions and related abuses. Cogdell et al.'s study enables a deepened understanding of the major attributes of religion linked to the recovery process from substance use disorder.

Another important aspect of this present study relates to the integration construct, which considers the combination of religious and psychological models in the treatment or recovery process. This exposes the application of the faith development model as it envisages the integration of faith alongside other treatment models in the recovery process. Entwistle (2015) explored the concept of integration and the need to synchronize spiritual, psychological, and scientific based forms of treatment in clinical interventions with people suffering from alcohol addiction. Hart and Ksir (2015) revealed the inherent connection between alcohol addiction, history, and religion and identified the origin of addictive behaviors and preferred measures for interventions. Accordingly, drug and alcohol addiction relate to archaic religious practices. Alcohol was included in various religious rituals for cleansing purposes and now certain religious practices such as holy communion include alcohol in predominant religious organizations. In the process of observing religious rituals, the tendency to abuse alcohol was apparent as well as the discovery and development of morals and virtues to curb such aberration. Therefore, because alcohol has been part of religious practices and there is a religious expectation tends toward moderation, including such perceived religious moderations and inclinations in alcohol treatment appears relevant (Hart & Ksir, 2015). Thus, finding lasting relief and treatment are related to the integration construct. The authors also provided statistics regarding the problem of alcohol addiction in society and the need for further research on a

lasting solution (Hart & Ksir, 2015) and they made requisite recommendations on how faith-based organizations can be involved in alcoholism treatment and recovery.

In this present study, I sought to explore participants' experiences of acculturation to the United States and whether acculturation influenced their alcohol use. Gee et al. (2016) conducted a quantitative study to examine if citizenship and social identity impacted psychological distress as measured by the 10-item Kessler psychological distress scale (K-10). The results showed that non-citizens reported more psychological distress than naturalized or native-born citizens even after accounting for sociodemographic factors, socioeconomic factors, and years in the United States. Jankowski et al. (2020) studied the relationship between alcohol addiction, religiousness, and acculturation level among Hispanic and Asian young adults attending schools in the United States. Researchers found that religiousness and acculturation were significant moderators of the relationship between acculturative stress across various levels of hazardous alcohol use among Hispanic and Asian college students attending schools in the United States based on their sex (Jankowski et al., 2020). In a different study, Rodriguez-Galan and Falcon (2018) explored the role of religious faith as a coping mechanism for treating psychological disorders, especially associated with substance use/abuse. They found that faith and prayer, communal experience, and the exploration of meaning and morality, religious factors are significant coping skills that promote well-being among Puerto Rican adults going through psychological distress as well as the recovery process (Rodriguez-Galan & Falcon, 2018).

This interpretive form of qualitative research will further attempt to define terms relative to understanding the topic of study. Even though research suggests that spirituality, religion, and faith play huge positive roles during the recovery process from alcohol abuse and other mental health conditions (Milstein, 2020), these three terms have been misused or used interchangeably

to the extent that their meanings seem lost. Despite their similarities, they have inherent unique meanings, and in this study, I employed due diligence to distinguish and connect the constructs according to participants' perceptions. One of the key connections between spirituality and recovery is the commitment towards spiritual growth and the premise that such commitment makes a fundamental contribution to consistency in abstinence and prevention of relapse (Milstein, 2020; Schoenthaler et al., 2015). Accordingly, personal spiritual growth, which is the subject of spiritual models of treatment, enables commitment to stronger bonding with family and/or social groups, and better perceived support, hope, and rationality in coping with daily life pressures (Milstein, 2020). One core way of appraising such spiritual development is by relying on faith development models (Milstein, 2020), which is applicable in this study.

There is a need to consider how individuals define these related constructs and how they interact during the recovery process (Lund, 2016). Thus, this study is essential to exploring how African U.S. immigrants perceive and describe their recovery experiences whether their faith or acculturation issues played a role in the process. The findings from the study will help to expose how incorporating spirituality into recovery programs may be perceived by members of this population.

Problem Statement

Alcohol addiction is a global threat. According to data presented by Al-Omari et al. (2015), about 2.5 million people die annually from use or abuse of alcohol across the world. Researchers have explored the role of spiritual faith in the recovery process and linked it to beneficial brain changes (Cogdell et al., 2014; Williams, 2017). Fish et al. (2017) identified how belief systems influence the use of alcohol as a coping mechanism among Native Americans. Based on Milstein's (2020) work exploring the experiences of Jews in recovery and Al-Omari et

al.'s focus on the recovery experience of Jordanians, I conducted this study to explore the recovery experiences of African immigrants to the United States who are participating in faith-based recovery programs.

According to Gee et al. (2016), the problem of alcoholism is disproportionately high among immigrants, who also experience psychological distress while adapting to a new culture. Immigrants are prone to distress as they go through acculturation, and some resort to alcohol use as a form of coping (Jankowski et al., 2018; Rodriguez-Galan & Falcon, 2018). Although there is robust literature on biological, psychological, and faith-related approaches to alcohol addiction, less is known about how immigrants who are experiencing acculturation may use faith-based approaches to recover from alcohol addiction (Oshiri et al., 2014; Rodriguez-Galan & Falcon, 2018). Among immigrants, the issue of alcohol dependency can be amplified as they deal with acculturation stress (Oshiri et al., 2014; Saasa, 2019). Resorting to faith in recovery is an option for many immigrants (Rodriguez-Galan & Falcon, 2018).

Little research has been focused on the experiences of African immigrants in the United States who are going through the process of recovery from alcohol addiction and how they perceive religious constructs in the process. The population is significant because while previous studies have investigated the role of religion for Caucasians recovering from alcohol use, less research exists on immigrants to the United States who are also members of minority groups (Tshiswaka et al., 2017). The essence of this study is that African immigrants to the United States may not have similar experiences to the populations previously studied (Saasa, 2019).

According to Al-Omari et al. (2015), previous studies focused on this phenomenon within western culture. There is an identified gap in the literature regarding the experience of immigrants to the United States from non-Western cultures who face acculturation related stress

(Al-Omari et al., 2015; Tshiswaka et al., 2017). Gee et al. (2016) showed that immigrants tend to have more psychological distress than American-born citizens do and suggested that future research explore the continuum of such immigrants. This study is a foundational attempt at exploring this phenomenon among African immigrants to the United States.

A hermeneutic phenomenological method was used in this study using lived experiences data collected using semi-structured interviews. Because interviews help to provide insightful information based on participants' experiences, this phenomenological approach was the best way to identify and analyze the specific ways participants feel about their experiences. Understanding the lived experiences of African immigrants in the United States who are in recovery from alcohol addiction had integrated faith-based models in treatment can assist in therapeutic settings involving such populations by providing a clearer understanding of individual experiences within this group. By illuminating specific individual experiences, this phenomenological study could provide rich information for creating future developmental, career, and immigration policies relating to this population.

Purpose of the Study

The purpose of this hermeneutic qualitative phenomenological study was to illuminate the experiences of Christian immigrants from African cultures who are in the United States and are in recovery from alcohol use and have used faith-based recovery programs. By interviewing participants from this population, I sought to describe the phenomenon of the recovery experience of Christian African immigrants in the United States who are in recovery from alcoholism. I also sought to better understand the lived experiences of African immigrants who are in recovery and have recognized their faith as a way of coping with their alcohol addiction. In this study, I attempted to identify and describe the phenomenon of recovery experiences of the

participants and how it may interact with their spirituality and/ or faith and their acculturation while in the recovery process. By gathering data from these participants, the study results can describe the phenomenon of their recovery experiences.

The findings of this study could help program developers and treatment institutions to better understand how participants experienced the phenomenon and potentially reveal how to apply this understanding in inculcating resiliency, self-care, and adequate coping skills in clients within the same or a similar population. The study also relied on faith development and integrative constructs as secondary lenses or approaches for understanding participants' responses. The integrative approach considers the affective, behavioral, cognitive, physical, social, and faith aspects of an individual in treatment (Entwistle, 2015). On the other hand, the faith development model considers how spiritual development affects individuals' adoption of faith in adapting to their various experiences (Fowler, 1981). The major emphasis of this research study was to address the identified gap in the relevant literature.

Research Question

RQ: What are the lived experiences of African Christian immigrants in the United States who endorse religion or faith as important to their recovery from alcohol addiction?

In this qualitative research, I used semi-structured interview questions to probe the research question. Interview questions were followed up with other probing subquestions.

Theoretical and / or Conceptual Framework for the Study

Theoretical Framework

This study is based on the philosophy of phenomenology, in particular the hermeneutic phenomenology described by Martin Heidegger.

Phenomenology is the essence of something as it is described and how the essence of something is described in terms of how it functions in the lived experience and how it shows itself in consciousness as an object of reflection (Peoples, 2021, p. 29).

The underlying theoretical framework is known as faith developmental hermeneutic phenomenology. The hermeneutic model of phenomenological study is interpretive unlike the transcendental approach (developed by Edmund Husserl), which is descriptive (Peoples, 2021).

While the hermeneutic framework is foundational to this study, the framework also allows for a secondary approach to boost the depth of understanding of the participants' experiences (Peoples, 2021). A secondary framework may help to explain the major differences between hermeneutic and transcendental approaches of phenomenology. In this study, faith development theory was used as a secondary lens for understanding the experiences of participants. The faith developmental approach has been linked to the integration of faith factors and other psychological factors in treatment (McMinn, 1996). Integration is a practical application of the faith development model, which is attributed to the works of Fowler (1981). In answering the interview questions, the study participants provided illumination for describing their experiences across the phenomenological framework.

Heidegger (1889-1976) branched out the Husserl philosophy to create the hermeneutic branch of phenomenology (Peoples, 2021). Heidegger argued that it is difficult to bracket or isolate one's personal experiences entirely from the experiences of others, which is a hallmark of Husserl's philosophy (Peoples, 2021). Heidegger's rationale is that people are always around their world; the term "*dasein*" describes literally "*being there*" (Peoples, 2021). Accordingly, each person is *dasein* in each person's peculiar circumstances. Because it is difficult to bracket or isolate personal judgment during research, as postulated by Husserl, hermeneutic

phenomenology relies on the hermeneutic circle in understanding participants' experiences (Peoples, 2021). This hermeneutic circle operates in a revisionary manner (Peoples, 2021). Accordingly, preconceived ideas are referred to as foresight or fore-conception (Peoples, 2021). In application, the theory suggests that when one begins to understand and interpret a concept, one's foresight which includes biases, previous understanding, and judgment begins to change (Peoples, 2021). The hermeneutic circle describes the process of such change or revision. This is not a technique but a philosophy that helps a researcher analyze data to boost understanding through the process of interpretation (Peoples, 2021). This philosophy facilitates an understanding of whole or entire narratives and further analysis of the whole by dissecting the parts as codes and themes (Peoples, 2021). Afterward, this model facilitates the synthesis of the parts back into a new whole to present a new understanding of the phenomenon of study (Peoples, 2012). This framework requires going back and forth in this process to promote illumination. According to Peoples (2021), "the parts make sense of the whole and the whole makes sense of the parts" (p.32), and this hermeneutic circle continues until a new understanding exudes.

According to Heidegger, analysis is not a linear process but rather a spiral process to accommodate continuous revision due to updated data (Peoples, 2021). Thus, interpretation is a continuous revision of an understanding of an experience based on shared and updated knowledge. In summary, a researcher has a preunderstanding of a concept or phenomenon and can revise such understanding after processing or updating the existing understanding with new shared experiences of actual witnesses. In application, the research process revolves around the phenomenon being studied, the personal judgement of the researcher, and the object of study based on the reflections of lived and shared experiences of actual participants (Heidegger, 1971).

Heidegger's (1971) style is notable for the use of lenses, which are parameters or models for understanding the phenomenon of study. Heidegger used the words lens as a figurative way of describing a mirror or a theory that helps in explaining a given topic or phenomenon of study (Peoples, 2021). In using the technique, personal biases and judgments are usually journaled or explicitly noted in the research even before the analysis. Thus, this framework allows the incorporation of a pre-understanding of an experience and eschews the bracketing principle in Husserl's transcendental phenomenological framework (Heidegger, 1971; Peoples, 2021).

Gadamer amplified the concept of hermeneutic circle and its application in research (Regan, 2012). Accordingly, the lens of pre-understanding is regarded as fore conceptions in the works of Gadamer, whose work was richly influenced by the philosophies of Heidegger (Peoples, 2021; Regan, 2012). This describes the constant process of modifying one's understanding of a phenomenon through a process of renewed projection referred to as interpretation (Peoples, 2021; Regan, 2012). As researchers explore a certain phenomenon through these changing lenses, an eventual new meaning emerges in the process (Peoples, 2021; Regan, 2012). This explains the possibility of using more than one theory to provide multiple lenses for seeing a phenomenon where lenses enable a distinct new understanding of the subject of study (Peoples, 2021; Regan, 2012).

In this study, the phenomenon was the lived experience of participants, who are Christian African immigrants in the United States, inclined to faith-practices, and in recovery. I am an African immigrant in the United States and have studied the effect of integrating faith in psychological treatments. I have preconceptions about the possible outcome of such integration, which provides a lens for understanding the participants' narratives. The faith development theory provides another lens for understanding participants' lived experiences, especially related

to the integration of faith factors in the recovery process. A distinct new understanding was sought as I analyzed the lived experiences of participants. The faith development hermeneutic phenomenological study envisages how the lens of hermeneutics and the integration of faith in treatment help in the development of a better understanding of the lived recovery experiences of participants, irrespective of my previous fore-conceptions.

Conceptual Framework

In this study I used the faith development hermeneutic phenomenological framework to answer the research question. The phenomenological approach (see Moustakas, 1994), which is a research methodological design was chosen for the study to support a better understanding of the subjective but lived experiences of certain African immigrants to the United States who are in faith-based recovery programs from AUD. Accordingly, the phenomenological design delves into the commonality of shared experiences of participants in describing a certain phenomenon in their own words (Sutherland & Cameron, 2015). In this case, the phenomenon was recovery.

To promote further lenses for the study, the faith developmental model was included in this hermeneutic phenomenological study. This theory relies on the propositions of Fowler (1981) and Fowler and Dell (2006). Faith development theory was highly influenced by the works of Erikson and Kohlberg. Accordingly, Erikson instituted the eight stages of psychological development while Kohlberg created the six stages of moral development. According to Fowler, an individual's belief system progresses through six developmental stages (Fowler, 1981; Fowler & Dell, 2006). According to Fowler (1981), individual life experience and the levels of knowledge one gains through various developmental stages consolidate in how each person conceptualizes the existence of a higher being and how such higher being influences each person.

According to Fowler's theory of faith development, faith gradually grows across life spans in the following order: First is the pre-stage known as the primal faith stage, which forms the foundation of development. This is followed by the intuitive_projective faith stage, the mythic_literal faith stage, the synthetic_conventional faith stage, the individuating_reflective faith stage, the conjunctive faith stage, and the universalizing faith stage (Fowler, 1981). The essence is to bring a person to the place where faith is their foundation for looking out for the good of others and avoiding any actions that will hurt others. Growth in this regard involves diminishment of any behaviors that will negatively affect the self or others. Thus, there is a preconception according to faith development theory that how participants perceive the role of faith in their recovery is influenced by their belief systems. However, these belief systems are developed over various phases or stages of development. Furthermore, such belief systems also affect how participants are likely going to attribute faith factors in the treatment or recovery process.

Such interactions of faith in the developmental stages may be evident in the onset of addiction, during active addiction periods, and during recovery. Semi structured interview questions were used to explore how participants describe their experiences, and I used the hermeneutic circle to create illumination while interpreting participants' lived experiences. This model aided me in identifying the development of beliefs and attitudes toward the spirituality of participants in their upbringing, during active addiction, and in recovery process.

Because the subject of faith is broad, I traced the application of faith in a recovery process to narrow the focus toward understanding the phenomenon of study. One major way that the object of the faith developmental theory has been applied is in the integrative concept. It captures the inclusion of various treatment modalities alongside faith-based techniques. The

integration concept is provided through the work of Entwistle (2015), who expounded the need to combine scientific, psychological, and faith approaches in psychological intervention. It captures both a practical application of the faith models as well as an additional lens for a better understanding of the phenomenon of recovery. The essence is to recognize humans as multifaceted and to consider them in both an individualistic manner and a holistic manner in treatment, which includes recovery from alcoholism (Entwistle, 2015). This integration or integrative construct is an applicable secondary lens for a better understanding of the lived experiences of participants.

These lenses assisted the researcher in understanding the participants' experiences of recovery with comparison to the original study by Al Omari et al. (2015). This study also emulated the faith developmental theory lens evident in Milstein's (2020) study, which focuses on how participants' faith applies in their recovery from alcohol addiction. In this research, I considered the recovery process and how faith interacts with the substance abuse recovery experience of participants adjusting to life in the United States. This interaction of faith with other non-faith factors in treatment captures the essence of integration (Entwistle, 2015). For this study, "*integration*" referred to the inclusion of both faith and psychological factors in recovery from alcoholism for African immigrants to the United States. The research will describe and interpret the recovery experiences of participants and how they may relate to both spiritual faith and acculturation in the recovery process to ensure an in-depth understanding of the phenomenon.

Nature of the Study

In this study, the phenomenon was the lived experiences of the participants, who are recovering from alcohol addiction, and I chose phenomenological design for the study.

Phenomenological design, which is a product of phenomenology, was the best way to better understand a phenomenon or topic not widely understood. A phenomenological approach allows for a deep and rich understanding of the lived experience of participants. According to Ravitch and Carl (2016), qualitative studies give a researcher an opportunity to better understand participants' experiences, perceptions, perspectives, understandings, and feelings. Because phenomenological approaches have two broad versions, this study tilts toward the hermeneutic phenomenological approach, which is interpretive in nature. And because this model allows for the inclusion of a secondary lens for more in-depth understanding, I opted for the faith development theory, which is applicable in the integration construct as another lens for interpretation. Thus, the model is referred to as faith development hermeneutic phenomenological research. I relied on semi-structured interviews of participants to obtain their lived experiences as data for further analysis using the hermeneutic circle to provide a new understanding of the phenomenon in this hermeneutic phenomenological study.

The essence of qualitative research is to review and describe participants' own words, and their deep, rich narratives, to better understand a complex phenomenon from the perspectives of individuals who have experienced it (Jamali, 2018). Ordinarily, the phenomenological method is used to deepen understanding of a phenomenon that is not well understood (Miller et al., 2003). My previous biases were journaled as I am always *dasein* in the world of the study participants.

A phenomenological study offers a researcher an opportunity to review incoming data for patterns in themes or content within respondents' narratives. If a review reveals patterns, those patterns are described and may be the basis for future empirical study involving quantitative or mixed method research. The deepening in understanding of the immigrant experience with

regards to addiction and recovery efforts may also be useful in the counseling field and various treatment modalities.

The study was exploratory in nature and involved semi-structured interviews. For data collection 10 to 15 participants who are African immigrants to the United States and endorse the use of faith-based Christian practices in their recovery from alcohol and substance use, were asked about their experiences. The faith development hermeneutic phenomenological approach was used in conducting the research.

In this study, I used semi-structured and in-person/phone individual interview sessions to develop a better understanding of the lived recovery experiences of African immigrants to the United States who use or include a faith-based or religious approach in their recovery from alcohol addiction. Because physical contact was not feasible due to a pandemic, virtual sessions facilitated by Zoom were used in conducting interviews. I emulated the pattern of Milstein (2020), who focused on Jews, and Al-Omari et al. (2015), who focused on Jordanians in studying how participants perceive their recovery process and whether their faith played any role during recovery. How the participants perceived their experiences during recovery from alcohol addiction is the phenomenon being studied. The unique focus of this study is on the recovery experiences of African Christian immigrants to the United States, who have included faith approaches in their recovery process.

Definitions

12-steps (or 12-step self-help approach): There are many different 12 -step programs but this study focused on the first of its kind, Alcoholics Anonymous (AA) _ a self-help addiction recovery program created in 1935. AA participants are expected to work through a 12-step program with the aim of recovery from alcohol addiction and the prevention of relapse. The

program is centered on developing the inner self through focused spiritual growth (Wilson, 1953). Although it is not formally a religious or spiritual program, there is frequent reference to one's higher power in the AA approach, which refers to whatever spiritual being each participant holds in esteem (Wilson, 1953). Although this study is not strictly about the AA approach, the AA program suggests one of the faith-based practices toward recovery from AUD.

Acculturation: Relates to the process of coping within a new cultural environment (Milstein, 2020). According to Meriam-Webster, acculturation entails the cultural modification of a person or community through adoption or adaptation to features from another usually dominant culture. Acculturation is the process by which a person captures the culture of another society from infant years. This relates to the change of one's culture through adopting components of a culture different from their original culture (Jankowski et al., 2020) _ the process of successfully borrowing and acclimatizing into a new culture.

Addiction: A major chronic disease of the brain that affects the systems of rewards, memory, motivation, and similar activities (The American Society of Addiction Medicine, 2011). According to Kime (2018), alcohol addiction sets in when it seems impossible to withdraw from alcohol use at will. This term has been used with or without a formal diagnosis and as a result is chosen in communicating the research question.

Alcohol abuse: The American Association's *Diagnostic Statistical Manual of Mental Disorders* (DSM, 4th ed.) identified alcohol abuse as problematic use of alcohol and anyone who meets the criteria is diagnosed accordingly (National Institute on Alcohol Addiction and Alcoholism [NIAAA], 2021). The criteria included problematic drinking that interferes with personal, family, job, or other relationships and proven problems with law or in other essential life areas attributable to the use of alcohol. Alcohol abuse is differentiated from alcohol

dependence which relates more to the effect of alcohol, especially withdrawal symptoms (NIAAA, 2021). In the DSM- 5, the two diagnoses were synchronized as alcohol use disorder.

Alcoholism: The state of a person with severe alcohol dependence who meets the requirements of the severe diagnosis but lacks a formal medical diagnosis (SAMHSA, 2015). This relates more to “*alcoholics*”, a term usually used in AA programs. The four terms alcoholism, alcohol abuse, alcohol use disorder, and alcohol addiction were used interchangeably in this study to convey the same or similar problematic use of alcohol without the formal labeling or diagnosing of participants.

Alcohol Use Disorder (AUD): A chronic disorder that manifests as loss of control over intake of alcohol, compulsive use of alcohol, and the growth of a negative pattern of emotions such as depression and anxiety during withdrawal (Jeanblanc et al., 2018). In this study, I recognize that individuals must meet requirements for such a diagnosis, but formal diagnosis was not required for participation. The DSM -5 classifies the severity of the symptoms during diagnosis as mild, moderate, or severe.

Assimilation: The process whereby a minority culture adopts a new dominant culture such as the American culture in lieu of their own cultural norms (Disha, 2019; Robbins et al., 2012). The purpose of assimilation is to foster change that will promote adaptation, acceptance, and progress in a new culture as the dominant culture replaces the old one.

Christian faith: Entails the strict adherence to beliefs and practices as outlined in the Holy Scriptures and as taught by advocates of the Christian church. While my fore conception of faith is the Christian faith, the description of faith in this study was based on participants’ perception. Various studies support that the Christian faith is helpful during the recovery process because of its positive worldview and attention towards respect for self and others (Lund, 2016;

Wang et al., 2016). According to Lund, the Christian faith focuses primarily on the belief in a creator who manifests in three forms with an ability to help practitioners to meet daily needs and overcome troubling events, which includes disorders such as alcoholism. Accordingly, Christian faith is the expression of belief that resonates with the lived religion or experiences of an individual. Christians are typically individuals who believe in Jesus Christ and follow his teachings and who belong to a Christian church. This study shall accommodate individuals, who may not be practicing Christians but used faith-based approaches in the recovery process.

Dasein: This is described as “*being there*” (Heidegger, 1971; Peoples, 2021). In an empirical research context, *dasein* explains that a researcher is always in their own world and in the world of the participants and it is difficult to bracket biases and judgments. Instead, researchers should consciously note their biases and fore-conceptions and without bias allow these fore-conceptions to change as new information comes through the data provided by participants (Peoples, 2021).

Faith: The interrelated forms of human knowing, committing, acting, and valuing that help individuals find life purpose (Fowler & Dell, 2006). Faith has been described as a way of confronting difficult tasks, which is unconditional and helpful in quitting substance abuse; more spiritual faith can help individuals maintain sobriety. Faith may be present without the attendant factors of spirituality and religiosity. Faith relates more to universal notions of faith. Faith in this study focused on participants’ experiences of it in their recovery process from alcohol addiction rather than a strict adherence to its tenets.

Fore-sight/fore-conception: Describes the preunderstanding that a researcher has before the commencement of a study. Heidegger referred to this construct as fore-sight, while Gadamer

called it fore-conception; these terms are likely to change with updated information regarding to the phenomenon of study (Peoples, 2020; Regan, 2012)

Hermeneutic circle: The process of interpreting and revising the understandings of a given knowledge base to achieve a better understanding of a subject or phenomenon (Peoples, 2021) _ not a technique on its own, but rather, _ it entails a description of the process of understanding a certain phenomenon.

Immigrant: Someone who moves to a new country from their native country with the hope of residing permanently in the new country, living in a new culture different from their original culture (Milstein, 2020).

Integration construct: The combination of spirituality, psychology, and science in treatment (McMinn, 1996). Entwistle's (2015) work on this topic has been applied in various fields of psychology to embody the compatibility of science, spirituality, and psychology in psychological intervention.

Recovery: A process of change whereby a person improves their health by living a well-managed life that eliminates prior abuse of any substance (SAMHSA, 2015). In this study, it relates to recovery from alcohol addiction and usually covers the period during and immediately after treatment or intervention.

Relapse: The reinstatement or restoration of an addictive behavior after some period of abstinence (Paulino et al., 2017).

Religiousness/religious faith: A belief system that operates via practices, ceremonies, and rites that connect individuals and a supreme being (Wang et al., 2016). Religious faith explains the multidimensional aspects of religiousness, which includes external activities such as

attending religious events and internal obligations that revolve around the belief system (Wang et al., 2016).

Spirituality: The personal quest to understand mysteries that relate to the ultimate source of life and being, especially as it relates to meanings, relationships, and sacred or transcendent matters that may or may not involve religious rituals (Moreira-Almeida et al., 2014).

Spirituality contrasted with religiousness: While religiousness refers to following a certain set of rules, defined roles, and practices connected to a supreme or deified being, spirituality is the mere consciousness of an object of worship from a personal apprehension without allegiance to any form of structural worship (Kelly & Eddie, 2020).

Substance use disorder: DSM-5 describes it as a continuous use of a substance irrespective of obvious health related challenges arising from the use (American Psychiatric Association, 2013).

Assumptions

In a hermeneutic phenomenological study, biases cannot be bracketed nor suppressed but rather are journaled or conspicuously noted (Peoples, 2021). These biases must be eventually revised as new information emanates from data collection and analysis. Also, only pertinent, and relevant biases are mentioned. The core assumption of this study was that participants would be honest and forthright in their responses that participants would tell their own story themselves and express their straightforward understanding in a manner that would enable others to extract objectives and themes from their unique experiences (see Lund, 2016). I assumed that more can be learned about the experience of recovery of African immigrants by directly asking them to use their own words to share their experiences. During the interview, I ensured participants understood the questions being asked and agreed to report to the best of their knowledge and

understanding. I also assumed participants would be immigrants of African origin, who have experienced religious, spiritual, or faith approaches in the process of recovering from AUD. Due process was taken to make sure the participants had no known reasons to distort their responses to the extent they would affect the trustworthiness of the study.

Scope and Delimitations

This study was focused on African immigrants in the United States who used faith-based approaches in their recovery process. This is the population the participants were sampled from. Understanding how members of this population describe their experiences as they relate to acculturation and how their religious activities interact with their treatment were core aspects of this study. A faith development hermeneutic phenomenological approach, which showcases participants' descriptions of their lived experiences and how they perceive faith factors in treatment, was chosen as a framework to ensure a better understanding of the phenomenon. I hoped to follow the research questions and guide clients if their narratives were beyond the scope of study.

The study processed the role of religious faith in participants' lives with a focus on African immigrants who are in recovery from AUD. This adds to the body of literature and provides a secondary lens for better understanding of participants' narratives. The study participants were mainly professing and practicing Christians, who may have had direct interaction with basic Christian tenets; however, participants must have adopted spiritual or religious faith in recovery from alcohol addiction. The participants were aged 18 to 65. Participants must have met the requirements of AUD in full or partial remission according to the DSM-5 but need not have been formally diagnosed. Full remission entails total abstinence for

about 12 months. Present or past participation in alcohol addiction treatment using faith _ related approaches did not disqualify participants for inclusion in the study.

Limitations

Generally, qualitative studies have inherent limitations, which may be evident. The inevitability of a researcher's physical presence during data gathering likely affects participant responses. In a hermeneutic phenomenological study key restraints relate to the small sample sizes (8_20 participants). Limitations due to time differences between the researcher and participants were also anticipated and it may have been difficult to work with participants in different time zones. Likewise, there is likelihood of biases in the available participant sample. I was aware of the likelihood of bias in this type of research as different individuals may give varying definitions of the same or similar experiences. I addressed the issue upfront, and participants were encouraged to share their experiences without undue interference (see Abdolhosein et al., 2012). One possible bias in this study was that participants would be people of religious faith from Africa, which is a population I identify with. I did not grow up in the home of a religious clergy in Africa, but I identify as an African immigrant who is religious/spiritual, and I am a believer in the efficacy of the integration of faith in treatment.

Because bias is possible in the recruitment of participants, the collection of data, and or the review of data, I took measures to address this by keeping a journal to enter personal reactions to each phase of the study. This technique is not necessarily to bracket personal reactions but to distinguish such from the responses of the participants; a researcher is also always *dasein* in the world of the population of the study. I also maintained an audit trail by recording the various phases of the study.

Despite the deeper understanding that comes with a qualitative design, these inherent biases pose core limits on the generalizability of the findings. Thus, this study seeks neither to confirm nor disconfirm whether religion/faith plays any role(s) in the recovery process, but rather to share the lived/recovery experiences of the respondents. The findings will be limited to the study participants. However, because hermeneutic phenomenological study allows for the generalizations of findings, the various lenses apparent in this faith development hermeneutic phenomenology will allow new understanding to manifest. The findings, if any, are described within the context of qualitative research and thematic/content review of the data and may possibly yield information about patterns in the study. However, such patterns are not generalizable beyond the study participants until such a time when a mixed method or quantitative study is employed to confirm hypotheses and examine factors and variables (Rubin & Rubin, 2012). Nonetheless, the new understanding is relevant for updating information about this population and useful in policy making and treatment techniques for participants (Peoples, 2021).

Significance

The essence of this research was to fill an identified gap in the literature and to better understand the recovery experience of participants who have deemed faith factors as important to their recovery from AUD and to better understand how they perceive the role of faith in the recovery process. An increased understanding of this phenomenon has the potential to be of value to addiction counseling, specifically for immigrants in the United States from African countries who use faith related approaches in treatment and are at higher risk for substance use disorders because of the stresses of acculturation.

Due to limited research in this area, it is important to hear the lived experiences of immigrants who are recovering from alcohol addiction in their own words. This has the potential to deepen our understanding of this phenomenon and serve as a first step to future research that could inform counseling and intervention with individuals in recovery from AUD who emigrate from African countries to the United States and identify as faithful, spiritual, or religious persons.

A better understanding of the participants' subjective recovery experience and how their faith may relate with the recovery process may provide additional directions that may influence funding facilities, which may further promote integration therapy in addiction intervention. The potential for social change from this study is the tendency to ignite further research, which would build on this qualitative exploration that may be helpful in guiding community-based, faith-based, and clinical treatment facilities working with individuals in the recovery process.

Summary

In this chapter, I discussed the problem of AUD from a global perspective, the ordeals of being an immigrant in the United States and how alcohol is a coping option, and how religious faith or spirituality may be inculcated in the process of recovery from alcohol use or abuse. The essence of this study is to describe how the participants, who are Christian African immigrants in the United States, perceive their recovery experience and whether faith played any role in the recovery process.

Chapter 2 will focus on the literature search and review. In the second chapter, I will emphasize how the available literature describes the phenomenon and how it relates to the population in this study.

Chapter 2

Introduction

The intent of this qualitative study was to use semi structured individual interviews to better understand the recovery experiences of immigrants from African cultures to the United States who are participating in faith-based programs for recovery from AUD. Usually, qualitative studies of this nature rely on participants' narratives in describing their experiences via a structured or semi structured interview (Lund, 2016). In this chapter, I reiterate the problem and purpose of the study. I provide the sources of literature used in the study and a review of the literature pertinent to the faith development hermeneutic phenomenological theoretical/conceptual frameworks. I further attempt a more in-depth definition of some of the key terms that occur throughout the study.

Al-Omari et al. (2015) provided foundational research in faith and alcohol addiction and concluded that the problem of alcohol addiction is universal in nature. Likewise, Milstein (2020) provided a more recent application of this type of research and eased the burden of providing a guiding criterion during the study. According to the World Health Organization (WHO, 2018), more than 3 million people died in 2016 due to abuse or use of alcohol. This statistic represents 1 in every 20 deaths and men account for most of these deaths. According to the report, harmful use of alcohol constitutes over 5% of the global disease burden. WHO (2014) research attributed 6% of global deaths to alcohol related phenomena, which is about 3.3 million people annually. The problem of alcohol is further amplified among African Americans (Knopf, 2017). African Americans and African immigrants share certain common traits and cultures.

Tshiswaka et al. (2017) studied African immigrants to illustrate how acculturation stress can lead to alcoholism as a coping mechanism. Tshiswaka et al. further identified how this population uses spirituality in dealing with alcohol disorders. About 13% of the total population of the United States are immigrants (Tshiswaka et al., 2017). This is approximately 40 million people, which estimates will increase to 81 million in 2050. Tshiswaka et al. noted the difference between African Americans and African immigrants.

African Americans have one major cultural heritage or nativity, while African immigrants contend with the culture of their origin and the new country's culture. The psychological stress of having to cope with at least one additional, potentially conflicting culture, is the essence of acculturation. This study was conducted to explore the recovery experiences of African immigrants in the United States, who may be coping with acculturation issues and how they may incorporate spirituality into the recovery process from AUD.

Literature Search Strategy

Searching current journals and books is the key to high-quality data collection for the dissertation process (Roberts, 2010). The search engines provide resources helpful in conducting quality research. These resources provide access to accurate questionnaires, previous research, surveys, studies, and notes through databases and software; however, such information must be filtered to ensure accuracy and reliability (Roberts, 2010). The purpose of this study was to explore the recovery experiences of individuals who have migrated from Africa, who may be experiencing issues in acculturating to the United States, and who use faith-based approaches in treating alcohol addiction; and to expose a better understanding of participants' recovery experiences and how the integration construct as a derivative of the faith development model may apply during the recovery process.

Search engines helped me find recent and old related research and studies to identify and to fill the literature gap. I was wary of how to process, choose, and use web-generated data. According to Roberts (2010), it is vital to support internet generated information with other reliable scholarly resources such as referred journal articles, which can be obtained online.

In this study, I mainly used the EBSCO Delivery Service search system through the Walden University Library in searching for articles. I sought various peer-reviewed journals based on qualitative and quantitative approaches via electronic searches in Google Scholar, Academic eSearch Complete, Thoreau Multi-Database Search, PsycARTICLES, and PsycINFO. The search included key words such as *alcohol addiction, spirituality, immigrants, recovery, acculturation, religiousness, faith-based, and faith.*

While preparing for this study, I used various strategies. These included search logs to track searches and results by putting key words separately. I developed lists of search terms by listing main ideas in the topic, brainstorming related words and items, and adding new terms or synonyms from the search results. Also, I involved broad searches after the initial search results and added different search items in the database. There were moments when I had to change the search subjects or search different databases to ensure congruity and alignment with the topic or findings. Furthermore, there was a need for continued experimenting with databases to ensure a thorough immersion with the literature regarding the subject.

I researched various relevant databases to ensure a comprehensive review of the literature. Through the Walden University Library, I looked through the Psychology and Health Sciences databases such as the CINAHL/Medline Combined Search, ProQuest Nursing and Allied Health. The database that provided relevant research was PsycINFO (with a focus on results published 2016 _present). During the search, I entered one idea or phrase in each search

box, combined similar terms or words in a box, and checked appropriate boxes. The checked boxes include *'don't limit full text'*, *'do limit peer review'*, and *'don't limit by date until you review your results'*.

Theoretical/Conceptual Framework

This study relied mainly on the framework of faith development hermeneutic phenomenology, which relies on the hermeneutic phenomenological study created by Heidegger (see Peoples, 2021). The essence of this methodology is to provide lenses for exposing the phenomenon of recovery based on the concept of phenomenology and to enable a better understanding of the experiences of African immigrants in the United States who are in faith-based recovery programs. The inclusion of faith/spiritual/religious based practices in recovery from alcohol addiction captures a practical application of the faith development model, which appears relevant as the participants describe their lived recovery experiences or the phenomenon of study.

Generally, this method in application is referred to as the phenomenological approach. Sutherland and Cameron (2015) described the phenomenological approach as delving into the commonality of shared experiences of participants in describing a certain phenomenon. Heidegger developed this aspect of the phenomenological study as he disagreed with Husserl on fundamental aspects of bracketing biases. The crux of this theory is the allowance of including a secondary theory as a lens for understanding the phenomenon of study. Other writers such as Gadamer further elaborated on this theory by dissecting the hermeneutic circle to capture the meaning of preunderstanding as fore conceptions (Regan, 2012). A researcher may have preconceived understanding of a subject and should not bracket or isolate such during study.

Rather, researchers should note or journal these biases until newer information emerges that causes a change in such preconceptions (Peoples, 2021).

Another crucial contribution in this phenomenological study was based upon the works of Moustakas (1994). Moustakas examined the theoretical foundations of phenomenology from the work of Husserl and some others by providing a thorough explanation of the practicality of a phenomenological study. Moustakas's numerous examples of the applications of this construct across therapy, health care, psychology and other extensions are useful to this study. The phenomenological study approach is based on the philosophy of phenomenology. The design seeks to hear participants use their own words to describe their own experiences to help others better understand the phenomenon being studied (Moustakas, 1994; Troitskiy, 2018). Heidegger's hermeneutic phenomenological approach was the primary theory for this study. To ensure the availability of other lenses to capture the totality of participants' experience, I included the faith development model to comprise the faith development hermeneutic phenomenological study.

A typical application of this concept is evident in the research conducted by Milstein (2020) in a study focusing on Jews in recovery and that of Al-Omari et al. (2015) investigating similar phenomena of integrating religious based practices in the recovery process from alcoholism but with a different population _ Jordanians. These researchers relied on inductive content analysis and framed their studies with phenomenological theory in arriving at their conclusions.

The framework for this study is known as faith development hermeneutic phenomenology, which mainly derives from the works of Heidegger (1971), who expounded on the need to use the hermeneutic circle in analyzing participants' narratives to provide a new and

better understanding of participants' experiences. This model captures both the primary framework_ hermeneutics phenomenology _and the faith development theory as a secondary lens for understanding and interpreting participants' experiences (see Fowler, 1981; Peoples, 2021). The hermeneutic phenomenological approach allows for the use of a secondary lens through which to view and better understand the phenomenon. The faith development model provided the preunderstanding that informed the interview questions and enable a better understanding of the meanings the participants provided through their responses.

The faith development model attributed to Fowler (1981) explains that as humans develop, their knowledge of God affects their behaviors and responses to other aspects of their life experiences. Thus, spiritual growth and development influence how individuals perceive their life experiences. One core area in which the faith development model is applicable is in the integration concept, which combines scientific, psychological, and faith approaches in psychological intervention. According to Entwistle (2015), humans are multifaceted and must consider each aspect of the human experience in both an individualistic and a holistic manner, even in treatment. According to McWhirter et al (2013), these facets of human existence are like the wheels of a vehicle; ignoring one aspect will hinder the car from moving. Hence, the medical, psychological, and spiritual components of the human frame must be considered in treating any form of psychological disorder to ensure thorough treatment and wholeness (Entwistle, 2015). According to Hart and Ksir (2015), who wrote extensively on this phenomenon, it is crucial to consider spirituality in treating alcohol addictions as the neglect of the spiritual component of a person in treatment will make the treatment incomplete. McMinn (1996) was an earlier proponent of this concept that traces the overlapping of spirituality and psychology and the need to use this relationship in psychological interventions.

The works of Milstein, Al Omari et al., and Entwistle provide useful tools in applying and understanding the framework to provide a clearer description of the integration phenomenon or inclusion of religious faith in the recovery process from alcohol addiction. This research was focused on understanding the recovery process and how faith interacts in the experience of participants, who are adjusting to life in the United States and are in recovery from AUD. According to Entwistle (2015), this interaction of faith with other non-faith factors in treatment captures the essence of integration.

Phenomenology

Phenomenology is a philosophical concept that captures the conceptual framework upon which this research relies. This approach encapsulates that there are numerous ways of knowing that depend on the individual life experiences of individuals (Sutherland & Cameron, 2015). The practical application of this concept is evident in a phenomenological study, which is the design for this study (Moustakas, 1994), as will be further justified in the next chapter. The faith development hermeneutic phenomenological study is chosen as a competent design for the study.

According to Ravitch and Carl (2016), qualitative studies give a researcher an opportunity to better understand participants' experiences, perceptions, perspectives, understandings, and feelings. According to Jamali (2018), the essence of qualitative research is to review deep, rich narratives, and to better understand complex phenomena from the perspective of individuals with lived experience of them. As Churchill (2018) pointed out, the phenomenological method provides a way of deepening understanding of a phenomenon that is not well understood. One of the ways of effectively capturing such under studied phenomena is through participants' narratives, which Milstein (2020) referred to as *spiritual narratives*.

Al Omari et al. (2015) studied 146 religious Jordanian clients from two treatment facilities, who participated in answering open ended questions related to the role of religion in their recovery from alcohol and substance abuse. Afterward, content analysis was employed to expose the role of religion in their recovery process. The analysis revealed two major themes in the categorization- the role of religion and the role of religious men. The researchers found that religion does not only help in the recovery process, but also a notable protector from further drug and alcohol abuse and relapse.

Kelly and Eddie (2020) utilized phenomenological, cultural, clinical, and recovery frameworks in their study. They observed the interactions of religious, spiritual, and faith approaches in treating alcohol addictions as well as the relationships with various ethnicities (Kelly & Eddie, 2020). In their study, Kelly and Eddie found significant differences in how “spirituality” and “religiousness” (terms that will be defined in depth later) associate with treatment of participants recovering from alcohol addictions. The study identified that Blacks (whether of American or Hispanic origin) reported a significant positive relationship between religious faith and recovery from alcohol addiction (Kelly & Eddie, 2020). According to the study, some blacks reported that spirituality or religion made all the difference in their recovery process (Kelly & Eddie, 2020). Kelly and Eddie argued that it is not quite clear why religion and spirituality play such a role for Blacks in treating alcohol and other drug (AOD) disorders. This uncertainty as it relates to the process was noted in earlier studies (Kelly & Greene, 2014). One of the ways of understanding the concept relates to social control theory (Kelly & Eddie, 2020). Social control theory as postulated in a landmark work by Ross (1901) refers to how indulging in social bonds and adopting transformational spiritual/religious beliefs and activities that prohibit intoxication are helpful (Kelly & Eddie, 2020). Another explanation coincides with how

religious organizations encourage personal disclosure and fellowships with bonded _socially oriented support groups that foster meaning and purposeful living (Kelly & Eddie, 2020). The rationale is associated with the need to network, socialize, belong, and be accepted within a common group (Kelly & Eddie, 2020).

In their study of the phenomenon, Kelly and Eddie (2020) further asserted that religious and spiritual dispositions, especially among Blacks, may reduce relapse risk as well as assist in recovery. According to their study, participation in, and submission to religious set of rules and expectations tend to protect the individual from exposure to drugs and alcohol. There remains a need to further examine the reasons for the differences in how people from diverse ethnic and other cultural orientations interact with spirituality/religiousness in dealing with recovery from alcohol addiction. One of the treatment implications for the study is to recommend Black Americans to appropriate treatment modules that will be more beneficial for them. The findings suggest that Black Americans will do better in recovery if referred to facilities and interventions that include spirituality and religious support in the treatment plan (Kelly & Eddie, 2020).

There is also a need to further research how other minority cultures interact with these factors (Al-Omari et al., 2015). A closer look at the Kelly and Eddie (2020) study found that women reported that spirituality and religiousness influenced them more in the recovery process when compared to men. This result is corroborated by previous studies (Krentzman, 2016; Wong et al., 2018). The exact reasons are unknown and need to be explored in subsequent studies. This study will focus on the experiences of participants in understanding the role of religious faith in the recovery process. Kelly and Eddie further mentioned that although spirituality/religiousness is significantly positive in relation to the recovery process, it is not a strong predictor of future participation in AA activities. Nonetheless, their phenomenon explains the rationale behind the

much-applauded empirical scope of AA by showing that spirituality and or religiosity are associated with reduction in alcohol consumption.

According to Lund (2016), it is important to hear from participants about their recovery experiences and the meanings they attribute to relevant constructs. The research adopted the interpretive phenomenological evaluation approach to show the perceptions of individuals with at least three years' recovery experience. This qualitative study engaged six adult participants _ages 24-72 (Lund, 2016). Using in-depth major informant interviews, Lund tracked their perspectives as regards their experience with addiction and the recovery process. In the study, narratives were focused on the integration of the Brain Disease Model of Addiction (BDMA) and spiritual constructs. As expected, allowing participants to narrate their stories in their own words revealed notable innovations as well as utterances peculiar to each participant's experience (Lund, 2016).

In explaining this phenomenological approach, Lund (2016) echoed the words of popular Harvard philosopher Charles Taylor regarding what he described as the '*buffered self*,' which provides a theoretical framework for explaining the disparity in participants' definitions of meanings. Although, Lund further provided explanation from his model of emphasis, BDMA, he further revealed that there are other ways of explaining these shifts in 'meaning making.' In summary, Lund (2016) found that participants are prone to provide complex narratives in describing addiction and the recovery process especially as they relate these with other contributing factors such as religion.

The concept of phenomenology explores the lived experiences of participants in relation to a construct and identifies possible patterns from their responses (Ravitch & Carl, 2016). The patterns may then be subject to later strict quantitative study approaches to determine their

reliability, validity, and generalizability (Ravitch & Carl). According to studies, the outcome of such understanding may also be useful in the counseling field and various treatment modalities, by integrating spirituality and social factors in treating alcohol addiction (Entwistle, 2015; Jankowski et al., 2020; Rodriguez-Galan & Falcon, 2018). Hence, it is pivotal to summarize the integration concept as it entails a practical way of applying faith in treatment or in the recovery process.

Integration

McMinn (1996) was a major authority in pioneering the integration construct as he appealed for the integration of psychology and spirituality as well as faith in clinical practice. Other writers subsequently upheld and advanced the idea, including Harold et al. (2009), who stated that integrative approaches are popular in clinical response and applicable to various kinds of therapeutic strategies in addressing alcohol treatment. According to Harold et al., there are various ways of delimiting integrative approaches. Integrative intervention, which refers to including psychological, social, spiritual, and related constructs in psychotherapy, is widespread and has been defined in an all-inclusive manner to include the concept of combining various theories in treatment (Tramonti & Fanali, 2015). According to Drobin (2014), the idea of integration in psychology is gradually gaining momentum, although some clinicians may not incline entirely to spirituality and religious dispositions. Drobin (2014) recognized this paradox and encouraged clinicians to consider integrating faith factors in the treatment process regardless of personal ideology relating to such constructs.

Entwistle (2015), who is an authority on the integration construct, following the works of McMinn (1996), encouraged the adequate integration of faith and spirituality in psychological interventions. This construct is further applied to combining theories in psychological

intervention. Integrative intervention is further described in an all-inclusive manner to include the concept of combining various theories in treatment (Tramonti & Fanali, 2015).

Current Research and Definitions Inherent in the Study

According to Lund (2016), some of the terms used in a study have objective meanings and using strict meaning will not be very effective. The narrative approach as explained by (Lund, 2016) attempted descriptions of relevant terms based on participants' perspectives. The narrative approach of explanation appears to be an acceptable way to describe the meanings of certain terms. The narrative approach to research seeks to shed light on the recovery paths that are not yet well understood. As noted earlier, spirituality, faith, and religion are connected in the recovery process irrespective of how various schools of thought may have perceived the concepts. The inapplicability of the previous studies in practical instances as would be explored later is attributable to the ineffective description of terminologies. Hence, it is imperative to define the term recovery but not in isolation of other constructs that come up during the study. It is crucial to explain "*faith*," which has various perspectives. Note that this study captures faith in a religious perspective and the Christian faith more specifically. This section attempts to define the terms; however, the participants shall still have the opportunity to define the meanings they attribute to relevant terms and constructs irrespective of this definition section.

Faith

According to Fowler and Dell (2006), faith refers to the interrelated forms of human knowing, committing, acting, and valuing that are aimed at finding meaning in life. Usually, it relates to various expressions, symbolic representations, worship, and regulated practices.

Lund (2016) asked 21 participants to define faith and to connect it to Christian faith. Some explained faith in loose association with spirituality, religiosity, and belief system, while

others found different meanings in the words. Accordingly, faith is not entirely a spiritual matter but rather a social matter. Faith has been described as a way of confronting difficult tasks, which is unconditional and helpful in quitting substance abuse and the rather more spiritual faith that helps individuals maintain sobriety.

Religiousness/Religious Faith

Wang et al. (2016) defined “*religiousness*” in connection with belief systems that operate via practices, ceremonies, and rites that connect individuals and a supreme being. Wang et al. used the term “religious faith” to explain the multidimensional aspect of religiousness, which includes external activities such as attending religious activities as well as internal obligations, which revolve around the belief system. Religiousness, which is associated with religious faith, connotes to social support that comes from religious connection (Wang et al., 2016). Wang et al. further noted that religious participation and belief systems relate to decreased use or abuse of alcohol. Wang et al. further relied on Allport’s explanation of the benefits of religion as it relates to intrinsic and extrinsic motivation in describing the positive roles of intrinsic religious motivations. Accordingly, intrinsic religious inclinations positively relate to mental health unlike extrinsic religious motivations (Allport & Ross, 1967; Wang et al., 2016). In a later study, strong religious faith positively and significantly relates to higher self-esteem and better adjustment (Plante & Boccaccini, 1997).

Christian Faith

According to narrative theory, Christian faith has been beneficial in the treatment of various substance abuse problems including alcoholism (Lund, 2016). Christian faith is the expression of belief that resonates with the lived religion or experiences of an individual. The religious inclination referred to as Christianity subscribes to one supreme God as the maker of

all, who expects devotion, worship, and representation from the worshippers (Entwistle, 2015; Lund, 2016). The Christian faith is subject to further delineations. Some participants in these further delineations explain faith as evolving from a mysterious experience, which becomes the center of the participant's life (Lund, 2016). These include *pentecostals*, *catholics*, *liberals*, *orthodox*, and many other variations of Christian denominations or organizations. The sum of this belief path is as believed or confessed by the participants, which is usually in relation to the organized belief system of each worshipper. The Christian faith is narrower than religious faith because the latter tends to embrace individuals of other faiths and allegiance, this research shall tilt towards the inclination of religious faith within the parameters of the Christian faith.

Spirituality Versus Religiousness (S/R)

Spirituality refers to the personal quest to understand the ultimate source of life and being, especially as it relates to meanings, relationships, and sacred or transcendent matters that sometimes involve rituals (Moreira-Almeida et al., 2014). There is a difference between spirituality and religiousness. According to Kelly and Eddie (2020), many Americans may define themselves as being spiritual without being religious. Thus, although spirituality and religiousness may be linked conceptually, they apply to different behaviors, beliefs, and individual experiences (Kelly & Eddie, 2020; Kurtz & White, 2015).

Accordingly, religiousness refers to following a certain laid down set of rules, defined roles, and practices that are connected to a supreme or deified being (Kelly & Eddie, 2020). A general definition of religiousness may also imply spirituality even without an explicit reference to same (Kelly & Eddie, 2020). Therefore, one may be spiritual and yet not religious and vice versa. According to Kelly and Eddie, to be spiritual without necessarily being religious relates to

a broad recognition of a superior being or power(s) that is bigger than oneself and related beliefs that may or may not submit to any organized form of systematic gatherings.

In this research, the terms “*religious faith*”, “*religiousness*”, and “*spirituality*” have often been used interchangeably to imply a belief system that guides human thoughts, behaviors, and dispositions especially as related to its influence in the recovery process as experienced by participants. Kelly and Eddie (2020) use the term Spirituality/Religiousness (S/R) to describe religious faith as a way of expressing these inter-related terms, and this research will adopt a similar perspective. As Kelly and Eddie observed, spirituality and religiousness or religious faith cut across theoretical, empirical, and cultural spheres and are useful in treating alcohol and other drug (AOD) disorders. The role of religious faith is evident both at the genesis and during the recovery process of AOD problems and will be discussed later in this chapter.

Alcohol Abuse

According to NIAAA (2021), alcohol abuse is a diagnosis that describes the problematic use of alcohol that resonates in social, family, and vocational settings according to DSM – IV. It is different from the alcohol dependence diagnosis in the manual that captures withdrawal symptoms such as dizziness, sleepiness, and apparent difficulty in withdrawal (NIAAA, 2021). The DSM- 5 combines the two diagnoses to evolve the AUD, which is a clinical recognized disorder presently (NIAAA, 2021). Nonetheless, alcohol abuse continues to maintain a neutral way of describing the problematic use of alcohol that interferes with daily living. Other designations such as alcoholism, alcohol addiction tend to convey the same or similar meaning and tend to remove the label of classification that formal diagnosis may reveal. The population of study tends to be wary of formal diagnosis (Wong et al., 2018), thus the research question prefers the use of alcohol addiction to portray participant’s designation. Nonetheless, the terms –

alcoholism, alcohol abuse, alcohol addiction and AUD are used interchangeably in this study to capture the same condition of problematic use of alcohol within participants' experiences.

Alcohol Use Disorder (AUD)

According to Jeanblanc et al. (2018), AUD is a chronic disorder with symptoms such as loss of control over intake of alcohol, compulsive use of it, and the increase of a state of negative emotions such as depression and anxiety during the withdrawal phase. As Jeanblanc et al. (2018) observed, the development of AUD consists of histone acetylation/deacetylation in the human brain.

Relapse

This relates to the reinstatement or restoration of an addictive behavior. Twelve-step groups define relapse as the ending of a period of sobriety/abstinence, except for a medical intervention. It is crucial to understand relapse as an integral component of addiction, as NIDA (2014) defines addiction as a chronic relapse disease of the brain based on a reported high rate of relapse, which is 40-60% across various treatment orientations. Thus, various treatment approaches have between 40 to 60 percent relapse rate after treatment. Causes of relapse include physical and emotional withdrawal symptoms, social factors such as unemployment, friends who are actively using, long stretches of leisure time, and other high-risk situations, as well as psychological factors such as anxiety and depression, lacking healthy coping skills for daily stressors, impulsivity, low self-esteem, and learned helplessness. Affective temperaments among other familial factors predict initial relapse in alcohol-dependent clients (Paulino et al., 2017). Other notable familial factors include separation from family, lack of family support, and or conflict with family members (Paulino et al., 2017). Other factors that influence relapse are alcohol euphoria, over-learning habits or predictions, and withdrawal escape. Accordingly, an

initial relapse may lead to another addiction circle or turn into a positive change afterwards (Paulino et al., 2017).

Usually, relapse is associated with how people relate to other people, places, things, and moods as they struggle with alcohol addiction (NIDA, 2014). According to SAMSHA (2015), recovery entails the process of change to boost health and wellness, improve life goals, and ensure fulfilment of life passions. Accordingly, an improvement or change in the environmental and genetic composition of an alcohol dependent person decreases the chances of relapse (Bach et al., 2019).

Acculturation

According to Gonzalez and Méndez-Pounds (2018), acculturation entails an immigrant arriving in, integrating to, and adopting a new culture. It involves the adaptation to a new environment as the old ways give way to the predominant new culture. This relates to the change of one's culture by adding components of the culture that are different from the original culture (Jankowski et al., 2020).

Assimilation

This refers to the process whereby a minority culture adopts a new dominant culture such as the American culture in lieu of their own cultural norms (Disha, 2019, Robbins et al., 2012). The United States has a very high number of immigrants: about 13% of the population, totaling about 40 million people. Thus, immigrants can successfully process, adopt and or assimilate within the dominant culture, which affects other national dynamics (Disha, 2019).

Immigrant

This refers to a person who moves to a new country from their native country with the hope of residing permanently in the new country (Disha, 2019; Gee, 2016; MerriamWebster.com

Dictionary, 2020). Immigrants in the United States usually go through various processes to ensure acculturation, assimilation, and amalgamation in the state of residence. This process comes with varying degrees of psychological distress that affect the immigrant (Gee, 2016). Immigrant Christians from Africa are the population of emphasis in this study.

Recovery

The essence of this study revolves around the recovery phenomenon. Recovery entails a process of change whereby a person who is already addicted to alcohol or related substances gets better in their health by living a well-managed life without abuse of a substance (SAMHSA, 2015). According to Lund (2016), recovery relates to an understanding and experience of a comprehensive process from the misuse of a substance to the realization of sobriety, which includes the medical, psychological, personal, social, spiritual, or religious connotations as described by the research participants. There is a need to describe the recovery process as a long route that has many different phases and portrays different experiences for different subjects. Some of these experiences may take place within or outside a treatment facility, group, or environment. Notwithstanding this, such experiences help researchers and clinicians to better understand the constructs of spirituality, religion, faith, and the recovery process. A broad definition of recovery helps researchers and clinicians explore psychopathology or behavioral aspects of psychology and recognize the various processes that coincide with substance abuse. This study focuses on the phenomenon of recovery and how the participants experience it across other factors such as faith and any acculturation concerns. It is difficult to discuss recovery without paying adequate attention to the object of recovery.

Addiction

Linton et al. (2016) noted the need to correctly identify meanings of words from participants' perspectives, especially words like addiction, of which there are multiple definitions. The American Society of Addiction Medicine (2011) recognized addiction as a major chronic disease of the brain that affects the systems of rewards, memory, motivation, and similar activities. According to Kime (2018), addiction is based on a disease model, which relates to compulsion, loss of control, and or continued use of a substance despite adverse results. Thus, it connotes the interactions of genetics and environment (Kime, 2018). This model aligns more to the diagnosis of AUD as presented in DSM 5. This model presents the individual as a victim who needs help (Jenkins, nd; Kime, 2018). According to the literature, addictions can also be approached from a biological standpoint, which requires a psychological, psychiatric, or medical perspective (Kime, 2018). Accordingly, some models describe addiction from the social and behavioral perspective, which represents addiction as a reflection of the client's environment and choice. There is also the moral/sinful model, which is a religious inclination. According to Padwa and Cunningham (2010), this model is judgmental and leaves clients seemingly hopeless until they attain some religious expectations.

Addiction has been described as "Any substance use or reinforcing behavior that has an appetitive nature, has a compulsive and repetitive quality, is self-destructive, and is experienced as difficult to modify or stop" (DiClemente, 2018, p. 4). Addiction involves the will or decision of the individual, especially at the beginning phase of the addiction. According to Cook (2006), "Addictive disorders are characterized by a division of the will, in which the addict is attracted both by a desire to continue the addictive behavior and also a desire to stop it" (p. i). However,

the auspices of the BDMA model encapsulate the neurobiological facets of addiction and consists of various alternating theories (Kime, 2018).

According to the BDMA model, addiction is a brain disease as it relates to how the addictive drugs “hijack” the reward systems of the brain (Kime, 2018). Thus, the model removes the problem from a “will” problem to a powerful force within the brain of a victim that is not necessarily in control of the behavior (Kime, 2018). Presently, this understanding is more popular than other models of understanding addiction within the public domain (Kime, 2018). Even researchers tend to focus more on this “NIDA Paradigm” (Kime, 2018). In 2014, NIDA devoted 41% of its funding to basic neuroscience and another 17% to the pharmacotherapeutic industries (Kime, 2018). Apparently, NIDA funds 85% of the world’s research on addiction but devotes only 24% of its budget to epidemiology, health services, and prevention research (Kime, 2018). The above statistics are important to expose the biasedness of approaching AUD treatment from a single model and then to adjudicate the need for more encompassing empirical resolution and solution. It is needful to consider the genesis of addiction problems forthwith.

Causes of Addiction. The *DSM- 5* itemizes several criteria for recognizing AUDs, such as compulsive use, cravings, problematic patterns, tolerance, and withdrawal (American Psychiatric Association, 2013). The *DSM -5* uses the strength of the disorder as a criterion for meeting the requirement of the diagnosis (mild, moderate, or severe). According to the *DSM -5*, sustained remission entails the absence of all criteria for a period of 12 months or longer, except for cravings. The *DSM- 5* further differentiates substance use disorder from substance abuse as while the former refers to compulsive use, the latter refers to the use of a substance irresponsibly (Inaba & Cohen, 2014). Individuals working through the 12_steps and attending meetings normally use the term “addiction” and refer to themselves as addicts. It is important to note that

while many may use or abuse alcohol, many are not diagnosed. As a result, participants in this present study do not need to have a formal diagnosis; mere acknowledgement of the criteria for diagnosis will suffice as many people with the diagnosis may avoid submitting to formal testing. According to a survey (SAMHSA, 2015), there is a high level of use compared to diagnosis of substances in the United States. This means that many people who have alcohol and substance problems in the United States are not formally diagnosed although they meet the requirement. According to the above national survey on drug use, it was reported that 10.1% of Americans aged 12 and older used an illicit substance in the past 30 days, and marijuana and prescription pain killers were the major substances abused. Note that many of these users are not formally diagnosed based on the use/abuse.

According to the study, the estimated number of Americans ages 12 and above with substance use disorder is about 20.8 million. The major causes of substance use disorder may be biological or environmental. Accordingly, biological factors relate to genetic, physiological, and other comorbid diagnoses (NIDA, 2014). Genetic factors stress the fact that drug abuse, mental illness, and antisocial behaviors may be congenital through genetic associations (McGue et al., 2014). The reinforcing effect of constant use of a substance coincides with the continuous drive for reward and pleasure-seeking behaviors through molecular adjustments in the brain, which explains the physiological aspect. Substance use disorder has been paired with other co-occurring disorders such as conduct disorder, antisocial behavior, and disinhibitory personality traits among adolescents (Trezza et al., 2014). Traces of more serious mental illness such as schizophrenia-spectrum disorder and bipolar disorder have been associated with higher rates of substance abuse and relapse (Bahorik et al., 2013).

Other factors that encourage use or abuse of alcohol include environmental factors such as family and communal relationships, observations, and experiences (NIDA, 2014). There are also developmental factors that relate to the abuse or use of substances and use disorders that revolve around learned maladaptive thought patterns and behaviors. Thus, children from homes where alcohol is abused are more likely to use or abuse substances. This is because children are more likely to observe and learn attitudes and behaviors from others including family members and peers. This is the premise of social learning theory. According to social learning theory, social factors such as families, schools, and peers play fundamental roles in how most people are likely going to use (and whether they are going to abuse) alcohol (Andreescu, 2019).

The study considered how different racial groups (Caucasians and Native Indians) respond to social learning theory in relation to alcohol abuse. Accordingly, they responded in ambivalent ways that may or may not be explained and predicted by the theory. The study further considered the racial/ethnic roles of social agents across gender subgroups while considering individual strengths. Another key cause of alcohol use or abuse is a learned maladaptive thought pattern, which relates to impulsivity and hopelessness (Mackinnon et al., 2019). It is easier to get into an addiction than to recover from it. Likewise, it is easier to relapse than to maintain the recovery state. This study shall delve into the practical routes towards the recovery process from alcohol addiction. Now, it is important to briefly reflect on some practical applications of this concept.

Application of the Concept of Recovery

Recent research has articulated that spirituality and religion are inversely related to alcohol use across various life spans (Allen & Lo, 2010; Giordano et al., 2016). This relationship appears to apply across additional types of substance abuse as well, such as marijuana and

related drugs (Giordano et al., 2016). Likewise, there is a positive association between spiritual/religious practices and substance abuse treatment outcomes (Giordano et al.). In a robust study, Chitwood et al. (2008), found that religious factors are protective factors against drug and alcohol use. Irrespective of the available research on the need to include spirituality in treatment, studies indicate that clinicians are often wary of including spirituality and religion during treatment (Chitwood et al.; Drobin, 2014).

Chitwood et al. further found that religious factors help to discourage alcohol intake whether at the commencement of an event that poses such temptation or during the treatment process and that consistent participation in religious activities will boost either abstinence or recovery depending on the individual. Other studies support the integration perspective involving the inclusion of spirituality and religiousness in treatment of addictive behavior as well as other psychological disorders (Jankowski et al., 2020; Wong et al., 2018).

Wang et al. (2016) support the integration or incorporation of religious faith and spirituality in working with individuals recovering from substance abuse addictions especially when family support is not fully present. Their study focused on immigrants who are living in the United States without their core family members. According to the study, there is a need to train clinicians to include religious and spiritual interventions in treating alcohol addictions. This is the core of the integration concept. Wang et al. further noted the idea of Alcoholic Anonymous and the use of the 12-step program as an application of this integrative protocol. Accordingly, AA focuses on the need to combine spirituality and supportive community alongside other empirical approaches in treating alcohol addiction (AA, 2015; Wang et al., 2016). According to the study, it is crucial to consider each client on an individual basis before applying the

integration construct. Accordingly, clinicians and program directors have a huge role to play in this respect.

Wang et al. encouraged counseling professionals and treatment facilities to be knowledgeable in the fundamentals of such integrative approaches and to refer to such when it is applicable in each circumstance. According to the results, the integration approach is useful in treatment and preventive scenarios. In the study, data was collected from 112 clinical outpatients in treatment for substance abuse. The results indicate that religious faith has strong direct and indirect effects on suicidal behavior and in the absence of family support, religious faith provides sufficient support for individuals in the recovery process. Accordingly, when a person has personal religious faith, it reduces suicidal tendencies; likewise, when someone who is not directly involved with religion has family or support that has direct involvement with religious practices, the family or such religious support reduces the possibility of suicide in the individual that has no direct contact with religious inclination. The religious activities contemplated in this case include prayers, support, and other ways of showing love.

There are numerous studies that support the idea that spirituality, religiousness and faith or belief system safeguard against substance use disorder (SUD) and have obvious positive effects in the treatment process (Kaskutas et al., 2014; Kelly & Eddie, 2020; Wong et al., 2018). Kelly and Eddie (2020) identified that individuals with more severe alcohol problems are likely to use spiritual/religious approaches in the recovery process. It appears that the severity of their condition warrants the option of requiring spiritual/religious (S/R) ideals (Kelly & Eddie, 2020; Kelly & Hoepfner, 2013).

Research suggests that spirituality approaches alone could be problematic as they may also contribute to an addictive tendency (Kelly & Eddie, 2020; Kelly et al., 2011). However,

resorting to religious forms of faith in treatment would be more helpful for those who have religious backgrounds (Kelly & Edie, 2020). This study seeks to expose how this integration phenomenon is described in the words and world of the participants.

At this juncture, it is pertinent to explore the literature on recovery from alcohol addiction in relation to religious faith and immigrants undergoing acculturation phases as well as applying the relevant terms.

Literature Review of Key Concepts

Recovery From Alcohol Addiction as it Relates to Faith and Immigrants in the Acculturation Process

Before delving into understanding acculturation, it is vital to first attempt describing culture as a foundation. Then, the concepts of acculturation and assimilation will be addressed as they relate to immigrants in the United States. Afterwards, the concept of alcohol addiction and recovery therefrom are reviewed based on available literature on the topic.

Culture

Culture relates to the set of beliefs, attitudes, values, and standards of behavior that is conveyed from one generation to another (Gonzalez & Mendez-Pounds, 2018). In the case of immigration, as an immigrant moves to a new country, two cultures are being merged, which affects the dynamics of the immigrant as various individuals and cultures deal with this process in unique ways. It is important to note that culture is progressive, dynamic, and unique for individuals, families, and nationalities (Gonzalez & Mendez-Pounds, 2018). Accordingly, culture is not static but keeps evolving from earlier traditions and is passed from one generation to another; this explains its progressive nature.

The dynamic nature of a culture strongly influences the people that hold it as supreme, valid, and binding. Changing cultural norms is not an easy task for individuals, especially when they are confronted by a new culture. Culture is unique for each person as members of various cultural domains have peculiar ways of doing things, which connects them to their cultural heritage. These unique dynamics affect decision making, spirituality, and parenting, as well as coping mechanisms (Gonzalez & Mendez-Pounds). As Gonzalez and Mendez-Pounds further observed, culture helps to mold and direct individuals and families into their unique capabilities. Thus, when one moves into a new environment or culture, the initial culture is challenged, threatened, and eventually overtaken by the new and dominant culture. This explains the concept of acculturation, which is the next subject of this discourse.

Acculturation

According to Gonzalez and Mendez-Pounds (2018), it is vital to explore the concept of cultural interactions when dealing with acculturation. Although the researchers studied Hispanic immigrants, the subject is applicable to other immigrant populations as well. Apparently civilized and western countries thrive on the strength of accommodating foreigners (Volpone et al., 2018).

In the United States for instance, 12.9% of the population are immigrants, 5% of students in higher education are foreign born, and 17% of the labor force in 2017 was born outside the United States (Volpone et al., 2018). Generally, when people settle in a new country, certain dynamics are involved, which without proper understanding will affect the psychological health of the immigrant. These dynamics have been discussed in literature and summarized hereunder. Volpone et al. (2018) noted the importance of globalization across economies such as the American economy and how foreign-born people contribute to various sectors of the polity.

Obviously, the world is becoming like one village where what happens in one place affects other places. According to the research, one core effect of globalization is the ability of immigrants to know a lot about a new culture before moving to a place where that culture is prevalent, which further boosts the possibility of easy acculturation. Generally, it is not easy to adapt or acculturate within a new culture as remnants of the old culture continue to cause disruption within a new dominant culture. The implication is that eventually total assimilation will cure the disruption and aid full and timely acculturation.

According to Volpone et al., individuals from foreign cultures, which are usually minority cultures upon arrival in a dominant culture, tend to adapt easily to a new culture after migration. According to the study, minority status relates to the peculiarity of individuals who consider themselves as minority in their original environment before migrating to a new environment. On another note, the way immigrants adapt within their own peer groups in a new culture is responsible for the possibility of easier acculturation within the general new culture (Celeste et al., 2016). Thus, if a teenager can adapt well in the school setting, the teen would be able to integrate easily in other facets of the new culture. According to the research, when one is a misfit within one's peer groups in a new culture, one has a higher risk of not adapting to the new culture.

Accordingly, minority status in the home country helps the individual to learn to adjust to newer cultures. This paradox makes sense as such minority status or experience builds inner resources for the individual to draw from when confronted with newer cultures even in an international environment (Volpone et al., 2018). It is important to note that irrespective of cultural disparities, adaptation within a new culture can be evident even from mere facial expressions (Bjornsdottir & Rule, 2020). As a result, when one is fully acclimatized and

acculturated in a new culture, the feelings of satisfaction and fulfilment are not without facial expressions. Such expressions are evident at family, work, and in other social or related settings.

As Gonzalez and Mendez-Pounds (2018) noted, different families have different ways of dealing with changes that occur when they move from one country to another. Apparently, it is easier for younger children of African origin living in the United States to adapt to the new culture than it is for their parents (Akinsulure-Smith et al., 2016). This process of settling down is captured by two words – acculturation and enculturation.

Acculturation and Enculturation

When a person or family moves to a new country, the process of acculturation and enculturation is imminent as the two cultures begin to interact within the individual or family (Gonzalez & Mendez-Pounds, 2018). Acculturation refers to the ability of the individual from a certain country or culture to successfully interact with the secondary culture by disengaging from old cultural norms and embracing new cultural expectations (Gonzalez & Mendez-Pounds, 2018). This process is quite complex, and people have various ways of dealing with the process as some may adapt fully while others may remain ambivalent to the new norm (Gonzalez & Mendez-Pounds, 2018). When migration involves a family, it is usually easier for children to acculturate, while adults may find it more difficult to adapt to the new culture (Gonzalez & Mendez-Pounds, 2018; Akinsulure-Smith et al., 2016). Therefore, acculturation comes along with enculturation.

Enculturation

Enculturation entails the willingness of immigrants to maintain the values of their old culture while adapting to the expectations of the new culture simultaneously (Gonzalez & Mendez-Pounds, 2018). Berry (1997), who is an authority in the subject, postulated the various

ways that acculturation manifests and contemplates the fact that an immigrant may completely eradicate their own culture, completely insist on their own culture, systematically marry both cultures, disengage from both cultures, and or dwell along various continuum of the available options. Accordingly, when an individual or family fully immerses themselves into the new culture, it is referred to as assimilation (Gonzalez & Mendez-Pounds, 2018). In this complex route, there is a tendency for an immigrant to experience psychological distress, which further calls for various ways to cope. Apparently, resorting to alcohol use is one of the readily available ways of coping along this spectrum (Brown et al., 2016). The research reveals that acculturation stress is linked to alcohol dependence among Native American Indians and Native Alaskans. Apparently, it is not only immigrants who deal with acculturation issues, as one born in a country like the United States may still find oneself dealing with acculturation issues when one lives and interacts in a neighborhood where the dominant culture is different. Therefore, each culture and everyone has unique ways and options for getting acculturated in a new culture or system. According to Gonzalez and Mendez-Pounds (2018), religious practices are also a strategy that immigrants use to deal with the acculturation process.

Wang et. al. (2019), drawing from the work of Berry, expounded on the relationship between acculturation and enculturation in the history of American immigrants. Accordingly, while acculturation relates to adaptation into the mainstream culture, enculturation refers to the retention of the old culture in the process. According to the unidirectional hypothesis, when a person engages in a secondary culture, the person is likely to lose connections to their original culture. This premise has been extended to enculturation to illustrate the possibility of internalizing the culture of origin even in the process of acculturation. The level and rate of enculturation in comparison to acculturation has been linked to mental health and it is on this

premise that the immigrant seeks for various ways to adapt within a dominant culture.

Accordingly, the higher the level of acculturation, the higher and better in the mental health of the immigrant.

Acculturation and Immigrants

Immigrants, who are representatives of different cultures acculturate in varying manners. Religiosity appears to be one of the ways that immigrants cope within a new culture. According to Kelly and Eddie (2020), there is a huge difference among racial-ethnic groups regarding the use of spiritual faith in the recovery process from alcohol addiction. They noted that Black Americans tend to be more inclined towards resorting to religious faith and related practices in treating alcohol addictions. Little is known as to how immigrants may or may not resort to any form of religious faith in treating alcoholism as studies hardly focused on them. Kelly and Eddie further reported that even among the Black American population, individuals have varying tendencies in relating with faith or related approaches.

There is a need to assess each person even within the same cultural background to determine their individual level of willingness to subscribe to integrative formats in the treatment process (Kelly & Eddie, 2020). Thus, this study is poised at understanding the experiences of each individual participant from this population. Nonetheless, there seems to be a relationship between immigrants resorting to alcohol and coping with acculturation distress, and there is a need to explore whether religious faith plays any role in the recovery process (Lund, 2016; Kelly & Eddie, 2020). According to Brown et al., the experiences of Native American Indians and Alaska Natives during the colonization of North America increased acculturative stress due to their lower concentrations within the urban area. The study found a distortion of the cultural identity of the participants and its association with alcohol and other drug use. The study focused

on 10 focus groups with a total of 70 youth, parents, providers, and community advisory board members to identify 12 themes related to how participants tend towards alcohol use in dealing with their upheaval regarding cultural dispositions.

A study by Wang et al. (2016) reiterates that immigrants who lack fundamental family support in a new culture are likely to tilt towards the use of faith related interventions in addressing alcohol problems. The sense of belonging and community-like interactions evident in a religious setting make up for such family absence. The study further suggests that strong religious inclination or what Wang et al. described as religious faith-based support is needed more to prevent suicide among substance abuse clients who lack strong family support. Accordingly, the community and emotional support from a religious family substitute for the warmth and love evident in a natural family setting (Wang et al.). In another research study, it was evident that even Black Americans find church and religious practices sufficient for coping and recovery from alcohol use as well as other addictive behaviors (Wong et al., 2018).

According to Abdullah and Brown (2012), there is a correlation between acculturation level and alcohol use among African American college students and the relationship varies by religiosity and gender differences. The study concluded that there is a relationship between acculturation level and alcohol use and that religiosity and gender affected the relationship. Accordingly, students who are low in acculturation level tend to make up for this by delving into alcohol use. (Note that the higher education institution poses a new culture to which each student irrespective of cultural status must acculturate within the school environment.) However, religiosity tends to decrease the tendency to resort to alcohol use as a coping mechanism. Males tend to tilt towards the use of alcohol as an escape in a new culture more than females. In a similar study, young school children, who are unable to connect with fellow peers, further find it

hard to connect with the totality of the dominant culture (Celeste et al., 2016). This same study has also been extended with the Hispanic population (Jankowski et al., 2020). Fish et al. (2017) conducted a similar study with native Americans and found a substantial relationship between acculturation and alcohol addiction within faith constructs. The fact that these studies did not consider African immigrants remain a gap that warrants the present study.

The core phenomenological aspect of this study considers the work of Al-Omari et al. (2015) and that of Milstein (2020). This study examines the role of faith and spirituality in the recovery process of individuals with alcohol addiction (Al-Omari et al., 2015). The study involved Jordanian adults and found that religion and faith play fundamental roles in recovery from alcohol addictions (Al-Omari et al., 2015). It is a part of a bigger project that processed the role of environmental, personal, social, and religious factors and how they connect with recovery from alcohol and substance abuse. The study involved one hundred and forty -six participants who were receiving treatment in alcohol and substance abuse centers. They were interviewed using a structured open-ended interview pattern. The questions focused mainly on how they perceive religious factors in their recovery process. The participants were recruited from the National Center for Substance Abuse Rehabilitation (NCSAR) and the Antinarcotics Social Center (ASC).

Almost all the participants (97.3%) were males and 98.6% were Muslims, thirty-seven participants were alcohol abusers, another thirty-seven were users of drugs such as narcotics and six participants were both alcohol and drug abusers, while 66 participants were also abusing other substances such as cannabis, inhalants, and solvents. Two themes emerged from the study: the role of religion and the role of religious men in recovery from alcohol addiction. Four other sub-themes emerged from the first theme: religion as peace of mind, religion as a new beginning,

religion as protector, and religion as encouraging and increasing motivation. The sub-themes from the role of religious men are religious men's perception of substance users, being judgmental, and religious men's approach.

The study involves a qualitative approach and facilitates the further contemplation of the concept of faith-based treatments (Al-Omari et al., 2015). The results stress the significant role of religion in the recovery from alcohol addiction. According to the researchers, it is important not to limit a study as important as this to only dominant cultures but to adumbrate the same study within other cultures and populations. The researchers found a gap in the relevant literature by identifying that most of this study focuses on the western world (Al-Omari et al., 2015). This capstone project is an attempt to address the identified gap in the relevant literature, which is to better understand the experience of African immigrants in the United States who resort to religious based approaches while recovering from alcohol problems. Since Al-Omari et al.'s original study is limited to Jordanians, the need to extend to other populations such as African immigrants in the United States is the core of the present study.

Inculcating faith in treating alcohol addiction is not new (Lund, 2016), but it is not well studied among the population of African immigrants, who are the core participants in this study. According to Tangengerg (2005), the inclusion of spirituality in the treatment of alcohol addiction is applicable to the twelve-step program and spirituality is a crucial factor in treating alcohol addiction. Accordingly, the client's faith and religious inclination must be appraised prior to the inclusion of spirituality in the treatment process (Tangengerg, 2005).

According to Gedge and Querney (2014), there is a need to be wary when involving faith and spirituality in treatment parameters. The research processed with a sense of uncertainty the idea of integrating spirituality while treating individuals with addictive problems. The study

focused on existing research in describing spirituality as the silent dimension in the recovery process. The researchers tilted their support towards an integrative approach in treating individuals struggling with substance use or abuse. The study highlights the need to uphold ethical considerations while incorporating spirituality in treating addictions. Thus, spirituality is an important factor in the recovery process and ought to be incorporated in providing interventions in corporation with other empirical models.

Accordingly, Williams (2017) observed inherent challenges that ethnographers confront while chronicling the treatment of addiction and drug problems from a religious orientation. The study found that residential ethnography is relevant in preserving social life in a therapeutic community and helps in providing ethical and participatory responses to research in a closed institutional community. The research reveals the complicated ethical and practical complexities that emanate in a faith-based therapeutic setting while working with individuals going through recovery. The researcher noted the difficulties of intervention that involves community access, identity management, and consent, as well as the dilemma of ‘*mixed loyalties*’. “*Mixed loyalty*” relates to a set of ethical practices comprising moral conflict, negotiation, and compromise whereby the researcher, due to the level of involvement, helps participants to adjust to inherent ideals, systems, and processes, which the faith-based community adopts. Summarily, the study processes the potential of religious oriented practices in the recovery process, their practicality, and ethical worthiness in the psychological intervention.

Further Literature Review

In this section, it is important to explore and review available research relating to alcohol addiction, treatment options, recovery, integrative approaches, controversies, the definitions of relevant terms and the exploration of future trends. This section contemplates how researchers in

the discipline have approached this theme with the limits thereof. It further reveals the strengths and weaknesses inherent in the various ways of approaching the phenomenon.

Issues of Alcoholism and Public Safety

Alcohol addiction is a major concern in the community. According to Al-Omari et al. (2015) about 2.5 million people die annually from the use or abuse of alcohol all over the world. According to a study, approximately 17 million Americans suffer from a diagnosable AUD (Litten et al., 2016). Alcohol is the third leading cause of teen death in the United States (Hart & Ksir, 2015). According to recent statistics, there were 88,000 alcohol-related deaths per year between 2006 and 2010 (The Substance Abuse and Mental Health Administration (SAMHSA), 2018). One major danger of alcoholism is its contribution to other deaths. Litten et al. (2016) revealed that AUD was responsible for 1.1 million life years lost from premature mortality, 2.4 million life years lost due to disability, and 3.6 million disability-adjusted life years, and the statistics have remained in the same range for decades. Alcohol use has also negatively impacted the economy. The cost of excessive use of alcohol in the United States alone in 2010 is \$249 billion (SAMHSA, 2018). This number revolves around workplace productivity (\$179 billion), medical expenses (\$28 billion), criminal justice (\$25 billion), and motor vehicle collisions (\$13 billion).

About 12 to 15 million people use or abuse alcohol in the United States (SAMHSA, 2018). There are approximately 6.3 million illicit drug users and 6.2 million heavy alcohol users in the United States alone (SAMHSA, 2018). Even among college students, alcohol use and abuse are major concerns. About 70% of college students use alcohol in many ways, less than 20% of them smoke cigarettes or cannabis, and less than two per cent use cocaine (Hart & Ksir, 2015). The above statistics also contemplate the African immigrants who are burdened with

adjusting to life in a new country and tend to adopt alcoholism as a way of escape. Apparently, there are about 12.9% of African immigrants in the United States alone (Volpne et al., 2018). Also, about 5% of students in higher education and 17% of the labor force in 2017 were immigrants (Volpne et al., 2018). Due to high levels of stress, these immigrants are susceptible to alcoholism, which may further boost the rate of crime. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2013) further identified the cultural and biological components of the problem of alcohol and how it relates to crime. It is crucial to introduce the biological component of addiction and the medical model of recovery and later discuss the same more extensively.

According to Breedlove and Watson (2020), a good understanding of the ventral tegmental area (VTA) will help researchers to identify the best treatment model for approaching addiction problems. This is because VTA, which is a pathway to the nucleus accumbens, and the cortex (which includes the insula and the hippocampus), plays a huge role in the addiction process. The VTA houses a medial forebrain bundle where fluid flows in and out. The authors noted that it also houses the nucleus accumbens. Accordingly, the microdialysis technique states that when dopamine released into the nucleus accumbens crosses the dialysis membrane, it can be detected via the flowing out liquid. Having examined the reality of alcohol addiction and how addiction connects with the brain, there is a need to consider various treatment options. Using existing literature, the preceding section tends to justify the essence of the underlying concepts described in this study. However, it is pertinent to first trace the origin of the problem of alcoholism before proffering the recovery dynamics.

History of Alcohol Addiction

According to Rosso (2012), alcohol and substance abuse has been a historical problem to humanity. According to the author, the cause of this problem is traceable to three major roots: spiritual/religious, medicinal/therapeutic, and feeling good factors. Ksir and Hart (2015) supported the argument that alcohol is rooted in religious/spiritual causes. Accordingly, religious priests and leaders use alcohol as a means of getting into the spirit realm for consultations and performance of spiritual rites (Ksir & Hart). Rosso (2012) noted that wines have traditionally been a valid way to relate with spiritual beings from the origin of time. Also, Rosso identified that alcohol was used in medical treatment in various ways such as antiseptics, sedatives, anesthetics, antidotes, purifiers, and digestives. Further, Rosso reiterated the historical use of alcohol as a stimulant for good feelings.

According to Rosso (2012), the abuse or addictive use of alcohol is traced to antiquity. In Genesis 9:21, Noah was drunk with wine and gets naked as a result (Genesis 9:21, NIV). Such stories of getting intoxicated were repeated in many Bible stories. There were also instances during early civilization (in Egypt) where alcohol was used for pagan rituals and trade/services, according to Rosso. Rosso also pointed out that in those early years, the ancient Greeks would have a symposium, wherein they gathered to feast, drink, and entertain themselves and sometimes get drunk in the process. According to Hamarneh (1972), in medieval eras, substances such as opium were used in religious rituals, medically, as pain relievers, and in business for trade or for recreational purposes. The abuse of substances has been a long-time concern even though the need for treatment arose only in the past 200 years according to Levine (1978). Accordingly, other substances such as heroin, cocaine, and opium as well as alcohol were

originally developed for curative, anesthetic, and recreational or enjoyment purposes until abuse become imminent (Levine, 1978).

Originally, the act of abusing alcohol was perceived as an irresponsible behavior (Milstein, 2020) and the word “addiction”, which originates from the Latin word ‘*addico*’ was used in the 18th century (Alexander & Schweighofer, 1988). According to Rosso, as far back as 1500 B.C, imposition of high taxes was used as a punitive and deterrent approach against individuals who abuse alcohol. According to Hamarneh (1972), the first known government sanction against alcohol was between 1266 and 1267 AD. From the birth of the United States, alcohol abuse was evident especially among the military. As White (2014) noted, Benjamin Rush, the physician General of the Army, observed that many of the officers were consuming excess alcohol and began to impose sanctions accordingly. Rush (1791) attempted various ways to curb alcohol problems. He wrote a book to address the negative effects of alcohol on the human body, which includes susceptibility to illness. Rush recommended conversion to Christianity (religious model), witnessing the death of a drunkard (metaphysical), and cold baths (medical factors) as treatment measures. In those early days, the belief that drunkenness was intentional was popular and thus intoxication was rated as a crime (Hamarneh, 1978, White, 2014). Later, instead of throwing offenders into jails, officials sent them into asylums and inebriate homes both for punitive and treatment objectives (Hall & Appelbaum, 2002; White). These facilities were run by addicts in recovery or “wounded healers” as they are called and the success rate was quite low (Hall & Appelbaum, 2002; White).

White (2014) identified the formation of the American Association for the Cure of Inebriates in 1870 by Dr. Joseph Parish, who promoted the disease model for treating alcohol addiction. While the association worked to establish homes/asylums around the country, private

treatment homes sprang up across the nation canvassing controversial measures of cure (White, 1999). One of these was Keeley Institutes, which began in 1879 and advertised a 95% success rate in a 6-week treatment approach that utilized good nutrition, exercise, a warm environment, and fellowship as criteria (White, 2014). It boomed in the 1890s but with the influx of other treatment options, it collapsed in the wake of the twentieth century (Milstein, 2020).

There was little or no governmental intervention in those days, which led to the fast spread of the alcohol problem across United States, until the early 1990s when the United States Congress came up with various interventions and control measures (White, 2014). Various countries alongside the United States made laws in the early 1990s controlling the use of drugs and alcohol; also, self-help groups such as AA with its 12 steps emerged with programs and interventions to curb the spread of alcoholism and its related problems (Milstein, 2020; White, 2014).

According to Milstein (2020), many institutions, groups, and individuals worked hard to contain the problem of alcohol addiction until the post-World War I era, when the Great Depression hit hard and affected the entire system. According to this recent study, by 1933, the 21st amendment repealed the prohibition of alcoholic drinks, and abuse skyrocketed across the US. Milstein (2020) cited a variety of social factors that affect alcohol abuse ranging from unemployment to the feminist movement. Milstein's study reveals that sometime in the 1920s, Carl Jung introduced the idea of seeking sobriety with the use of spiritual/religious ideals. Apparently, Jung worked with a client named Rowland Hazard, who had alcohol problems (Kurtz, 1991; White & Kurtz, 2008).

According to Milstein (2020), Jung taught Hazard, after his relapse, that he could attain sobriety through a great spiritual or religious encounter. Then, Hazard was converted to

Christianity and joined a group called the Oxford Group where he allegedly “found” sobriety and conveyed his testimony of hope to other individuals who have alcohol problems. Later, according to research, Edwin (Ebbey) Thacher was discharged into Hazard’s custody in lieu of being committed to prison (Kurtz, 1991; White & Kurtz, 2008). Accordingly, Thacher became part of the Oxford Group and later helped Bill Wilson with the concept that led to his own spiritual encounter as well. As Milstein noted, Bill Wilson later had a business problem in 1935 that led him to speak with Dr. Robert Smith (Dr. Bob), who was also struggling with alcohol. Their meeting was the genesis of AA (AA, 2001). According to the history of AA, the duo realized that through communication of shared experiences and mutual understanding that is not professional, they could break free from alcoholism (Wilson, 1953). Apparently, they maintained two groups, one in Akron and one in New York, for three years before choosing to spread the model. They avoided controversial underpinnings to preserve the dignity of the movement (Kurtz, 1991).

Wilson (1953) worked hard from the outset to avoid making the same mistakes as previous similar self-help groups by integrating and balancing a healthy relationship between the medical, spiritual, and therapeutic approaches to treating alcohol addictions. This integrated approach, according to recent studies, has enabled AA to remain viable to date irrespective of various challenges at various phases of its development (Milstein, 2020; White, 2014). Suffice to mention that the problem of alcohol cuts across various age groups and has affected humans on emotional, cognitive, and neurological, as well as sociological dimensions (Sullivan et al., 2016). Accordingly, for those who began drinking alcohol early, the problem seemed tolerable but later, it becomes obvious that quitting is not as easy as it seemed; thus, deliberate actions are required

for quitting, abstinence, and to avoid relapse (Sullivan et al.). According to recent studies, the problem of alcoholism is continuing to plague humanity (Kruse et al., 2020).

About 18 million people in the United States have been diagnosed with AUD (Kruse et al.). The problem of this addictive behavior is not only the problem it poses to the person but also the other family and societal harm that may result from it. For instance, 2.5 million lives are lost annually in the United States and in the European Union in relation to alcohol use or abuse. Approximately one in four deaths of people 15 to 39 years old are traceable to alcohol (Kruse et al.). Kruse et al. campaigned for alternative ways of dealing with this problem beyond the existing methods. They believed that technological innovations could be useful in treating alcohol addiction problems.

Another huge aspect in the history of alcoholism is how it negatively interacts or interferes with other mental health problems. It has been linked with post-traumatic stress disorder (PTSD) especially among public officers such as the police (Brunault et al., 2019). Many professionals have poorly managed their jobs because of alcohol related problems (Brunault et al., 2019). Apparently, the major work of recovery from alcoholism is how to reintegrate the individual back into society by rebuilding positive coping and moral virtues (Charzyńska et al., 2018). The issue is not without a connection to some seemingly positive virtues. Niemyjska et al. (2018) found that a positive view of spiritual forces such as God and angels are positively significant with individuals who have alcohol problems. Thus, forgiveness and gratitude are linked more to this population than the rest of the population (Charzyńska et al., 2018).

Having examined the cause of addiction, the next focus is to explore the key concepts and/or phenomena in this study to describe what is obvious, or what may be controversial, as

well as any pending gap in literature. At this juncture, it is vital to consider squarely the known issues, which is the problems immigrants face in a new culture.

The Immigrant and the Cultural Divide

According to research, immigrants are susceptible to psychological distress as they undergo the acculturation process, and some resort to alcohol use to cope with the situation (Jankowski et al., 2020; Rodriguez-Galan & Falcon, 2018). Some studies argue that although immigrants deal with psychological stress, they may not end up with AUDs in the process (Salas-Wright et al., 2014; Rolland et al., 2017). One of the major reasons for lack of such diagnosis is the reluctance of this population to submit to psychological intervention (Kelly & Eddie, 2020). The immigrant population also has more of a tendency to resort to spirituality in treating psychological disorders than seek psychological treatment and this line of thought applies in regard to treating alcoholism (Wong et al., 2018). Globally, immigrants are associated with a higher risk of psychosis and other mental health problems, which they deal with in various ways (Amad et al., 2013). Rolland et al. (2017) noted that when comparing France to the United States, there is no significant difference between immigrants and natives regarding the problem of AUDs. However, research supports the finding that immigrants have a higher level of psychological distress than natives that is traceable to the change in cultural and psychological environment (Vaeth et al., 2017; Rolland et al., 2017).

In the United States, AUDs are less frequent among first generation immigrants compared to natives, but the margin seems to be insignificant in later generations (Rolland et al., 2017). This concept is referred to as the ‘immigrant paradox’ (Amad et al., 2013; Rolland et al., 2017). The concept of “immigrant paradox” illustrates that immigrants in the United States show better health conditions while still experiencing more psychosocial risk factors (Rolland et al.,

2017; Salas-Wright et al., 2014). It is worthy to note that this study is subject to debate as it has not been replicated in other countries and populations (Rolland et al.). Rolland et al., in their study, found that the ‘immigrant paradox’ does not apply in France as immigrants have the same AUDs as natives. It is crucial to reflect on how the immigrant concerns come up in other literature.

Dillon et al. (2019) reported that immigrants, especially Latina women, are more susceptible to psychological distress than women born in the United States. The study noted symptoms of such psychological distress as depression, anxiety, and other types of psychopathologies at varying degrees. Accordingly, there are stressors that relate to acculturation concerns (Dillon et al.). According to the authors, these issues revolve around the process of leaving a primary culture and emigrating to a more dominant one. Furthermore, the psychological distress is heightened as immigrants may not readily have access to mental health care upon arrival to the United States. Thus, Dillon et al. noted that the immigrant resorts to various ways of dealing with the psychological imbalance and alcoholism appears to be one of the ways.

African Immigrants and the Problem of Alcoholism

African immigrants, who may be referred to as Africans in America, are at the core of this study. The study explores the predicaments and perceptions of African immigrants as experience recovery while considering the roles of spiritual, psychological, and social factors during the recovery process from AUD. Mose and Gillum (2016) noted the level of tension in many immigrants’ African homes in the United States. The authors considered that the level of stress was due to settlement in a foreign culture and that domestic violence ensues because of this stress. The study noted that most of the domestic violence within immigrant African homes

has been traced to alcohol abuse as well. Although the percentage of African immigrants in the United States is 3.9%, the population is growing rapidly from under 200,000 in 1980 to 1.5 million in 2009 (Mose & Gillum, 2016). Tshiswaka et al. (2017) noted that the United States Census (2012) categorized approximately 13% of the total population, or 40 million people, as foreign-born, and projected that this number will increase to approximately 81 million by 2050.

Asante et al. (2016) demonstrated that African immigrants in the United States face multiple challenges as they navigate their stay in a foreign culture. The authors identified that since 1990s, there has been an influx of Africans in the United States through scholarships and green card lotteries. Nonetheless, very few studies focused on how these immigrants cope in the United States. The authors reiterated some puzzles that these immigrants must face especially related to racism, sexuality, and religion and how they respond to being “Black.” The authors further mentioned the influence of institutionalized racism and cultural bias that these immigrants would have to combat in trying to settle in the United States. In the study, the authors highlight that Africa has many subtribes and cultures; immigrants from these various subtribes and cultures do not actually acculturate at the same pace and level. They also pointed out how Africans in America may be biased against African Americans and how Americans may often feel that being African has the connotation of being “dumb.” The authors concluded by pointing out the contradictions and conflicts of coming to America from Africa and the need for further study of these Africans, with varied rich culture, instead of simplistic categorization of them as “Blacks” and “Nonwhites”. Further, the authors noted that in going through identity negotiation, the African immigrants go through various phases by assessing historical contexts, geopolitics, and intersectional locations that make up the black experience.

Tshiswaka et al. (2017) emphasized the common belief that problematic alcohol consumption leads to chronic and psychological disorders. The authors reiterated that the excessive consumption of alcohol among immigrants is related to the acculturation process. The study considered a subgroup of immigrants who are transnational and how they consider alcohol dependence. According to the study, transnational immigrants are those who retained the duality of the cultures (the original and the new culture, where they reside) as a form of acculturation and coping strategy. The study consisted of a focus group of 14 west African transnational immigrants (7 men and 7 women) from Ghana and Nigeria ages 25 and above, who had lived in the United States for at least 2 years and still have ties with friends or relatives in their original country. Apparently, participants perceive alcohol consumption as having medicinal value and a way of socializing (Tshiswaka et al., 2017). Accordingly, the study reveals that community parties and social settings provide opportunities to access alcohol without limits. Nonetheless, the participants reported that one's spiritual and religious beliefs are deterrents to excessive consumption of alcohol.

According to Tshiswaka et al. (2017), within the immigrant community, there are different categories based on local and trans-local relationships. The authors identified three levels of African immigrants in the United States as follows: classical African immigrants, refugees and asylees, and transnational African immigrants. According to the authors, transnational immigrants are identifiable by having more than one sociocultural tie as they are linked to multiple factors that impact their behaviors as relates to alcohol consumption.

Li and Wen (2015) found that alcohol abuse is less common among sub-Saharan African immigrants in comparison with other United States immigrants. However, this study combined a heterogenous classification of African immigrants, who have enormous cultural differences.

Another research study indicated that African immigrants, generally, are less likely to depend on alcohol because of their esteemed socio-cultural norms and values (Sudhinaraset et al., 2016).

Irrespective of the last two positions, it is important to note that the problem of alcohol gradually escalates and is linked to development of various chronic disorders such as obesity (Obisesan et al., 2015). This will be discussed more in this section.

Tshiswaka et al. (2017) emphasized that acculturation contributes significantly to alcohol related problems among immigrants in a new culture. According to the authors, the change in traditions and the new environment contribute to the tendency to use alcohol to cope.

Accordingly, acculturation stresses, which include but are not limited to living in incessant fear of failure or deportation, cause additional risk factors that culminate in increase in alcohol consumption. According to older and recent studies, acculturation, and the duration of stay in the new country is positively related to alcohol abuse (Escobar et al., 2000; Tshiswaka et al., 2017). According to a similar study, this issue of acculturation stress applies to both documented and undocumented immigrants in the United States (Arbona et al., 2010). According to Sudhinaraset et al. (2016), immigration increases alcohol consumption because differences in lifestyle and socio- environmental considerations promote the possibility of forming this new habit of alcohol consumption for the immigrant. An old study suggests that if drinking is more common in the new country, then the immigrant will adjust to higher drinking rates especially when it is affordable (Rebhun, 1998).

Tshiswaka et al. (2017) further canvassed the effect of psychological anxieties surrounding the change in hierarchical order that is associated with American culture, which differs from the male dominant order in the African culture. Johnson (1996) further pointed out another dynamic that is evident in most African immigrant families. According to the study,

most West African immigrant males usually tend to be the first to move to the United States and then file for their families to join them after settling down. Apparently, this leads to initial isolation, loneliness, and separation anxiety, which may boost the likelihood of the use of alcohol as a coping tool. The pressure to integrate quickly, stay connected with family in the native country, and deal with the new environment subject the immigrant to numerous stressors, and alcohol being affordable is a major way of dealing with the complexities (Escobar et al., 2000; Tshiswaka et al., 2017).

Kelly and Eddie (2020) identified the problems of alcohol and drug addictions and how spirituality and religiosity interact alongside this problem. Accordingly, religion and spirituality have been helpful in addressing addiction problems especially in the recovery process (Kelly & Eddie, 2020). Faith institutions tend to proscribe, in various manners, the use or abuse of intoxicating substances (Kelly & Eddie, 2020). They tend to resort to the rationale that these substances may either be harmful to health, or they may be termed as “transgressions” (Kelly & Eddie, 2020). As a result, spirituality has contributed to the reduction of alcohol intake (Kelly & Eddie, 2020). Such religious inclinations have been helpful during treatment and recovery processes (Kelly & Eddie, 2020). However, it is pertinent to note that many people may have resorted to alcohol intake as a way of rebelling against religious practices and for these people, religious reasons may further boost the consumption of intoxicating substances (Kelly & Eddie, 2020). This balance amplifies the problem of alcoholism and encourages the need to be wary in quickly concluding the role of faith in the recovery from alcohol addiction. Thus, the researcher notes the need for further research to consider the perspectives of this population that are experiencing recovery from alcohol addiction after including religious faith approaches in treatment.

Regardless of the extent to which immigration status may constitute a difference in the use of alcohol to cope, it is evident that many people going through life stress may resort to use of alcohol, which could eventually become an addiction (Jankowski et al., 2020). This recent study focused on alcohol use among college immigrant students as they interact with religiousness and acculturation stress. According to the study, religious inclination and acculturation stage moderate the relationship between acculturation stress and the intake of alcohol among the population. According to literature, the relaxing, pleasant, and satisfying effect of alcohol on the brain explains the tendency of some to use it as a coping tool while going through stress (Breedlove & Watson, (2013). As Gee et al. (2016) noted, this problem of alcohol addiction is particularly manifest among immigrants, who experience psychological distress while adapting to a new culture (Gee et al., 2016).

There are many approaches to the treatment of alcohol addiction which include medical, moral, and physical models (Breedlove & Watson, 2013), and a need to further explore the experience of those who resort to faith-based approaches to recovery. In addition, there is a need to explore the cultural, spiritual, and psychological components of the treatment process (Fish et al., 2017; Oshiri et al., 2014; Rodriguez-Galan & Falcon, 2018).

According to Cogdell et al. (2014), few studies address the problem of alcohol addiction and how faith approaches are applicable in recovery as they relate to people of other cultures such as African Americans, Hispanics, and even Jordanians. Apparently, the bulk of the studies relating to alcohol addiction and faith factors concentrate among western and Caucasian cultures (Cogdell et al., 2014; Stoltzfus, 2007; Tangengerg, 2005; Williams, 2017). Al-Omari et al. reiterated the need to extend such study to other cultures as it constitutes a gap in the literature.

Journey Towards Recovery

There is a need to succinctly review and organize studies related to research questions in line with the major approach chosen for this study. In this section, the problem of addiction is further emphasized, the path towards recovery identified with their treatment options. Furthermore, the construct of integration is introduced as a viable option in the recovery process from the problem of alcoholism.

Addiction Emphasis

To better understand addiction, it is crucial to understand the peculiarity of the population involved and the various ways they attribute meanings and descriptions of the various symptoms of addictive behavior (McWhirter et al., 2016). Coombs (2008) identified various forms of addictions generally referred to as addictive behaviors, which includes chemical dependence such as alcohol addictions and drug addictions, as well as other addictive activities such as gambling addictions, sexual addictions, and workaholism addictions. Carroll and Kiluk (2017) provided a very concise but succinct way of understanding addictive behaviors. The authors applauded the CBT approach by seeking to understand the role of cognitive and neuroscientific motivations and how they culminate in the behaviors and actions that pose as addictions.

Wong et al. (2018) emphasized the problem of alcohol addiction and the role of the African American church in the recovery process. The authors emphasized the spiritual bases of approaching the problem of addiction. According to Padwa and Cunningham (2010), there is always a spiritual aspect of addictive behaviors and therefore a need for an integrative approach. This study attempts to generate a better understanding of this integrative approach to alcohol treatment.

Recovery Redefined

One way of understanding recovery warrants the provision of participants to ample opportunities and exposures to establish using statistical expressions and relationships to ascertain the veracity, reliability, and validity of such quantitative results (Lund, 2016). Another way of explaining recovery is to obtain the various perceptions, perspectives, and descriptions of those who have experienced such moments of sobriety. In accelerating this qualitative and retrospective approach, the focus is on gaining a better understanding of the applicability of the integration construct among the population (Lund, 2016). Summarily, recovery begins with managing a new lifestyle after a period of abuse such as alcohol or substance abuse, which may include or exclude other forms of mental disorder (Lund, 2016). Lund defined recovery in a loose sense without strictly limiting it to individuals who are recovering from alcohol use or abuse. In this study recovery has been implied to encompass such a broader sense but, in most cases, recovery in this context relates to recovery from alcohol addiction. Henceforth, it is necessary to describe the various available treatment options or recovery routes for AUD.

Recovery Routes

There are many ways of treating alcohol problems. The route towards recovery is enormous and individuals tend to resort to options that fit their peculiar differences. These options may also be incorporated in treatment or recovery process, and this is the essence of the integration construct. Some of the options for treating alcoholism include but are not limited to the use of medications, psychotherapy, and faith related approaches. This study shall first consider these areas before considering integrative approaches.

Pharmacology. According to Breedlove and Watson (2020), pharmacology is the study of medications and relates to pharmacotherapy, which is the actual use of a drug in treatment and relies on the premise that there is an existence of pleasure pathways that can be interrupted using

foreign bodies and substances. These pathways are referred to as receptor subtypes. Thus, a drug may be designed to affect only one of the receptor subtypes directly and to cause it to manifest the anticipated effect on the receptor subtype. Neurotransmitters form complex arrays in the human brain and are distributed through natural anatomical and electric-like networks that interact in significantly complex ways. At this juncture, it is crucial to address the enormity of the problem of alcohol addiction before exploring available intervention procedures.

According to literature, the VTA impacts behaviors and addictive habits by promoting activities that activate the dopaminergic pathway that in turn produce the pleasure experience (Breedlove & Watson, 2020). Drugs of abuse as well as alcohol usually exert a particularly strong influence on this system, which may obscure the other routes of pleasure. The interactions between the brain in the VTA and drug addiction is an area of interest to psychologists. This functional relationship between drugs and their target pathways is the essence of pharmacodynamics.

Breedlove and Watson (2020) noted that pharmacodynamics exposes the administering of massive doses of a drug into the body system that will invariably increase the proportion of receptors in the area affected by such drug. Pharmacology is an aspect of pharmacodynamics that explains how drugs influence behavior, which is an essential area for psychologists. Drugs have been used to affect human behavior, action, and reaction in many ways. The medications used in biological psychology are known as receptor legends (Breedlove & Watson, 2020). Legends glue to receptor molecules, which affect transmitters on such receptors by initiating the average effect (agonist), blocking the average impact (antagonist), or by reversing such normal function of the receptor (inverse agonist) (Littens et al., 2016).

The word "*drug*" is subject to varying interpretations and is usually used to refer to both prescription or over the counter drugs that are used to treat sicknesses, and psychoactive drugs or medications that tend to impact the function of the brain by influencing the conscious experiences of the user (Breedslove & Watson, 2020). When substances are used in inappropriate dosages or without control, the tendency of abuse increases.

Essentially, the brain can quickly learn to adapt to a drug and reduce the effect of that drug (Breedslove & Watson, 2020). The brain can also learn to negate the impact of a drug. This ability of the brain to adapt to the effect of any drug is known as drug tolerance. Therefore, the body's metabolic systems such as the liver can increasingly be effective in militating against the drug before it affects its target, which is referred to as metabolic tolerance. Furthermore, the target tissue may display an altered response to the drug, which relates to functional tolerance. Repeated use of a drug will have this kind of effect as the brain gets used to it. The essence of this understanding is to recognize how drugs are useful in treating addictive behaviors.

Literature suggests that various drugs play different roles in the brain and having such understanding helps in at least knowing how the drugs impact the lifestyle of clients (Breedlove & Watson, 2020). For instance, it is important to understand how antipsychotic drugs relieve symptoms of schizophrenia, antidepressants reduce chronic mood problems, anxiolytics fight anxiety, opiates assist in relieving pain, cannabinoids excite the brain, and stimulants heighten the activity of the nervous system (Littens et al., 2016). Although some of the drugs have positive uses, the tendency to abuse drugs is a significant concern, so it is vital to discuss curative aspects of drugs and their usefulness in treating alcohol addiction. Having established how drugs and the brain interact, it is vital to discuss how such knowledge can help treat AUD.

Pharmacotherapy. Pharmacotherapy refers to the actual use of medications in therapy, which is considered herein. Bujarski and Ray (2016) exposed pharmacological methods to include a combination of genetics, neuroimaging, pharmacology, behavioral approaches, and translational perspectives in treating alcohol disorders. This method combines various etiological factors to produce medications that are useful in treating the addiction problem. Bujarski and Ray (2016) conducted a study to examine the effect of a medication called Topiramate (TOP) on alcohol use.

The study conclusively experimented on psychopathological aspects to process the etiology of AUD and to elucidate more efficient treatment modalities. The treatment models involve combinations of medications, administrations, reactivity, and stress reduction constructs. The study posed the merits and demerits of various aspects of the treatment paradigm and suggested ways to advance guidelines and procedures that have empirical backing.

The authors found from the results of the study that topiramate is an effective medication for a personalized medication approach to treating alcoholism. Irrespective of motives, the study disclosed that medication is a viable way of treating AUDs. This study emphasizes the option of using medicine or drugs in treating alcoholism, which is the essence of pharmacology.

Blednov et al. (2018) described the potency of a certain agonist in treating alcohol addiction. Note that an agonist is a substance that helps to initiate a response when it interacts with a receptor (Breedlove & Watson, 2020). Blednov's et al. (2018) experiment shows that a peroxisome proliferator-activated receptor alpha (PPAR α) analysis using a fenofibrate and tesaglitazar reduces ethanol (EtOH) consumption. Although the study utilized mice, it appears that the agonists can introduce a complexity in the animal system that ultimately produced a withdrawal behavior and reduction in the willingness to consume further alcohol. There is

another study that has used other animals such as rats in studying how drugs can be used in treating AUDs (Jeanblanc et al., 2018). This study focused on how drug experiments on animals can be applied to the treatment of AUDs (Jeanblanc et al.).

Jeanblanc et al. (2018) recently experimented on the use of deacetylase inhibitors (HDACIs) in treating AUDs using rats. The result of the study showed that alkylsulfonhydrazone-type compound (ASH), which is a form of inhibitor, reduced by more than 55% the total amount of ethanol consumed after a single intracerebroventricular micro injection. The study further revealed lack of motivation on the animal to take ethanol. The authors concluded that a new HDAC inhibitor is useful in reducing ethanol intake as well as the possibility of relapse in rats according to the authors, such inhibitors are likely effective in treating AUDs.

According to Avinash De Sousa (2010), the psychopharmacology of alcohol dependence is a controversial one and a trending topic as well. Studies indicate that, presently, there are three major drugs used in the treatment of AUD, including naltrexone, disulfiram, and acamprosate (Avinash De Sousa, 2010; Litten et al., 2016). The use of such medications has been established through numerous clinical trials with varying results that provide meta-analytical support (Mann et al.). For instance, while Naltrexone helps to reduce cravings, Acamprosate is effective due to the global low cost, and on the other hand, Disulfiram is useful in controlling cravings for alcohol. Research supports, refutes, and or criticizes the use of each of these afore-mentioned drugs and suggests the inclusion of more alternatives (Litten et al., 2016). Often, these drugs help in treatment; however, in practice, clinicians do not always recommend them in psychosocial treatment (Avinash De Sousa, 2010).

Research corroborates that medications are effective in the treatment of alcohol dependence (Litten et al., 2016; Mann et al., 2017). According to Litten et al. (2016), AUD is a heterogeneous disorder arising from complex interactions of neurobiological, genetic, and environmental causes. Thus, it would be difficult to approve one AUD treatment for everyone (Litten et al.). The Litten et al. study acknowledged that there is an ongoing quest to develop many drug options for clients and more choices for clinicians to recommend in treatment. The study observed that there are numerous ongoing trials with human beings for alternative medications in treating AUD. According to the study, the potential medications include but are not limited to nalmefene, varenicline, gabapentin, topiramate, zonisamide, baclofen, ondansetron, levetiracetam, quetiapine, aripiprazole, and serotonin reuptake inhibitors. The study reveals that there are varying reports as per the effectiveness of these optional medications; however, NIAAA is working intensely to ensure the discovery and development of safer medications in treating AUD. Moreover, medications like depot Disulfiram and Naltrexone are potential drugs for use in treating alcohol dependence. Accordingly, although the United States Food and Drug Administration Agency (FDA) has currently approved only three medications for treating AUD, the public and many clinicians may not be aware of these drugs and their potential usefulness. Hence the need of the recent publications of NIAAA and SAMHSA relating to approved drugs and treatment medications (Litten et al.). Litten et al. also noted that the same three medications approved in the United States are also approved in Europe, Australia, and Asian appropriate bodies. It is essential to briefly discuss the three approved drugs used in treating AUD.

Naltrexone. Naltrexone is a recognized and approved adversary to opioid receptors and diminishes the heavy drinking urge by reducing or weakening the rewarding effects of alcohol

(Avinash De Sousa, 2010; Litten et al., 2016). In operation, the medication decreases the release of dopamine during alcohol intake from the reward pathways of dopamine, especially in the nucleus accumbens and in the VTA. Further, it reduces the release of endorphins, which are endogenous opioids, and prevents them from responding to alcohol. Generally, naltrexone reduces the craving for alcohol in both alcohol dependents and among social drinkers, and clinical trials support this outcome (Mann et al., 2017). The study further identified that naltrexone is useful in treating alcohol dependence, and also helps to prevent relapse alongside other coping skills. It is important to note that the use of naltrexone alongside cognitive behavioral therapy (CBT) has been useful as it relates to cost. Naltrexone has also been recognized as less risky for public use compared to Acamprosate and Disulfiram, and it has minimal side effects in case of overdose.

Acamprosate. Acamprosate, which is also referred to as calcium acetylhomotaurinate, is a synthetic chemical mixture that resembles the amino acid neurotransmitter called gamma aminobutyric acid (GABA) and amino neuromodulator taurine (Avinash De Sousa, 2010). Usually, the recommendations are for 333mg of the tablets taken three times a day, and this dosage helps in treating over 1.5 million patients since its introduction in 1989. It is currently in 28 countries and works through glutamatergic hyperactivity, which relates to change caused by chronic alcohol inducement. Note that acute alcohol consumption interferes with the reasonable balance of neuronal exhibition and reticence, which are functions of glutamate, GABA, and associated receptors.

Acamprosate engages the regulatory sites on both the ionotropic and metabotropic NMDA receptors to regulate the excess flow of hormones and to maintain stability. A study shows that acamprosate is useful in preventing relapse and can also promote the ability to

practice abstinence (Mann et al.) There is likely no tendency for abuse, and the common side effect is diarrhea. It is also cost-effective as a treatment modality and many professionals such as sports players find it as a readily available drug to use/abuse (Gil et al., 2016). In practice, it is normal to prescribe Naltrexone and Acamprosate together in treatment because both medications act on different neurotransmitters (Mann et al.). Such integration is better than using them differently except in cases of using naltrexone alone to treat relapse.

Disulfiram. Disulfiram is generally more costly globally. This is an approved aldehyde dehydrogenase inhibitor, which has been used in the treatment of alcohol use or abuse (Mann et al.). It hinders the infusion of digested alcohol while at the acetaldehyde stage and prevents immediate digestion (Avinash De Sousa, 2010). The drug produces some unwelcome effects that deter the client from further consumption of alcohol. Some of these reactions include tachycardia, hypotension, diaphoresis, flushing, dyspnea, nausea, and vomiting, and they discourage further alcohol consumption. Disulfiram's recommended dosage is between 250 and 500mg per day and is usually prescribed for individuals newly diagnosed with alcohol abuse disorder. The introduction of Naltrexone and Acamprosate has caused a decline in the use of Disulfiram, and patients may cause harm to themselves as they continue to use alcohol alongside this medication. Having examined the popular medications for treating alcohol problems, it is vital to consider the use of psychological intervention or therapy.

Psychotherapy. There are various psychological and clinical interventions available for treating alcohol addiction. According to research, the issue of alcohol addictions has psychological, cognitive, spiritual, and biological underpinnings, and different aspects integrate in treatment (Williams, 2017). In treating alcohol related addiction using therapy, there are many different perspectives, a few of which are discussed herein.

Abstinence Versus Consumption Reduction. While pharmacotherapy trials are traditionally focused on achieving complete abstinence, or relapse prevention especially mainly in the United States (Mann et al., 2017), the best most medications have achieved is reduction and not actual abstinence. Thus, recent trials are beginning to explicitly aim at reduction of alcohol consumption as a goal. According to the study, 6-12-month stable reduction is achieved even in placebo-treated participants as well as in notable opioid modulators such as naltrexone and nalmefene as well as topiramate or other drugs (Mann et al.). In agreement with this trend, alcohol treatment guidelines are beginning to include reduction as an alternative treatment goal for AD patients in addition to abstinence.

Freedom Perspective. According to Kellogg (2019), there are three major ways of approaching alcohol addictions. These include the biological/medical, the psychological, and the social dimensions. The author focused on a liberation model of addiction treatment. Apparently, the root word for addiction suggests slavery or bondage (Kelly, 2019). Thus, the model envisages that freedom instead of mere cessation of drug and alcohol use is the most probable alternative treatment goal. The author defined freedom as: (1) the ability to create a life of social and inward intricacy and diversity; (2) the ability to make informed choices; and (3) the tendency to sustain a long-term goal-oriented lifestyle. This perspective of personal freedom revolves around a biopsychosocial model of care and treatment options. Harm reduction is the core of this route. Apparently, this is in sync with the strategy of Mann et al. (2017), as total abstinence seems to be a herculean task for some AD individuals. Summarily, the goal of this approach is achieving personal freedom using a multifactorial approach along a biopsychosocial continuum instead of total abstinence.

Cognitive Behavioral Therapy. There are many available therapeutic approaches in treating addictions, but in this study, I shall mainly consider CBT due to its notable success in this area. According to Chen et al. (2019), CBT is very effective in treating alcohol dependent patients due to its focus on boosting positive coping, adaptive, and insightful skills. The major challenge in treating AUDs is that many people with this addiction do not consider it a problem and hardly submit to treatment. However, combining CBT with such models as Brief Motivational Intervention has proven successful (Pedrelli et al., 2020). Even within the CBT orientation circle, there are numerous ways of inculcating the orientation as a treatment modality for AD individuals (Sundström et al., 2020). The researcher chooses to focus more on the internet-based alternative than the regular traditional face to face models in processing the effectiveness of CBT approach in treating alcohol dependence.

This study focused on Internet-delivered cognitive behavior therapy (ICBT) as an attractive treatment alternative to face-to-face treatment technique for individuals with alcohol use problems. The major goal for this internet-based CBT approach is to reach patients who, due to the stigma of facial contact, lack of access to face-to-face therapy, and other logistical concerns may prefer internet-based treatments (Sundström et al., 2020). Furthermore, with the recent COVID-19 pandemic, this appears to be the new norm in society irrespective of its peculiar challenges due to lack of physical contact. Although assessment interviews and interventions using this approach may improve outcomes, there is a need for more empirical studies to buttress the validity and reliability of the assertion (Sundström et al., 2020). However, in this study, a 2x2 factorial study was conducted with 300 randomly selected participants, who accessed an alcohol change course over an eight-week ICBT program. Factor 1 consists of comprehensive pre-treatment assessment interviews, while guidance from a health educator

represented factor 2. All the participants will respond to measures at screening, pre-treatment, mid-treatment, and post-treatment and then 3, 6, and 12 months after completing the program. Note that this is ongoing research with data collected in July 2019 and is estimated to be completed by December 31, 2021.

Sundström et al. (2020) acknowledged issues surrounding alcohol problems. First, alcohol problems are highly underdiagnosed. Only about 20% will seek help and even then, only after incurring huge problems often relating to health. And even after diagnosis, many are not motivated to seek help because of the trauma associated therewith. Nonetheless, alcohol related deaths number about 3 million globally on an annual basis. Apparently, there are hardly any clinical studies that focus on assessment reactivity. Although there may be observational studies, this study is a pace setter in suggesting pre-treatment assessment interviews alongside immediate, short term and long-term reductions in alcohol intake. Further, although internet-based treatment options have been used in treating problems such as depression in the last 20 years, using it in treating AUDs has not been popular. Sundström et al. reiterated that ICBT will increase the number of individuals who will seek help while effectuating the empirical teaching and guidance components of CBT. By using a two-way factorial design, this study will accommodate simultaneous results of two clinically vital factors in delivering ICBT for individuals with alcohol problems and the result will help treatment facilities as well as policy makers.

The Sundström et al. (2020) study is a further development to Sundström et al. (2017), which emphasized the need to access treatment for alcohol dependence using the internet medium. According to Sundström et al. (2020) CBT is already an empirical model for treating AUDs and is an effective way to administer therapy online. The researchers utilized a therapist-

guided internet-based CBT program named ePlus in working with 13 participants recruited through an alcohol self-help web site (www.alkoholhjalpen.se). The research results showed that most participants were active all through the treatment and rated it as acceptable. There was significant reduction in alcohol consumption and cravings as well as improvements in measures of self-efficacy and quality of life. The researchers concluded that therapist-guided internet-based CBT is an effective alternative treatment option for AUDs since it is highly acceptable and warrants significant improvements in participants.

Kirkman et al. (2018) studied 1917 participants (1227 females and 690 males) with AUDs, who reported hazardous and harmful consumption levels and engaged in the Hello Sunday Morning program, which is an online support forum. After four months of participation, they reported a significant decrease in alcohol consumption. Those who initially reported high-risk or dependent consumption levels had the biggest reduction experience and retained such after the months of the program. The researchers concluded that online forum engagement supports long-term behavior change in individuals, who long to change their drinking behavior.

CBT Versus Coping Skills. According to Roos et al. (2017), combining more than one strategy works well in treating alcohol disorders. Apparently, CBT, motivational enhancement therapy (MET), and the AA approach are viable treatment options, and no one may claim superiority. Another key alternative combination strategy is the incorporation of coping mechanisms. Roos et al. noted that research is campaigning for a focus towards understanding the mechanisms of human behavior as a way of sustaining change. This is the essence of coping skills. However, in this study, the inclusion of coping mechanisms only makes a significant difference for individuals with higher dependence on alcohol. Accordingly, higher dependence creates a greater need to depend on alcohol-specific coping skills to sustain change and prevent

relapse. Some of these skills include avoiding alcohol related cues, processing the dangers of drinking, relying on social support in high-risk circumstances as well as participating in alternative behaviors (Roos et al.).

Read et al. (2001), in their landmark study, suggested the use of a complementary treatment model, which they referred to as an individual skill-based treatment approach. This approach focuses on social learning theory and is designed to help individuals interact more effectively in their environment by learning adequate coping and social skills. According to the authors, the essence of this strategy is mainly to help individuals with alcohol or substance abuse disorders, although it has been effective in helping individuals with other psychological disorders such as anxiety related disorders. According to the authors, this treatment technique referred to as coping and social skills training (CSST), is ongoing and empirically supported to be helpful in working with clients to help them manage symptoms that affect their mood by learning to cope and adjust when such symptoms manifest.

Another nonpharmacological approach in treating AIDs is the cognitive behavior therapy (CBT) approach that helps client to understand the connection between their thought/feeling patterns and how these interact with the client's behavior. The CBT approach has been successful in treating alcohol disorders and works well when integrated with other approaches as well (Chen et al., 2019). According to Pedrelli et al. (2020), individuals who have alcohol problems often also have other problems such as anxiety, depression, and or other psychological problems. Another innovative study observed the need to add meditation and mindfulness as vital components that would benefit clients with such dual diagnosis (Walach et al., 2007).

Addiction affects the brain and therefore treatment modalities that consider such phenomena are useful (Cogdell et al., 2014). According to Hart and Ksir (2015), the origin of

drug and alcohol addictions is traceable to religious activities and, as a result, religious approaches ought to be considered in treatment. This perspective is the anchor for the moral model of treatment. It is different from the disease model that focuses on the use of medical dynamics in resolving alcohol addiction (Breedlove & Watson, 2020). There is another treatment model called the physical dependence model that perceives withdrawal symptoms as a motivation for relapse and continuance of the addiction. Another model is termed the positive reward model, which relies on positive reinforcements as rewards to quit abuse of the substance (Breedlove & Watson, 2020). It is crucial to explore sociocultural issues relating to the use of medications and therapy in alcohol addiction counseling before concluding the discourse. One core relevant approach is the alternative/traditional forms of treatment.

Alternative/Traditional Treatments and Recovery Options

In treating alcohol addiction and dependence, there are numerous available treatment options that still warrant the recovery process. According to Mann et al. (2017), abstinence from alcohol is the major treatment goal for individuals with alcohol dependence (AD). Accordingly, many individuals with AD problems who need treatment may never get it. The reason is irrespective of known treatment procedures the craving for alcohol consumption seems not to easily disappear (Mann et al., 2017). Thus, reduction in daily alcohol intake has been considered as an alternative treatment outcome in AD treatment experiments. According to this study, long term reduction in alcohol consumption is possible using behavioral and pharmacotherapy models. What the researchers called “intermediate harm reduction” or “low risk drinking limits” in addition to abstinence are evidence-based approaches in the treatment of AD (Mann et al., 2017).

The European Medicines Agency (EMA) proposed this traditional measure to illustrate the essence of the “intermediate harm reduction strategy.” This requires a clinically significant decrease in total consumption of alcohol daily especially among heavy drinkers. Heavy drinkers are categorized as men who consume 60g of pure alcohol per day and women who take about 40g. The treatment goal for this category of drinkers is to reduce drinking by at least two categories even when total abstinence is not achievable. The significance of the study is the conclusion that reduced consumption of alcohol equates to reduction in harm and as a result is a viable treatment measure. The researchers also expounded the view that while many AD individuals may refuse treatment due to difficulty in achieving abstinence, the goal of reduction may itself motivate many to seek treatment as such a treatment outcome is easier to achieve.

Ray et al. (2017), in a study, raised the need for clients to seek treatment to enable recovery in the treatment modality. In their study, they found that recovery seeking participants are usually more educated, score higher on alcohol dependence, experience higher consequences for having drinks, have a higher compulsive obsession towards drinking, display more DSM-5 symptoms of AUD, experience a longer duration of diagnosis, and record more daily consumption in comparison to non-treatment seeking participants. The outcome of this study is to illustrate that willingness to enroll in treatment options is fundamental in attaining successful recovery and preventing relapse.

In as much as there are successes with the use of medications and therapy in treating alcohol addictions, there are numerous controversies surrounding treatment modalities. Some of the controversies revolve around the fact that there are few approved medications for treating alcohol addiction and there is a need for the inclusion of more psychoactive medications to increase the number of options for clients during treatment (Litten et al.). According to Leggio,

who is a chief at a psychoneuroendocrinology and neuropsychopharmacology lab funded by NIAAA and the National Institute on Drug Abuse (NIDA), there is a need to give clients more medication options from which to choose (Wilkinson, 2017). According to the study, NIAAA, in a draft for the strategic plan for research, for 2017-2021, presented a three-stage cycle to illustrate how alcohol abuse occurs. The first stage involves loss of control over alcohol intake characterized by a binge/intoxication phase, then a negative emotional state in the absence of alcohol intake featuring withdrawal and negative affect stage, and finally a compulsive tendency to seek and consume alcohol preoccupied with anticipation stage (Wilkinson, 2017). According to the study, each step is preoccupied with activities in the brain as follows: the first stage involves the experience of reward and habit formation occurring in the basal ganglia, the second phase requires stress in the extended amygdala, while the third phase revolves around an executive function operating in the prefrontal cortex. Wilkinson (2017) advocated that there is a need to update more medications for treating alcohol addiction and further predicted the accommodation of alternative options.

Another huge concern in managing alcohol and related diseases was pointed out by Mellinger et al. (2019) and relates to the fact that despite available treatment modalities, many refuse to undergo treatment for AUD. According to Mellinger et al. even though many U.S. adults are heavily insured, access to alcohol use treatment was low especially among women. The study revealed the high mortality rate of alcohol-associated liver disease and how alcohol cessation is the primary intervention. Nonetheless, despite the availability of treatment options, AUD treatment among this population is very low. Note that treatment of AUD is the core of the recovery process.

There are questions regarding the use of "*substances*" to treat substance abuse as such treatment substance or drug may still be subject to abuse. Radiolab (2015) discussed practical ways to buttress how medications have been effective in treating substance abuse. Radiolab (2015) addressed the usefulness of baclofen, a drug that has helped individuals who were addicted to alcohol and other substances to lose or diminish interest in the element. In the Radiolab report, the drug was shown to have a 78% rate of success in helping to reduce substance abuse. However, the report expressed that although the medication was approved in 1994 for the treatment of addictions, it is still unpopular as a treatment option. Nevertheless, the argument tilts more towards whether it is appropriate to use a drug or substance to treat a substance, mainly, if the client can in turn abuse the treatment drug (Radiolab, 2015). Thus, there appears to be a need to consider other alternative approaches in the recovery/treatment process such as a more integrative approach.

Faith and Integrative Approaches

Various studies support the idea that clinicians integrate spirituality and religion in their professional practice (Giordano et al., 2016; Jankowski et al., 2020; Rodriguez-Galan & Falcon, 2018). Various professional associations also support the recognition and possibility of integrating spirituality in professional practice (ACA, 2014, APA, 2017). Cashwell et al. (2013) studied a random sample of American Counselors Association (ACA) members and found a significant difference between how clinicians perceive spirituality/religion as important and how frequently they incorporate same. In the study, 21 out of 30 cases found that spirituality/religion is quite important in treatment modalities. Frazier and Hansen (2009) repeated the same study using professional psychologists. According to the outcome of the study, the importance ratings of integration is higher compared to the frequency ratings (Frazier & Hansen, 2009). The result

of the study was consistently significant across 26 out of the 29 studies (Frazier & Hansen, 2009). Apparently, this indiscriminate approach of infrequency of integrative practices irrespective of high importance rating is evident in group practices as well (Cashwell et al., 2013; Frazier & Hansen, 2009; Giordano et al, 2016).

Cornish et al. (2012) extended the study to members of the American Group Psychotherapy Association and noticed the same pattern that relates to higher appropriateness interacting with a less frequent use of spiritual/religious interventions during group therapy. Cornish et al. further realized that the term “*spirituality*” is more welcoming compared to the term “religion”. As a result, more therapists are inclined towards the use of “*spiritual intervention*” compared to the use of the term “religious intervention” (Cornish et al., 2012).

Another important finding of literature in this aspect is that clinicians who have a religious or spiritual inclination are more prone to address such concerns during therapy (Cornish et al., 2012; Frazier & Hansen, 2009). This common trend of the clinicians’ orientation influencing how they respond to spiritual/religious topics in therapy has been experienced in psychotherapy, counseling, groups, and school counseling (Cornish et al., 2012; Frazier & Hansen, 2009; Smith-Augustine, 2011). Thus, it is likely that clinicians’ and therapists’ worldviews as it relates to spirituality and religion would influence how they pay attention to such topics during a therapeutic session.

According to Lund (2016), faith, religiosity, spirituality, and recovery require definitions. Accordingly, there are numerous findings that support the fact that spirituality has an inverse relationship with substance use and a positive association with recovery (Kelly & Eddie, 2020; Lund, 2016; Wang et al.). Lund noted that irrespective of the numerous findings on this subject, definitions of major terms seem obscure. Lund further noted the intense discrepancy between

religious scientists, specialists, and theologians in defining core terminologies in relation to this concept. Lund suggested that instead of continuing to argue on the differences in meanings of religion, religiosity, spiritual, spirituality, faith, and related constructs in their relationship with recovery, it is better to consider the lived experiences of participants. Lund further argued that the concepts of religion, spirituality, and faith in connection with recovery should not be tied strictly to AA. He added that attributing the recovery process also to just formal treatment centers is prejudicial to the recovery process (Lund, 2016). Lund suggested what he called “spontaneous recovery” and recommended the narrative approach to recovery as a great way of enriching the phenomenon.

One of the current most popular intervention strategies in the recovery process is the 12_step intervention model exemplified by Alcoholics Anonymous (AA). This model is known as a spiritual approach because of its focus on the development of self, spiritual growth, fellowship, and behavioral adjustments during the recovery process (Milstein, 2020). This popular approach does not hold conclusive acceptance among Christians, however, because of its vague characterization of God as a higher power, it tends to accommodate non-Christian views (AA, 2015; Milstein, 2020). Thus, AA is not the only spiritual approach to treating alcohol problems.

Research has shown that there is a correlation between spirituality and mental health (Clements, & Ermakova, 2012). According to Cogdell et al. (2014), faith and religion play vital roles in the recovery process from various addictions. The study demonstrates how religion and addictive behaviors interact with the human brain and the role of spirituality as a treatment modality (Cogdell et al., 2014). In the research, the participants were observed to process the effects of religious abstinence with emphasis on preliminary symptoms during abstinence and

relapse. The highlight of the six-weeks synopsis study is the conclusion that religion plays fundamental roles during the recovery process (Cogdell et al., 2014). The study further demonstrated that there is an inverse connection between religion and drug abuse among the participants.

Jankowski et al. (2020) alongside Rodriguez-Galan and Falcon (2018) are among the researchers who have reviewed the benefits of spiritual and cultural phenomena without using the term “*integration*.” Although there is a disparity in the American population between those who have ascribed to any religious affiliation (90%), and the clinicians who have such tendency (40%); this disparity should not discourage clinicians from considering spirituality as a treatment modality. Brown et al., (2013) found a significant difference in the confidence level of those who adapt to a faith construct in the treatment process compared to those who do not associate with it. In an earlier study, Brown et al. (2006) had provided two alternatives to the direction of Alcoholics Anonymous, namely- the non-spiritual and the spiritual or faith-based approach and reinforced same in the later work (Brown et al., 2013). Thus, considering the possibility of integrating both religiosity and therapeutic pathways in alcohol abuse treatment is the ongoing route. Having explained the integrative approach, it is important to explore how recovery process fits well into the method of allowing participants narrate their story as envisioned in the study. It is also crucial to expose the recovery phenomenon as experienced by participants in this study.

Summary and Conclusions

While phenomenology allows for participants to convey their experience in their own words, it is crucial to relate this method to previous studies. According to Lund (2016), the narrative approach to recovery approaches the subject in a holistic manner by associating recovery to the entire life span and by encouraging participants to define core issues that are

essential to recovery. This inclination is relevant to the present study as it considers the lived experiences of the participants as relates to their recovery from alcohol addiction.

As Lund (2016) noted, the narrative approach utilizes a first-person system in providing insights on words such as spirituality, religiousness, faith, and recovery. In this approach, the participants define these terms based on their own perceptions; thereby providing new insights and contributions to literature. Lund further recognized that individualized and personal narratives may allow research participants to expose numerous and even ambiguous narratives about self; however, the qualitative approach of coding allows for the ability to use themes and categories to sort the stories to obtain possible patterns. According to Lund, the reliability and validity of narratives may differ from those of quantitative research, but such differences do not connote inaccuracy or irrelevance. The opportunity to study individual perspectives adds to the body of research and adds life to stories and similitude body of knowledge (Lund, 2016). Now, it is relevant to conclude on this topic and to summarize as well.

In summarizing this chapter, it is vital to recap the major themes already captured in this study. Then to provide a summary of what is evident in the literature concerning the study and the gap that this study intends to meet. This section further provides a smooth transition into the next aspect of the research.

In this chapter, the phenomenon of recovery was discussed as it relates to the treatment and recovery from AUD. Furthermore, the concept of integration as it relates to the recovery experience of African immigrants in the United States and in the recovery, was reviewed in line with existing literature. Several key concepts were described as well, which include definitions of faith, religiousness, spirituality and how they relate to recovery addiction, and AUD. In chapter 3, attention is paid to the research design and methodology. Furthermore, the rationale

for the proposed study design, the role of the researcher, concepts relating to trustworthiness, credibility, and ethical issues will be explored.

Chapter 3

Introduction

The purpose of this hermeneutic qualitative phenomenological study was to explore the experiences of immigrants from African cultures who are in the United States, who are in recovery from AUD and who have experienced faith-based programs in their recovery process. By interviewing participants from this population, the results can help describe the phenomenon of the recovery experience of religious Africans immigrants in the United States who have subscribed to Christianity or faith-based approaches while in recovery from alcoholism. I sought to better understand the lived experiences of African immigrants who are in recovery and have recognized their faith as a way of coping with their alcohol use. The findings of this study may identify and describe the phenomenon of recovery experiences of participants and how they relate with their – spirituality and faith, and their acculturation while in the recovery process. By interviewing these participants, I was able to collect data to describe the phenomenon of their recovery experiences.

Presented in this chapter are the research design and rationale, which capture the research questions, the role of the researcher with concerns regarding any bias, plus ethical concerns, and the methodology. In the methodology section, I defined the participants/population, instrumentation, procedures for recruitment, participation, and data collection, and analysis plan. This chapter also included topics that focus on issues of trustworthiness: credibility, transferability, dependability, confirmability, and other ethical procedures.

Research Design and Rationale

This research was based on the faith developmental hermeneutic phenomenological study design. The research used the qualitative design of phenomenology to explore study participants' recovery experiences from alcoholism. The study focused on a hermeneutic phenomenological method as a primary lens in trying to explore the narratives of participants to enable an in-depth understanding of their recovery experiences. The faith development models as postulated by Fowler (1981) are further relied upon as a secondary lens in analyzing the phenomenon. And one core aspect for applying the faith development model is the integration concept as it is also a potential lens for a better understanding of the participants perspectives in their recovery process.

This faith development hermeneutic phenomenological study considers the background questions used in the study by Milstein (2020) as well as the study conducted by Al-Omari et al. (2015) in investigating the phenomenon of the recovery experiences of participants while integrating faith dimensions in their recovery process from alcohol addictions. The research relied upon an inductive content analysis while using the various available lenses in interpreting, revising, and obtaining an updated understanding of the phenomenon. This is the essence of the hermeneutic circle. The original seven research questions in Al-Omari will serve as a guide in formulating semi-structured interview questions for this current inquiry. However, as is the case in qualitative research, I followed patterns of incoming data and may revise the number or wording of the questions to follow the individual experience of participants more closely.

I used semi-structured interview questions to probe the following research question.

RQ: "What was the lived experience of African immigrants to the United States who endorse religion or faith as important to their recovery from alcohol addiction?"

The Central Concepts

A qualitative faith developmental hermeneutic phenomenological approach is an appropriate research design in trying to have a better understanding of participants' experiences during their process of recovery from alcohol use disorder. There are many studies of qualitative research on substance abuse treatment, which focused on individuals in the recovery process, and this resonates the need for a qualitative approach (Milstein, 2020). The essence of this qualitative faith developmental hermeneutic phenomenological research was to process, illuminate, interpret, and describe, in participants' words, their deep narratives and experience during recovery, and to better understand complex phenomena from the perspective of individuals who lived it (Creswell & Creswell, 2018; Jamali, 2018). According to Ravitch and Carl (2016), the qualitative approach provides the opportunity to better understand participants' experiences and perspectives.

Addiction and spirituality in the recovery process are the focus of many popular studies (Al Omari et al., 2015). A faith developmental hermeneutic phenomenological approach enabled me to hear the participants perspectives while investigating their experience during their recovery (Patton, 2015). Faith, religion, and spirituality have unique contextual meanings and participants have their own way of defining these constructs (Lund, 2016). However, when such definitions and perceptions are combined, there is a possibility of identifying patterns and codes as well as constructs that are understudied; hence, a phenomenological approach was chosen as a methodology for this study. A phenomenological approach helps to identify and describe the participants shared experiences regarding the same phenomenon. The participants' perceptions of their recovery experiences entail the phenomenon that this study seeks to unravel.

Phenomenological design is chosen as an approach in this study because it is the best way to better understand the participants' experience of a phenomenon that is not widely understood (Sutherland & Cameron, 2015). A phenomenological approach calls for a profound and abundant understanding of lived experience of participants. Ordinarily, the phenomenological method is mostly used as a way of broadening the understanding of a given phenomenon (Miller et al., 2003).

A faith developmental hermeneutic phenomenological study offered me an opportunity to review incoming data for patterns in theme or content within respondents' narratives. It provided more than one lens of viewing participants' experiences and to analyze the interpretation subsequently. The goal was to enable me to discover a new understanding different from preconceived notions as analysis is performed using the hermeneutic circle (Peoples, 2021). During review of the data, new patterns were revealed. Such patterns are described and may be the basis for future study, which may be quantitative or mixed method in nature. Nonetheless, the likely understanding that accrued from this study through the shared lived experience of individuals in the recovery, these results would also be useful in the counseling field and in various treatment modalities at least for each individual participant.

This faith developmental hermeneutic phenomenological approach was chosen as a research design to support a better understanding of the subjective but lived experiences of certain African Christian immigrants to the United States, who are in faith-based recovery programs. Generally, the phenomenology design delves into the commonality of shared experiences of participants in describing a certain phenomenon in their own words (Sutherland & Cameron, 2015). The phenomenological approach, which provided a practical application of this design, was expounded through the original work of Heidegger (1971) (Peoples, 2021).

The secondary lenses of faith development theory helped me to understand how faith evolved within participants as they go through various life developmental stages and I preconceived that this theory would find expression in the integration construct. The integration concept that is provided through the work of Entwistle (2015) exposed the need to combine scientific, psychological, and faith techniques in clinical treatment. The relevance of this approach is to acknowledge people and their experiences as multidimensional and complex and as a result they should be linked to a holistic approach that contemplates both spiritual and other popular approaches even in clinical intervention (Entwistle, 2015). This also is an ideal lens to further view participants apply their developed faith especially in treatment or recovery. The interview with the probing questions were directed to participants to share their experiences.

There are other related or traditional qualitative methods that were considered initially but not found suitable for the purpose of addressing the research questions. A narrative approach was considered for this study, but a narrative approach focuses more on the participants' story and the meanings drawn from such experiences (Lund, 2016). In this study, I do not want to focus on my own interpretation or meaning while considering participants' story. Therefore, the narrative approach is not strictly employed.

Ethnography was also considered but not selected because it does not fully encapsulate the dimensions of this study. For instance, although the population included African immigrants, who are religious, the research question did not focus on the culture of this religious group or the program, so ethnography was not deemed appropriate for the study. Another related approach is the grounded theory, which focused on building a new theory. Since the essence of the study is not to establish a new theory, this option is also not deemed appropriate. The two theoretical

frameworks of phenomenology and integration were applied to develop interview questions to identify themes.

I used semi-structured, in-person_ individual interviews to better understand the lived experiences of African Christian immigrants to the United States who use faith-based approaches while in recovery from alcohol addiction. Due to natural causes such as the ongoing COVID-19 pandemic, I used Zoom sessions in conducting the interviews. The study resembled the pattern in Milstein (2020), who focused on Jews in recovery and Al-Omari et al. (2014), which focused Jordanian participants to study the role of faith during their recovery. The present study is focused on the experiences of African Christian immigrants to the United States.

The study was exploratory in nature and involved semi-structured interviews. I relied on open ended questions to explore the recovery experiences of immigrants to the United States who identify with the use of faith-based approaches in their recovery from alcohol and substance abuse. I used inductive content analysis frame based on the study of phenomenological theory in arriving at a conclusion. As in the qualitative research, this research followed patterns of incoming data and adjusted the number or wording of questions within experiences of participants.

Role of the Researcher

The major role of the researcher in qualitative studies is to moderate the entire research process by gathering, processing, recording, and interpreting data based on the information gathered without allowing personal bias to contradict objectivity (Ravitch & Carl, 2016). While collecting data, a researcher's major function is to observe and interview participants, document responses, and further develop themes as codes for further processing (Saldana, 2016). I relied on Zoom phone/video call in fulfilling this role.

Personal experiences, limitations, perceptions, understanding, knowledge, and background apparently played key roles in how data are gathered and interpreted in this study. Personal bias may have undue influence in a study process and may lower trustworthiness in the study outcome. The major sources of biases connect to my personal experiences as an immigrant to the United States from an African country and being a Christian. I grew up in the house of a clergy, and this forms the foundation of my worldview (Entwistle, 2015). My educational/vocational experiences, professional/personal relationships, and moral inclinations are possible stimulators of biases in this study. To avoid these biases, I chose to maintain professional integrity while conducting this study. My disposition to maintain ethical professional relationships and affiliations are key deterrents to any form of bias in the study.

While working as a therapist, I have encountered clients and families going through recovery and during this developed an empathy that can balance any bias. As a therapist with over six years' experience working with various clients, I am aware of the possibility of bias in a professional setting and have used supervision and interaction with professional colleagues to deal with such manifestation. I continued to journal thoughts, biases, and conceptions, and responses throughout the study.

Participants in this study are professedly Christians or involved in faith-based approaches, and are all immigrants in recovery, who have no form of past relationship with me. To avoid any form of familiarity, I maintained a checklist to eliminate working with any participant with direct knowledge by using an initial screening method. Also, along the line, member checking and an audit trail helped to ensure any omitted protocol was adjusted during the study.

The member checking criteria further increased credibility and was effective in enhancing the accuracy of transcripts and research findings. Participants can look back on their stories to ensure the accuracy of their reports, provide feedback, and make necessary updates. This procedure was disclosed to participants during the initial consent process. The audit trail helped to maintain a detailed journal throughout the stages of the data- collection, coding, and analysis. This helped to address biases when they arise.

Also, as an immigrant, I have personal experience with many African immigrants that they do not resort to therapy, let alone take part in publishable research. However, there are ways to help participants to participate without fears or any form of future embarrassment. First, their identities were kept confidential, and the confidentiality requirement protected them. I was mindful to disclose to participants the genesis and essence of the study and later appreciated participants after their interviews. Moreover, participants were debriefed after the findings from this study.

Participants were encouraged to be open and honest about their feelings throughout the interview. Even 30 days after the interview, I was still able to contact participants for an opportunity to clarify or add to their responses. Note that an informed consent process took place prior to starting the interviews. This intake process included a review of the entire research process, issues of confidentiality, and ethical concerns as related to the entire process. There was also a need to explore with the participants the results of discussing their past and the sensitive nature of their addictive behavior and how the entire emotion may be evident. And the fact that they do not have to discuss sensitive responses or posts and they may end the session anytime. See Appendix A for further details of the consent form. I also addressed the possibility of sharing information within the context of the research about participants' experiences that may be

distressing or stressful. Participants were accordingly informed during the informed consent stage that they can withdraw from the study at any time. Also, they had access to a contact that they can use for therapeutic intervention.

Methodology

Participant Selection Logic

Participants for the study were recruited from key communities within the United States with immigrant and Christian African population. These locations included mainly participants from New Jersey (Essex and Union Counties). The rationale for the select areas is because of the concentration of African immigrants in those areas and accessibility. The study was opened to include potential participants from other areas in the United States who meet the inclusion criteria. Flyers were used to recruit participants (See Appendix D). Such flyers were distributed hand to hand and mainly through social media applications (WhatsApp, Facebook, etc.) and through referrals from potential participants.

Sampling strategy

The major criteria for inclusion were men and women between the ages of 18 and 65, who are Christians or used faith-based approaches during recovery. immigrants from Africa, living in the United States, and satisfying the *DSM- 5* criteria for alcohol and/or substance use disorder in sustained remission. Participants do not have to be clinically diagnosed with the disorder to be incorporated. Participants just need to acknowledge that they meet the requirements of the diagnosis during the initial screening session to qualify. The criterion of sustained abstinence from the substance was for at least 12 months. Individuals may still have cravings but no other symptoms. The criteria for exclusion included individuals who self-report that they are under the age of 18 or over the age of 65 (see Appendix B), and individuals who are

considered as part of a vulnerable population (such as pregnant, poor, and individuals with mental/physical disabilities, etc.).

Saturation

Saturation or redundancy sampling refers to analyzing patterns in a qualitative design by continuing to add to the sample until nothing new is being learned from each new respondent (Ravitch & Carl, 2016). This entails the process of determining the requisite sample size in qualitative research. At this juncture, any new data would not make any significant difference in the outcome of the study. As a result, the study could still be replicated based on the sample and size. In other words, any attempt to gain new information after saturation is reached is futile (Churchill, 2018). However, sample size must not be unduly small as it reduces the quantification of value associated with same. Usually, phenomenological research involves a sample size of roughly 20 participants. There are many factors that facilitate when saturation is reached. These include participants' heterogeneity, the interviewer experience and personal lens, data collection methods, and other available resources (Ravitch & Carl, 2016). Creswell (1998) suggests 5 to about 20 participants for a phenomenological study, although 6 is usually ideal. However, Peoples (2021) suggested between 8-20 participants. As a result, this research assumed saturation with a total of eight participants enrolled in the study.

These criteria were employed with the guidance of the dissertation chair in ensuring that saturation requirement is evident. I had discussed with a church pastor, who has an ongoing program that worked with individuals with alcohol addictions to help in providing participants/physical venue, while I also share the flyers across the state and three other states. The COVID -19 outbreak hindered that route. Upon coding and analyzing the data, my chair and

I reviewed to ensure that saturation requirement is met. Saturation must be evident to ensure empirical research.

Instrumentation

The nature of the individual interviews was semi structured to allow any needed follow up to the series of open-ended questions. The framework of the study and the research questions focused on identifying gaps in the literature, theoretical frameworks, existing qualitative studies on addiction and spirituality, and personal professional experiences working with this population. The faith developmental hermeneutic phenomenological approach as a methodological design guided the process to enable a better understanding of participants' experiences. The phenomenological guidelines as developed by Heidegger (1971) and captured by Peoples (2021) were adopted for directing the questions about participants' struggles to identify and describe what they experienced, learned, observed, and their perceptions. Close attention was paid to the nature of questions asked by Milstein (2020) and Al-Omari et al. (2014) in constructing the research and its follow up questions. The interview questions being semi structured flowed and ensured that the research questions were addressed properly. An interview guide was provided in Appendix C that captured the basic research and follow-up questions.

Follow-up questions were developed to enhance the interview questions depending on the response of each participant. Further probing questions helped participants to elucidate more details as relates to their unique experiences. The research instrument adopted a qualitative approach with semi-structured interview questions to provide individualized responses on questions such as how participants endorse alcohol use; a description of their experience in adjusting to life in the United States, and what they report as contributory to their alcohol use, as well as their perceptions of faith in their recovery process. See Appendix C for more details of

the instrumentation. Using the format of questions used in Milstein (2020), similar questions were deduced for this study. For this study, there were three broad questions and about 10 probing interview questions for more clarifications. Also, I involved professionals to ensure a trusted face and content validity review.

Procedures for Recruitment, Participation, and Data Collection

Recruitment and Participation

Recruiters were also enabled through existing acquaintances for the purpose of this study, who are identified as gatekeepers. These recruiters were connected to recovery groups with existing members of the population of interest for this study. The recruiters helped to distribute the invitation flyer at various meetings and through social media groups (Facebook and WhatsApp) (See Appendix D for the flyer). Furthermore, a snowball sampling strategy was employed whereby research participants helped to identify and recruit potential participants. Confidentiality was strictly upheld in this study (for instance none could discuss or disclose the identity of the participants outside the interview setting). More so, the recruiters only distributed the flyer but not encourage nor manipulate participation. Due to ethical concerns, I also used preliminary screening methods through the document in Appendix A to ensure that any one I have foreknowledge of whether through employment or related positions was not part of the study.

About 8 to 20 men and women between 18 and 65 years were invited to voluntarily participate in the study using flyers and referrals. The sample size of participants in phenomenological studies is usually within the same range. Screened or selected participants completed an informed consent process before the actual interview. They filled out a form that provided the purpose of the study, participant ability to withdraw from the study any time,

confidentiality, criteria for inclusion to the study, interview procedures, and resources for contingencies.

Data Collection

Once participants were initially approached, the purpose of the study was explained and reviewed, followed by a review of the inclusion, and exclusion criteria (see Appendix A). This entailed the screening process, which is usually over the phone. After participants satisfied criteria and joined the study, they received the informed consent letter, which they returned electronically after signing (See Appendix B). The informed consent process was reviewed and emailed using a softcopy format. The participants electronically signed and returned the consent letter before the commencement of the interviews. Participants may choose any other medium of electronic communication that suits them without breaching their privacy entitlement (Although they have an option to fill a copy of the consent form at the time of the interview and send before the actual interview commences). Afterwards, the participants and interviewer scheduled a set time slot for about one or two hours (60 to 120 minutes) for each interview, with slots for extra time for debriefing towards the end of the interview. Usually, interviews were set within 1 week of the screening procedure and transcribed within about 30 days of the interviews. The actual interview times lasted from 60 minutes to 120 minutes depending on each participant. Some participants could not use all the time allocated for them and that did not affect the inclusion of their interview. All participants spoke freely while being recorded with their consent. All interviews were audio recorded using Zoom app recorder. The participants were offered several other options for the interview medium, which included Zoom through phone call, or with video chat (Skype or FaceTime). There was also a need for participants to meet more than once.

Exit and Debriefing.

At the end of the session, I formally appreciated each participant and debriefed them. Through this debriefing procedure, I expressed gratitude to participants for their devotion to share their stories, and an opportunity to address the final question. The final question afforded the participants an opportunity to share anything else that they want to share. Moreover, copies of the summary were available to participants upon demand. Participants were promised that they will get a copy of the summary of the interview within 30 days in any available format upon demand. The summary usually included an option to contact the interviewer in case participants want to make any updates on their interviews. It ensures that the entirety of each participant's experiences was captured and included an opportunity to make any necessary corrections. This entailed the concept of member checking and enabled participants to make updates and allowed for triangulation in the study.

Data Analysis Plan

Phenomenological studies are distinct from other types of qualitative research because they delve more into understanding a given concept holistically rather than in distinct parts. This unique attribute is evident during the analysis phase of the research (Peoples, 2021). In the hermeneutic phenomenological approach, the goal is to use the hermeneutic circle to enable the parts to inform the whole and vice versa. One way that hermeneutic study performs this role is using explication. This entails an investigation of the attributes of a phenomenon while ensuring the whole is intact (Peoples, 2021). Thus, instead of data analysis, this research will resort rather to explication as conversant with hermeneutic phenomenological designs (Peoples, 2021). The raw data from the interviews were recorded and transcribed using Zoom to determine themes for eventual coding and categorization. A transcription software/company _Zoom was employed for this purpose. Alternatively, NVivo 11 could be used to transcribe, organize, and manage the

information gathered during the interview. The recorded interviews were played several times to ensure that nothing was missed or mistakenly transcribed. Content analysis as described by Saldana (2016) was used to analyze the transcribed data.

I am inclined towards using content analysis as described by Saldana (2016) in analyzing the proceeds of the interview and Zoom app in organizing the data. Apparently, NVivo 11 (student starter license) is very efficient for organizing, managing, and analyzing the information gathered during the interview. In more practical terms I relied on the data analysis flow chart developed by Peoples (2021) in analyzing the data obtained. The step-by-step study is as follows:

Step 1: Reading and deleting irrelevant information.

Step 2: Preliminary meaning units

Step 3: Final meaning units

Step 4: Situated narratives

Step 5: General narratives

Step 6: General description

Hand coding the interview answers is highly recommended in phenomenological studies (Peoples, 2021). However, in addition to journaling the process, I used the relevant software to transcribe the interviews to obtain full details of the contents. Then, I read, reread, and read until codes, patterns, and themes were obtained and documented. Also, other researchers helped to read the interviews again to ensure no experience is left behind (peoples, 2021). After analyzing the data, it is necessary to interpret the proceeds using the hermeneutic circle and to put down new understanding gathered for the phenomenon. I followed this pattern.

Issues of Trustworthiness

One of the interesting roles of a researcher is to ensure that the qualitative research is trustworthy (Creswell & Creswell, 2018). According to Ravitch and Carl (2016), trustworthiness and validity emphasize the procedures to ensure the accuracy of the qualitative design. A researcher ought to also contemplate the various alternative approaches to conducting the research and the rationale of the chosen approach to establish trustworthiness (Creswell & Creswell, 2018; Rubin & Rubin, 2012). To establish trustworthiness, there is a need to explore the ideal philosophies of the researcher, the participants' views, and the perceptions of any other party that contributed to the study (Ravitch & Carl, 2016).

Ensuring Quality

A qualitative design needs to have quality in its framework. Unlike the quantitative design that substantiates results and validity to figures and numbers, qualitative methodology has its own ways of ensuring that the research passes the test of validity and reliability. To ensure quality in qualitative research, Rubin and Rubin (2012) suggested that the results be fresh and real from participants who have firsthand experience. It is needful to assure balance by seeking various views and filling gaps to explore alternative perspectives (Rubin & Rubin, 2012). Quality in a qualitative design connotes validity in a quantitative methodology.

As Ravitch and Carl (2016) noted, "We view validity as a value, goal, and complex set of intersecting processes, which is why the concept is discussed throughout the book and not solely in this chapter" (p. 186). Validity is often confusing in a qualitative research design because it has been described with various words. However, according to Ravitch and Carl (2016), "Validity in qualitative research, refers to the ways that researchers can affirm that their findings are faithful to participants' experiences. Put another way, validity refers to the quality and rigor

of a study” (p. 186). To ensure quality in qualitative research, a researcher must ensure that he focuses on the qualitative methodology while ensuring originality, privacy, trustworthiness, credibility, authenticity, plausibility, and non-biasness in the entire process and conclusion of the research with recourse to ethical considerations. To ensure quality, I focused on the study design and approach in the various stages of the study. Also, the study maintained the exact population chosen for the study.

Credibility

According to Ravitch and Carl (2016), credibility helps to establish trustworthiness in qualitative research. Credibility relates to reliability, transferability, confirmability, dependability, which goes far to boost the originality and trust accorded to the study. Note that validity in qualitative research is different in comparison with its expectations in a quantitative design. While credibility in the former depends mainly on the research question, goal, and shared experiences of the participants, validity in the latter relates to consistency and replicability of the study (Ravitch & Carl, 2016).

According to Rubin and Rubin (2012), to enhance credibility, participants must be screened to ensure they understand what they are embarking on and that they will remain consistent in their responses despite the settings. Thus, “Credibility is the researcher’s ability to take into account all the complexities that present themselves in a study and to deal with patterns that are not easily explained” (Ravitch & Carl, 2016, p. 188). This explains the concept of internal validity in a qualitative methodology (Ravitch & Carl, 2016). To increase credibility, the researcher will depend totally on the research questions, goals, and answers given by participants in answering the research questions.

I ensured that this research reflected quality, trustworthiness, and credibility. These qualities ensure the validity and reliability components of the research. One of the methods that facilitated validity in this study was recruiting participants that are not only interested but also willing to invest in the research. I involved people from my social network and the church community as support in conducting the research. In addition, participants in the research included individuals who were affected by the problem I was addressing, who are also willing to share their experiences for the purpose of a study. According to Kezar (2014), it is important to interact with the community that will consume the research findings. Another approach I used to ensure validity is by recording each interview separately and transcribing them immediately. More so, I ensured saturation by relying on various sources of data, which included interviews, articles, books, coupled with professional experiences.

According to Rubin and Rubin (2012), to ensure accuracy, it is important to record each interview and carefully transcribe them. Moreover, my frequent debriefing sessions with my chair and co-chair provided competent teams to test my interpretations of the data. This also kept me focused on my role as a researcher and not a therapist.

Transferability

There is a need to ensure that the phenomenon being described is what participants were referring to and depicts the study being conducted by the research. Qualitative research has its unique ways to ensure reliability and originality. Usually, qualitative study uses peculiar words to convey empirical meaning to constructs. The qualitative approach is simple but complicated and follows laid down formats to ensure correctness and accuracy and not necessarily duplicability as required in a quantitative design. As Rubin and Rubin (2012) observed, qualitative study relies on a foundation of detailed, rich, and numerous experiences,

interpretations, and themes to capture participants' perspectives. I ensured validity and reliability of this study by relying on requisite methodology to preserve trustworthiness, quality, credibility, accuracy originality, and confirmations. I also repeated questions and confirmed responses to ensure that the participants understood the questions being asked and that accurate responses were captured.

Dependability

Dependability relates to the possible repetition of the study. This resembles the replicability of a research in quantitative research, but qualitative studies shy away from the need for consistency as participants share experiences from their own unique perceptions. For this study, an audit trail ensured a detailed account of the research process, and that there was amalgamation of different sources as resources such as use of interviews, existing literature, and applying to multiple theories. The dependability of this study (tendency to be replicated) was ensured through reporting the process of the study in detail- describing what was planned, how it was executed, and processing the effectiveness of data collection and analysis (Ravitch & Carl, 2016). Thus, I maintained an audit trail during the study to ensure dependability.

Confirmability

There is a need to ensure that the meanings that participants share of their experiences were prioritized over that of the researcher to promote trustworthiness. Confirmability is determined when the participants can provide the same response under a different setting. I achieved this by making sure that participants have a good knowledge of the research expectations. The purpose, use, and significance of the research were explained to participants during the intake, and they were reminded of such purpose at various stages of the interview.

Rubin and Rubin (2012) emphasized the need to be upfront with clients. Individuals are different and have different ways they interpret the same experience. A researcher must respect individual perspectives while using such experiences in a research setting. Cultural, ethical, and religious considerations are some of the areas where a researcher must show respect for the participants. A researcher must intimate the participant the use of the research as well as the participant's role. Carter (2009) emphasized the need for cultural considerations in professional settings. Maintaining boundaries, avoiding multiple relationships, multicultural competencies are some of the ways to show respect to both the participant and reflect professionalism (Barnett, 2009).

I informed participants that the interview is part of the requirements of my study. I first contacted participants electronically or using email and agreed on the time that suits the participants for the interview. The nature and duration of interviews was part of the initial considerations and is an important strategy in good interviews (Laureate, 2016).

Ethical Procedures

Qualitative research involves intrinsic techniques to maintain quality, trust, diversity, reliability, and acceptance (Laureate, 2010), and protecting the participant's privacy is an important ingredient. Rubin and Rubin (2012) encouraged a researcher to respect the privacy of the respondents. Accordingly, "People are usually more willing to talk to you if they feel some personal connection to you" (Rubin & Rubin, 2012, p. 77). Two ways to protect the respondents are strict adherence to confidentiality and informed consent. I informed participants that their identity is safe and preserved throughout and after the research. I used Zoom for the interviews. During the interview, I informed participants that their actual names will not be disclosed. I used codes to identify participants. Further, informed consent was formally obtained with due privacy

protection. Also, I informed participants that they do not have to answer any question that they are not comfortable to answer.

Generally, research has a lot of ethical considerations to ensure the client is protected and not harmed during the research. Cultural consideration is another huge area in ethical practice because what is allowed in one culture may be abhorred in another. There is a need to adopt an inquiry stance in dealing with participants in qualitative research, which Ravitch and Carl (2016) referred to as a relational approach. This approach allows researchers to be open to new ideas as well as appreciate the value of different perspectives (Ravitch & Carl, 2016).

Another ethical consideration in professional psychology practice is to do no harm to any participant whether as a client or respondent in a research setting. Thus, participants may withdraw at any stage of the study and will be referred to counselors around their vicinity for therapy in case such need arises during the research. According to Rubin and Rubin (2012), the participant should be better off and not worse because of the interview and involvement. One way I ensured that participants are not harmed in this study is by informing them ahead of some of the questions for the interview, so the client will acknowledge willingness to participate or respond to such questions. Accordingly, questions that relate to traumatic events may relieve such experiences and should not be part of the interview (Rubin & Rubin, 2012).

Throughout strategic stages in this study, an adequate plan was put in place to comply with institutional permissions, including IRB approvals that are relevant to ensure compliance with ethical and institutional requirements for the study. Accordingly, I sought and obtained necessary IRB approvals for the safe conduction of the study to ensure vulnerable population were protected and no harm done to participants. Through the institutional provisions, I secured

phone numbers and safe ways of reaching and obtaining these necessary permissions and did obtain them.

Treatment of Data

The interviews were recorded and stored on a password-protected computer, with an extra copy stored on a flash drive. The flash drive, along with written notes and audit trails will be labeled as “*confidential*” and stored in a locked metal file cabinet in a private office. The computer and metal cabinet will be kept safely in my private office. After the research, the files will be entirely deleted from the computer hard drive and saved on another flash drive, tagged “*confidential*”, and safely kept in the locked metal file cabinet with the other items. After five years of this study, the raw data will be destroyed as the electronic data will be completely erased from the flash drives after formatting and all other physical data burnt by fire.

Other Ethical Concerns

Immediately after I contacted potential participants, they were provided with an overview of the research process during screening. They were given reasons for conducting this research, the processes involved, and potential applications of the study outcome. After participants were selected and provided their consent to participate in the study, a date was set for the actual initial interview. Then, an informed consent process was invoked before the actual interviews and electronically sent to participants. The interview involved a review of the research process, explanation of the essence of confidentiality, and exposing ethical concerns regarding possible reactions during the actual interview. The participants were also reminded of the likely nature of talking about sensitive and traumatic events and how they have discreet allowance to discontinue the process if it becomes unbearable for them at any time during the process. Also, I

ensured that platforms used in the entire process of communication were Health Insurance Portability and Accountability Act (HIPAA) compliant as well.

In addition, a list of crisis hotlines: national and several state locations that are available 24-hours, 7 days a week were given out to all participants during the informed consent process. Participants also had access to referrals to any relevant health worker during the process of the interviews. The participants were also a sort of support system for each other in the entire process.

Summary

According to Rubin and Rubin (2012), good research includes attention to depth, details, vividness, nuance, and richness. “In the responsive interviewing model, you are looking for material that has depth and detail and is nuanced and rich with vivid thematic material” (Rubin & Rubin, 2012, p. 101). Detail connotes that the interviewer digs for the salient points using open-ended questions, as well as delves into relevant facts using probing questions. Depth involves learning the history, context, content, and various aspects of the perspectives (Rubin & Rubin, 2012). Detail relies on what and how, while depth focuses on the reason (Rubin & Rubin, 2012). Vividness helps to evoke vivid descriptions of the participant's experience, narratives and meaning (Rubin & Rubin, 2012). In qualitative interviews, vividness helps to enrich the research content to enable readers to engage contents as actual, real, and genuine (Rubin & Rubin, 2012). Nuance aids to balance extreme views by obtaining the objective meaning of words and shared experiences (Rubin & Rubin, 2012). Richness implies that the interviews bring out numerous themes and objectives for exploration (Rubin & Rubin, 2012).

An interview guide enabled a well-guarded interview process (Ravitch & Carl, 2016). A good interview guide contains the location, time date, and code of the interview (Moustakas,

1994). An example of the interview question in this study includes “How do African immigrants who are in recovery from alcohol addiction describe their experience of adjusting to life in the United States?” I ensured compliance with the interview guide and to use such guide in boosting the reliability, validity, and credibility of the research (Saldana, 2016).

In Chapter 3, the qualitative faith developmental hermeneutic phenomenological method provided a framework through semi-focused interviews to better understand the lived experiences of the participants. My role and the tendency for bias with the potential methodology were explored in detail. The issues of trustworthiness and ethical procedures were also reviewed.

Chapter 4 describes the actual results of the data collection and analysis processes, which includes the actual number of participants, when and where the interviews occurred, the coding, and the emerging themes. Further evidence of trustworthiness is also presented.

Chapter 4: Results

Introduction to the Current Study

There is limited research about how African immigrants in the United States experience faith-based approaches to their recovery from alcohol addictions especially as they cope with acculturation in a new environment. This hermeneutic qualitative phenomenological study explored the experiences of immigrants of African origins who are in the United States, who are in recovery from alcohol use, and who experienced faith-based programs during the recovery process.

Although there are numerous studies relating to addiction and the possible role of spirituality in the recovery process, such studies never focused on minority cultures (Al Omari et al., 2015; Jankowski et al., 2020; Milstein, 2020; Rodriguez-Galan & Falcon, 2018). A hermeneutic phenomenological approach enables a researcher to learn about participants' experience during the process of recovery (Patton, 2015). Faith, religion, and spirituality have unique contextual meanings and participants have their own ways of defining these constructs (Lund, 2016). However, when such definitions and perceptions are combined, a researcher can identify patterns among participants' responses. Phenomenology was chosen as the method for this study to identify and describe the participants shared experiences regarding the same phenomenon (Sutherland & Cameron, 2015). The participants' perceptions of their recovery experiences involve the phenomenon of their recovery experience that I sought to unravel. A deeper understanding of this topic was achieved as I captured participants' descriptions of their recovery experiences in their own words.

This chapter will describe the results of the data collected and the interpretive processes, which includes the actual number of participants and the dynamics of the interviews as well as the coding and emergence of themes. This chapter will further explore the process of data analysis and the results of the study. I will discuss the settings of the interview and the demographics of the participants as well as the respective data gathered during the study. Moreover, evidence of trustworthiness will be presented in this chapter.

I used semi-structured interviews to collect data to answer the following research question:

RQ: What are the lived experiences of African Christian immigrants to the United States who endorse religion or faith as important to their recovery from alcohol addiction?

During semi-structured interviews participants were asked several questions related to three main areas of inquiry. These questions are as follows: 1) How do African immigrants who are in recovery from alcohol addiction describe their experience of adjusting to life in the United States?

2) What are the experiences that participants identify as contributory to their alcohol abuse?

3) What are the study participants' perceptions of the role of Christian faith in their recovery process? A list of specific interview questions is contained in the Interview Guide in Appendix

C.

Setting

Participants were contacted through recruitment emails and phone responses to a study flyer. Prospective participants were sent a screening guide or background survey questionnaire and those who met the criteria from their responses were sent informed consent forms. The entire interview process for all participants lasted for several weeks. Interviews were conducted

utilizing Zoom in my private office setting. Participants were in their homes, offices or other undisclosed venues. Two participants did mute their video briefly during the interviews, but every participant communication was recorded via the Zoom recording system. Participants remained in the same setting throughout the interview apart from one participant who moved from their living room to a closed room to avoid interruption from their child during the interview.

I did not provide any incentives for participants. There was no known undue influence that may have motivated participation in the study except to share personal experiences for educational purposes. There were also no known environmental factors that may have affected the information gathered during the study.

Demographics

At the recruitment phase, eight potential participants met the inclusion criteria and indicated willingness to be part of the study. These included seven men and one woman between ages 30 and 59. Participants in this study were mainly New Jersey residents who were African immigrants who have experienced spirituality (in the context of Christianity) in their recovery from alcohol addiction. Within the context of qualitative research, saturation is reached when participants do not provide any new data relevant to the research questions (Peoples, 2021). In this study, saturation was reached by the sixth participant. However, I continued the study until all eight participants were interviewed as advised by my dissertation chairperson. Table 1 illustrates some of the participant demographics identified during the interviews.

Table 1*Participant Demographics*

Participants	Gender	Age	Geographic region
Years in United States			
1	Male	30-39	New Jersey
5			
2	Female	40-49	New Jersey
22			
3	Male	40-49	New Jersey
17			
4	Male	40-49	New Jersey
28			
5	Male	50-59	New Jersey
30			
6	Male	40-49	New Jersey
20			
7	Male	40-49	New Jersey
18			
8	Male	40-49	New Jersey
13			

Data Collection

Data were collected during semi-structured interviews conducted through Zoom. Each participant's consent was obtained, documented, and confirmed before the interview began. Data were collected for over several weeks from July 17 to September 26, 2022, and each participant had one interview. I also called participants for clarifications while going through the recorded transcript of their interviews. Interviews lasted approximately 40 to 80 minutes and were audio recorded using Zoom, which also auto transcribed the words. The variation in the duration of the interviews depended on whether the participants provided brief responses or more detailed responses. I also took notes and hand coded each interview using a phone note for further data analysis and comparison. The data collection method aligned with that outlined in Chapter 3. No

known extraneous variables affected data collection. There was an audio recording of each participant's interview, which was transcribed for data analysis.

Data Analysis

During the data analysis process, I noticed that saturation was reached at the sixth participant because I was hearing repetitions in information with no new data added. After consulting with my committee chair, I continued interviewing the remaining two participants. Although the seventh participant did not provide any new information, the eighth participant reinforced a point contained within the existing literature that most African immigrants who use alcohol as coping do not consider it a problem. There were no major differences in the information provided by these two participants. As a result, saturation had been reached.

Usually, phenomenological studies are unique from other types of qualitative research because they tend more toward understanding a given concept holistically rather than in distinct parts. This unique attribute is employed during the analysis phase of the research (Peoples, 2021). In the hermeneutic phenomenological approach, which was the method used in this study, the goal is to use the hermeneutic circle to ensure the parts inform the whole and vice versa. Hermeneutic studies accomplish this by using a system referred to as explication.

The hermeneutic circle is an approach to understanding the phenomenon of study (Peoples, 2020). Hermeneutic phenomenology entails an appraisal of the interaction between a researcher and the data during the analysis process. The idea is that while interacting with participants' narratives, new meaning is likely to be generated that synthesizes the perspectives of a researcher and the participants with the lived experience of the phenomenon of study. The hermeneutic circle enables the realization of new or updated meaning, assumptions, interpretations, and experiences.

In practice, I interpreted each participant's experience in comparison with the rest of the participants and with my initial perceptions as new meanings emerged. This is consistent with the realization that each participant and the researcher are connected to the population of study. As the researcher, I have lived experiences with the phenomenon that is the topic of the study in common with participants. As a result, I journaled my preconceptions and observed as new meanings emerged during the study. Summarily, my lived experiences taken with the experiences described by my study participants can be synthesized into a new meaning for the phenomenon under study.

By introducing new meanings and themes from the experiences of the participants, the hermeneutic circle modified my understanding of the phenomenon. This further provided a renewed understanding of the phenomenon of the participants' experiences in recovery from alcohol addiction. This model ensures an exploration of the attributes of a phenomenon while ensuring the whole is intact (Peoples, 2021). This approach was adopted during the data analysis as it befits the hermeneutic phenomenological design (Peoples, 2021). The raw data from the interviews were recorded and transcribed using Zoom software to determine themes for eventual coding and categorization. I summed up the general derivations from the study as categories, and I referred to the applicable summaries as themes.

Heidegger (1971) developed the hermeneutic circle and expounded on how to use it during the data analysis phase of research. More recent scholars have expounded on his work to deduce applicable steps (Peoples, 2021; Regan, 2012). During the data analysis, I relied on the data analysis flow chart developed by Peoples (2021) based on the works of Heidegger in analyzing the data obtained. The step-by-step process is as follows: (a)

Step 1: Reading and deleting irrelevant information, (b)

Step 2: Preliminary meaning units, (c)

Step 3: Final meaning units, (d)

Step 4: Situated narratives, (e)

Step 5: General narratives, and (f)

Step 6: General description.

I followed two strategies that are highly recommended in phenomenological studies to obtain full details of the interview content (see Peoples, 2021). I transcribed the interviews and I hand-coded the data. However, I remained accountable for my preconceptions by journaling my thought process during the study. I read the transcribed interviews several times to generate codes, discern patterns in participants' responses, and arrive at categories and themes that best capture respondents' experiences in their own words.

I also engaged two PhD program colleagues to help me reread the materials to ensure that no codes, categories, or themes were missing in the conclusions. It is crucial that other researchers help to read interviews again and again to ensure no experience is missing (Saldana, 2016). After analyzing the data, I used the hermeneutic circle to identify new understanding gathered about the phenomenon of study.

At the end of analysis, I generated categories, subcategories, and themes that will subsequently be discussed. There was variability in the length of participants' interviews with one lasting 40 minutes and another lasting 80 minutes. I observed differences in interview length and attributed it to differences in response style among participants; whereas the former participant just mentioned items that captured their experience, the latter participant provided more details and support for their answers.

Categories and Themes Identified

After analyzing these data to determine potential patterns of response amidst the shared experiences of the participants, several themes emerged. Overall, the analysis of the data resulted in a total of three major categories with four or five separate subcategories, totaling 13 subcategories in all. The following three main categories emerged from the analysis of the interview transcripts. (a) acculturation stress and its relationship to alcoholism; (b) factors that affect recovery; and (c) integrating psychological, spiritual, and medical factors in recovery. During further data analysis, 13 subcategories emerged in connection to these major categories (see Table 2). The first category had five subcategories: (a) job and settlement stress, (b) using alcohol to cope, (c) stress from helping people at home country, (d) culture shock- accent, communication, and respect differences; and (e) social drinking/peer pressure. The second category has four components as follows: (a) family support, (b) church and related activities support, (c) personal faith/spiritual growth support, and (d) spiritual leaders and relationships support. The third category also had four subcategories: (a) the role of spirituality, (b) the place of psychology and therapy, (c) the role of medication, and (d) spiritual support system.

Three major themes further emerged from the three categories that will be discussed toward the end of this chapter. These themes were (a) adaptation to life in the United States is associated with increased drinking; (b) family and spirituality play key roles in the recovery process; and (c) integration of psychological, biological, and spiritual factors in the recovery process is beneficial. I identified participants' patterns of responses and their alignment with existing literature or lack thereof. See Table 2 for the categorization of the data analysis.

Table 2*Major Categories and Their Components*

A. Acculturation stress and relationship to alcoholism	1. Job and settlement stress	2. Using alcohol to cope	3. Stress from helping people at home country	4. Culture shock: accent, communication, and respect	5. Social drinking/peer pressure
B. Factors that affect recovery	Family support	Church activities support	Personal faith/spiritual growth	Role of Spiritual leaders	
C. Integrating psychological, spiritual and medical factors in recovery	Role of spirituality	The place of psychology and therapy	Roles of medication	Spiritual support system	

Evidence of Trustworthiness

Ravitch and Carl (2016) described trustworthiness and validity as basics to emphasize that procedures undertaken during a study ensure the accuracy of the qualitative design. In a qualitative design, a researcher contemplates alternative approaches to conducting the research and provides the rationale for choosing this approach to ensure trustworthiness (Creswell & Creswell, 2018; Rubin & Rubin, 2012). Every qualitative research needs to ensure a trustworthy study (Creswell & Creswell, 2018). To ensure trustworthiness in this study, I explored my original philosophies, each participants' views, and perceptions of everyone else involved in the study. And I determined that there is no undue influence on any participants in the study. This is consistent with the propositions of relevant authority (Ravitch & Carl, 2016). In the following sections, the steps taken to ensure credibility, dependability, transferability, and confirmability of the study are demonstrated.

Credibility

Credibility is the extent to ensure findings from qualitative research are correct and accurately reflect the experiences shared by participants. Credibility consists of the factors already mentioned—dependability, transferability, and confirmability. Credibility helps to establish trustworthiness in qualitative research as participants exact stories are captured accurately as they shared it (Ravitch & Carl, 2016). Credibility relates to reliability, transferability, confirmability, dependability, which ensures the originality and trust accorded to the study (Creswell & Creswell, 2018; Rubin & Rubin, 2012). Credibility helps to attribute originality and ensures trust both to the researcher and the participants in addressing the study's research question as participants address the direct questions. Credibility in a qualitative study depends hugely on the research question, goal, and shared experiences of participants (Ravitch & Carl, 2016).

To enhance credibility, participants were screened to ensure they understood what they were embarking on and that they would remain consistent in their responses. The purpose of the study was reiterated throughout the interview process. Credibility also considers all the complexities that are present during the study and contemplates how to deal with likely emergencies during the study. This was addressed by allowing clients choose the venue and timing of the interview. This delves into the concept of internal validity in a qualitative methodology (Ravitch & Carl, 2016). To increase credibility, I depended on the research questions, goals, and answers given by participants in answering research questions.

I also recruited only participants who are not only interested but also willing to invest in the research without undue consideration. In addition, participants in the research include individuals who are affected by the problem I was addressing, who are also willing to share their

experiences for educational purposes. Another approach I adopted to ensure validity and credibility is recording each interview separately and transcribing each right after the interview.

Moreover, my briefing sessions with my committee chair and second committee member during the interview period provided competent support to assure adequate interpretations of the data. My two PhD colleagues also provided competent support during the study to ensure credibility.

I engaged in reflexive journaling throughout the interview process. This journaling process helped me to account for my own experience and to observe how my initial thoughts changed after the study. I observed as new themes and subthemes emerged as I reviewed participants' transcripts and completed the coding process.

Transferability

Transferability, in qualitative research, entails that a phenomenon being described is what participants were referring to in their narratives and ensures that the research questions are same across all participants (Ravitch & Carl, 2016). Transferability in phenomenological research entails that the results from the research cannot be inferred to individual participants or any other person outside the parameters of the study. To ensure transferability, I maintained a consistent approach throughout the process from data collection to data interpretation with all participants. To ensure transferability, I confined my inquiry to the questions in the interview guide by asking the same questions of all participants. However, some participants were asked follow-up questions to probe more deeply and to further elucidate their experiences. This approach is consistent with semi-structured interviewing within qualitative research (Saldana, 2016). I examined participants' responses to generate patterns of response or themes that emerged from the data.

According to Rubin and Rubin (2012), qualitative studies rely on a foundation of detailed, rich, and numerous experiences, interpretations, and themes to capture participants' perspectives. To ensure transferability, I maintained my hermeneutic qualitative methodology to preserve trustworthiness, quality, credibility, accuracy, originality, and confirmation. I repeated questions and confirmed responses to ensure that the participants understood the questions being asked and that accurate responses were provided.

Dependability

Dependability relates to the replicability of research in qualitative research (Ravitch & Carl, 2016). Accordingly, the dependability of a study, which is the capacity to be replicated, is ensured through reporting the process of the study in detail. This includes but is not limited to describing what was planned and how it was executed and processing the effectiveness of data collection and analysis (Ravitch & Carl, 2016). I kept an audit trail to ensure a detailed account of the research process and a combination of different sources as resources or data for the study. To ensure the dependability of this study, I reported the entire process of the study in detail. This includes describing plans, implementations, and exploring the worth of the data collection and analysis throughout the study. In addition to maintaining an audit trail, I journaled throughout the study which is also a strategy to ensure dependability.

Confirmability

In a qualitative study, confirmability is the process of ensuring that the meanings that participants share of their experiences are prioritized over those of the researcher to promote trustworthiness (Ravitch & Carl, 2016). One aspect of confirmability is that the experiences shared with me were not context or setting dependent. I achieved this by making sure that the participants had a good knowledge of what the research is all about from the genesis of their

involvement. The purpose, use, and significance of the research were explained to participants during the intake, and they were reminded of these at various stages of the interview. Rubin and Rubin (2012) emphasized the need to be clear with participants to ensure their responses answer the questions. I also showed respect for individual differences and perspectives while identifying similar experiences during the research. Cultural, ethical, and religious considerations were also contemplated and respected during the interview, and I asked participants to avoid responding to questions that offend such considerations.

During the interview, I reminded participants that the interview is part of the requirements of my study and their role is primarily to contribute their understanding of their unique experiences to the study. The nature, duration, and setting of the interviews were part of the initial considerations in this study. Moreover, I used member checking to ensure the accuracy and dependability of the data analysis and meanings accorded to participants words. Member checking entails a follow up call to participants to confirm ambiguous responses to ensure the preservation of their intended meanings. It also provided the opportunity for participants to add to or clarify their responses and let me know if they felt “*heard*” in terms of them relaying their experiences in their own words. No participants changed their story in this process. I maintained notes, journals, and audio files during the study to ensure confirmability.

Results

The study involved three interview questions. The questions relate to three main areas of inquiry pertinent to the research question. Each of the three areas of inquiry questions helped the researcher develop a category and additional themes during the data analysis phase. Further analysis resulted in three applicable themes from these categories. In Interview Question 1, I

asked How do African immigrants who are in recovery from alcohol addiction describe their experience of adjusting to life in the United States?

Theme 1: Acculturation Stress and Relationship to Alcoholism

The participants were asked about their experience with adjusting to life in the United States and they all had similar answers. When asked questions regarding participants' experiences with acculturating in the United States, they unanimously referred to some aspect of acculturation stress. Acculturation stress pertains to the difficulties participants faced while adjusting to life in the United States after they immigrated from their home country. The first participant was already a doctor in Nigeria before coming to the United States. When he first arrived in New York, it was hard for him to adjust to the level of school fees he had to pay to finish the medical school and be licensed in the United States. At one time, he had to drop out, and he lived with family in New Jersey. He had issues with changing status to retain the legality of his stay. The entire process was so stressful that he found himself depending on alcohol to cope. According to participant 1, "... It got me thinking and stressed me out, at a particular point I didn't want to even talk to my friends back home in Nigeria, because I wasn't very sure of how all of this would turn out." He continued to reiterate that the disconnection from his home country and not finding immediate success in the new country was a trigger for alcohol intake. In his own words, he put it this way. "... So, I started looking for ways to help myself going to I had that ready to take some shots again to feel better I did that for a while." The "shots", he later clarified as alcohol intake. He concluded by expressing how this recourse was only a temporary relief. He summarized: "...what I realized is that the satisfaction I'm getting from this is only temporary..."

Seven of the eight participants reported that they never had alcohol before they came to the United States. Six out of the seven participants considered various other factors as contributory to the use of alcohol and these factors have been grouped into five subthemes that will be discussed in subsequent sections. Participant 2 described her experience as unique. Accordingly, she grew up in a religious environment with strict rules. “However, when I came to the United States, I had to loosen up and flow with the trend” she added. She also felt embarrassed at some point during the interview and sobbed. She alluded that the catharsis she experienced was appreciation for how much she has gone through to be where she is today. She attributed acculturation stress to her involvement with alcohol, claiming she had to adhere to the peer pressure of her new environment to survive. The third participant added that his engagement with alcohol was a show of belonging and he never felt it was problematic until he realized that he couldn’t easily let go of it.

All participants except the fifth one mentioned that their stress was related to the need to balance expectations with acculturating in the United States and the need to be resourceful at country of origin simultaneously. The fifth participant had his mother here and did not have pressure to meet any need back in Africa once he arrived United States. I thought also within me and noted same in my journal that since he is originally from Kenya, he may have different cultural expectations from the other seven who are mainly from west Africa (Nigeria). However, at the end of my interview, I changed my mind as I realized that his experiences were not different from the experience of the other participants. Apparently, all participants had identical expectations for some financial relief from families, friends, and relatives in Africa after they relocated to the United States.

All participants were conscious of the fact that it is hard to adjust in the United States and that many resorted to various addictions in the process. Other concerns included gangsterism, and the fourth participant attributed his drinking to gang membership. According to him, this entails belonging to a group of other students, who seek to promote, protect, and preserve the identity of the group and that of its members. He reported that he belonged to a gang while in college and it naturally flowed with drinking, casual sex, and other risky behaviors. It took him a jail term and encounters with spirituality in a halfway house to deal with his alcohol addiction. Participant 5 stated that although he did not join a gang, he was always in the company of people that drank and could not trace the genesis of his alcohol addiction. He reported that his father was not part of his life growing up and his mother raised him singlehandedly. So, “hanging out with the boys” was a natural recourse for him.

According to him, “adjusting in the United States is an experience which was not easy as simple as when I came, I was quite young and then that challenge of being independent I came when I was 18 years old.” He noted that being independent in a foreign country was not easy so that is what led him to what he described as “early maturity”. According to him, maturity entails “... depending on yourself not from parents and then having that group of friends that you rely on we're almost the same age and then to settle now to go to school and also being independent whereby you are taking care of yourself so that's the challenge.”

Subtheme 1.1: Job and Settlement Stress. All eight participants stated that they experienced stress relating to getting a job and settling down when they arrived in the United States. Although most of the participants went back to school or obtained some sort of training, apparently education was not a direct stressor for them; some of them needed a job to continue their education. For instance, the first participant came to the United States primarily for studies

and needed a job to support himself as well as his education. According to him, “I mean, I came into the America basically to study coming in here it's like even though I may have one or two family is still like coming to no man's land.” He continued to state the need to settle down in the new environment and how stressful it was. Accordingly, “Looking at how things work here, how civilized and all of that really bothered me as far as how long it will take me to fit into the society and to fit into the processes.” However, the fourth participant had a slight difference experience because he came to the United States at a younger age -eight years old. He did not have the immediate burden of getting a job, nonetheless he still had the pressure of adjusting to life in the United States due to cultural differences. In his words, “For example, my high school, I was one of like, two black people that went to my high school. Um, you know, and when I introduced myself, even at work, the last name, it's something you know, people mispronounce.” Then, he continued more soberly, “And then the topic always comes up, oh, that's a funny last name where you from, so constantly having to, you know, explain where you're from, you know, as if like, is that it's not something that most people around me ever have to do.” Then he concluded, “But you know, it's not a big deal.”

In addition, Participant 6 reported how he responded to the issue of having to combine work and education while trying to adjust in the United States. According to him, “Part of it, you know, is that I had to work.” Apparently, the challenging stressor is that back in Africa the concept of working and going to school is not popular. People usually go to school and when they are done with school, they go to work. Having to juggle the two in the United States is a huge stress for those who are new in the country. As the sixth participant added, he had to work in school and outside school settings. “...as well, both in campus and off campus and during off school season also. Back home, I never worked because I was a student.” The entire scenario

was both new and stressful and he concluded thus: “But then coming here I had to face the reality of all the worldly reality sort of you know that I had to work in order to well, pay rent, you know, eat and then also finance my education.” Apparently, being an international student added to the expectation in tuition, which adds to the stress. According to him, “For me as an international student, I had to pay like double the tuition.”

The seventh participant, who did not have immediate pressure of work lived with family and had to attend school fully. Nonetheless, he was still under the pressure of adjusting to life in the United States especially due to other stressors discussed as subthemes in the following sections.

Subtheme 1.2: Using Alcohol to Cope. All eight participants shared similar experiences in relation to using alcohol to cope while adjusting in the United States especially at key stages of acculturation. The major exception is the eighth participant, who although admitting to the use of alcohol at the initial stage of settling down in the United States, did not consider it problematic. He further alluded that alcohol is a normal social way of dealing with life and he had done the same while in the United States. The fourth and fifth participants who arrived to the United States at earlier years of age did not immediately resort to alcohol but began when they went into college and mixed with other youths.

Participant 1 narrated in a very touching manner the relationship between the stress of education, job, and alcohol intake: “Especially when you just feel like this help is not coming from anywhere. I didn't even have a job at that time. So, because it was like, I felt like I was alone.” He continued to express how depressing it was to lose a job, as the job provided the finances to continue his education and how he felt hopeless until an urge to drink to forget the sorrow kicked in. According to him, “I was feeling I wasn't progressing. So surely. One of the

main reasons I came to the country, it made me look for ways to ways to satisfy myself. So that's how I got into drinking.” According to Participant 1, he turned to alcoholism to cope with the stressors associated with his adjustment to living in the United States. Especially as they related to him pursuing his education and eventually working. According to him, “... to get some satisfaction to make me think away from the problems.” All eight participants endorsed depending on alcohol as a form of coping during certain phases of their adjustment to living in the United States.

Throughout the interviews, it is obvious that each participant during the time of dependence on alcohol thought it was the best option and did not consider other implications in the process. Participant 6 noted that he started drinking not because he necessarily wanted to but because he just wanted to belong. This issue of drinking to belong will be discussed more under the theme of peer pressure. His perceptions of experiences expose that alcoholism became a necessary way to deal with acculturation for him. According to him, “I drank like soft drink you know, nonalcoholic so they started making fun of me. So, at a certain time, I had to join them, you know.”

Based on the data gathered from these participants, which aligns with this theme, participants acknowledged that they experienced stress related to acculturation to the United States. and they coped with this stress by using alcohol.

Subtheme 1.3: Stress from Helping People in Home Country. Almost all the participants sent financial help to family and relations in their native home country. This includes the fifth participant, who lives in the United States with the mother. The age and phase of life during which participants came to the United States. affected how immediate the need was to help people at home. Those who came to the United States at a younger age did not have an

immediate need to send money home. These includes the fifth participant who came as a teenager. Initially, I thought that those who came basically for education do not have the immediate need to send money back home. Those participants who came to the United States for education were expected to send money back to their families almost immediately.

Based on these comments from participants, there is a popular notion among Africans in Africa that the people in the United States work and go to school simultaneously, which is the major reason for this expectation for immediate financial assistance even from those that traveled to United States for education. I journaled as well that the poverty level in many African communities contributed to this type of expectation. So, participants from this study reported that their relatives in Africa expected them to send money to them back home in Africa and this expectation aligns with what the literature has found vis-a-vis the relatives of people who moved from Africa to the United States. This is consistent with the literature. Accordingly, the level of poverty in the African community is responsible for raising the hopes of relatives in Africa for immediate relief from family members that are studying in the United States (Lund, 2006).

According to Participant 1, just the mere phone call from Africa suggests that there is a need for money, which causes a stress response that results in the participant avoiding such calls. The avoidance is because such calls are usually for financial help. In his words, “It got me thinking and stressed me out, at a particular point I didn't want to even talk to my friends back home in Nigeria, because I wasn't very sure of how all of this would turn out.” Since the participant was unable to even pay his way through school, he struggled. He even dropped out of school when his scholarship fund finished. He was very stressed. According to him this was the genesis of his drinking habit. “So, I started looking for ways to help myself... I was that ready to

take some shots again to feel better. I did that for a while. What I realized that the satisfaction I'm getting from this it's only temporary.”

Subtheme 1.4: Culture Shock: Accent, Communication and Respect. All eight participants attributed much stress to what they described as “cultural shock.” The major cultural shock stems from differences in accent, communication style, cultural dispositions, and issues of respect. Participant 7 mentioned how he felt embarrassed to call his first boss by his first name. Participant 8 corroborated his story by mentioning how he felt embarrassed at work when younger people addressed older ones including him by their first names. Their stories triggered my own memories and resulted in my journaling my relevant experiences as someone *dasein* in their world. I had a similar experience in my first job. My boss insisted that I call his name without adding a “Mr.” This made me so uncomfortable then. I did put this in my journal as well. Participant 3 buttressed the same point of respect as being an issue at work setting. All eight participants mentioned the issue of accent as being a stressor except the eighth participant. According to Participant 8, he came to United States through the United Kingdom and had more of an English accent. He noted that his accent was more acceptable in the work environment and his resume attracted little bias given his work experience in the United Kingdom. However, he alluded during the interview that since he is also *dasein* in the world of other immigrants, he observed how accent and cultural communication styles affected other African immigrants with whom he was familiar in the United States.

Participant 4 stated, “... It's a little bit weird, you know, even though I feel like personally, I'm adjusted, you know, for a long time, you do still feel sometimes, like you're in an island of your own in social settings.” He also added that there is a huge difference between Africans in America and African Americans. In his words, “You know, because other African

Americans, they clearly know that you're not, you know, a regular black person from here, you know, the minute I open my mouth, and I hear the way I speak.” He suggested that this difference affects his acceptance in the United States. According to him, “So I'm not fully I don't, I've never felt that I've been fully accepted by the African Americans here.” He concluded by adding that he felt more accepted by other minority cultures. He added; thus, “As far as like, other races, sometimes I've even felt more accepted by them. But there's still racism sometimes that you experience. So sometimes it is interesting, kind of you do feel like you're an island of your own.” This perspective was also included in the stories of other participants. Participant 3 also echoed on how the cultural shock evident on how respect is viewed in the United States affected him obviously during his initial days in the United States and that it continues to impact him while in the United States. This is an interesting topic and hopefully, will be the subject of future further study.

Subtheme 1.5: Social Drinking/Peer Pressure. The theme of social drinking was mentioned by two participants. Participants 3 and 8 especially attributed their use of alcohol to social drinking. Participant 8 stated that the issue of drinking is not problematic to him as it is a natural way of living. The remaining six participants attributed their alcoholism to peer pressure or influence of others they met especially in the school setting. According to Participant 3, “... yeah you never know the stress the stress with a whole new environment you never think you know how the drinking thing start off.” Accordingly, using alcohol to cope was not originally intended. He continued, “... but just like that but you know you have one and one glass here one night you know will calm your nerves, you know so it kind of became like that ...” He reiterated that the addictive part starts gradually out of peer pressure that comes as invitations to dinners and events. According to him, “... one asks you to come dinners and dinners like helping you to

cope with the initial stress the one you know, call it just felt like you had just signed a deal from your home in trying to make the new land your new home.” The statement implies that he felt like the only way he could feel at home in a new environment is to go out often with new friends. I had spoken to him in a follow up call to clarify the above statement before I came to understand him more clearly. According to his explanation, “Now almost looks like this is the adjustments, so you know a little bit of both cultures. So, you have alcohol here and there became something just you know, you do just to calm your nerves.”

Participant 8 spoke extensively on this topic. So, the participant expressed two directions of normative pressures—one from their family back in Africa and one from their new peer group in the United States. In his words, he explained the dynamics of how pressure sets in and how addictions develop.

So, when they come in, they are trying to, you know, kind of, you know, put things together put their life together, you know, then some people already have families back home, so they are already thinking about how to help their families back home. And because of all this, they are very eager to, you know, get their whole act together, they are looking for jobs, or trying to, you know, get some money back home, and not even looking at themselves.

According to Participant 8, the whole concept of pressures is connected to an inherent need to meet the needs of the family members at home as well as well as fit in in the new culture. He added on the tendency for these pressures to grow. This is best described in his words. These are summarized below.

So, what happens is, at the end of the day, those pressures begin to, you know, kind of affect them in every kind of way, emotionally, psychologically, and even health wise,

generally. So in the quest to find their parents, they fall into different kinds of, you know, I wouldn't say purely mental health, but more of psychological, you know, kind of issues such as depression, and anxiety, so that they can, you know, just anxiety of, you know, trying to get a job, the kind of job they want, some of them want to go to school.

Participant 8 reiterated that the pressure is beyond the pressure to drink alcohol but rather includes the need to acculturate or adjust in a new culture. He repeated that the immigrant has a need to learn several aspects of the new culture to integrate and socialize in the United States. And an unwillingness to socialize with the rest attracts some other forms of consequences such as depression and anxiety. I will use his words to emphasize his point. According to him, "So, all those factors, you know, in a culture where you have to start learning their culture, learning and understanding the way they speak, and trying to be able to cope with all the aspects are really, really very cumbersome."

Participant 8 also noted that we cannot generalize his experiences, which is something I already understand. He also observed that people have different ways of coping to avoid getting into negative outcomes. It is better to capture his conclusions in his own words.

So, in my own perception, all the stuff that I mentioned to you all, from experience. So, I experienced that anxiety, I didn't go into depression, but I was worried about people back home, I was under pressure to start, you know, fending for myself, my family here, and also people back home. So those are the challenges that I met. And, you know, you know, sometimes some people adjust in different ways. Some people don't cope at all. So men don't cope, they tend to go into some areas of maladaptive that will result into negative behaviors.

As a result of participants' descriptions of their lived experiences, I came to realize that adaptation to life in the United States is associated with increased drinking. Literature supports that many, including African immigrants, in adapting to life in the United States resort to alcohol use and or abuse (Milstein, 2020; Wong et al, 2018). The participants in this study were aligned with the research that posit this connection between adaptation to the U.S. and alcoholism.

Theme 2: Factors that Affect Recovery.

Each participant attributed their recovery to at least one of the subthemes that are addressed in this section. These include: (a) family support, (b) church and related activities support, (c) personal faith/spiritual growth support, and (d) spiritual leaders and relationships support. These are the subthemes that will be addressed in this segment.

Subtheme 2.1: Family Support. Some of the participants mentioned the role of family both in coping as immigrants in the United States and in recovery from alcohol addiction. Participant 7 stated how his affiliation with family helped in his adjustment and was a constant reminder that he did not miss a lot while in the United States. In his words, "... My experience here was I mean, I would, I wouldn't say it wasn't different from ... wasn't so much different from my experience before I came here." With further probing, he explained the role of his family member being the reason for him not missing much while in the United States. These are extracted below.

And I will say that because I have, I was surrounded with families, family members, when I came here, I didn't really miss even though I was away from home, but I didn't really miss much, because I was always with family. So, family played very important role, as pertains to me feeling comfortable or not, you know, as an immigrant here in America, so I didn't feel much different because of family.

He later added that although he had to deal with alcohol problems at certain stage, his affiliation to family was instrumental in restoring him to a spiritual connection that assisted in the recovery phase. He is not the only participant that family helped in both the adjustment and in the recovery phase. Participant 6 expressed that he had a similar experience.

Participant 6 also mentioned the importance of family in the adjustment phase. He emphasized that the major assistance she gathered from family support is learning from their own experience in adjusting in the United States. According to him, “So, so we had to learn not only the experiences in our in our culture, but I get the experiences that other people you know have in there.” He reinforced the fact that the experiences of other family members who had been older in the United States provide practical lessons for adjusting in the United States. Participant 1 connected how family helped him when he was stuck with no money to continue his education and how they accommodated him and helped him bounce back to his educational program. He ignited a connection between family and spiritual support. Apparently, his family that he met in the United States were Christians and they connected him to the church, who also treated him as family. It is crucial to repeat his experience in his own words.

So, in that process, for some reason I, I, connected to a family member who got through somehow, and I was introduced to... he introduced me to church... then the church and pastor helped to relieve my situation. They took up my case as though I am part of their family. And I started getting advice, you know, they introduced me to Christian rites. And I find that something superior to taking a call.

Subtheme 2.2: Church and Related Activities Support. On the concept of faith, spirituality and religiousness, all participants have in one way, or another interacted with a form of spirituality through a church or religious setting. In fact, they all subscribed to the Christian

faith as a religious form of expressing their spirituality. They all noted that church attendance, participation, and interaction with spiritual leadership helped in their recovery. Participant 7 expressly noted how church participation was instrumental in his recovery process. According to him, “So, attending, you know, church or being a person of faith contributed a lot in helping me become the person I am today. And helping me to, you know, say no to alcohol...” Participant 3 said-

Oh, yeah, I, church, church, that's family, yeah church. Oh, it touches. Oh, yeah, church, family, I have a friend that is a pastor, or, you know, go to the same church. And he, you know, kind of, like, pick a conversation and I showed interest. I am not sure how the conversation started, oh, you know, I'm a person of faith, you know, I, I am a Christian.

He sounded so joyful as he expressed his connection with church and how the experience triggered a recovery process for him. He emphasized how it afforded an alternative coping mechanism for him and how the related activities helped him in the process.

This role of religion in recovery is in alignment with the relevant literature, which is evident in various studies (Al Omari et al., 2015; Lund, 2016; Patton, 2015). This section of this faith-based developmental hermeneutic phenomenological study explored participants' perspectives and understanding of their experience relating to faith and spirituality during the recovery process. The participants unanimously endorsed religious activities as contributory and pivotal in their recovery process.

Subtheme 2.3: Personal Faith/Spiritual Growth Support. When asked about how personal faith may have helped in their recovery, participants tended to attribute personal faith in supreme being or higher power as instrumental to their recovery. Participant 7 made mention of spiritual growth expressly as being the key to recovery from alcoholism.

Faith, faith means a lot for me, which I do have faith, it means it means everything for me. You know, I always tell myself, you know, the most important or the two most important things to me is faith or family, you know, so for me, faith plays, you know, plays a very important role in my life, and also in helping me to, you know, you know.

He expressed regret that he had grown in church and never expected himself to become an alcoholic. However, he attributed his alcohol use as the only way to deal with the stress of adjustment in a foreign country. However, he noted that reconnection to faith and spirituality as prescribed within the Christian fold was instrumental to his recovery. He continued to emphasize his experience with faith in the following words.

I snapped, you know, participated in drinking alcohol, you know? Because faith is, you know, it is Yahweh that equipped me. That's where I'm equipped, spiritually and physically to be able to deal with the issues of life. It is where I'm taught to be, you know, the best I could be as a person and as a Christian.

Participant 2 also stated that she was a strong practicing Christian before coming to the United States. She attributed drinking alcohol as a sign of backsliding from faith and was joyful to reconnect back to her original faith as part of her experience. Her apparent tears of joy were evident to illustrate her feelings to come back to sobriety. As she spoke of her restoration to faith, I noticed that she sobbed as though she experienced catharsis and I immediately inquired if she was okay and if she wanted to continue and she responded that she was okay and that she was happy to tell her story. I noted the feelings associated to this experience in my journal immediately. Also, Participant 3 added how going back to church and meeting a certain mentor/spiritual leader was instrumental in his recovery. All participants itemized activities such as church attendance, prayers, scripture reading, mentoring, and counseling from such settings

helped in their recovery process. They all added that there is a need for the church to help more in the recovery process.

Subtheme 2.4: Spiritual Leaders and Relationships Support. Some of the participants mentioned how relationships within religious circles, especially with the leadership, contributed to their recovery. Participants 1, 3, 7 stressed this factor more apparently. Participant 2 also mentioned some mentorship kind of relationship with a spiritual leader or pastor that helped her recovery. Likewise Participant 4 mentioned that his interaction with a spiritual leader connected him to church and such a setting helped in his spiritual development, growth, and ultimate recovery. Participant 8 did mention an involvement with spiritual leadership in his recovery, although he did state that he had experience with smaller groups in the religious settings and not that attendance was crucial in his recovery state. Participant 3 made more profound statements regarding his experience with his religious leader, whom he considered a friend too. Speaking about how a pastor helped him, he recounted as follows:

So, and he kind of like stepped in to encourage me to find alternative coping mechanism than, you know, the choice of alcohol. And, you know, with the organization, the church support is like family, because it became like, family, and also helped in redirecting me back to God.

He referred to how activities such as counseling, prayers and attendance helped in the recovery process. His excitement was obvious as he recounted his experience. Below are his own words.

With the pastor I had kind of, like, had a couple of counseling sessions, where we just talk, and it got me thinking in seconds, and, you know, also reminding me of my life, of the faith that we prophesy or the faith that we profess, on what the standard that we have

to also maintain, you know, and, you know, of course, prayer is involved in it too, because in the church, and we do believe in prayers.

While summarizing, he made mention of the support of the church family. This is the position that other participants corroborated. According to him,

And, you know, we pray and rely on the support of the church family, you know, I was able to make a significant, you know, recovery, and it kind of gets so much, much, much better, a place where there's no longer a dependency on alcohol.

In summary, the second theme that I deduced from this study as evident in this section is that through the experience of the participant, family and spirituality play key roles in the recovery. This position aligns with the current research on this subject. Al-Omari et al. (2015) reached similar conclusions that spiritual leaders and faith play a huge role in the recovery process based on the experiences of the participants in a similar study with different populations. According to research, family and spirituality have played key roles in the recovery process especially as it relates to immigrants (Lund, 2016). Note that while Milstein (2020) focused on Jews; Al-Omari et al. (2015) focused on Jordanians, and in both instances, participants perceived that in their recovery their faith played significant roles. This study results square with the results of previous research.

Theme 3: Integrating Psychological, Spiritual and Medical Factors in Recovery.

The third theme also has four subthemes as follows: (a) role of spirituality; (b) the place of psychology and therapy; (c) the medication roles; and (d) spiritual support system. These will be discussed further in detail below.

Subtheme 3.1: Role of Spirituality. Participants were asked how spirituality may have helped in their recovery process and their perceptions as relates to combining spiritual,

psychological, and biological or medical models in the treatment and they all stated that such combination or integration appears useful. It is crucial to share the story of Participant 4 here. He came to the United States when he was about 8 years old. He joined a gang while in college and became addicted to alcohol. He eventually had an accident during which someone died. He was eventually incarcerated. He tells his story about how spirituality helped in his recover process.

So, when I was when I came out from being incarcerated, I needed a place to stay. And I was ended up being in a shelter. And pretty early on, in that time, I was introduced to my counselor at the shelter. You know, I did not realize at the time, but he was actually a pastor, a leader of a church, a local church. And here, it all began, my spiritual journey began when he asked me if I was saved, if, you know, if I want it to be saved, I said, yes, of course, you know, after been through so much, and you know, so much trauma.

He reported that his spiritual journey began with his salvation experience, and it helped drive a force that enabled his recovery. His exact words are repeated below.

I absolutely want to be saved. And he, you know, prayed with me, and invited me to church. And that's how my spiritual journey began. And I've been going to that same church ever since, you know, then, and it's been a year, going on past a year now. And I think, you know, I've made some bad decisions in life, this was one of the most positive that decisions that I've made so far, because I feel like it turned my life around.

He compared spirituality to a relationship that is superior and caring. The words are captured in the following sentences.

I think that spirituality, for me is a relationship. It's a relationship with the higher power, you know, with God, you know, it's, it's an awareness of force, you know, that's greater

than anything on this earth, you know, but at the same time, a force of that a power and a force of that magnitude at the same time, is you can still tap into it and draw close to it.

His definition noted the peculiarity that is comforting and holds one accountable to a high standard of morality. According to Participant 4:

You know, that's what makes it so special. How, even though this power is enormous, and scale, you can still tap into it and feel a closeness to it. Um, and for me, that's, that's, that's, that's how I would define, you know, my spirituality. It is knowing that there's a higher authority, a higher being that's watching over me that I can know.

Other participants hold similar views with that of Participant 4. Their responses corroborate recent and historical conclusions on the topic. Spirituality is a proven channel for treating addictive behaviors.

Subtheme 3.2: The Place of Psychology and Therapy. Most of the participants did not mention being involved in direct therapy in their recovery but unanimously stated that therapy would be helpful in the recovery process. Participant 4 had experienced therapy and lent his voice on the topic as he shared his experience. He said:

Oh, my god, yeah, um, it was very, very positive, especially, um, you are meeting them at such a difficult point in my life. Rock bottom, basically, the lowest of lows. Coming out of prison, basically, I needed to be built back up as a as a, as a man as a person as a human being. And I needed to, I needed desperately for someone to tell me that it was okay.

He repeated that there was more structure in prison than in the outside world and that it was mainly therapy that helped him. He had added that the therapy he had had a mixture of psychology and spirituality.

And that's, you know, life isn't over. There's so much more to live for. And, and basically, somebody to help me to forgive myself for the mistakes that I've made, you know, and give myself a second chance, and rebuild. Especially when I was staying in the shelter, where it wasn't really any different from prison. In fact, in some, some ways that was worse, because people that were there, we're all, you know, fresh out of prison, but now they have all the freedom in the world. You know, so it was a very difficult place to live.

Participant 4 repeated that without well-structured therapy, relapse was imminent. He added that without due support, it is difficult to retain recovery. His words are repeated below.

And I think very easily, I could have you fallen back down that same rabbit hole. Because at least in prison, their structure, you know, they're, they prevent them from doing certain things and making those same mistakes, and the alcohol and the drug use, but at the shelter, all of that was going on, times ten. So, it was actually a perilous situation, a difficult situation, that could have led to me going back to that same thing that got me in trouble.

Participant 3 did mention the importance of counseling, but it appears he was alluding to some sort of spiritual counseling. In my journal, I noted my preconception on the topic of discussion as I live in such a world. This may not be strictly based on psychological orientations in a strict manner. However, the participant stated that counseling is helpful in recovery.

Participant 8 further mentioned that he believes that therapy is a combination of spirituality, psychology, and medical models. According to Participant 4, spirituality is a useful form of therapy especially in his recovery experience.

It's better than any psychiatrist or therapist that I can ever dream of seeing or talking to, I can have it 24/7. I can tap into and draw close to this and come back in and call on this on

this higher power, this spirit force, you know, and, and almost like a child that needs a mother.

He related the relationship of a spiritual force to that of a mother and a child and the sufficiency such relationship affords in helping one cope with varying conditions. He also reinforced the continuous access to such power. Apparently, such force will present relapse. According to him:

A baby needs a mother even as an adult you have this guidance forced with you 24/7 to confide in, to cry to; you know, basically pour your heart out to and know that you are loved and cared about and being listened to. You know, it's like chilling like your favorite child all over again you know.

Subtheme 3.3: The Medication Roles. It was clear that each participant had a unique experience during their recovery process. However, none of them mentioned using. All participants noted how they experienced recovery without direct mention of medication. Participants 3 and 8 who reported that they have careers in the medical field mentioned the need for medical models as well as the need to have a system where those struggling with alcoholism can have access to be treated either with medical, psychological, or spiritual approaches. Participant 8 mentioned that he knows there are existing medical models of treatment. He added that combining such models is helpful. Other participants also responded in the affirmative as related to the need to combine or integrate spiritual, psychological, and medical models in the recovery process. Participant 3 made key references on this subject. When asked whether integration of spiritual, medical, and psychological measures in treatment is beneficial, he responded as follows:

My perception is that it works. I believe somebody must believe in something as a higher power is there for sure. And in believing in that and having a religious spiritual place of worship, which is spiritual has its own place, so does help from psychological thinking help too, you know, understanding things a little bit differently.

He concluded by stating, “And so I strongly believe that it does it does work for those that really to open themselves up for your work. For others, medication is what they need to experience healing in their struggle.” Related comments by Participant 2 will be shared in this next section.

Subtheme 3.4: Spiritual Support System (SSS). SSS is a major outflow from each participant. They directly made mention of having access to a sort of SSS in their recovery process. Their perception of such experience of some spiritual support during their recovery aroused the need for such support systems in their communities as a way of helping people like the participants in their recovery journey. Participant 4 made various references to his spiritual experience in the Christian faith that is worth mentioning. Below are extracts from his interview.

My experience with spirituality. Can you say Christianity? Yes. With Christianity has been a guiding force in my life that has been a life changing law or lifesaving. Um, you know, finding God has been the best thing that ever happened to me because it changed my life. It changed the way I live my life.

He attributed his encounter as relevant to purposeful living. This is in alignment with the faith developmental approach, which states that spiritual growth will eventually affect human behavior (Milstein, 2020). According to Participant 4:

Um, I feel like I have a purpose. Because when you grow up in this crazy country by yourself, and you basically raise yourself, put yourself to school, make mistakes. And

think that, you know, oh, this is important, or that's important, or this is what I want.

That's what I want. After my Christianity, after my spiritual journey began, and I became a Christian, again, because I was born a Christian.

He repeated how his spiritual rebirth saved him from a route that was destructive. After being incarcerated due to an alcohol related accident that ended in manslaughter, he wasn't sure how to cope with life until he found his place back to his original faith. According to him in his excitement:

But you know, as a young person, coming here so early, and then really not going to church after being here in those early years. You're in bounds. I was born a Christian, I was baptized as a Christian, but I never really knew what it meant to be a Christian. I was too young. So, this is like a rebirth, so to speak.

He reiterated the feeling of worth and accomplishments that came with his spiritual development. He also added how it was a stir for recovery as well as a hedge to prevent relapse.

In his words:

And it's a feeling of self-worth for once in my life, you know, that I don't live just to work or make money or, please my bosses, you know, I'm part of the building block, you know, that's here. Designed for great works for a bigger project, you know, greater purpose. And I feel empowered by that. And I feel, you know, a self of belonging with my Christian brothers and sisters, you know, and it's honestly, you know, the happiest that I've been in a long time.

Other participants have similar experiences with regards to spirituality. According to Participant 8, spirituality, which is way broader than religiousness, is a huge support system. His words are captured below.

I've always been inculcated in me as a child. And as I grew up, I realized that spirituality transcends more than religion. Spirituality is something you believe in something that controls your thought process. It controls your actions, it controls, your being controls your day-to-day life, with reality.

He connected spirituality to a supreme moral being that influences human actions and behaviors. His assertions are captured in his words. These summarize the need for spiritual support.

You understand that there's a supreme being something that watches over us, there is something that protects you, you know, you, you, you imbibe spirituality, in whatever you do, your actions, the way you speak to people, you know, is what spirituality is to me.

Participant 2 on the question of integrating psychology, spirituality and medication in therapy made a distinctive statement. Note that she is in the medical field and was excited to share her story through this research.

Well, I guess I am, I am a living witness to that, I think, because I believe, I think is something that that should be done. I think it is, is a good approach because it is something that really is, you know, somehow, you know, it is good to put it is a holistic way to go because somebody like me will benefit, because everybody, of course, from different background and different parts of the world can benefit from such combination.

The summary of the third theme from the participant's experience concludes that integration of psychological, medical, and spiritual support system in the recovery process is Beneficial. This is the essence of the integration construct. The integration concept is a crucial movement in psychology that advocates for the integration of psychology, science, and

spirituality in clinical interventions (Entwistle, 2015). Various ways to attain this need will be mentioned dully in the next and final chapter of this study.

In summary, the ultimate applicable meanings that emerge from the data have been captured as themes and discussed in this section. It includes that: (a) adaptation to life in the United States is associated with increased drinking; (b) family and spirituality play key roles in the recovery process; and (c) integration of psychological, medical, and spiritual factor in the recovery process is beneficial.

Summary

This study involved a total of eight African immigrants in the United States who had used alcohol during their adjustment to the United States and who had encountered some sort of Christian faith in their recovery process. These participants were recruited after responding to the screening questions in the affirmative and responding to the consent form. They had responded to numerous emails, publications on social media, and through other participants referrals. I used semi structured interviews format and Zoom app to complete interviews with participants that lasted approximately one hour.

Three major themes emerged during the interviews and subsequent analysis of the information from the interviews. Participants seemed to have encountered a variety of experiences relating to their recovery process that warranted the themes that came from the data analysis. These themes included: (1) acculturation stress and relationship to alcoholism; (2) factors that affect recovery; and (3) combining or integrating psychological, spiritual, and medical models of recovery. During further data analysis, subthemes emerged in connection to these three major themes. The first theme of acculturation stress had five subthemes as follows: (a) job and settlement stress; (b) using alcohol to cope; (c) stress from helping people at home

country; (d) culture shock: accent, communication, and respect differences; and (e) social drinking/peer pressure. Also, the second theme of factors that affect recovery had four subthemes as follows: (a) family support; (b) church and related activities support; (c) personal faith/spiritual growth support; and (d) spiritual leaders and relationships support. The third theme of integrating models of recovery had four subthemes as follows: (a) the role of spirituality; (b) the place of psychology and therapy; (c) the role of medication; and (d) spiritual support system. Based on the data collected for this study, apparently, there are important findings regarding how the participants adjusted or perceived their adjustment in the United States, how alcoholism is related to how they dealt with the stress of acculturation, the factors that helped in their recovery and the need for the integration of spirituality, psychology, and medical models in the treatment modalities.

Other findings include that participants do not seek formal diagnosis nor treatments for issues such as alcoholism. Also, many of the participants resort to spirituality in dealing with such issues. Participants were excited about sharing their experiences for enlightenment purposes.

There appears to be a strong connection between attachment to family life and spirituality among the participants. The study further revealed the impact of social life and peer pressure in getting into alcoholism and how spiritual growth, association and faith interacted or helped in the recovery process. It was evident that the study was beneficial to the participants as it afforded them an opportunity to express bottled emotions.

In the next chapter, I will provide more discussions and interpretation of results of this study. I will reveal certain limitations to the study and potential future research in this area of study. I will provide discussion of key implications of social change and significance of this

study. In addition, I will make recommendations relating to SSS based on the findings from the study and present final conclusions.

Chapter 5

Introduction

The purpose of this research was to develop a better understanding of the lived experiences of African immigrants to the United States, who are in recovery and have identified their Christian faith as a way of coping with their alcohol use or addiction. The research identifies and describes the phenomenon of recovery experiences of the participants as well as how it may associate with their: 1) spirituality, and/ or faith, and 2) acculturation during the recovery process. After working with participants, the study revealed the phenomenon of their recovery experience. The significance of this study is its potential to assist program developers and treatment providers to better understand how participants perceived the phenomenon and potentially shows the applicability of this understanding in boosting resiliency, coping, self-care, and recovery processes in these participants.

The study relied on the faith developmental hermeneutic model and used integrative constructs as secondary lenses or approaches for a better understanding of participants' responses. The faith developmental model considers how spiritual development affects individuals' adoption of faith in coping with their various experiences (Fowler, 1981).

The eight participants in the study were all African immigrants in the United States, who had experienced Christian faith in their recovery process from alcohol addiction as they adjusted in the new environment. In the research, I identified three main themes that flowed from three categories which had 13 subcategories related to participants' lived experiences. In this chapter, I

will provide a summary of the results, explore the limitations of the study, provide further recommendations for additional research, and discuss potential social implications.

Overview

Alcohol addiction is not a new concern. Al-Omari et al. (2015) noted that about 2.5 million people die annually from use or abuse of alcohol globally. Approximately 17 million Americans are affected by AUD (Litten et al., 2016). Alcohol is the third major cause of teen death in the United States (Hart & Ksir, 2015). There were 88,000 alcohol-related deaths per year between 2006 and 2010 (The Substance Abuse and Mental Health Administration (SAMHSA), 2018). Alcohol has also contributed to deaths due to other causes. According to Litten et al. (2016), AUD was responsible for 1.1 million life years lost from premature mortality, 2.4 million life years lost due to disability, and 3.6 million disability-adjusted life years. This statistic has remained consistent for a while.

In the United States, 12 to 15 million people use or abuse alcohol (SAMHSA, 2018). The abuse of alcohol has been traced to both religious and cultural factors (Hart & Ksir, 2015). In the United States, immigrants from various cultures have resorted to use of alcohol in trying to adjust to life in a new environment. Various populations have been subjects of research (Al-Omari et al., 2015). Previous research focused on western and dominant cultures. I found a gap in the research in relation to African immigrants. African immigrants who are in the United States are burdened with adjusting to life in a new country and tend to adopt alcoholism as a way of escape (Lund, 2016). 12.9% of the United States population are African immigrants (Volpne et al., 2018). About 5% of students in higher education and 17% of the labor force in 2017 were immigrants (Volpne et al., 2018). This population is subject to high levels of stress as they go through acculturation and are susceptible to alcoholism in the process. In this study, I focused on

those gaps in the research to explore and better understand the experiences of African immigrants in the United States, who have experienced faith-based practices during the recovery process.

Interpretation of the Finding

The research question for the study is below.

RQ: “What is the lived experience of African immigrants to the United States who endorse religion or faith as important to their recovery from alcohol addiction?”

To properly address this research question, interview questions were developed in three major areas pertinent to the research question.

Questions

- 1) How do African immigrants who are in recovery from alcohol addiction describe their experience of adjusting to life in the United States?
- 2) What are the experiences that participants identify as contributory to their alcohol abuse?
- 3) What are the study participants’ perceptions of the role of faith in their recovery process?

During the interview process, I gathered and organized the lived experiences of the eight participants as they adjusted to life in the United States and interacted with faith in their recovery process. Previous research revealed that faith had played a dominant role in the recovery process as well as that immigrants are likely to use alcohol while adjusting to new environments (Fish et al., 2017; Oshiri et al., 2014; Rodriguez-Galan & Falcon, 2018).

The results of this research did not differ from the results of previous studies despite the differences in the population of study. Thus, participants within this study experienced use of alcohol during their acculturation phase in the United States. Factors such as faith, family, and openness to combining various treatment approaches were instrumental to their recovery. This

result aligns with trends of the current body of literature and reveals that not only do African immigrants in the United States tend to use alcohol in coping, but they also rely on faith and related factors in recovery process.

The study used three interview questions to address the research question. The first question explored “How African immigrants who are in recovery from alcohol addiction describe their experience of adjusting to life in the United States.” After exploring this question from the perspective of the eight participants, a major theme emerged as follows: Adaptation to life in the United States is associated with increased drinking. The second interview question focused on the experiences participants identify as contributory to their alcohol abuse. A theme emerged to this question as follows: Family and spirituality play key roles in the recovery process. I further explored study participants’ perceptions of the role of faith in their recovery process and a new theme meaning emerged as well as follows: Integration of psychological, medical, and spiritual models in the recovery process is beneficial.

The research question was intended to elicit how participants, who are African Christian immigrants and who are in recovery from alcohol addiction perceive their experience of adjusting to life in the United States. In line with the first theme, the participants revealed that they have relied on alcohol as a coping mechanism while in the United States. Except for Participant 8, who had tasted alcohol, while in Africa, the seven other participants experienced alcohol after they arrived United States. The best way to explain this is that African immigrants are so overwhelmed with adjusting, acculturating, and adapting in a new culture and find socializing, drinking, and related behaviors as ways to belong in a new culture (Lund, 2016). This further suggests that belonging is an important element in acculturation and these participants found drinking in a social group to be one way to have that sense of belonging. The

clearest analysis of this data is to try to explain it using the faith developmental hermeneutic phenomenology approach.

Unlike the transcendental approach to phenomenological study based upon the work of Husserl, which is descriptive, the hermeneutic model of phenomenology based upon the work of Martin Heidegger is interpretive (Peoples, 2021). Since the hermeneutic framework allows for a secondary conceptual framework to boost the depth of understanding of participants' experiences (Peoples, 2021), this study adopts faith development theory as a secondary lens for understanding the experiences of participants. Faith developmental theory is linked to the integration of faith factors and other psychological factors in treatment (McMinn, 1996). Fowler (1981) captured the concept of integration as a practical application of the faith development model. In this study, the participants while answering the research questions provided insight for describing their experiences across the phenomenological framework. They identified their faith development as key to their recovery from alcohol use/abuse. This position aligns with previous studies that involved other populations (Al Omari et al., 2015; Jankowski et al., 2020; Milstein, 2020).

Note that Martin Heidegger (1889-1976) in creating the hermeneutic branch of phenomenology (Peoples, 2021) argued that it is hard to bracket or isolate one's personal experience entirely from the experience of others during the research. This is simply because the researcher has personal understanding of the world of the participants. Heidegger's reason is that we are always around the world of the participants, and he used the word *dasein* to express this connection (Peoples, 2021). Thus, I, you, and each person is *dasein* in the circumstances of each other's existence. Therefore, the hermeneutic circle helps in the development of an understanding of participants experiences (Peoples, 2021). This circle operates in a revisionary

way (Peoples, 2021). The whole idea is that the researcher usually has a preunderstanding of the phenomenon as expressed in the whole transcript. After analyzing the whole interview script, a new understanding of the parts emerged, which are the codes and themes. In the analysis process, the information gathered is broken into parts and then synthesized and the process is repeated in a spiral manner until new understanding emerge; this process is what Heidegger (1971) described as the hermeneutic circle (Peoples, 2021).

Fore-conception tends to change or adjust or strengthened through the process of the research (Peoples, 2021). As a result, the theory predicts that through the process of the study, the researcher adjusts their perceptions of original conceptions through the new understanding of the participants story or understanding (Peoples, 2021). The hermeneutic circle is an interpretive process and helps in arriving at the change from the research (Peoples, 2021). It ensures a clearer and better understanding of whole or entire narratives and further analysis of the whole by facilitating the dissection of the parts into categories or codes and themes (Peoples, 2021). This resembles when a car mechanic disassembles a car to fix it and later reassembles it as a new or updated phenomenon or understanding emanates (Peoples, 2021). This spiral process that accommodates continuous revisions, interpretations, and updates sums up this study (Peoples, 2021; Heidegger, 1971). To arrive at a clear understanding of the data, the faith developmental hermeneutic model was used as a lens.

The faith development model considers how spirituality, growth, and development affect individuals' adoption of faith in adapting to their new environment and experience (Fowler, 1981). The faith development model attributed to Fowler (1981) in operation, explains how humans develop, and how such development affects their behaviors such as addictive behaviors.

Accordingly, participants acknowledgement of their experiences and how the development of their spiritual growth affected their behaviors such as recovery from addictive behaviors form the core of the study. Thus, participants knowledge of God evident in their participation in faith related activities such as prayer meetings, bible studies, relationship with spiritual leaders affected their behaviors positively as well as their responses to other aspects of their life experiences. There was an inverse relationship between their spiritual growth and use of alcohol, which is in sync with previous studies (Wang et al., 2016, Lund, 2016). This present study concluded that spiritual growth and development influenced how participants perceived their life experiences. This explains how participants answered the interview questions. Many African immigrants have always relied on faith in resolving their inherent difficulties and this research corroborates this position as captured in previous research (Al Omari et al., 2015; Milstein, 2020). The population of study is not the subject of previous studies. This highlights the gap in the research that warranted this study.

The first theme I identified revealed that the participants in this study shared significant similar experiences in adjusting to life in the United States. For instance, participants indicated several stresses that accompany transitioning to United States and trying to adjust and or acculturate. These includes job, settlement, school fees, lack of communication or communication with the home country. Others added the pressure to send money back home to meet up with family and extended family needs. One core way the participants dealt with these stresses was alcoholism.

According to Abdullah and Brown (2012), there is a negative correlation between acculturation level and alcohol use among Africans in American. Through the study, concluded that there is a negative relationship between acculturation level and alcohol use and that

religiousness affected the relationship (Abdullah & Brown, 2012). Thus, participants who are low in acculturation level tend to make up for this by delving into alcohol use. I had preconceptions that religious inclinations would deter delving into alcohol use as coping mechanism in a new country, but I was wrong. Participants 1, 2, 5, and 6 especially were very religious before coming to United States but peer pressure, stress of new culture, and the need to belong drove them into alcoholism.

Although the work of Abdullah and Brown (2012) cited above supports that religiousness tends to decrease the tendency to resort to alcohol use as a coping mechanism, it appears from the present study that such previous religious beliefs help mainly in quicker recovery. This is because despite the religious inclinations of Participants 1, 2, 5, and 6, they still resorted to alcohol use as a coping mechanism during their acculturation phase in the United States. Their previous faith dispositions only helped them in quick recovery. In a similar study, young school children, who are unable to connect with fellow peers, found it hard to connect with the totality of the dominant culture (Celeste et al., 2016). This explains the reason for participants to try to connect to peers, which sometimes resulted in alcohol use or abuse. This same study was conducted with the Hispanic population (Jankowski et al., 2020). Fish et al. (2017) conducted a similar study with Native Americans and found a substantial relationship between acculturation and alcohol addiction or intake.

The second theme describes that family and spirituality help in the recovery process. Most religious settings provide both spiritual and family support (Wang et al., 2016). This is evident generally among blacks (Wong et al., 2018). When immigrants connect to families, it is easier to acculturate; although adults may still find it more difficult to adapt to the new culture (Akinsulure-Smith et al., 2016; Gonzalez & Mendez-Pounds, 2018). Participants who came at a

younger age and those who have family members in the United States adjusted faster. For instance, the seventh participant lived with his family and found it easy to cease drinking due to peer pressure.

The third theme highlighted the integration of spirituality, psychological, and biological measures in the recovery process. Kelly and Eddie (2020) utilized a phenomenological approach to observe that the interactions of religious, spiritual, and faith approaches in treating alcohol addictions worked well with various ethnicities. In their study, they found significant differences in how spirituality and religiousness associate with treatment of participants recovering from alcohol addictions (Kelly & Eddie, 2020).

Wang et al. (2016) support the integration of religious faith and spirituality in treatment. The study focused on immigrants in the United States without major family members involved in their life. There are many studies that support spirituality, religiousness and faith or belief system limit substance use disorder (SUD) (Kaskutas et al., 2014; Kelly & Eddie, 2020; Wong et al., 2018).

Kelly and Eddie (2020) relied on phenomenological, cultural, clinical, and recovery methods in studying the interactions of religious, spiritual, and faith approaches in treating alcohol addictions as well as the relationships with various ethnicities (Kelly & Eddie, 2020). In their study, they found that Blacks (whether of American or Hispanic origin) exposed a significant positive relationship between religious faith and recovery from alcohol addiction (Kelly & Eddie, 2020). Accordingly, some Blacks reported that spirituality or religious faith made all the difference in their recovery process (Kelly & Eddie, 2020). Although Kelly and Eddie argued about this result, the result of the study later found more clarity in a more recent study. Kelly and Greene (2014) relied on the social control theory in explaining the rationale for

such results. According to the theory as postulated in the landmark work by Ross (1901), indulging in social bonds and adopting transformational spiritual/religious beliefs and activities that prohibit intoxication are helpful in recovery (Kelly & Eddie, 2020). In another vein, the personal disclosure and fellowships with bonds encouraged in spiritual settings help in recovery from alcohol addictions. This relates to the socially oriented support groups that foster meaning and purposeful living evident in a religious or church settings (Kelly & Eddie, 2020). The rationale is evident because of the need to belong in such church, group, or family settings (Kelly & Eddie, 2020). So, belonging and sense of belonging have emerged as important phenomena for the study participants.

Most participants definitions and descriptions of their experiences and perceptions revealed similarities that are interesting and how their dispositions towards spirituality warranted an expectation of accountability and responsibility towards morality that affects behavior. This aligns to Fowler's (1981) definition of spiritual growth and development and how spiritual growth has an inherent ability to model behavior and to enable one to desist from unacceptable behaviors. This feature is constant in this study.

During the literature review in Chapter 2 and the summary contemplated here, I provided the basic context for the results of this research. All eight participants are African immigrants in the United States, who have been exposed to Christian faith-based practices in the recovery process and attested to a significant relationship between faith approaches and recovery. Seven of them started using alcohol after they arrived in the United States as a way of coping and adjusting. Only one – Participant 8 reported that he was exposed to drinking before coming to the United States and that drinking alcohol intensified while in the process of adjusting in the United States. The ultimate contribution of this study is the extension of this study to

participants, whose population has never been the subject of this research. Thus, I have learned that participants, who are African Immigrants in United States just as other participants from different cultures had relied on alcohol as coping mechanism and that faith and spiritual development had helped in recovery.

Limitations of the Study

The limitations of this study are those inherent to qualitative research because of the subjective nature of such research (Ravitch & Carl, 2016). Concepts that are evident in quantitative research such as reliability and validity are absent in this type of inquiry and thereby limit the potential applicability of findings (Ravitch & Carl, 2016). This limitation affects the concept of generalizability. However, the trustworthiness of the study was enhanced by ensuring that participants responded to the questions asked after understanding such questions and to the best of their knowledge without any form of bias. The due emphasis on trustworthiness ensures that this qualitative study remains reliable. However, the themes evident in this study may not be transferable as qualitative studies frown on generalizability. In essence, the result of this study is applicable in terms of categories, subcategories, and themes to the lived experience of participants. Nonetheless, credibility is ascribed to the research as participants responses are consistent even after further probing during the data collection stage of the research.

To boost credibility, the researcher depended totally on the research questions, goals, and answers given by participants (Ravitch & Carl, 2016). This approach ensured that this research reflects quality, trustworthiness, and credibility. Thus, validity and reliability are inferable components of the research. To ensure validity in the project, recruiting of participants focused only on participants interested, who are also willing to invest in the study. More so, participants in the research are individuals who are affected by the problem of focus of the study (Kezar,

2014). Another approach that enabled validity is by recording each interview separately and transcribing them almost immediately (Rubin & Rubin, 2012),

A second limitation may relate to the demographics of the participants in the study. Among the eight participants, only one identified as a female. The rest are males. They spanned in age between 30 and 59 years old and reported living in the United States for 5-30 years. Five of them lived in the United States from 13 to 22 years. Six of the eight participants fell within the 40-49 age range. Although saturation was reached at six participants, there still appeared to be unique lived experiences with Participant 8. I am not sure if the variation in the differing demographics affected the unique lived experiences of the participants in any way.

It was not easy to find participants for this study and this constituted another limitation in the study. Obviously, this research was sensitive as participants may be vulnerable to influence. As a result, several participants who indicated interest initially could not respond to an invitation for the actual interview. The population was also very small as not many Africans in America are able to admit to AUDs. Also, being immigrants with various decent jobs, they may worry about how the information they share may affect them irrespective of the confidentiality clauses. Due to this limitation, participants in this study may have been biased or adjusted their responses, which means that they may have filtered their responses and general perceptions. I did not notice differences in their responses based on how long they have lived in the United States.

I also have potential biases due to my preconceptions. I used journaling throughout the research process to remain aware of this fact as I am experienced in the world of the participants. Some biases existed because I know the historical origins of the participants because of the culturally shared experience between I and participants. I ensured that this awareness did not constitute a bias by identifying it from the beginning of the study. I used reflexive journaling to

process prior conceptions from the onset of the study and throughout the data analysis phase. The hermeneutic circle that enabled the emerging of the themes helped to reduce my personal biases as I focused on participant's lived experiences. It is not completely impossible that someone outside the world of African immigrants who conduct such study may arrive at differing conclusions due to their not being in the world of the participants. I also grew up in a Christian home where use of alcohol was not allowed, which could also be another form of bias. This consciousness of my personal biases and journaling them throughout the stages of the study countered these limitations.

Recommendations

Future research on the topic of alcohol use among immigrants who endorse faith in their recovery should delve into other cultures and people from different origins. This study is not a new one as various western culture have been the subject of such previous studies. Moreover, various aspects of immigrants can also be the focus of such future study. While this study focused on immigrants who went through immigration stress, there are immigrants outside African culture that can be the population for such future study. Also, second generation immigrants can also be subjects of such study. The value is to determine if there is a difference in how immigrants and their children cope with the American environment. There was a need to characterize the nature of various types of acculturation stress and their relationship to alcohol use/abuse. These are recommended areas of focus for future studies.

Immigrants outside African origin have been studied in this context in the past (Oshiri et al., 2014; Saasa, 2019; Rodriguez-Galan & Falcon, 2018). Previously, mainly Caucasians recovering from alcohol use are participants in this type of study (Tshiswaka et al., 2017). Even among the African immigrants, the gender differences can be a subject of study as various

African immigrants to the United States may not have different experiences based on other varying delineations (Saasa, 2019).

According to Al-Omari et al. (2015), there is a gap in the literature regarding the experience of immigrants to the United States from non-Western cultures (Al-Omari et al., 2015; Tshiswaka et al., 2017), which gap is filled by this study. However, even among African immigrants, there may be various psychological disorders that may skew the results. Hence, there is a need to extend this study to account for the presence or absence of psychological disorders. According to Gee et al. (2016), immigrants tended to have more psychological distress than American born citizens and there is a need for future research along this route.

Moreover, there still seems to be a gap regarding specific states in the United States as differing state factors may affect the responses of participants. Also, a future study can focus on the ages and stages of the African immigrants to determine the disparity or similarity of the experiences among younger or older participants. For example, African Americans in college or those who are not in school may have varying experiences with the use of alcohol in coping with life in a foreign country.

One of the limitations within the current study is that the participants were not formally diagnosed as the population hardly seek treatment for addictions. It is recommended to seek such data and to conduct the research using a quantitative approach to arrive at quantifiable results.

Most participants are educated as well as religious. It will be good to direct this study to participants who have no religious inclination to determine the effect of alcohol in their acculturation process and how they eventually deal with the effects. Moreover, during interviews, all the participants spoke about their experience of the Christian religion in their recovery experience. It would be good to extend the study to various other religions. Although

Al Omari et al., (2015) focused on Jordanian Muslims, such study can contemplate African immigrant Muslims as well. Another study could explore the impact of alcoholism on the life, family, and advancement of the same population.

Moreover, future research in this area could focus on quantitative studies of such areas as gender, education, family orientation, and related factors in the recovery process. Further, access to medical attention, availability of psychological help, and the effect on the population can be the focus of subsequent studies. Note that the objectives of this result can help in developing training programs and ensure effective protocols in working with the participants population while acculturating in the United States.

As I conclude this section, I wish to point out these 7 spiritual support systems (SSS) that I journalled during the study as ways that can help in addressing alcohol addiction for participants and those with similar experience. I generated this based on my findings and journalling during the study and based on participants responses of what was most helpful to them during their recovery.

Recommended Spiritual Support System

1. Individual and Group Counseling Services
2. Seminars and Classes to address Addictive behaviors and the available treatment models.
3. Grants and supports for those that are recovered or recovering to enable them pursue life passions.
4. Peer mentoring and assistance programs
5. Advocates for those in recovery to reintegrate into the systems.

6. Planned programs and activities to enable actual recovery and reintegration into the community.
7. Opportunities to educate, counsel, mentor, assist, and orient immigrants on how to adjust smoothly into the system.

Implications

In this hermeneutic phenomenological study, I used semi-structured interviews to gather the lived experiences of participants. This phenomenological approach helped me to identify and analyze the specific ways the participants perceive their experiences. After I listened to participants experiences, I read and re read the transcribed version of their responses until new meanings emerged. Theses meanings were later categorized into codes and themes that became the results of the study. The hermeneutic circle was used to break the whole transcripts into parts and then the parts into whole new themes again as I gained new understanding of the phenomenon of study. This understanding of the lived experiences of African immigrants in the United States who are in recovery from alcohol addiction and had incorporated faith-based models in treatment is useful to assist therapeutic settings involving these participants. This is possible by providing a clearer understanding of individual experiences within this group based on the results of the shared personalized narratives (Lund, 2016).

By analyzing individual experiences in this phenomenological study, I found results and themes that can potentially enrich the understanding of the population. These results are summed as follows: (1) that adaptation to life in the United States is associated with increased drinking; (2) that family and spirituality play key roles in the recovery process; and (3) that integration of psychological, medical, and spiritual factor in the recovery process is beneficial to participants.

This understanding can be potentially extended towards creating future developmental, career, and immigration policies that may affect the participants' population. The purpose of this research is to fill an identified gap in the literature and to better understand the recovery experience of participants who have stated that faith was useful to their recovery from alcohol use disorder.

An enhanced understanding of this phenomenon can potentially bring value within the field of addiction counseling, and specifically for immigrants to the United States from African origins who value faith related approaches in treatment and who may be at higher risk for substance use disorders as they acculturate in United States. It was relevant to hear these participants share their experiences in their own voice. There was no compensation for their time, which shows they participated with a mindset to help someone else. This study has the potential to deepen our understanding of this phenomenon and serve as a step towards future research that could inform counseling and intervention with individuals in recovery from AUDs from religious African descents.

Moreover, this study's results can influence funding facilities and may further promote the integration concept in addiction counseling. Since all the participants stated that integrating psychological, medical, and spiritual models in treatment was useful, I concluded that such a combination is important to the participants. Therefore, funding such integration in psychological treatment is beneficial to these participants. This understanding is in alignment with existing literature (Drobin, 2014; Tramonti & Fanali, 2015). There remains a need for further research by building on this result using the quantitative approach to provide results that may be beneficial in providing help to community-based, faith-based, and clinical treatment facilities working with similar populations.

Conclusion

The purpose of this faith model hermeneutic study is to better understand the lived experiences of African immigrants who are in recovery and have used their faith during recovery. I explored the phenomenon of recovery experiences of the participants and how they may interact with their: 1) spirituality, and/ or faith, and 2) acculturation during the recovery process. After interviewing the participants in the study, analyzing the data, and interpreting it using the hermeneutic circle, three major themes emanated.

After analyzing the responses from the eight participants, three major themes emerged as follows: (a) Adaptation to life in the United States is associated with increased drinking; (b) Family and spirituality play key roles in the recovery process; and (c) Integration of psychological, biological, and spiritual factor in the recovery process is beneficial.

These emergent themes support the need to extend this study to other cultures as well as other subsets of the African immigrants. Hopefully, this study can also be extended to derive a quantitative version or approach.

I learned a lot from the study and my deductions can be summarized in 3 sentences as follows: (1) the participants went through various stresses while adjusting in the United States. The stress ranges from pressures from relatives in Africa for financial support to pressures from the need to adjust to living conditions and people in the United States; (2) family support within the United States, faith practices, and other positive relationships help them adopt a positive coping skills instead of resorting to alcoholism, which poses as immediate relief from the stress and pressures.; and (3) although participants had not used medical approaches in their treatment, they were open to a combination of various approaches or aware of such models being available and beneficial in treatment. In addition, participants unanimously expressed gratitude for an

opportunity to tell their story. According to them, they hoped their stories could help other immigrants to avoid using alcohol to cope and to find other positive ways such as belonging to positive focused social groups or spiritual affiliations in coping with the acculturation phase. They also expressed a positive sense of relief and responsibility in sharing their stories. I journaled based on pre-knowledge that its usually an African thing for older people or more experienced people t use their stories to their younger or less experienced people.

This study is such a welcomed idea. Participants acknowledged the need for it and appreciated the effort to study representatives of their population. However, the results, which reflect the experiences of the participants within the study sample, may not be generalizable. The rich description they provided affords an opportunity to better understand the topic of the study.

Participants represent a minority culture within the United States (i.e., Christian African emigres in recovery) and who have experiences that are unique. They expressed gratitude for an opportunity to be heard. According to Participant 8, there is hardly any research focused on this population. At the end of each interview, it was obvious that this current study was highly needed both within participants and in the body of literature which focused previous similar studies on majority cultures. Another thing I discovered is the fact that almost all the participants want to ensure that their identity is protected. The major reason is because they feel embarrassed that they had problems with alcohol and don't want that to affect their records. In fact, one of them questioned whether anyone could trace his identity since he eventually moved on into the medical field. I assured them that this is purely for academic purposes and the concept of confidentiality protects them. assured them that the data will eventually be destroyed. Notwithstanding, they unanimously expressed appreciation for an opportunity to lend their voices as per how Christian African immigrants in United States may have used alcohol in

coping during acculturation and the various factors that contributed to the use, their recovery experience and their perceptions of the factors that helped in their recovery. One of the participants had also experimented with alcohol socially before coming to United States and just saw the use of a natural recourse to socialize in a new environment. This participant provided grounds to illustrate how some members of the population may view alcohol as not being problematic. Due to the nature of the subject, it was difficult finding or recruiting participants. Also, scheduling was another huge factor. It wasn't easy to find matching schedules with participants, which limited or affected the size of the population that participated. There were many cancellations and rescheduling that affected when the actual interviews commenced.

However, many potential participants that never participated noted the need for the study and hoped they would be willing to contribute to the study in the future, one asked if the ratio of male and female involvement can be studied as well. However, it was not easy finding female recruits. Some who are married feared their spouse may not want them to get involved. Some were scared about their children finding out their involvement with alcohol but appreciated the idea of the study.

The participants were also hugely impacted by the study. Generally, I opined that the population hardly expresses their emotions as they were not in therapy due to biases about it. I was wrong. Asking them about their experiences offered them the opportunity to further reflect upon these experiences. By eliciting their narratives and giving their experience centrality they had the opportunity to value their own experiences. Qualitative inquiry was a powerful method for further understanding of this topic. These participants opened to me, and one spoke for about an hour in trying to illustrate and demonstrate his understanding of the phenomenon. I know being an African immigrant may have contributed to the openness. However, it is a feature I

never contemplated at the genesis of the study. Participants felt the same way too. Participant six, who spoke for almost one hour thirty minutes had informed me that he doesn't think he would be able to talk up to thirty minutes when I informed him that I have a two-hour slot open for the interview. He noted at the end of the interview that he did not believe he would talk passionately about his understanding of his experience with alcohol and the factors that affected his recovery process until we started speaking and that he doesn't even realize how much he needed to express himself. Participant 7 shared a similar view. According to him, "I never knew I have anything much to talk about this topic until we started speaking." Although he spoke only about 40 minutes, his points were both clear and sufficient to add to a better understanding of the phenomenon of participant's recovery process. In addition, the first participant corroborated the statement by adding that "I am not sure what difference my experience may make, but I am willing to add to your study in case it may make any difference." Finally, the Participant 2, who is a female broke down during the interview as she shared her ordeals being in new in the United States and how she had to rely on alcohol that she never associated with to cope in her early years. However, she lacked an opportunity to share her story with anyone until she found one through this study. I had asked her if she wanted to continue but she said yes that her tears were coming from a place of appreciation than regret. This suggests to me, as a clinician, that telling one's story has a strong therapeutic value.

Interviewing Participant 4 was an emotional experience. According to him, he had been incarcerated due to a manslaughter charge after driving and drinking. Although he is presently sober and reintegrated back to the community, he shared how his experience could help the younger generation. He had come to this country for educational purposes but due to peer

pressure, he was introduced to alcoholism. He regretted the route he took but appreciated the opportunity to tell his story.

Participants were more interested in sharing their stories and understanding of their narratives than in the general results of their interviews. They looked forward to seeing a copy of the finished product and hinted that they would not want anyone to know or recognize their identity. I promised to send them the completed research and hinted them that they have an option to change, add, edit, or delete any portion of their testimony before the publication. However, some participants had asked me about their performance and if it varies with other participants' stories. I promised them that they will be able to compare their stories with others at the end of the study. Participant 5, who is an older person was more interested in his story being published to help others. He had reported that he has a son who is presently trying to drink as well and wished they could learn from his story. I promised the participants that they would have access to the completed study as well as their own portion of the interview at any time. None is yet to request for their own version of the interview. This may be due to nervousness or the fact that they are not so proud of their experience with alcohol. They all seemed to be sharing their stories for the benefit of others than for their own personal benefits. In addition to the discussions around the need and importance, participants continued to ask about the results. Generally, individuals from this population who have issues with alcohol either deny it or shy away from discussing it. This is a core change in my personal ideation when I noticed that they were all willing to share their experience with me, though not without an assurance of confidentiality. The core change is because my preconceived ideas about the population is that they will be bottled up and less willing to share their addiction experiences. Apparently, participants' willingness to contribute to the body of knowledge was greater than any tendency to inhibit.

However, it is crucial to note that this idea of one's story being helpful to others is an interesting angle and associated with Africans. Story telling is a keyway that Africans learn from each other and has great therapeutic effect (Lund, 2016).

During the study, I noticed a laissez faire attitude among those who were contacted for the study and those who came across the flyers. This is in line with the body of literature as the population is generally a vulnerable one. The potential participants expressed enthusiasm primarily to help someone else and mainly for the sake of letting out bottled emotions. However, it was obvious that they all spoke out with passion when they talked on the subject. Although the participants are from a minority culture, they exuded with keen interest an opportunity to share their experience, especially if someone can benefit through the publication. All participants have moved on in their various careers and believe that their story will encourage someone. Apart from Participant 4 who was out of jail and had to start life afresh, the rest are making progress in their various areas of endeavors.

Participant 5 also has a unique experience as he has two grown children and is more poised in making sure that his children or such a similar population learn from his mistakes or experience. Participants also showed interest in wanting to know if such similar studies have been done in the past. I shared with them preliminary findings based on available research and the literature and the fact that each population may have their unique experiences. We further discussed the potential future of this research such as focusing on teenagers or just students. Participant 5, who has a son that just left college suggested if such younger population can be a focus for similar studies. Also, Participant 2, who was the only female participant casually asked if more women or just women can be the subject of the study. She also added that using an

existing group of women such as in an established organizational setting would encourage participation especially if participants identity is still retained as anonymous.

Both the potential participants and those who participated expressed uniform views about the future needs of extending this study to varying cadres within the same population. They also alluded to the fact that the study can be conducted within already established settings. The first participant noted that it may be difficult to get participants from formal settings such as hospitals as the population hardly go for formal diagnosis. He explained that the reason is because members of the population are career focused and wouldn't want any record that would affect their future record. The participant, who exposed that he is presently on route towards being a medical doctor expressed that he wouldn't want anyone to know that he had relied on alcohol as a coping mechanism. He revealed that his first few years in the United States were so tumultuous that he had slim chance of survival and had to find ways to at least "forget about his pains" and alcohol seems to be the only one that helped, though, not without further feelings of regrets, disappointments, and shame that left original stressors without any known solution. Personally, although I embarked on this study, I did not realize how much each participant was dying to talk to someone about their experience. They too don't even realize they have such needs until they started speaking.

The entire study was life transforming for me and the participants. The participants found an opportunity to express their perceptions of their experiences, which would further add to existing body of knowledge. I found that participants' understanding of their experience is not in opposition but in alignment with existing literature. This is very important as it justifies the time spent in conducting this research. Thus, the entire exercise is not in futility but a worthwhile venture because of the value accorded to the narratives of the participants.

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Appendix A: Participant Screening Guide

A Phenomenological Study of Christian African Immigrants' Recovery Experience from Alcohol Addiction

Thank you for your interest in this research. I have a few questions for you to determine if your experience in the recovery process meets the criteria for the study. You are free to decline to answer any of the questions if you feel uncomfortable at any point. The initial screening will take about 10 minutes, if you do not mind, shall we continue?

Contact Information:

What is your name?

What is your phone number?

What is your email?

Where are you originally from?

In which city are you located?

Screening

1. Are you between the ages 18 to 65?
2. Are you an immigrant in the United States, and from African origin?
3. Do you have a history of alcohol and/or substance use disorder (also known as addiction)?
4. Have you engaged in any form of spiritual/religious/faith-based approach in recovery?
5. Are you still engaged or engaging in any form of treatment that involves religious approaches?
6. Are you presently sober (up to a period of 12 months)?

Thank you for your interest in my study.

For individuals who meet the criteria: “Let’s set up a time, date and location for the interview. I will email or send you a Consent Form to return (using any electronic of preference) with your signature before or have you sign one at the interview.”

For individuals who do not meet the criteria: “Thank you again for your interest. I’m not able to interview you at this time, as the study has certain participant requirements. Do you know of anyone who fits the requirements for this study? If so, are you willing to contact the individual(s) and have him/her/them contact me directly? Thank you for your time.”

Procedures for delivering the thank-you gift certificate will be confirmed as well.

For individuals that I am uncertain about their appropriateness for the study: “Thank you again for your interest. I am not able to interview you at this time, as the study has certain participant requirements. However, there may be an opportunity to interview later. May I verify your contact information and call you later? Do you know of anyone who fits the requirements for this study? If so, are you willing to contact the individual(s) and have him/her/them contact me directly? Thank you for your time.”

Procedures for delivering a thank-you card will be confirmed. And screening done using phone.

Appendix B: Consent Form

A Phenomenological Study of Christian African Immigrants’ Recovery Experience from Alcohol

Addiction

You are invited to take part in a research study that potentially identifies and describes the perceptions of Africans in America, who have experienced the phenomena of spirituality, and or faith, and acculturation in the recovery process. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to participate.

This study is being conducted by Chukwudera Egesionu, who is a doctoral student at Walden University. You might already know the above named as a “Counselor”, but this study is separate from that role.

Background Information:

The purpose of this study is to better understand the experiences of immigrants from African origin, who are in acculturation process as well as participating in faith-based recovery programs.

I understand that participation involves answering questions that relates to experience with alcohol use as well as how faith and present acculturation issues may affect recovery and that I meet the criteria to participate in the study.

Inclusion Criteria:

In order to participate in this study, potential participants must meet the following criteria:

- Must be an immigrant in the United States, and from African origin.
- Must have a history of alcohol and/or substance use disorder (also known as addiction).
- Must have engaged in any form of spiritual/religious/faith-based approach in recovery.
- Must be between ages 18-65.

Procedures:

If you agree to be in this study, you will be asked to:

- Complete an interview with the researcher. This interview would last approximately 60 minutes and include 3 general questions with about 10 probing interview questions for clarification per question.
- Interviews would be conducted via phone, and or zoom.

Here are some sample questions:

- 1) How do African emigres who endorse alcohol use describe their experience of adjusting to life in the United States?
- 2) What are the experiences that participants endorse as contributory to their alcohol use?
- 3) What are the study participants’ perceptions of faith in their recovery process?

The entirety of the interview will be digitally recorded. Only the audio version will be used for data analysis purposes.

Voluntary Nature of the Study:

This study is voluntary. You are free to accept or turn down the invitation. If you decide to be in the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as honest discussions about uncomfortable topics or deficits in professional practice. Being in this study would not pose risk to your safety or wellbeing.

The major use of this study is to increase the understanding of the integration phenomenon as a potential value within the area of addiction counseling, especially for immigrants to the United States from African countries, who use faith related approaches in treatment and are at higher risk for substance use disorders because of the stresses of acculturation.

Conflict of Interest and Disclosures:

The researcher involved in this study remains in the role of a student researcher and expresses no expertise in the field of addiction counseling and use of integration at this time. The researcher will remain within the researcher role during the duration of the dissertation process. For the duration of this process, the student cannot answer questions regarding expertise in addiction of integration concept.

Additionally, this student researcher is a currently certified Licensed Professional Counselor (LPC). For the purposes of this research, the researcher will remain within the student researcher role. This student researcher will not reply to questions appealing to expertise in this area as well.

Privacy:

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by storing recordings digitally and under encryption.

Additionally, all data will be stored under password protection. Data will be kept for a period of at least 5 years.

Mandated Reporting:

Though disclosures of abuse/neglect are unlikely to occur during the interviews, participants must know that the researcher is a mandated reporter of abuse/neglect to vulnerable populations under New Jersey law. In the event a problematic disclosure occurs, further query of the incident and its outcome will be discussed. If the event has not been reported appropriately, it is the researcher's responsibility to report per state law.

Gifts and Compensation:

Thank-you gifts, compensation for participation, or reimbursement will not be provided for participating within this study but you are contributing to the field of psychology in helping the participants experience be better understood.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via email at chukwudera.egesionu@waldenu.edu. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is and it expires on

.....

The researcher will give you a copy of this form electronically to keep. If the interview is completed remotely, please print and/or save this form for your records.

Obtaining Your Consent

If you feel you understand the study well enough to make a decision about it, please indicate your consent by signing below. If you are participating in this research remotely, please reply to this email or communication with the words "I consent."

Printed Name of Participant _____

Date of consent

Participant's Signature

Researcher's Signature

Appendix C: Interview Questions

Research Questions

- 1) How do African immigrants who are in recovery from alcohol addiction describe their experience of adjusting to life in the United States?
- 2) What are the experiences that participants identify as contributory to their alcohol abuse?
- 3) What are the study participants' perceptions of the role of faith in their recovery process?

Sub-questions 1:

How do African immigrants who are in recovery from alcohol addiction describe their experience of adjusting to life in the United States?

Interview Questions

Let's focus on your status as an African in America – describe your experience of adjusting in the United States?

Examples of probing questions

How does it feel like being an immigrant and what does this experience entail at home? At school? At work, at social and in the church (religious settings)? • What was most challenging about your relationship with the dominant culture? Can you describe an example of a related experience? • What was least challenging about your experience in relating with people from other cultures? Can you describe an example? • Have you had to depend on alcohol to cope with any situation? Can you describe such experience? • Tell me about your experience with an important person or occurrence as part of your acculturation experience and adjustment?

Sub-question 2

What are the experiences that participants identify as contributory to their alcohol abuse?

Interview Questions

What experience(s) contributed to the origin of your alcohol abuse?

Examples of probing questions

• What do you remember about the experience of this event? • What makes this event experience crucial in your life journey? • What meaning did this life experience event have for you? • Tell me about a person or organization who was an important part of your spiritual journey at this point and your experience in relating or interacting with such person? How do you experience the meaning of spirituality? What did spirituality or faith mean to you at this stage in

your life as well as other key developmental stages? (this is asked corresponding to the event of the previous question) • Were you engaged in any form of faith or spiritual practices? Mention these (if any)? • What was your experience with God/Higher Power? and What did such experience mean to you? • What was your experience with Christianity? and What did that experience mean to you? • What was your experience with other Christians and spiritual leaders? o What did that experience mean to you? • What was most challenging in terms of making sense of what you learned about faith/spirituality/religion and what you experienced? o Was there another challenging event or experience that comes to mind?

Sub-question 3

What are the study participants' perceptions of faith in their recovery process?

Interview questions

In your recovery process what experiences do you consider relevant?

Examples of probing questions

- How is your experience in your recovery program?
- What was your spiritual experience during the recovery process?
- What did spirituality, religiosity, and faith mean to you during recovery?
- Were you engaged or experiencing in any religious or spiritual practices?
- If so, what were they?
- What was your experience with God/Higher Power?
- What experience was most challenging in the spiritual aspect of your recovery?
- Can you describe an example?
- Was there anything else you found challenging in your experience in this country?

- What is your perception of integrating faith/religious/spiritual factors and psychological techniques in the treatment?
- How do you describe how you understand and describe faith/religious/spiritual orientations and where are you now in your spiritual journey?
- What does spirituality mean to you now?
- how do you experience support within your community?
- How does it feel being an African in America and be struggling with addiction?
- Is there anything else you would like to say to people of other origin based on your profound experience?