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The Intersections of Gay Men's Culture With Addiction Recovery

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Walden University

College of Social and Behavioral Health

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Robert L. Durham

has been found to be complete and satisfactory in all respects,
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Walden University
2023

Abstract

The Intersections of Gay Men's Culture With Addiction Recovery

by

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MS, Northeastern State University, 2019

BA, Northeastern State University, 2017

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counseling Education and Supervision

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Abstract

Gay men face obstacles in accessing resources that initiate and sustain recovery capital. The concept of recovery capital explains the internal and external resources that an individual can deploy to remain successful in addiction recovery. However, the concept has scarcely been applied to gay men. The purpose of this qualitative study was to explore the intersections of lived experiences associated with gay male social culture among gay men who have achieved 2 or more years of successful recovery from substance misuse and/or addiction. The minority stress theory provided a lens for identifying the barriers and facilitators to gay men's recovery on a personal, social, and community level. Data were collected by conducting semi structured interviews with 15 participants and subsequently analyzed for emerging themes using interpretative phenomenological analysis. The results suggest that the intersection of gay male culture plays a central role in the participants' narratives. Personal recovery experiences are closely intertwined with meaningful recovery-supportive environments that maximize opportunities for building recovery capital. Clinical providers, social workers, and educators can best serve this population by acknowledging the distinctiveness of members' experiences. Social change implications include providing knowledge that stakeholders could use to implement policy and recovery-oriented systems of care that are culturally responsive, diminish structural inequalities, and facilitate building recovery capital that is sensitive to the unique needs of gay men. Future researchers could close the existing gap in the knowledge base.

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Dedication

I would like to dedicate this dissertation to my mother, Deborah Wyatt. This accomplishment is just as much yours as it is mine. Thank you for always believing in me and for never giving up on me, even when I did not deserve it. You have taught me the true meaning of unconditional love. I do not know where I would be today without you.

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Chapter 1: Introduction to the Study

Gay men, and other lesbian, gay, bisexual, transgender, queer, and different identities (LGBTQ+) people, are populations at elevated risk for mental health disorders, substance abuse, and psychiatric comorbidity relative to their heterosexual and cisgender peers (Benz et al., 2019; Williams & Fish, 2020). Williams and Fish (2020) explained that sexual minority adults have between 1.6- and 3.1-times greater odds compared to their heterosexual counterparts of developing a substance use disorder (SUD) in their lifetime. Furthermore, LGBTQ+ adults are more likely to have symptoms that meet the criteria for major depression and anxiety and to report suicidal ideation and attempt (Williams & Fish, 2020). Although substance abuse is a widely recognized issue among heterosexual and LGBTQ+ populations, organizational leaders have begun to address specific service needs of the LGBTQ+ population in a variety of areas. Williams and Fish (2020) claimed that the past few decades have seen an increasing awareness of the LGBTQ+ populations and the communities they create. However, the experiences of gay men within addiction services have been largely ignored.

Gay men are a population that present complex challenges and have specific health and social service needs. According to Mericle et al. (2019), gay men in the United States are more likely to meet the criteria for a SUD in the past year than those who identify as heterosexual. Meyer (2003) posited that gay men encounter similar risk factors for SUD as other men, but they also experience risk factors that are unique to sexual minorities, such as stigma, prejudice, and discrimination. These risk factors create hostile environments that increase the risk for negative outcomes (Meyer, 2003).

Addiction services have historically been slow to address the needs of culturally diverse populations, especially gay men (Nance, 2022). Ignorance has fostered discrimination and intolerance of gay men, which has sometimes led to violence (Williams & Fish, 2020). This perceived insensitivity and stigma based on sexuality impacts the addiction services and how these services are provided for gay men. Ignorance and invisibility within addictions research and services are phenomena that further perpetuate the oppression and discrimination which gay men endure (Ogunbajo et al., 2021). The paucity of research literature that does exist only begins to address the larger systemic heterosexist attitudes that are the foundation for most addiction services (Nance, 2022; Senreich, 2010; Williams & Fish, 2020). It is important to note that research on the gay male recovery population is limited. Some research reviewed is more than 3 to 5 years old. After conducting an extensive literature search, I found a few more recent studies but these typically involved meta-analysis or compilation of extant literature. Older research and contemporary meta-analyses were necessary to provide contextual relevancy to this study. The aim of this study was to explore how gay men interpret their successful navigation of recovery from drugs and alcohol.

In reviewing previous literature, I drew upon minority stress theory (Meyer, 1995, 2003) to address how gay men who struggle with substance abuse are served by addiction services. It is from this epistemology that theories of oppression and difference will be examined. The impact of these theories, combined with a critical perspective, will provide a framework for the analysis of current research pertaining to gays and addiction service.

Minority stress theory helps to explain these disparities because it identifies stigma and discrimination as key mechanisms of sexual orientation-related health inequities (Williams & Fish, 2020). Much evidence suggests that LGBTQ+ people in substance abuse treatment present with more complex needs, including higher mental health comorbidity, greater severity, and poorer physical health due to minority stress. Additionally, Williams and Fish (2020) reported that this same stigma and discrimination prevent LGBTQ+ people from accessing and engaging with quality mental health care services attuned to their unique experiences and needs. In many ways, the lack of adequate mental health care and substance abuse treatment compounds and maintains population-level inequities for this population. Conversely, services that are specific to the needs of LGBTQ+ persons show promising reductions in mental health symptomology and substance use; however, the availability of LGBTQ+-sensitive services is largely unknown (Williams & Fish, 2020).

For gay men, the unique stressors that are integrated into identifying with a stigmatized identity are directly linked to susceptibility for substance use (Nance, 2022; Roth et al., 2018). Therefore, in this review I will focus on self-identified gay men, who are at risk of adopting the stigmas and stereotypes associated with their culture. Many gay men have reported experiencing discrimination based on their sexual identity, which, in turn, may be associated with an increased likelihood of substance abuse (Lee et al., 2016; Slater et al., 2017). Gay-specific stressors such as internalized homophobia, identity development, low self-esteem, abuse, and victimization all stem from being a marginalized identity, and all have the potential to be contributing factors to heavy

drinking and the use of other substances (Nance, 2022). Because of said stressors, substances may provide the user a distraction from contending with the stigma and prejudice associated with identifying as a sexual minority.

Minority stress theory explains the association between gay identity and problematic stressors, which attempts to draw a connection between excess stress and stigmatized social identities (Meyer, 2003). Nance (2022) stated that these stressors are unique, chronic, socially based, and often emerge from within the stigma that is embedded in societal structures. Benz et al. (2019) presented three types of stigmas: (a) enacted stigma in the form of stereotypes and discrimination, (b) internalized stigma that is the result of identifying with a stigmatized group and applying the stereotypes of that group to oneself overtime, and (c) anticipated stigma that a person anticipates encountering in the future.

Nance (2022) reported that the minority stress model manifests into both internalizing issues, such as mental health problems, as well as externalizing problems, such as SUDs. This may include internalized stressors such as internalized homophobia, concealment of identity, and a person's perception of discrimination. External stressors are also included in the model, such as life experiences of discrimination, violence, and harassment, related to the individual's minority status. Nance also proposed that homophobia and heteronormativity significantly contribute to minority stress. Societal homophobia may push someone who identifies as gay to become ashamed of that identity, resulting in internalized homophobia. On the other hand, heteronormativity may foster the idea that being heterosexual is the norm in society, implying that

homosexuality is somehow abnormal, perpetuating both internal and external homophobia (Nance, 2022).

Although there is an abundance of research regarding gay men and their substance use, there is significantly less research on how to support the treatment and recovery of gay men who use substances (Knight, 2018). Nance (2022) argued the need for health care providers to develop specialized treatment programs for gay men utilizing presented evidence of increased minority stress and the knowledge of substance use within the gay community. Stigma is often present in health care settings and can take on many forms. According to Senreich (2010), structural barriers prevent gay men from engaging in mental health and substance use treatment. Gay men may face several unique barriers in accessing quality treatment including include cost, insurance coverage, stigma, and availability of services. A gay man who has experienced stereotypical or discriminatory stigma may come to anticipate more stigma in the future, increasing the barriers to seeking treatment (Benz et al., 2019).

Also, Senreich (2010) reported that many service providers hold negative attitudes toward LGBTQ+ people or lack adequate knowledge about their unique mental health needs. Any discriminatory experience involving stigma and prejudice creates a stressful and negative social environment (Meyer, 2003; Slater et al., 2017). Furthermore, ignoring the unique experiences of gay men due to heteronormative treatment practices may be perceived as discriminatory and exclusionary (Senreich, 2010).

Very little is known about the recovery outcomes of men who identify as gay. This represents a gap in the literature. In addition to the need for specialized substance

abuse treatment for gay men (Nance, 2022), this population also faces unique challenges in their recovery, such as the valuable resource for building connections with others in recovery (Mericle et al., 2019). Cloud and Granfield (2008) presented the concept of recovery capital to describe available resources one might use to initiate and sustain recovery. Mericle et al. (2019) claimed that although recovery capital was originally developed to understand how individuals were able to overcome addiction without formal treatment (see Granfield & Cloud, 1999, 2001), it is also a conceptual framework that outlines the intervention that achieve favorable outcomes. These outcomes are recognized in terms of health, wellness, meaningful connections with others, and quality of life (Mericle et al., 2019).

Recovery capital provides a framework for describing the various resources and supports that can be accumulated or exhausted to support recovery (Hennessey, 2017). According to Hennessey (2017), the recovery capital model (Cloud & Granfield 2004; White & Cloud 2008) is a tool for researchers to identify sets of significant variables pertinent to the needs of gay men. It provides a global understanding of the recovery pathway and a broad overview of the multiple, intersecting factors in the recovery process. Recovery capital contributes substantially to practice by better addressing individualized needs and identifying disparities in recovery resources for marginalized groups (Hennessey, 2017). Future researchers should explore the relevance of recovery capital for the lived experiences of gay men on a journey of recovery from addiction.

The challenge for gay men to build recovery capital is that substance use is common in places where gay men may go to spend time with their peers, such as in bars

and clubs, as well as in gay neighborhoods and other social enclaves (Nance, 2022). Recovering persons' social networks are a consistent predictor of substance use and possible relapse. Previous networks may not contribute to the recovery capital of gay men and may elevate the risk for relapse (Mericle et al., 2018). Knight (2018) postulated that long-term recovery issues that stem from minority stress are mitigated when a gay man establishes himself within a supportive LGBTQ+ recovery community. This is because other gay male peers can provide emotional support that is appropriate for gay identities and challenges. This support combats shame formed from stigma and soothes emotional states (Liu et al., 2020). Camaraderie, solidarity, and cohesiveness within the gay community can serve as a critical resource to mitigate minority stress (Meyer, 2003; Toomey et al., 2018). Therefore, helping gay men increase and maintain a sense of community with other supportive gay men is an important aspect of treatment and post-treatment (Meyer, 2003).

In this chapter, I will provide a background of this study by summarizing research literature related to the recovery capital of gay men and describe the gap in knowledge surrounding this topic. I will present the problem statement, purpose of this study, and the research question. An overview of the study's theoretical framework will also be provided. I will review theoretical literature that contextualizes how gay men experience the world while navigating the journey of recovery from addiction. I will provide a lens to examine and explore interpretations of gay men and their experiences of intersecting recovery capital with their identities. Through the lens of these theories, I will examine the standpoint of gay men with 2 or more years of successful recovery. I will discuss the

nature of this study by providing a rationale for my design selection and briefly summarize the methodology and key concepts of the phenomenon being investigated. I will provide concise definitions of key concepts and address the assumptions, scope and delimitations, and limitations of this research. Last, I will describe the significance of this study by identifying potential contributions of this study that may advance knowledge in sustained recovery capital for gay men.

Background

An abundance of scholarly literature suggests that many of the treatment needs of gay men with substance abuse issues may not be met by many substance use and addiction treatment programs (Mericle, 2019; Nance, 2022; Thoma et al, 2021). However, the issue of gay men navigating successful recovery from alcohol and drug addiction has been under researched, and the overall literature to draw from in this area is limited. More recent studies were sparse in my exhaustive literature review. Hence, there was justification for citing research that is not considered current within the past 5 years.

Senreich (2010) emphasized that targeting the relationship between the use of substances and social aspects of being gay is an important part of relapse prevention. For gay men, this may involve an in-depth exploration of the association between sexual behavior and substance use (Senreich, 2010). Some authors, such as Nance (2022) have noted that the issue of gay men self-medicating with drugs and alcohol to cope with the stress of societal oppression and uncomfortable feelings of internalized heterosexism needs to be addressed in substance abuse treatment.

Edwards et al. (2015) reviewed research on sexual minority populations and found that most studies included an examination of incidence and prevalence rates, with very few studies covering the significance of understanding all aspects of addiction recovery of gay men. Edwards et al. claimed that research neglected areas that provide effective prevention efforts, treatment, and recovery of those already affected by substance abuse and addiction. In my review of the literature, I did not find research on treatment specific to gay men or the process of recovery; the more recent literature has not focused on recovery either.

Senreich (2010) cited a study by Ratner et al. (1991) of Pride Institute, a rehabilitation center in Minnesota specific to the LGBTQ+ population, that appeared in that program's Outcome Report. Ratner et al. (1981, as cited in Senreich, 2010) compared post-discharge abstinence of clients who were treated at that specialized rehabilitation facility with the abstinence rates of LGBTQ+ clients treated at four traditional facilities. Senreich stated that the results showed that the clients who attended Pride Institute had more favorable outcomes. Regrettably, the study was not published, and the report is no longer available from Pride Institute, so the methodology and the details of the findings are not available for review (Senreich, 2010).

Some studies shared implications related to the similarities and differences in sexual minority populations and heterosexual populations may impact treatment and recovery (Lee et al., 2016; Slater et al., 2017; Roth et al., 2018). Nance (2022) reported that the differences found are related to general stressors that affect the sexual minority population overall, known as minority stress. Minority stress faced by sexual minorities

has been outlined in Meyer's minority stress model (1995; 2003). Since the introduction of Meyer's model (1995; 2003), researchers studying the LGBTQ+ community have identified that minority stress is correlated with negative mental health outcomes. In one study, the researchers examined the specific stressors of experiences of prejudice and the resulting stigma and found a link to substance abuse and addiction among gay men (Kubicek et al., 2015).

Although researchers have been able to link minority stress to addiction among gay men, their findings are limited to incidence and prevalence rates (Edwards et al., 2015). There is an absence of any literature considering how minority stress then may continue to affect gay men's process of recovery. One factor unique to this population concerns disclosure of their sexual orientation. Kubicek et al. (2015) found that this factor led to barriers for gay men in seeking help as they were hesitant to disclose this identity, which may impact recovery. It is also possible that internalized homophobia could present a host of issues in terms of recovery for gay men as they might frame their journey through recovery in terms of their negative self-view. But, with the limited research available on recovery among gay men, it is not possible to know the impact that these factors will have on the process of recovery.

In treating gay men, health care professionals cannot simply equate the recovery process with that of the heterosexual population (Nance, 2022). Just as substance abuse and addiction among LGBTQ+ individuals have distinct characteristics; it is likely that recovery does as well. Links have been made to minority stressors and addiction to alcohol and drugs, but specific pathways for recovery in gay men have yet to be fully

explored (Nance, 2022). With a lack of understanding around the process of recovery, there is limited ability to create effective intervention efforts that incorporate these distinct characteristics for long-term recovery capital in the gay male population.

As gay men in recovery navigate a culture surrounded by the temptations of alcohol and drugs, it is vital to find social and interpersonal balance for successful long-term recovery (Nance, 2022). Experts must understand the intersection of identities, resiliencies, and transformative qualities that lead to a life of contentment and satisfaction. Exploring the experiences of gay men who are successfully navigating recovery is significant as it allows for understanding of the social and personal influences that encourage and sustain recovery capital for this population (Hennessey, 2017).

In similar fashion, Gueta and Addad (2015) conducted qualitative research with Israeli mothers who were beginning their recovery journey or were already in long-term recovery. The authors found, in their thematic analysis of interviews, that participant responses directly supported human, physical, and social recovery capital domains and indirectly supported cultural capital. Interestingly, participants identified a desire to develop human and physical recovery capital, such as building self-awareness, financial independence, and working through trauma. In relation to social and cultural capital, Gueta and Addad also stated that mothers reported strengthened motivation to remain abstinent and fostered social ties between mothers. Many of the women discussed their strengthened recovery efforts and cultural capital as being part of the recovery culture, known as “recovering addicts” (Hennessey, 2017).

Timpson et al. (2016) used sociological discourse analysis featuring human, social, and cultural recovery capital with adults in recovery communities. The researchers conducted interviews with participants and found that human capital was primarily discussed in terms of mental health, social capital was most frequently demonstrated through pro-recovery relationships. The adults in recovery displayed cultural capital by discussing empowerment through changes in their identity as an individual in control and able to successfully integrate into society.

Overall, Gueta and Addad's (2015) and Timpson et al.'s (2016) studies demonstrate that persons in recovery identify a range of specific resources which support their recovery process. Cultural capital played a significant role in recovery capital. However, physical, human, and social capital were especially prominent in the participants' narratives.

All participants in this study were 18 years of age or older, cisgender men who self-identified as gay, had experienced issues with substance abuse and/or addiction, and had been in successful recovery from substances for 2 or more years. Setting such a time frame allowed for a retrospective account of what helped individuals and what barriers they encountered. The aim of this study was to obtain a detailed account of the perceived recovery capital for gay men. Through a phenomenological exploration of personal narratives, I sought to capture the overall lived experience of gay men in addiction recovery. I wanted to provide a better understanding of how gay men conceptualize what recovery specifically means to them. I also examined what the recovery process looks like through the participants' meaningful descriptions of their own experiences. By

exploring the obtained data, I was able to examine how minority stress factors affected the recovery process among the gay male population. In addition, salient themes from participants' narratives enabled identification of specific indicators that facilitated and/or impeded participants' experiences of the study phenomenon.

I hope that the results of this study will build upon the current literature, which has illuminated the unique characteristics of this population by examining how recovery happens for gay men and identifying possible factors in recovery among this population. By offering a thorough understanding of the recovery experiences of gay men, the study results may provide new paths for future research in this area and inform the development of more effective methods and culturally sensitive resources for recovery treatment with gay men. .

Problem Statement

The issue that prompted me to search the literature was the seriousness of potential drug dependency enmeshed into the social culture of gay men, contributing to “adverse health behaviors” due to “evidence of drugs’ harm to individuals and society” (Naidoo, 2017, p. 16). The effects of substance use influence other domains in the lives of gay men, including self-esteem and self-image, interpersonal relationships, risky behaviors, and the spread of communicable diseases among this population. Alcohol and drug use and risky sexual behaviors are constitutive of gay male culture, some researchers have argued research shows. Studies have shown that substance use is correlated to high-risk behaviors, such as unprotected sex, sex with multiple partners, and transactional sex, all of which increase the risk of transmitting HIV and other sexually

transmitted infections (Tan et al., 2018). This led me to question how gay men with 2 or more years of successful recovery from substance use interpret meaningful recovery capital while navigating the challenges of gay social culture.

Health risks and adverse effects of substance use in the LGBTQ+ population have been described in previous research (Naidoo, 2019; Parent et al., 2019; Pouille et al., 2021; Tan et al., 2018; Thoma et al., 2021). However, there is little literature on how gay men in recovery from substance use interpret the needs and challenges faced while navigating and searching for meaning in successful recovery. According to Pouille et al. (2021), recovery capital involves many internal and external resources that facilitate recovery from the person, social, and community points of view. To clarify, Pouille et al. explained that recovery capital is comprised of three levels, one involving personal resources, social resources, and community resources. First, the personal level comprises physical resources, such as physical health and intellectual assets, as well as human recovery capital including personal values, skills, and knowledge. Next, the social level encompasses meaningful relationships and social networks that are supportive of recovery. Third, the community level consists of community and cultural attitudes, policies, and resources. Listening to the voices of gay men themselves is paramount in determining what kinds of recovery capital should be addressed. Therefore, the specific aspects of gender and minority bear importance in navigating and supporting recovery among gay men. Macro-structural inequalities impede opportunities for gay men by confronting hidden discriminatory practices on the macro-, meso- and micro-scales to ensure equal access to recovery capital (Pouille et al., 2021). The specific research

problem that was addressed in this study was how gay men with 2 or more years of successful substance use recovery interpret meaningful recovery capital while navigating the challenges of gay social culture.

Purpose of the Study

The purpose of this qualitative study was to explore the intersections of lived experiences associated with gay male social culture among gay men who have achieved 2 or more years of successful recovery from substance misuse and/or addiction.

Research Question

In this research study, I sought to answer the following research question: How do gay men with 2 or more years of successful substance use recovery, as defined in the American Psychiatric Association's (APA; 2022) *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (known as the *DSM-V-TR*), interpret meaningful recovery capital while navigating the challenges of gay social culture?

Theoretical Framework

The grounding theory of this study was the minority stress theory (Parent et al., 2019). According to Parent et al. (2019), minority stress theory posits that sexual minority individuals encounter the same stressors as heterosexual/cisgender individuals, such as mood disorders, trauma histories, poor emotional regulation, or interpersonal stresses. However, sexual minority individuals may also experience stressors that are unique, chronic, and socially constructed. According to Thoma et al. (2021), gay male stressors include experiences and perceptions of antigay prejudice in many professional and social environments. Some examples of these prejudicial events can consist of verbal

harassment, physical violence, property crimes, housing or employment discrimination, and sexual assault. Consequently, many gay men often perceive the social environment around them as hostile and expect more frequent rejection or mistreatment by others because of this belief. Gay men also experience minority stressors “as internal processes that can be harmful... including internalized homonegativity, expectations of rejection in social interactions, and concealment of sexual orientation from others” (Thoma et al., 2021, p. 1166). As a result, many gay men with higher levels of internalized homonegativity report more negative attitudes about themselves due to their sexual orientation (Thoma et al., 2021).

I explored issues that gay men in recovery from substance use experience as they navigate and find meaning related to the challenges of gay social culture. The lens of minority stress theory was helpful for it contributes an understanding of the impact of physical and mental health issues among gay men related to substance use, including prejudice perception, stigma, and rejection, to name a few (Parent et al., 2019). Thoma et al. (2021) posited that increased stress and the adverse effects of stressful experiences that gay men may experience would be defined as minority stress. Gay men, as members of a marginalized cultural group, may be hesitant to use health care or treatment services for substance abuse. The gay male population may have significant experience with health care professionals who are unaware of the specific needs of this group. Some have experienced outright hostility and/or discrimination directed at them because of their gay orientation. The discrimination they experience may lead them to have overall

negative expectations of the health care system and delay getting treatment for substance abuse (Thoma et al., 2021).

Nature of the Study

To address the research question in this qualitative study, I used interpretative phenomenological analysis (IPA). More specifically, semi structured interviews were used to explore the subjective experiences of gay men who identified as having at least 2 years of successful recovery from struggles with substance use issues, as defined by the APA (2022) in the *DSM-V-TR*. According to Vegeris and Brooks (2022), IPA enables the researcher to describe, explore, and interpret participant perceptions of factors influencing their recovery, and to explore the nature, meaning, and purpose relative to their experiences. Featuring a double hermeneutic approach, IPA posits that lived experiences can be understood by examining the meaning that individuals attach to their own experiences (Vegeris & Brooks, 2022). Then, the researcher interprets this meaning through the theoretical lens of minority stress. In this investigation, I sought to find meaning at the intersections of recovery and the individual's participation in gay culture.

I recruited gay men with 2 or more years of successful recovery from drugs and/or alcohol addiction. I developed an interview protocol to address the problem and purpose of the study. Participant recruitment occurred through purposive and snowball sampling, including recruitment through flyers posted with my contact information at the Dennis R. Neill Equality Center, in Tulsa, Oklahoma (see Appendix B) and posts on the Facebook page, SOBER, a support forum for gay-identified men in recovery from substances (see Appendix C). Semi structured, in-depth interviews were used to collect detailed, rich data

through a first-person account of thoughts, feelings, and stories (Smith et al., 2009). I conducted 60–90-min audio recorded interviews either face-to-face or via the online platform Zoom. The face-to-face interviews with participants took place at my office or a confidential location mutually agreed upon by the participant and interviewer. All participants need to provide consent to partake in the study and agree to be audio recorded. They were assured that all personal identifiers would be removed to protect their identity. Using a semi structured interview protocol, I explored the individuals' past and current experiences and engagement within general societal contexts and addressed participant perceptions of factors that had influenced their sustained recovery.

Definitions

Cisgender: A term that is used to define any individual whose gender identity matches their sex assigned at birth or to mark a congruence between birth-assigned sex and gender identity (Enke, 2012).

Gay men/gay man: An identity that is self-proclaimed by an individual person (Ferri, 2004). In this dissertation, *gay men/gay man* will be used when researchers explicitly state they studied “gay men.”

Gender identity: One's cognitive and felt sense of their gender and how they understand their gender identity. Gender identity can be fluid and change over one's lifetime, day to day, and fall outside of the gender binary. One's gender identity is a complex constellation of nurture, nature, and culture (Ehrensaft, 2017).

Intersectionality: A phenomenon that encompasses an individual holding two or more oppressed identities (i.e., a gay man of color) and experiencing oppression such that

it is impossible to separate out which aspects of one's identity are the cause of the oppression (Ratts et al., 2017). This term is often confused with the term *intersection*, in which people's intersecting identities are often used as ways to understand their experiences. The difference is in that intersectionality is solely referred to as the phenomenon that occurs as the results of oppression for multiple identities as once.

LGBTQ+: An acronym that stands for lesbian, gay, bisexual, transgender, queer, and different identities which fall under this umbrella (Killermann, 2017).

Minority stress theory: A theory of minority stress, proposed by Meyer (1995), that is based on the constructs of sex, race, and sexual orientation. Meyer suggested that the conventional or mainstream culture ascribes "defectiveness" to those that do not mirror the majority. Minority individuals may incorporate and internalize societal messages, whether overt or slight, into their psyches (Brooks, 1981). The repeated, unmediated occurrences of these stressors lead to maladaptive responses and negative mental health conditions. The tenets of minority stress theory are discrimination, perceived stigma, and internalized homophobia (or rejection of one's sexual minority identity).

Oppression: As defined by Saltis (2021), any dehumanizing interaction that occurs over time, including silence, disenfranchisement, discrimination, and ostracism. Oppression can occur at the individual level in the form of microaggressions and with larger systemic inequities such as rules, policies, and laws that privilege one group over another. Those members of society who are not privileged can experience multiple forms

of oppression based on various marginalized identities experience, often leading to barriers and lack of resources (Saltis, 2021).

Out: Halkitis (2019) asserted that this term is used within the sexual, affectional, intersex, and gender expansive communities to delineate when a person's status of being within that community is shared with others without the person's permission. It can also be used to describe the process of "outing" someone, or disclosing a person's status as within the sexual, affectional, intersex and gender expansive communities without their permission and/or knowledge (Halkitis, 2019).

Privilege: The granting, in many societies, of privileges to certain groups of people over others based on various identities, such as race/ethnicity or class. Those members of the privileged groups are given various dominance, power, and entitlements over other members of society (Black & Stone, 2005). People who have privileged status in society are granted special rights and entitlements is related to a preferred rank or status at the exclusion of others in society, and it is often outside of the privileged person's awareness (Black & Stone, 2005).

Recovery: The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) defined recovery as a "process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential". In common usage, recovery is a state usually marked by abstinence, sometimes controlled drug use, sometimes improved health and well-being. Recovery also refers to a process, commonly involving affiliation with self-help fellowships and involving a change in outlook and relationships as well as social reintegration, a process

sometimes conceptualized as rebirth (Borrelli et al., 2017). In this study, the term *recovery* represented the new recovery paradigm (see Pouille et al., 2021). This understanding has increasingly dominated substance use treatment and policy across the globe; recovery is defined as a dynamic, personal, and multidimensional process of change, characterized by increased well-being on multiple life domains. It involves a shift from a clinical and abstinence-based view on addiction recovery to a strengths-based and person-centered view that looks beyond substance use (Pouille et al., 2021).

Substance use disorder: A mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs (National Institute of Mental Health, 2021).

Syndemic: A combination of interrelated variables that explains negative health outcomes for specific populations (Singer, 2003). I applied the term in this study to describe certain variables that, together, would be more deleterious for gay men's health outcomes compared to one variable alone (see Stall et al., 2008). Some variables shown to have a syndemic relationship are childhood sexual abuse, sexual compulsivity (the uncontrollable urge to have sex with one or many individuals), HIV-infection, depression, and poly-drug use (Stephenson et al., 2011).

Assumptions

I will conduct semi-structured interviews to elicit the experiences of the study participants who are cis-gendered gay men and have remained successful in their

recovery from alcohol and/or drugs for a minimum of 2 years. The first assumption I have regarding these men is that they will be open and honest when sharing their experiences of achieving stable recovery despite having typically stigmatized and marginalized social identities. I assume they will have minimal initial concerns about privacy or security and what types of questions will be asked. I will minimize their concerns by taking appropriate steps both physically and verbally to inform them of their confidentiality. I will share what types of topics that will be covered in the interview questions.

There are numerous assumptions that developed in the preparation of this study and are presented as follows. First, I assume that the study participant's gender identity is congruent with their biological sex (i.e., cisgender), even if their gender expression is fluid (Killermann, 2017). Moreover, I assume that participants have a clear understanding of their sexual identities, additional identities, and how their identities intersected with their recovery from addiction. Another assumption is that the gay men in this study are stable and willing to make meaning of their experiences, their identities, and their experiences within their identities. Killermann (2017) claimed the literature is consistent: identity-acceptance and self-acceptance exist congruently with successful adaptive functioning.

The next assumption is that all participants will speak fluent English, will understand the interview questions, and will provide detailed answers to my questions. Individuals who choose to take part in a study that involves an interview process need to

understand that questions will be asked of them, and a response will be requested. This is a necessary assumption in using an interview format for data collection,

Finally, I also assume that this study will help provide a space in the literature for gay men to share their unique experiences and understandings of their recovery journey. It is the hope of this researcher that the results from this study will assist the counseling field with more knowledge about how gay men experience their recovery from alcohol and drugs through an intersectional lens.

It is significant to assume that researchers have personal opinions about certain topics, but it is imperative that they intentionally work to keep biases in check during all stages of the research process. Minimizing personal bias during the IPA data interpretation process is necessary during the development of the research design, data collection, and data analysis. I will not show any biases or share personal opinions during the interview process. I will remain neutral and professional.

Identifying the subjectivities of this study is also imperative, as awareness of power as the researcher is of utmost importance. Being a counselor and educator may create power dynamics that could shift participants' responses, such as withholding information or feeling pressured to share information. Additionally, having a shared identity (or identities) with the participants could facilitate participants' trust and safety.

Scope and Delimitations

A delimitation of this study is the inclusion and exclusion criteria for participation. Geographically, the gay men for this study will be recruited from the state of Oklahoma to facilitate access to participants. I decided to align with IPA methods of

meeting face-to-face with participants when possible. A resulting limitation of this choice is that results may not be transferable to gay men of other geographical locations due to contextual factors such as political climate and the general culture of the geographic region around the levels of privilege and oppression. Since the recruited participants are within a primarily “white” state, this has the potential to limit racial and ethnic participants. To account for this, I purposefully selected participants who represented a variety of races, ethnicities, classes, abilities/disabilities, religions, spiritualities, and sexual/affectional/romantic identities.

Limitations

There are some potential limitations and delimitations to this study. Since IPA studies are idiographic in nature, few participants are used to gather in-depth data around their experiences, which may limit transferability (Miller et al., 2018); this may operate as a limitation. However, the idiographic nature will provide for in-depth accounts of how gay men are experiencing their addiction recovery, which supersedes transferability of results due to the complex and nuanced nature of identity intersectionality.

Another potential limitation of this study is the time commitment, which may exclude some potential participants. It may have been difficult for participants to commit to 90-min interviews. Therefore, difficulty in recruiting participants who can engage in the entire interview process may occur.

Lastly, a limitation of the study related to its use of non-probability sampling methods and a small sample, possibly overrepresented by European American participants, may yield an inability to make transferability inferences from the sample to

the population. Due to the nature of recruitment of participants utilizing existing participants, there are potential limitations regarding the representation of the participants and oversampling within a particular network of peers. The use of qualitative interviews includes some limitations specific to a reliance on self-report and vulnerability toward social desirability bias. Finally, the geographic limitations that prevent transferability of findings may present a need for additional inquiry into how gay men experience recovery.

Significance

This study is significant in that ongoing evaluation is necessary regarding the implications of theory and how sociodemographic factors may impact the experiences of recovery among gay men. Hence, continued research is needed to clarify the effects of both perceived and actualized experiences as they navigate recovery and assign meaning and purpose in response to these recovery experiences. Data analysis will explore these implications, including how all factors intersect with gay men's recovery efforts. This will contribute to the existing literature on substance use, addiction, and recovery in the gay male population, as well as other cultural and societal factors involved with gay men. Implications and limitations to ongoing research will explore and address gaps in knowledge related to appropriate and effective understanding of navigating addiction recovery for gay men. According to SAMHSA (2012), recovery issues for gay men who have been using alcohol and drugs for many years may have anxiety and confusion about who they are and how to make sense of the experiences and feelings they encountered during their active addictions. Gay men in recovery may need help sorting out various

aspects of themselves, including addressing the task of struggling with the question, “Who am I, now that I’m clean and sober?” Therefore, an important part of recovery may be spending time exploring who they are. Gay men can explore the meanings of their various feelings and experiences to assist in discovering self-acceptance. In recovery from substance use, gay men might identify the pain masked by their addiction and accept and embrace who they are. In addition, some gay men find that their gay or lesbian friends may not understand or may resent their recovery efforts.

Significance to Practice

The significance of studying this phenomenon relates to evidence that gay men are experiencing similar forms of minority-based stigma in their recovery that they face in society (Matsuzaka, 2018). An important significance of this study is that readers, especially medical, mental health, and substance abuse providers, may increase their own self-awareness (Saltis, 2021). As stated within the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016), the first step in striving toward competence with multicultural and social justice issues starts with the counselor’s awareness of their own privileged and oppressed identities, biases, and assumptions. I hope that professionals serving gay men in post-treatment recovery will critically engage with the stories shared and reflect upon the meaning made from the experiences of participants. In sharing this study of the experiences of gay men in recovery, there is the potential that practicing professionals will deconstruct their own preconceptions and beliefs about sex, gender expression, and gender identity, starting with their own identities (Saltis, 2021).

Significance to Theory

Understanding the perspective of gay men in recovery from alcohol and drugs serves as an appropriate starting point for determining the complexities and nuances in improving the recovery capital of gay men navigating the culture of their community. The intent of this study is to contribute to the overall knowledge base about the recovery journey of gay men. Specifically, this research will focus on how minority stress may have negatively contributed to the participants' recovery experience and gay culture. In addition, I analyzed the role of minority stress on the subject's social emotional health (Meyer, 2003; Meyer & Frost, 2013).

Significance to Social Change

When considering the potential for social change in exploring the impact of substance use in the social culture of gay men, information from this study may contribute to improving treatment at the local, regional, and national levels. The population of this study reaches across most multicultural domains. By examining personal experiences, the aim of this study is to promote understanding and awareness of the health, safety, and well-being among gay men.

The significance of this study will be the potential to address the dearth in the professional counseling literature around the complexities in experiences of gay men in long-term recovery by answering the call from the multicultural and social justice counseling literature for increased research with this population (Nance, 2022, Saltis, 2021). It will also address the need for more literature where gay men can describe experiences in their own words from historical, political, social, cultural, and contextual

factors (Singh & Moss, 2016). IPA is an appropriate methodology because this study highlights power, privilege, and oppression to develop a complex understanding of the nuanced factors influencing the lives of gay men in recovery (Saltis, 2021).

Summary

In Chapter 1, I provide an explanation of the purpose of the study, which is to explore the intersections of the lived experiences among gay men who achieved 2 or more years of successful recovery from substance addiction while navigating gay social culture. Chapter 1 also examines the background, the problem statement, and the purpose of my study. It presents the study's research question, the conceptual frameworks, and the nature of the study. Additionally, the chapter discusses the assumptions, limitations, delimitations, and the scope of the study. Chapter 1 concludes with a section on the significance of the study.

Moving forward, Chapter 2 is a review of the current literature on theories and concepts related to minority stress theory and the social stress model, both supported by strengths-based research. It also includes information on how these concepts intersect with gay culture, substance use, addiction issues, recovery capital, as well as the sustainability of sobriety. Ultimately, Chapter 2 details recent contributions by field authorities to the literature, research, and phenomena of substance use, addiction, and recovery in the gay male population, as well as other the cultural and societal factors involved with gay men.

Chapter 2: Literature Review

The research problem that was addressed in this study was how gay men with 2 or more years of successful substance use recovery interpret meaningful recovery capital while navigating the challenges of gay social culture. I examined the concepts across a variety of recovery measures, including quality of life, general health, depression, coping skills, social support, and overall recovery capital. The purpose of this qualitative study was to explore the intersections of lived experiences associated with gay male social culture among gay men who achieved 2 or more years of successful recovery from addiction to substances.

In the United States, men who identify as gay have a greater than 6% chance to likely meet criteria for a SUD in the past year than those who identify as heterosexual (Benz et al., 2019; Mericle et al., 2019; Williams & Fish, 2020). Among those who access substance use treatment, gay men often present complex challenges that may make it more difficult to have a successful recovery. For instance, this population is at increased risk for depression (Nance, 2022) as well as infectious, chronic, and life-threatening medical conditions, including HIV (Centers for Disease Control and Prevention, 2022). Reported histories of childhood sexual/physical abuse and other forms of violent victimization are also more common among gay men (Friedman et al., 2011; Goldberg & Meyer, 2013). Indeed, substance use, depression, HIV, and violence are often interconnected and mutually reinforcing, perhaps even characterized as syndemic in nature among gay men (Friedman et al., 2008, 2011; Goldberg & Meyer, 2013).

Gay men encounter similar risk factors for SUD as other men, but they also experience risk factors that are unique to sexual minorities. Stigma, prejudice, and discrimination create hostile environments that increase risk of negative outcomes (Meyer, 2003). Nance (2022) posited that solidarity and cohesiveness within the gay community can serve as a critical resource (Meyer, 2003; Toomey et al., 2018), but substance use is common in places where gay men may go to spend time with their peers, such as in bars and clubs as well as in gay neighborhoods and other social enclaves. These settings may not only elevate the risk for SUD but may also complicate addiction recovery, as the presence of alcohol and drugs in one's social network are a consistent predictor of substance use and relapse (Mericle et al., 2018; Nance, 2022)).

The construct of recovery capital is used to describe resources one might have available to initiate and sustain recovery (Cloud & Granfield, 2008). Facilitating connections with others in recovery, encouraging involvement with mutual aid groups, providing supportive and drug/alcohol-free environments, and learning to practice strategies that address the challenges of everyday life play a vital role in the recovery process (Jason et al., 2013). Although recovery capital was originally developed to understand how individuals were able to overcome addiction without formal treatment (Granfield & Cloud, 1999, 2001), it is also a useful framework to conceptualize targets of intervention to achieve favorable outcomes, which are increasingly recognized in terms of health, wellness, meaningful connections with others, and quality of life (Belleau et al., 2007; Laudet, 2011; SAMHSA, 2012).

Recent researchers have examined recovery capital and quality of life among recovery housing residents (Cano et al., 2017; Mericle & Miles, 2017; Mericle et al., 2018, 2019; Stevens et al., 2018). However, very little is known about the outcomes of gay men navigating life in recovery. This represents a gap in the literature. In addition to being at increased risk for SUD, men who identify as gay face unique challenges in their recovery, and finding meaning in recovery may be an especially valuable resource for gay men to build connections with others in recovery.

In Chapter 2, I provide an overview of the literature search strategy and conceptual framework for understanding the phenomenon of gay men in recovery from addiction intersecting with gay culture. The framework was used in this study to explore, from a strengths-based perspective, the resilience factors engaged by biracial and multiracial, bisexual adults who have flourishing well-being. I also highlight Meyer's (1995, 2003) minority stress model as a framework for research on the unique needs of a gay man in addiction recovery, and I note its limited application in studies of the recovery capital of gay men. Overviews of (a) the history of minority stress in research and theory and (b) the impact of gay men navigating recovery while maintaining life in gay culture follow the conceptual framework section. I review literature specific to minority stress and social stress, the intersections of minority stress and substance use, as well as the intersections on minority stress and gay men. In the remainder of the chapter, I review area of the literature that are currently underexplored. Topics include gay culture, gay men in recovery, recovery capital, and the sustainability of recovery for men who identify as gay. I conclude the chapter with a section describing the major themes of the literature,

a description of the gaps that I addressed, and the potential impact of the findings of this study.

Literature Search Strategy

To comprehend the phenomenon of recovery capital, gay culture, and minority stress an exhaustive literature review was conducted. The process of locating relevant, reliable, and peer-reviewed literature involved the use of the Walden University electronic library and a personally owned library of psychology of addiction recovery books and journal subscriptions. I also reviewed doctoral dissertations across several disciplines including sociology, psychology, and counseling. Access to these sources allowed me to use a relatively discrete amount of seminal literature as a starting point.

Locating additional relevant peer-reviewed journal articles and books involved the use of the Walden University electronic library. The Elton B. Stephens Company (EBSCO) system allowed for simultaneous searches with multiple databases. The databases used for the study include ERIC, Education Research Complete, PsycINFO, PsycARTICLES, ProQuest, EBSCOhost, Academic Search Premier, and Sage Journals. Key words and phrases used in the search included *recovery*, *recovery capital*, *successful recovery*, *gay men*, *LGBTQ+*, *gay culture*, *stress*, *minority stress model*, *minority stress theory*, *social stress*, *addiction*, *substance abuse and dependence*, *interpretative phenomenological analysis*, *qualitative*. The use of the Walden University electronic library allowed for an exhaustive literature search and article collection process. In addition, a Walden University reference librarian was consulted to ensure that all available resources were utilized.

It is important to note that research on the gay male post-treatment recovery population is limited. Much of the extant contemporary research and theory that examines the recovery experience of gay men involved proclivities to addiction and treatment needs of this population. These deficits indicate that more research is needed on this population, especially with those having flourishing recovery capital despite intersecting social identities that typically exacerbate sexual minority stress.

Literature used in this literature review is more than 3 to 5 years old. After conducting an extensive literature search, more recent studies were sparse and typically involved meta-analysis or compilation of extant literature. Older research and contemporary meta-analyses were justified because of contextual relevancy to this study.

Theoretical Framework

Minority stress is a conceptual framework is based on the premise that prejudice, stigma, and discrimination create a stressful and hostile social environment that causes mental health concerns (Meyer, 2003). Seigel et al. (2022) posited that minority stress theory provides the primary theoretical framework for describing the mental and physical health ramifications of identity-based stigma and discrimination that is often faced by men who identify as gay, as well as any individual in recovery from a SUD (Seigel et al., 2022).

Meyer's (1995, 2003) concept of minority stress was built on the underlying assumptions that members of a minority group experience: (a) unique challenges to manage the common stressors of life; (b) chronic challenges related to underlying, often privileged, cultural and social structures; and (c) socially based challenges with

processes, institutions, and structures beyond the individual's control. According to Meyer (2003) proximal stressors are internal processes that are presumed to occur following exposure to distal stressors. Examples of proximal stressors include fear of rejection, rumination on previous experiences with prejudice, and distaste for one's own minority group following a prejudice event. Concealment of one's sexual orientation is a "proximal stressor because its stress effect is thought to come about through internal psychological processes" (Meyer, 2003, p. 256). On the other hand, distal stressors are external prejudice events directed toward a person, such as heterosexual discrimination, victimization, and homonegative microaggressions). Proximal stressors are a person's internal or subjective responses (Meyer 2003)

Minority stress theory was originally developed to address unique stressors related to a sexual minority status, which are located on a distal (e.g., discrimination, harassment, victimization) to proximal (e.g., internalized negative attitudes towards one's sexual orientation, concealment of the sexual orientation, expectation of rejection) continuum (Seigel et al., 2022). Meyer (2003) suggested a distal-proximal distinction when articulating a minority stress model as it affects the gay male community. Folkman (1984) described social distal structures as effects on an individual depending on the immediate context of thought, feeling, and action of social experiences in a person's life. Meyer and Frost (2013) further described the connection between distal and proximal processes as "processes along a continuum from distal stressors, which are typically defined as objective events and conditions, to proximal personal processes, which are by definition subjective because they rely on individual perceptions and appraisals" (p. 256).

For example, if others perceive a man as a gay individual, he may suffer from stressors associated with prejudice toward LGBTQ+ persons (e.g., biased language, assault). Additionally, gay men may hide their minority identities out of fear of harm, the expectations of rejection, or internalized stigma (Meyer & Frost, 2013).

A main component of minority stress comes from the social environment, which has been inferred from other psychological and sociological theories (Meyer, 2003). For example, Durkheim (1951) found that the importance of the social environment was a central factor in the decision to attempt or complete suicide. According to Durkheim (1951) and Meyer (2003), a sense of normlessness, alienation, and lack of social control can lead to suicide because social desires are unmet. Symbolic interaction theorists Stryker and Statham (1985) described the social environment as providing humans interaction to their lived experiences, providing meaning to their lives. Individuals develop a sense of self and well-being through interaction with others (Pettigrew, 1967). Likewise, social evaluation theory states that people learn about themselves by comparing themselves with others, which results in prejudice or stereotypes having an adverse effect on an individual's psychological health (Meyer, 2003).

According to Seigel et al. (2022), the mental and physical impact of minority stress has been addressed on both the psychological and the neurobiological levels. On the psychological level, minority stress processes are believed to cause emotional dysregulation (e.g., rumination), social and interpersonal problems (e.g., social isolation), and maladaptive cognitive processes and schemas (e.g., hopelessness), may lead to elevations in adverse (mental) health outcomes (e.g., depression, anxiety, suicidality). On

the neurobiological level, minority stress exposure may cause neural adaptations that parallel those found in individuals with post-traumatic and other stress-related disorders. Further, minority stress is conceptualized as disrupting the body's adaptive stress response, causing physical health impairments related to systemic inflammation (Seigel et al., 2022).

However, in the 2 decades since its inception, the minority stress model has received further scrutiny (Seigel et al., 2022). Several minority stressors such as sexual orientation concealment, rejection sensitivity, and internalized homonegativity (i.e., the internalization of negative societal attitudes towards non-heterosexuality) have been theoretically and empirically refined, while new systemic stressors such as discriminatory laws and policies have been discussed (Seigel et al., 2022). In support, Ogunbajo et al. (2021) presented prior research on minority stress that has demonstrated the experience of general life stressors coupled with stress because of one's sexual orientation might exacerbate the stress load of gay men and further drive the proliferation of negative mental health outcomes. Additionally, accounts of unlawful police harassment, unfair housing and employment policies, and denial of health services further demonstrate how discriminatory laws contribute to the marginalization of sexual minority populations (Ogunbajo et al., 2021).

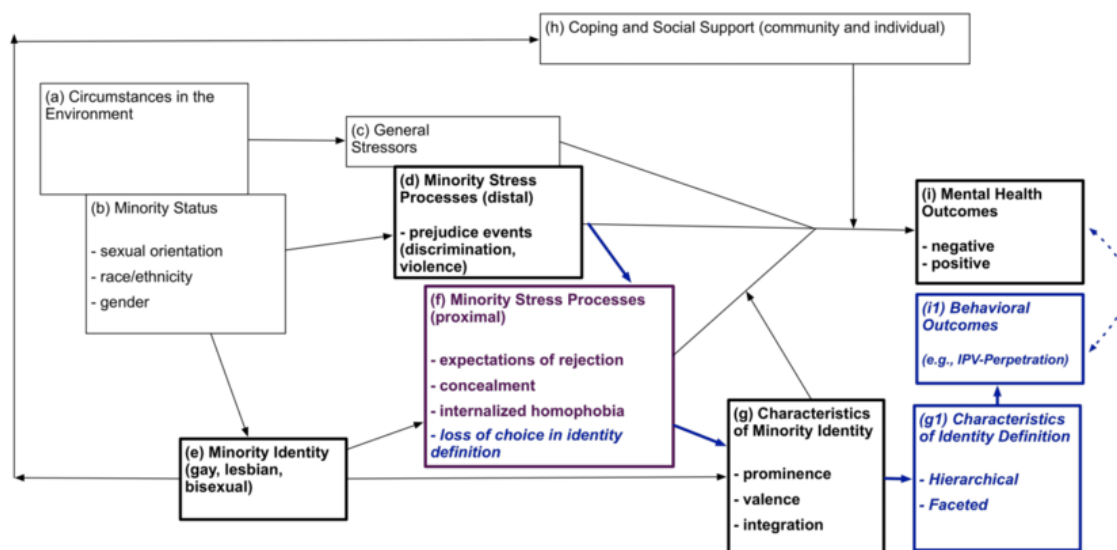
According to Meyer (2003), the characteristics of the minority identity are key to the model as they may exacerbate stress. For example, valence is one indicator of how an individual may cope with stressors. Valence refers to self-validation; negative valence is described as a good forecaster of mental health complications. Throughout the coming

out process, identity valence is an essential aspect of self-acceptance and diminishment in internalized homophobia (Meyer, 2003). Lastly, the integration of the individual's minority identity improves their health outcome. For example, minority identity can diminish the impacts of stress when perceived as a source of strength or is affiliated with opportunities for social support (Meyer, 2003).

Meyer's (2003) minority stress model is shown in Figure 1. The model does not specifically include gay men in recovery from substance use issues. Figure 1 describes how general stressors and minority identity lead to further stressors of the self as a stigmatized minority. Minority stress processes are more proximal to the individual because they involve self-perception. As a result, the minority individual experiences internalized homophobia, expectations of rejection, and concealment.

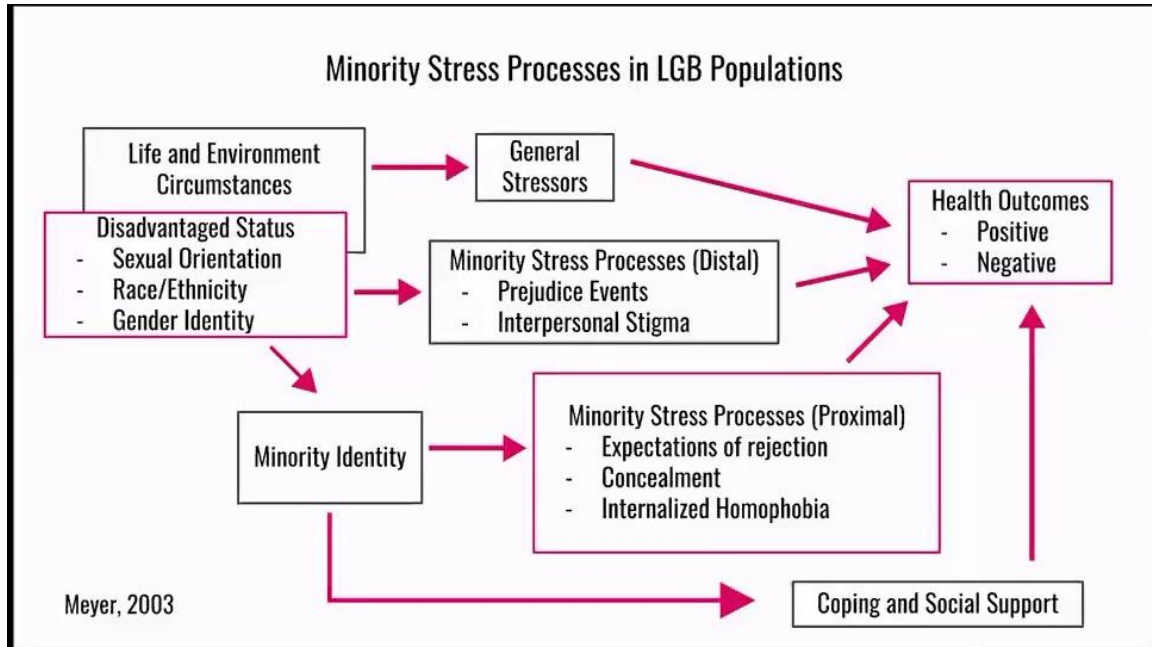
Figure 1

Minority Stress Model (Meyer, 2003)



Note. From "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," by I. H. Meyer, 2003, *Psychological Bulletin*, 129(5), p. 679 (<https://doi.org/10.1037/0033-2909.129.5.674>).
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Meyer's (2015) minority stress model in Figure 2 refers to the structures, systems, and supports that can be put in to place to support the minority individual by illustrating the important overlapping relationship between a person's environment and their minority status. In this example, general stressors, such as discrimination at work or school, are circumstances of the environment and therefore would be directly impacted by policies or prosecution. A gay man's experience of rejection, concealment, or internalization could be mitigated by counseling and a safe peer group or sober space might transform an individual's ability to cope (Meyer, 2003). In short, having access to mental health services could have a lasting positive or negative effect on the LGBTQ+ minority (Meyer & Frost, 2013).

Figure 2*Minority Stress Processes (Meyer, 2003)*

Note. From "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence," by I. H. Meyer, 2003, *Psychological Bulletin*, 129(5), p. 679 (<https://doi.org/10.1037/0033-2909.129.5.674>). Copyright 2003 by the American Psychological Association.

Seigel et al. (2022) explained that the experiences of minority stress must be understood from an intersectional perspective. This perspective acknowledges the unique and multifaceted lived experiences stemming from intersections of several marginalized as well as privileged identity dimensions, including sexual orientation, race, ethnicity, gender identity, class, or ability. Identity dimensions serve as moderators in the original, single-identity minority stress model, but recent works aim at addressing intersecting

identity experiences directly, for example through in-depth, qualitative designs, innovations at the measurement level, or multi-dimensional frameworks grounded in minority stress theory (Seigel et al., 2022).

Turning to empirical research on minority stress, research syntheses largely support the tenets of the minority stress model for gay men, particularly so for mental health outcomes such as suicidality, internalizing mental health problems, and substance use (Seigel et al., 2022). For research synthesis that largely supports physical health outcomes, the evidence is mixed, pointing to the role of further aspects related to stigmatization. Research on associations between minority stress and the mental health of gay men in recovery is scarcer. Well-documented mental health disparities within LGBTQ+ populations are typically not found in the populations of gay men and their recovery capital (Seigel et al., 2022).

Literature Review Related to Key Variables and/or Concepts

Social Stress Model

Reisner et al. (2015) explained that social stress is only one contributor to minority stress. The researchers suggested that gender-role socialization may partially explain the elevated prevalence of substance abuse by gay men. Consequently, this population may be using substances to negotiate their gender identity. Increased exposure to multiple stressors including victimization and physical assault may also lead gay men to substance abuse (Reisner et al., 2015).

In response to the unique stressors related to vulnerability and resilience in the mental health of the gay male population, Hendricks and Testa (2012) developed a

framework adapted from Meyer's (2003) minority stress model. In addition to general life stressors, gay men are very often subjected to discrimination, violence, and rejection related to their sexual identity or expression at alarming rates (Hendricks & Testa, 2012), which was consistent with Meyer's (2003) minority stress work with the LGBTQ+ community.

In his early model, Meyer (1995) proposed three distinct processes by which LGBTQ+ individuals were subjected to minority stress. Discrimination and threats to a person's safety are examples of distal stresses that occur within an individual's environment because of their minority status. Anticipation and expectation that an external stressful event will occur is the second set of processes in which LGBTQ+ individuals are subjected to minority stress. To avoid rejection or protect themselves from psychological or physical harm causing additional distress, some LGBTQ+ individuals may hide their sexual minority status. The most proximal of the three processes relates to negative attitudes and prejudices from society that become internalized. Potentially damaging, this internalized sense of stigma can have a direct effect on an individual's ability to cope with external stressors. Although the assessment of internalized homophobia lacks sufficient research, there remains the consensus that it is equally significant to internalized homophobia in Meyer's 2003 model (Hendricks & Testa, 2012).

Along with other members of the LGBTQ+ populations, gay men have learned coping mechanisms for asserting themselves and overcoming the adverse effects of stress (Meyer, 2003). Through the coming out process, LGBTQ+ people develop coping skills

and resilience that have proven to predict success with adverse mental health outcomes (Morris et al., 2001). Testa et al. (2015) defined reliance factors as the social and emotional support of others with shared identity and experiences, identity pride, and community membership” (p. 65). Moreover, Feinstein and Newcomb (2016) determined in their study of young gay men that self-acceptance and family support had a positive impact on mental health outcomes. Thus, belonging to a community that reflects similarities, perceptions, and feelings can leave an imprint on the life of gay men. Meyer and Frost (2013) stated, “members of a stigmatized group who have a strong sense of community cohesiveness evaluate themselves in comparison with others who are like them rather than with members of the dominant culture” (p. 257).

The gender minority stress model proved further support by including a category of resiliency directly impacting mental and physical health outcomes. Specifically, access to resilience factors can provide men who identify as gay with the “social support and emotional support of others with shared identity, experiences, identity pride and community membership” (Testa et al., 2015, p. 65). Meyer (2015) did, however, specifically acknowledge resilience and the importance of it while facing stress.

The gender minority stress model also expands Meyer’s framework to include four specific distal stressors directly related to gay men. Distal stressors are caused by an external source (Meyer, 1995, 2003). Jäggi et al. (2018) explained that discrimination can occur when attempting to receive appropriate health care due to “treatment barriers and the discrimination on the part of the practitioner” (p. 2). Another distal stressor can occur when gay men experience rejection. For example, being rejected by a peer group or

family member can cause stress that consequently impacts an individual's social emotional health. The third distal stressor is homophobic victimization. Victimization can be experienced through homophobic language or physical harassment because of one's sexual identity. The last distal stressor is non-affirmation of sexual identity by family, friends, and social supports (Jäggi et al., 2018).

The gender minority stress model also expands Meyer's (1995, 2003; Meyer & Frost, 2013) model to include additional proximal stressors, which are those that occur internally, to address specific subjective thoughts gay men have. For example, internalized homophobia can occur when a male individual is embarrassed by their sexual identity. Negative expectations can materialize when an individual expects not to be accepted if they reveal their identity (Jäggi et al., 2018). Last, concealment can transpire if the individual is purposeful in changing the way they walk, sit, stand, or make gestures to avoid revealing their identity (Jäggi et al., 2018). Figure 3 highlights some of the ways these experiences overlap, as demonstrated through the words of LGBTQ+ veterans.

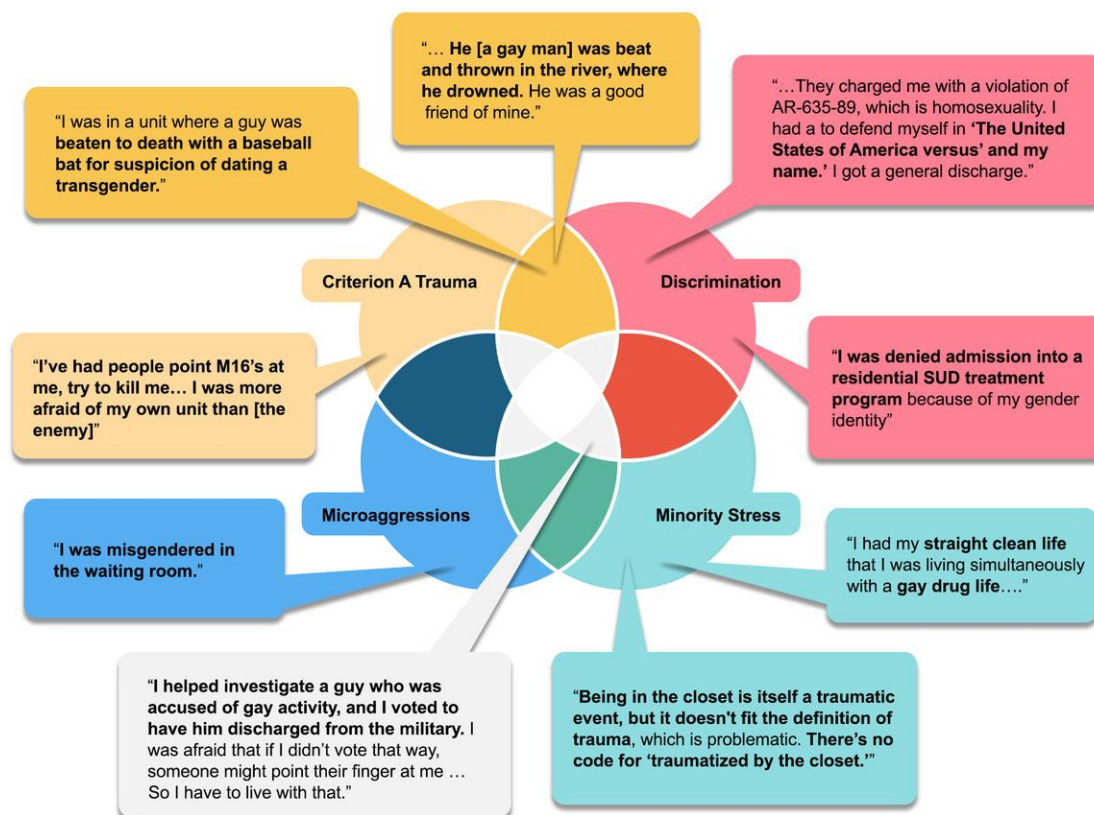
Figure 3*Overlapping Experiences in the Gender Minority Stress Model*

Figure Sources: Livingston et al., 2019 (11); Shipherd et al., 2019 (13)

Note. From "Experiences of Trauma, Discrimination, Microaggressions, and Minority Stress among Trauma-Exposed LGBT Veterans: Unexpected Findings and Unresolved Service Gaps," by N. A. Livingston et al., 2019, *Psychological Trauma: Theory, Research, Practice & Policy*, 11(7), p. 695-703 (<https://doi.org/10.1037/tra0000464>).

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Minority Stress and Substance Use

Men who identify as gay report higher rates of alcohol, marijuana, and other drug use compared with their heterosexual peers (Mericle et al., 2020). In a meta-analysis by Marshal et al. (2008), sexual minorities had three times the odds of reporting substance use compared with heterosexual adolescents. Mericle et al. (2020) argued that excessive substance use is associated with negative psychosocial and health consequences, bolstered by the knowledge that early substance use is associated with subsequent SUDs, it is critical to develop effective prevention and intervention efforts to reduce problematic substance use among the gay male population. To do so, it is first necessary to understand what risk factors are associated with gay men, especially those considered in high-risk populations.

Since its introduction by Meyer in 2003, minority stress theory has become the predominant conceptual model used to explain sexual orientation-related health disparities. One of the main tenets of minority stress theory is that sexual minorities experience unique stressors due to their stigmatized social status, which increases their risk for mental health and substance use problems (Meyer, 1995, 2003). Meyer (2003) described minority stressors along a continuum from distal stressors, which refer to objective events and conditions (e.g., discrimination, victimization) to proximal personal processes, which are subjective and rely on individual perceptions and appraisals (e.g., the internalization of societal stigma). Nance (2022) extended minority stress theory by proposing that psychological factors, such as coping and emotion regulation, may be

mechanisms through which minority stressors influence outcomes such as substance use. While minority stress theory has led to major advances in understanding sexual orientation-related health disparities, minority stress alone does not fully account for these disparities (Hatzenbuehler, 2009; Nance, 2022). One factor that may help to explain what puts gay men at risk for substance use problems is their motivation to use substances. The current study drew on minority stress theory and the motivational model of alcohol use (Cox & Klinger, 1988) to better explain the mechanisms underlying the associations between minority stressors and substance use problems among gay men.

Associations between specific minority stressors and substance use have been documented throughout the literature. Research has generally demonstrated positive correlations between distal minority stressors (e.g., discrimination, victimization) and substance use (Nance, 2022). However, the mechanisms underlying the associations between minority stressors and substance use problems remain unclear.

As noted, Hatzenbuehler (2009) proposed that these associations may be accounted for by coping/emotion regulation, social/interpersonal, and cognitive processes. Coping and emotion regulation processes may be particularly relevant to substance use, given that a primary motivation for substance use is affective regulation. In one example, Hatzenbuehler (2009) examined the motivational model of alcohol use (Cox & Klinger, 1988) which argued that people drink to attain valued outcomes, such as to regulate negative emotions and coping motives or to enhance pleasure and enhancement motives. Coping and enhancement motives are associated with increased alcohol use and problems. Interestingly, moderate correlations were noted between

stressors (general stress, bullying, and trauma exposure) and drinking outcomes (Hatzenbuehler (2009). However, these associations have rarely been tested regarding the unique stressors that gay men in recovery from substance use experience. In exceptions, two studies found that coping and enhancement motives were associated with alcohol problems among HIV-positive gay men (Kahler et al., 2015) and LGBT-identified college students (Ebersole et al., 2012), and one study found that drinking to cope mediated the association between discrimination and alcohol problems in a sample that included 68 sexual minorities (Hatzenbuehler et al., 2011).

Relatedly, Feinstein and Newcomb (2016) discussed findings also revealed that minority stressors were generally associated with using substances to cope, but not to enhance pleasure. These findings provide a robust demonstration that gay men who experience stress related to their sexual orientation use substances to reduce distress. In addition, coping and enhancement motives were both associated with greater substance use problems. Regardless of whether gay men are using substances to cope or to enhance pleasure, these motives may put them at increased risk for substance use (Feinstein & Newcomb, 2016).

Coping motives correlated several associations, suggesting that using substances to cope may be a mechanism through which victimization and internalized stigma influence substance use problems (Feinstein & Newcomb, 2016). These findings are consistent with previous studies that have demonstrated that coping, but not pleasure enhancement, motives mediated the association between sexual assault and problem drinking (Lindgren et al., 2012). As such, coping motives may be a particularly important

intervention target for gay men who abuse substances problems (Feinstein & Newcomb, 2016).

To understand how gay men in recovery experience and cope with stigma, del Pino et al. (2016) interviewed a cohort of gay men to reflect upon the changes in their coping skills as they transitioned from addiction to substances to recovery. This study examined the range of experiences that gay men in recovery have of their stigmatized identities and how their ability to cope with stigma influenced their recovery (del Pino et al., 2016). In short, if clinicians understand the impact and internalization of stigma, they can provide culturally relevant support for gay men while navigating recovery.

Gay Culture

Mericle et al. (2020) stated that alcohol and drug use often play a prominent role in the social fabric of the LGBTQ+ community and may also represent a way to escape or avoid experiences of sexual minority stress such as family rejection, stigma, and discrimination (Nance, 2022). Within this community, gay men have been found to be at increased risk for SUDs and to present with unique substance use treatment needs (Mericle et al., 2020; Nance, 2022). Adverse life experiences such as childhood sexual abuse and sexual minority stress fuel the development of co-occurring psychosocial health problems that increase risk for the HIV infection and HIV disease progression among men who identify as gay (Mericle et al., 2020). This syndemic that partially drives HIV among gay men includes interconnected and mutually reinforcing conditions such as polysubstance use, childhood sexual abuse, intimate partner violence, depression, and sexual compulsivity.

Nance (2022) stated that members of the gay male community must contend with a host of personal, interpersonal, and societal barriers as well as organizational and structural factors that may limit access to and compromise the quality of health care, including substance use treatment. For those who do access treatment, it may not adequately address their needs. Although relatively few treatment centers offer specific programs for gay men, there is some evidence to suggest that culturally tailored substance use treatment leads to better outcomes for sexual minority men (Nance, 2022).

Within this community, gay men have been found to be at increased risk for SUDs (Mericle et al., 2020) in addition to presenting with unique substance use treatment needs (Nance, 2022). According to authors, alcohol and drug use often play a prominent role in the social fabric of the gay men's community and may also represent a way to escape or avoid experiences of sexual minority stress such as family rejection, stigma, and discrimination (Mericle et al., 2020; Nance, 2022). In support, Pienaar et al. (2017) explain that as "a co-constituted phenomenon, addiction is made in its encounters with social isolation, marginalization, homelessness and institutional neglect but also in the pleasure of partying, socializing, responsible work and a full life" (p. 532).

According to SAMHSA (2012), specific types of clubs or bars have been traditional meeting places for gay men to feel safe while socializing with others. In these locations, drinking and smoking remain acceptable and often popular. As a result, gay men will often associate socializing with others who share their sexual preference with drinking, smoking, and using other drugs. The use of advertising in other venues that are

frequented by gay men for alcohol and tobacco has also been an issue of concern for this group (SAMHSA, 2012).

SAMHSA (2012) suggested that despite growing awareness and acceptance of gay people, social outlets for gay men still tend to be limited in both scope and location. The “gay ghetto,” the section of town where gay people feel comfortable being and getting together, usually is identified by the presence of gay bars. The number of gay coffee shops, bookstores, and activities that do not involve alcohol and drugs is increasing, but gay bars and parties that focus on alcohol and drug use are by far the best advertised and most identifiable elements of gay social life. An activity that seems unique to gay people (mostly men) is the “circuit party.” These parties are weekend-long gatherings that focus on dancing, sexual activity, and alcohol and drug use. Attended primarily by gay men in their early twenties to late forties, these parties are held across the country (and indeed, around the world), forming a “circuit” of connected activities frequented by many of the same people who travel from event to event. The parties encourage drug use—to enhance the dancing (like at a “rave”) and sexual activity. The “designer” drugs—ecstasy, gamma hydroxybuturate (GHB), Special-K, and others—as well as amphetamines (speed or crystal)—are heavily used and promoted. Fatalities have even been associated with the use of these drugs at some parties (SAMHSA, 2012).

However, Gaspar et al. (2021) presented a study in which critical social scientists have documented the beneficial dimensions of substance use described by some gay men (Pienaar et al., 2020; Race et al., 2017), demonstrating how substances can facilitate processes of self-realization, pleasure, disinhibition, community connection and sexual

desire (Hawkins et al., 2019; Souleymanov et al., 2019). Some gay men believe that alcohol and drugs help them acquire the sex they want by reducing anxieties related to homophobia, HIV, or body image (Race et al., 2017). Venues where substance use is common have been important sites for social bonding, political organizing and sharing harm reduction messages (Race et al., 2017).

Gay men seeking treatment must contend with a host of personal, interpersonal, and societal barriers. On a larger scale, gay men may also contend with organizational and structural factors that limit access to and compromise the quality of health care and substance use treatment. For those who do access treatment, it may not adequately address their needs. As mentioned, few treatment centers offer specific programs for men who identify as gay. However, some evidence suggest that culturally tailored substance use treatment leads to better outcomes for sexual minority men (Mericle et al., 2020).

Minority Stress and Gay Men

del Pino et al. (2016) suggested that minority stress theory is an ideal theoretical framework for interpreting the impact of stress in the lives of the gay men in our study. Minority stress refers to the excess stress experienced by individuals from stigmatized social categories because of their social (i.e., minority) position (del Pino et al., 2016). Meyer (2003) asserts that minority populations, particularly those with stigmatized identities, experience stressors that are (a) unique—in addition to the usual stressors experienced by everyone, (b) chronic—related to relatively stable social and cultural structures, and (c) socially based—stemming from social or institutional processes beyond the individual, individual events, or non-social characteristics of the person or

group. Gay identity is a stigmatized identity: gay men experience excess stress on account of their social position as sexual minorities and this stress is unique to them, chronic, and social in nature (del Pino et al., 2016).

Furthermore, del Pino et al. (2016) reported gay individuals who do experience stigma, minority stress typically unfolds in the following manner: (a) There is a stressful event or condition of a chronic nature such as religious condemnation, family rejection, or concealment of sexual orientation; (b) Those affected by this stress start to expect these events and therefore become more vigilant; (c) Over time, some of the negative attitudes become internalized (Meyer, 2003).

With that knowledge, minority stress theory (Meyer, 2003) is a useful framework for understanding how persistent exposure to gender minority-based stressors partially explain the disproportionately high rates of health and mental health issues among gay men compared to the general population. While originally developed for application with sexual minority (lesbian, gay, bisexual) populations (Meyer, 2003), recent evidence indicates an applicability of minority stress theory toward populations struggling with addiction and those in recovery (Hendricks & Testa, 2012) Minority stress theory posits that persistent exposure to stigma and discrimination among minority populations can lead to adverse health and mental health outcomes due to the effects of: (1) distal stressors, involving external sources of stigma and discrimination; and (2) proximal stressors, involving internalized homophobia (Meyer, 2015; Meyer & Frost, 2013). Furthermore, minority stress theory discusses social support as a protective factor in the face of distal and proximal stressors (Meyer, 2003).

Within the minority stress framework (Meyer, 2003, 2015), the use of drugs and alcohol could be viewed as a maladaptive behavioral response for coping with stressors related to real or anticipated gender minority-based manifestations of stigma, discrimination, and violence (Nance, 2022). Thus, for men who identify as gay in recovery, traditional recovery programs become a location presenting with the potential to either buffer the negative cumulative effects of societal stigma and discrimination or to exacerbate them through further exposure to interpersonal and institutional stigma and discrimination. The consequence of reinforced exposure to gender minority-based stigma and discrimination within traditional recovery treatment may include the potential exacerbation of symptoms related to their substance use issues (Meyer, 2015).

Additionally, the application of a minority stress framework to exploring the experiences of gender minorities in recovery could place consideration to a self-identification as an “alcoholic in recovery” as an added minority identity, particularly within the gay male culture where alcohol use remains normative (Matsuzaka, 2018). Many social environments for gay men, situated within bars and nightclubs, have long served as locations for sexual and gender minorities to congregate, explore, develop, and express their identities, protected from societal scrutiny (Cartier, 2013). Upon getting sober, sexual and gender minorities in recovery may face a need to remove themselves from LGBTQ+ socialization environments to sustain abstinence from alcohol and drug use. However, such separation from mainstream LGBTQ+ socialization environments present with risks of isolation from a minority social culture which provides acceptance and social connection.

Furthermore, Matsuzaka (2018) posited that stigma and biases around SUD are further complicated by the intersecting influences of minority identity statuses related to race, ethnicity, gender, sexual orientation, age, citizenship, class, and ability, among other identifiers. With consideration to qualifying an “addict” identity as a minority status, the interlocking influences of other minority statuses can be found to compound exposures to stigma, microaggressions, and discrimination (Matsuzaka, 2018). In other words, any inquiry around the experiences of gender minorities in recovery is inseparable from discussions around race/ethnicity, sexual orientation, and class, among other affiliated factors.

Gay Men in Recovery

Gay men often enter treatment with more severe substance abuse and mental health problems than heterosexual people (Mericle et al., 2020). del Pino et al. (2016) proposed that the characteristics of families of origin and social networks predict SUDs, as well as important long-term outcomes for those in recovery from such disorders. The authors reported that familial support has been consistently shown to predict positive outcomes for those in recovery. As men age, familial relationships and influence play a role in their decision to stop using alcohol or substances, and family dynamics, especially in early recovery, can either increase or decrease the possibility of relapse (del Pino et al., 2016). For gay men, perceptions of acceptance of their sexual orientation and degree of social connectedness also play a role in their recovery (Milliger & Young, 1990). Yet gay men may have a more difficult time accessing certain family-level health resources because their families of origin may stigmatize, reject, or silence them on account of their

sexual orientation (Díaz, 1998; Frost & Meyer, 2009). Stigma is defined as “an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p. 11). People perceived to have this “negative attribute ... are understood to be negatively valued in society” (Stuber et al., 2008, p. 353). A family’s stigmatization of gay sexual orientation makes it difficult for them to provide the type of emotional support needed by gay men in recovery.

Gay men’s challenge with stigma extends beyond familial relationships. Stigma and discrimination characterize the social, legal, and political context in which gay men make choices and start their recovery from alcohol or other SUDs. Some gay men experience stigma, discrimination, and violence (Institute of Medicine, 2011), and hence experience more social stress than their heterosexual counterparts (Mericle et al., 2020). Sexual stigma leads to stress, which can have long-lasting psychological consequences (Institute of Medicine, 2011; Mericle et al., 2020.). This may explain in part why studies show that gay men experience higher rates of psychiatric morbidity and poor or fair self-rated health than their heterosexual counterparts ((Mericle et al., 2020). A recent study demonstrated that gay youths raised in highly stigmatizing environments had a blunted cortisol response to stress, leading researchers to conclude that social exclusion may exert biological effects akin to traumatic life experiences (Hatzenbuehler & McLaughlin, 2014). Even anticipation of negative treatment (i.e., vigilance) chronically activates a person’s psychological stress responses, leading to adverse health outcomes (Institute of Medicine, 2002; Meyer, 2003; Meyer et al., 2008).

Some gay men report abusing alcohol and other substances to cope with sexual stigma and family rejection, especially in their youth and as young adults (del Pino et al., 2016; Nance, 2022). According to del Pino et al. (2016), less is known about how gay men experience stigma and family relationships in adulthood, especially those gay men who enter recovery, because the literature on coping among gay men tends to focus on younger men. As gay men age, their developmental trajectory often begins to associate with a greater cognitive complexity in how they assess their relationships to the social world. These factors can shape gay men's experiences of stigma, family relationships, substance use, and how they think about recovery (del Pino et al., 2016).

Admittedly, men who identify as gay must contend with a host of personal, interpersonal, and societal barriers, as well as organizational and structural factors that may limit access to and compromise the quality of health care, including substance use treatment (Mericle et al., 2020; Nance, 2022). For those who do access treatment, it may not adequately address their needs. Although relatively few treatment centers offer specific programs for this population, there is some evidence to suggest that culturally tailored substance use treatment leads to better outcomes for sexual minority men (Senreich, 2010). With respect to substance use treatment more generally, there is growing recognition that SUDs are chronic health conditions and that treatment for them needs to shift from an acute care approach to a model incorporating services geared toward fostering addiction recovery (Mericle et al., 2020; Nance, 2022), broadly defined as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMHSA, 2014, para. 2).

Mericle et al. (2020) discussed the unique service needs of gay men in recovery. With respect to these needs, gay men in recovery from substances described many problems and concerns, such as the need for LGBTQ+-specific services to address their identity as a gay man, affordable treatment and aftercare, services to address trauma and adverse life experiences, and health and medical services. In addition, some talked more specifically about the mental health of gay men, as well as about gay men in recovery also needing to develop basic life skills and coping skills (Mericle et al., 2020).

Interestingly, Mericle et al. (2020) presented mental health issues, along with recovery concerns for gay men, in terms of “dual diagnosis.” Some mental health issues included depression, anxiety, bipolar disorder, eating disorders, and processing addictions such as “sex addiction.” Along with the higher prevalence of mental health issues, there were reports of higher prevalence to other addictive disorders that are not involved in substance use, whether that be self-harm, eating disorders, body dysmorphia, gambling, or social compulsivity (Mericle et al., 2020). Thus, adding support to the diverse needs of gay men in recovery.

In summary, recognizing concerns around helping gay men in recovery address their needs is integral to navigating a successful recovery journey. This population must be provided with access to services and recovery support while simultaneously addressing safety and accountability (Mericle et al., 2020). It is paramount to create environments that are alcohol and drug-free, where gay men are physically safe, and where men will find acceptance and support for who they are and what they are going through.

Recovery Capital and Maintenance of Sobriety

According to Borrelli et al. (2017), recovery has become an increasingly important term in policy statements and research on addiction. In previous years, pragmatism dominated drug policy, with the main objectives of drug treatment including crime reduction, harm reduction in reducing blood borne viruses and creating stability in ongoing drug users. However, new policy and objectives place emphasis on recovery strategies as the central aim of treatment (Borrelli et al., 2017). Nevertheless, recovery is a complex term to define and research papers often refer to differing meanings of the word. Therefore, without defined operational criteria it is a difficult topic for empirical research. This researcher conducted a literature review to identify the current attempts at defining recovery, and to provide an overview of the diverse ways in which the term “recovery” has been understood, helping to clarify its meaning and usage.

Borrelli et al. (2017) suggested that “recovery” has been most equated with abstinence. However, recovery goes beyond abstinence to incorporate transformation and growth in many areas of life. Recovery is neither a clearly defined state of being nor a single path or program. In fact, Borrelli et al. (2017) presented recovery as a vague and distant ideology that may provide inspiration for some individuals. However, there is reasonable consensus on factors associated with or facilitating recovery. Social reintegration, stable housing, relationships, employment, and a meaningful social role have long been recognized as key markers of good treatment outcomes and have recently been rebranded ‘recovery capital’ (Borrelli et al., 2017).

Complexity and heterogeneity make recovery a difficult phenomenon to measure. Cloud and Granfield (2008) have attempted to capture the individuality and yet commonalities in recovery journeys by coining the term ‘recovery capital.’ Recovery capital comprises the internal and external resources that can be drawn upon to initiate, sustain and maintain recovery from alcohol and drug problems. It does not wholly reside within the individual, but in varying degrees at different times in individuals, families, and communities. Recovery capital accumulates with time spent abstinent and is essential for sustained recovery. Subsequently, quality of life and life satisfaction increase linearly with time in recovery (Cloud & Granfield, 2008).

Similarly, Pouille et al. (2021) presented the new recovery paradigm, which increasingly dominates substance use treatment and policy across the globe, and defines recovery as a dynamic, personal, and multidimensional process of change, characterized by increased well-being in multiple life domains. It represents a shift from a clinical and abstinence-based view on addiction recovery to a strengths-based and person-centered view that looks beyond substance use. This recovery movement has gained momentum due to a recent policy shift toward more community-based mental health care and the integration of substance use and other mental health services (Pouille et al., 2021).

Recovery refers to interactions between the person and the environment over time and is facilitated by recovery capital and recovery-supportive environments (Pouille et al., 2021). Recovery capital concerns a myriad of internal and external resources that facilitate recovery. From an ecological point of view, recovery capital is situated on three levels. Pouille et al. (2021) posited that the personal level comprises physical resources

(including physical health and financial assets) and human recovery capital (including personal values, skills, and knowledge). The social level encompasses meaningful relationships and social networks that support recovery, whereas the community level consists of community and cultural attitudes, policies, and resources (Pouille et al., 2021).

Moreover, Pouille et al. (2021) reported that due to the dynamic interplay between individual conditions, social relationships, and environmental and structural factors, recovery capital is believed to be unequally distributed within society. Social and structural inequities obstruct access to helpful recovery resources and increase barriers to recovery, also called “negative recovery capital,” such as poor physical or mental health and involvement in the criminal justice system. However, Pouille et al. (2021) stated that a few studies have also indicated that being part of a gay male community can also facilitate recovery, by offering protective factors for problem substance use and recovery capital, such as a tight cultural community, social support, cultural identity, and feelings of belonging and meaning making. Anecdotal evidence and treatment demand studies suggest that gay men are underrepresented in some types of substance use treatment and often use alternative coping strategies (Pouille et al., 2021).

According to Laudet et al. (2002), “one of the most important single prognostic variables associated with remission from addiction is having something to lose” (p. 309). The authors found that the median length of sobriety of the individuals in their study was 12 years. Most of these individuals discussed hitting bottom and losing everything as a turning point in their recovery process (Laudet et al., 2002). The authors suggested that during the process of recovery an individual rebuilds their life (i.e., employment,

housing, health, relationships, and self-esteem) which leads to the influence of anticipated consequences of loss if sobriety is not maintained (Laudet et al., 2002).

Leclair et al. (2020) categorized factors of recovery into five domains: functional, physical, clinical, social, and existential. The functional domain includes obtaining employment, education, and securing housing. Physical includes addressing physical concerns and improving physical health through recovery. Clinical refers to addressing the individual's mental health symptoms. Social addresses the individual's peer-support, relationships, and sense of community. The existential domain refers to rebuilding self-esteem, gratitude, hope, resiliency, and spirituality (Leclair et al., 2020). Best and Laudet (2010), referred to these domains as recovery capital.

Employment can often make a significant difference in one's recovery. Eddie et al. (2021) suggested that employment is a buffer for relapse due to employment providing "structure, purpose, meaning, income, and greater knowledge" (para. 1). The authors also suggested that employment is necessary for recovery as it provides access to health insurance, ability to live independently, and financial security (Eddie et al., 2021). The authors found that individuals in recovery who obtain and maintain employment are less likely to relapse and achieve sustained remission (Eddie et al., 2021).

Housing is an important factor in sustaining sobriety. Housing is often divided into two categories: sober living and independent living. Oxford Houses are well-known and international sober living homes. Sober living is often peer-to-peer support and not part of a treatment or recovery center. Sober living homes are also abstinence-based and self-supporting (Mericle et al., 2019). Independent living is living on one's own. Leclair

et al. (2020) defined stable housing as “living in one’s own room, apartment, or with one’s family, and expecting to remain in this residence for at least 6 months or having tenancy rights” (p. 476). A supportive living environment was shown to increase sobriety and functioning in quality of life (Leclair, 2020).

Education has been identified as an important factor in supporting and sustaining long-term recovery. Eddie et al. (2021) suggested that education is important due to building new skills and increasing the individual’s access to resources. Crutchfield and Güss, (2019) suggested that education and vocational achievements allow for alternative perspectives to the addict's identity and support long-term sobriety. The author's study found that “those who have achieved an advanced certification, license, or degree since getting clean report almost twice as much clean time as those who did not” (Crutchfield & Güss, 2019, p. 370).

Health is identified as one of the five important domains in sustaining recovery. SUDs have been shown to increase the risks of a variety of health concerns: liver disease, cardiovascular disease, diabetes, pulmonary disease, lowered immune functioning, HIV, and hepatitis C (Jeynes & Gibson, 2017). The authors suggested that drug use often led to nutritional deficiencies. Drug use has been shown to “physically impair the body’s ability to access nutrients” (Jeynes & Gibson, 2017, para. 5). The authors suggested nutritional education and a nutritionally balanced diet are important factors in quality of life and sustained recovery (Jeynes & Gibson, 2017). Fitzgerald (2017) looked at the influence of exercise on recovery. Participants in his study identified as being in recovery engaged in yoga, strength training, or cardio exercise. Fitzgerald found that exercise increased

confidence, positive body image, self-efficacy, and decreased anxiety contributing to sustained remission in substance use (2017).

Clinical health is the third domain outlined by Leclair et al. (2020) in sustaining recovery. Co-occurring disorders, substance use and a mental health issue, are common among individuals struggling with substance use. Bergly et al. (2015) identified that 41% of individuals sampled in their study had co-occurring disorders in treatment for substance use. Timko et al. (2017) suggested that mental health treatment is vital in sustaining sobriety. The study found that individuals who received mental health services in addition to substance use treatment had higher rates of sobriety at the 3-month posttreatment period. Mental health support in the form of psychotherapy, medication, group therapy, and psychoeducation were found to increase self-efficacy, motivation, and coping skills (Timko et al., 2017).

Peer support and relationships are a part of the social domain in sustaining recovery according to Leclair et al. (2020). Pettersen et al. (2019) stated that to “reach or maintain abstinence, it is crucial to maintain positive relationship and to engage self-agency to protect oneself from being influenced by negative relationships” (Pettersen et al., 2019, p. 5). The authors stated that the relationships in the individual’s life must not be a source of shame or guilt. The authors identified that the role of a 12-step program and sponsor is “a crucial factor for initiating abstinence” (Pettersen et al., 2019, p. 6). Also, their study supports the importance of “service providers” or therapists and clinicians as influential in sustaining recovery. Pettersen et al. stated “a caring relationship with a service provider seems to be helpful both for adhering to [SUD]

treatment and for promoting successful treatment” (2019, p. 6). This appears to be in direct relation to the family therapy theories, as relationships are central. Therapists often work towards connecting clients with resources, exploring shifts in identity, and encouraging meaningful supportive relationships.

The existential domain in sustaining recovery includes hope, resiliency, gratitude, and spirituality. Shumway and Kimball (2012) defined hope as “a reawakening after despair and the ability to expect with greater confidence” (p. 9). Hope is described as “focused on the internal belief that one will have the energy and will to bring about change, as well as the belief that there are ways or avenues through which change can be accomplished” (Bradshaw et al., 2015, p. 316). Hope is also influenced by an individual’s engagement in meaningful activities. Nordaunet and Saelor (2018) defined meaningful activities as engaging in activities related to personal interests. Best et al. (2013) found that individuals engaged in meaningful activities showed a reeducation in substance use, sustained recovery, and higher quality of life. Best et al. also suggested that individuals engaged in meaningful activities are more likely to develop a positive sense of identity and sense of self.

Hope is a fundamental component of solution focused brief therapy and imperative to change. Berg and Reuss (1998) stated “we believe that unless we have absolute hope, we cannot inspire hope in others” (p. 57). Therapists’ hope often translates to the client having hope for their current problem. Resilience is defined as “a positive adaptation despite significant adversity” (Rudzinski et al., 2017, p. 2). The authors also suggested that resiliency can be conceptualized as a trait, an outcome, as well as a

process. Fletcher and Sarkar (2013) made the distinction between resiliency and coping suggesting that “resilience influences how an event is appraised, whereas coping refers to the strategies employed following the appraisal of a stressful encounter” (p. 13).

Rudzinski et al. (2017), found that resiliency directly influences substance use. They suggested that an increase in an individual’s perception of resiliency decreases the likelihood of substance use. The authors also suggested that resiliency is intertwined with quality-of-life factors like employment, housing, access to health care, positive social relationships, and peer support, as these factors directly influence resiliency.

Gratitude is defined “as a valuable emotion that improves the individual’s subjective well-being, a character strength that promotes coping strategies for dealing with stress, and an attitude toward life that fosters prosocial behavior” (Chen, 2017, p. 120). Chen (2017) found gratitude has been linked to greater life satisfaction, positive affect and optimism, lower depressive symptoms, and greater overall well-being and emotional health. Additionally, gratitude has been linked to prosocial behaviors including strengthening social bonds and friendships. Chen (2017) claimed grateful people are less likely to engage in hostile or destructive behavior, and are more empathetic, generous, and supportive of helping others. In support, Chen (2017) stated, “the more one expressed gratitude the less likely one is to engage in negative coping styles including substance use” (p. 123).

Spirituality is a part of the existential domain in recovery but also relates to the social domain in connecting with others. Spirituality can be defined in many ways. Ghadirian and Salehian (2018) stated that spirituality is the “search for the sacred, a

process through which people seek to discover, hold on to and, when necessary, transform whatever they hold sacred in their lives” (p. 75). The authors also suggested that spirituality is one of the most important factors that ascribes meaning to our existence and influences overall quality of life. Ghadirian and Salehian (2018) and Laudet and White (2005) found that individuals with higher degrees of spirituality were less likely to consume drugs or relapse. Laudet and White (2005) noted that researchers had increasingly found evidence supporting the beneficial impacts of spirituality to counter SUDs. Spirituality and a connection to a higher power are main components in Alcoholics Anonymous (AA) and Narcotics Anonymous. Ghadirian and Salehian (2018) suggested that 12-step programs are essential to the process of recovery in their search for meaning. The authors stated that involvement in religion and spirituality fosters empathy, forgiveness, acceptance, and a positive attitude. Involvement in religious or spiritual activities also fosters community connection and social relationships, all of which have been found to decrease substance use (Ghadirian & Salehian, 2018).

Building recovery capital supports a long-term recovery process (Chen, 2019). This sustained process develops social capital by strengthening a sense of common humanity, social connectedness, and interpersonal relationships versus a sense of isolation and alienation (which characterize individuals with SUDs), human capital by serving an effective emotional regulation strategy because it enables emotional pain to be accepted and held with kindness, in turn promoting mental health and well-being, and spiritual growth by sharing the message with other suffering addicts). When recovery

capital and long-term recovery is sustained, it provides one with a sense of meaning in life (Chen, 2019).

Summary and Conclusions

According to Hennessey (2017), qualitative research on addiction recovery increasingly shows the wide range of individual, social and cultural contexts beyond the treatment environment that appear to promote and facilitate life-style changes. Psychological perspectives on recovery have shown its core issues to be based on identity transformation; the recovering individual's social network is seen as crucial to the fostering of narratives that facilitate the identity and life-style changes that encompass recovery capital (Brown, 2021). The process of recovery encompasses radical changes in a person's sense of self that emerge through fluctuations in their affective, linguistic, and cognitive structure. Research literature has signaled identity issues in adult recovery (Hennessey, 2017), but the links between identity and recovery in gay men remain understudied. Further qualitative research is needed to improve our understanding of the processes of gay men that initiate self-change and how this is maintained throughout recovery. This can then inform clinical practice guidelines for providers who work with the gay male populations.

In Chapter 2, I reviewed the current pertinent literature related to gay men navigating recovery from substances while they maintain and sustain recovery capital. The information here highlighted the diverse perspectives and unique needs regarding gay men in addiction recovery. I also examined the issues in sparsity of research surrounding the intersections of gay men in recovery and gay culture, consistently

recommended for future exploration. I discussed minority and social stressors, the compounding stress effects of multiple stigmatized social identities and the protective factors of resilience processes against the harmful effects of stressors.

Further in-depth exploration is needed to examine the experiences of gay men in recovery who experience flourishing recovery capital. Understanding the intersections of gay men navigating recovery and gay culture have yet to be examined. Research is needed to explore these experiences of gay men in recovery and to deliver data to individuals and families of gay men, as well as researchers, therapists, clinicians, and advocates of the LGBTQ+ community. In Chapter 3, I provide information on how this qualitative study was performed, how participants were identified, what questions were asked to participants, and the specific details of the research design and methodology that was used.

Chapter 3: Research Method

The purpose of this qualitative study was to explore the intersections of lived experiences associated with gay male social culture among gay men who achieved 2 or more years of successful recovery from substance misuse and/or addiction. I used the methodology of IPA (Smith & Nizza, 2022). IPA was selected due to its idiographic nature and natural alignment with multiculturalism and social justice. The grounding for this study was an epistemological stance that recognizes the power of words, and a belief that experiences are “soaked through with language” (van Manen, 1990, p. 38). I intended to gain an understanding of the social experiences of gay men navigating gay culture while in recovery from substances. This phenomenological approach was employed in hopes of learning more about how “world is lived and experienced” (Finlay, 2011, p. 3) by the men who participated. I analyzed in detail the social experiences of gay men who achieved 2 or more years of recovery from addiction, abuse, or misuse of drugs and alcohol while navigating and finding meaning among gay culture.

This study may provide new information and understanding for those who interact and work with gay men in recovery from alcohol and drugs. Such an understanding is important because gay men in recovery have experiences and needs that set them apart from their straight peers (Nance, 2022). It was necessary to use a methodology that supported the gathering of stories from participants, which could then be presented to practitioners and educators to gain an understanding of how the experiences differed. I employed IPA as the methodology because it allowed for deep and careful attention to the words shared by participants; it allowed space for descriptions of experiences to

unfold in a natural way, and it situated the perspective of the participants in the context of their worlds (see Smith & Nizza, 2022). This chapter begins with a presentation of the philosophical roots of phenomenology, followed by an explanation of how IPA builds upon these roots. I provide an overview of ontological and epistemological foundations, theoretical perspectives, the research question, researcher positionality, the methodology and methods, trustworthiness procedures, and ethical considerations.

Research Design and Rationale

In this research study, I addressed the following research question: How do gay men with 2 or more years of successful substance use recovery, as defined in the APA's (2022) *DSM-V-TR*, to interpret meaningful recovery capital while navigating the challenges of gay social culture? I used a phenomenological approach.

Phenomenology

Phenomenology is a methodology rooted in philosophy (Valentine et al., 2018). According to van Manen (1990), the theoretical foundations for the science of phenomenology developed through the works of Edmund Husserl and those who followed him. I consider the philosophical underpinnings of phenomenological philosophy and research and describe how the methodology can be used to increase understanding of the range of human experience.

The goal of qualitative research can be stated as eliciting an in-depth understanding of lived experience (Creswell, 2013; Patton, 2002). Qualitative research is the developmental process of performing experiential qualitative psychology (Smith et al., 2009). The main qualitative research approaches currently used include

phenomenology, grounded theory, narrative analysis, ethnography, and discourse analysis. Phenomenology reveals the essence(s) of a shared experience, and this dimension differentiates a phenomenological approach from other qualitative approaches (Patton, 2002; van Manen, 1990), making phenomenology the appropriate tradition for this study.

The focus of phenomenology involves exploring how human beings make sense of experience and transform experience into consciousness (Patton, 2002). Phenomenological philosophy offers limitless ideas to examine and comprehend lived experience and is a philosophical approach to the study of experience (Smith et al., 2009). Phenomenologists think about the human experience—what matters to individuals and makes up their lived world (Smith et al., 2009).

The theory and practice of interpretation, known as hermeneutics, was developed beyond its roots as a method for the interpretation of biblical texts into wider application for interpretation of historical and literary documents at the turn of the 19th century (Smith & Nizza, 2022). Its use as an analytical approach by scholars in other disciplines, such as health psychology, interested in the interaction between people and their environment, relied on the work of those philosophers who argued that it is not possible to separate the meaning of a text from the person who created it. In descriptive phenomenology, the aim is to bracket out presuppositions about the phenomenon being studied and present the essence as it is given. This Husserlian stance makes clear that there is an essence and holds that this essence can be viewed free from outside influence. An interpretative or hermeneutic approach, in contrast, argues that it is useful to

acknowledge “our embeddedness in the world of language and social relationships” (Finlay, 2011, p. 11). Philosophers such as Heidegger and Gadamer viewed interpretation as inevitable and already a part of an experience, focusing on what meaning a person takes from that experience.

The notable types of phenomenological approaches used by researchers who use this form of analysis include descriptive phenomenology, interpretive phenomenology, life world phenomenology, and hermeneutic phenomenology (Dowling & Cooney, 2012). Descriptive phenomenology, originating from Husserl’s (1900/1970, 1977/1962) descriptive phenomenological philosophy, is focused upon experience itself and describing it in terms of its particular and essential features (Dowling & Cooney, 2012). Ultimately, a researcher dives into the content of conscious experience (Dowling & Cooney, 2012). Practically, the essential structure of the experience emerges from a simultaneous reduction of the descriptions of the experience and the adoption of a psychological perspective; the experience is then described at a level other than that of the original description (Giorgi, 2009). The method is also descriptive in that the analytical process describes relationships of the key essential meanings (Giorgi & Giorgi, 2003). While descriptive phenomenology is the foundation upon which other traditions are built, it is only one tradition. Philosophers such as Heidegger, Gadamer, and Giorgi carried it forward, expanding, modifying, and sometimes contradicting Husserl’s original positions, and other threads of phenomenology continue to emerge. This section presents the work of a few of these philosophers and describes their work as it supports this study.

Origins of Phenomenology

The origins of phenomenology lie with Husserl (1970/1900, 1977/1962), with the early advancement of his philosophies/thoughts by Merleau-Ponty, Heidegger, and Gadamer (Dowling & Cooney, 2012). Dowling and Cooney (2012) stated that contemporary theorists continue to expand the perspectives and approaches of the seminal originators. Merleau-Ponty (1962) perceived that the body shapes the fundamental character of our knowing about the world. Heidegger (1962/1927) was concerned with the ontological question of existence itself, and with the practical activities and relationships that individuals are caught up in, and through which the world appears to them, and is made meaningful (Smith et al., 2009). However, it was the works of Gadamer that contributed to the importance of acknowledging the socio-history and culture of the person (Dowling & Cooney, 2012).

Husserl. Husserl, an Austrian-German philosopher, is credited as the founder of modern phenomenology (Smith & Nizza, 2022). He programmatically wrote about the phenomenological approach in his numerous works, including books, lectures, and manuscripts, presented his conceptualization of phenomenology (Husserl, 1970, 1983), carved out new pathways in mid-century philosophy, and provided a foundation for phenomenological research methodology. His vision was for a philosophy of the study of the universal essence of things, meaning that if experience were examined critically, objectively, and rigorously enough, that examination would reveal the essence of a phenomenon, such that everyone would experience that phenomenon in the same way (Husserl, 1970).

It was of primary importance to examine experience from a place unconcerned with an interpretation of the person's understanding of the experience, according to Husserl (1970). He considered it most useful to see the experience in a pre-contemplative state, or from our immersion in our everyday existence, which Husserl called the "natural attitude." Husserl developed the human science aspects of phenomenology into a descriptive method of research (van Manen, 1990) with the goal of getting to a description of things "in terms of their essential concepts, the essences which make themselves known in intuition" (Husserl, 1970, p. 249).

Advocating for a purely descriptive approach to phenomenology, several components were central to Husserl's thinking of the understanding of experience. First, an understanding of intentionality, which is defined as the connection a person has to their world and the idea that they are not consciously aware of the connection in the moment. This awareness comes with reflection upon life experience. Next, the practice of bracketing to allow the phenomenon to show itself while maintaining an active and alert attitude of waiting for an understanding (Stutey et al., 2020). Third, the essences, defined by Husserl as the "whatness" of things (van Manen, 1990). With phenomenology, Husserl posited that it is possible to describe the essence of discrete phenomena. It must "describe what is given to us in immediate experience without being obstructed by pre-conceptions" (van Manen, 1990, p 184). However, in utilizing descriptive phenomenology, I aimed to identify and describe the essence of a phenomenon. The researchers' descriptions stay close to what the participant gives them, making few interpretive assumptions. Husserl believed there was great value in the lived experience

of the human world. He intended to “bring out the full richness of our subjectivity as ways of discovering the world” (Finlay, 2011, p. 45) while still identifying the essence of an experience. The technique of bracketing, central to the researcher’s ability to get to “the things themselves,” is more clearly defined in the following section.

As described by Husserl, the phenomenological attitude involves the researcher stepping outside of their everyday experiences and practicing an inward look at their perceptions of those everyday experiences in an attempt at objectivity (Smith & Nizza, 2022). In contrast, Finlay described a more humanistic approach to the phenomenological attitude, allowing the researcher to experience an openness to the research. This approach enables researchers to accept what the participant tells them as truth as they understand it. Part of this acceptance is also acceptance of their socio-cultural background, “taking seriously our respect of difference and diversity” (Finlay & Evans, 2009, p. 37). Using empathy and curiosity, phenomenological researchers attempt to get a feel for what the participant’s lived experience is like, while at the same time maintaining enough distance so that they can remain critically analytical.

Heidegger. As a student of Husserl, Heidegger built upon what he learned and moved phenomenology toward an understanding of what it means to be (Smith & Nizza, 2022). Shifting phenomenology from a purely descriptive stance into a hermeneutic one, Heidegger focused on the concept of Being. Heidegger’s concept of human existence as Dasein or “being-in-the-world” (Finlay, 2011) emphasizes humans’ immersion in the world surrounding them. Central to this concept is the awareness that self cannot be separated from the world, departing from Husserl’s assertion that it is possible to look at

the experiences of others free from the influences of previous experiences. Heidegger stated that it necessary to recognize that individuals are always “in the world” and that our activities and understandings of the meanings of things can only be understood in context to our relationship with the world (Smith & Nizza, 2022).

Humans’ involvement with time is also central to Heidegger’s thinking:

Individuals are present in the moment or activity with which they are engaged while also looking into the future and envisioning the completion of that activity (Finlay, 2011).

Heidegger’s later work showed his shift in thinking about philosophy as closer to poetry than science and emphasized the power of language. Heidegger considered language, thinking, and being to be one (van Manen, 1990, p. 38), and only through language could being-in-the world be understood. An implication of this is that all human interactions are interpretations, making it necessary to examine the ways these interactions are socially constructed. Intersubjectivity, the relational and overlapping nature of how individuals engage with their world, is a central concept of Heidegger’s work.

Heidegger described a “hermeneutic circle,” which “moves between question and answer.” The researcher starts with a pre-understanding and “moves on to being open to discovering something” (Finlay, 2011, p. 53). Through a process of openness to reinterpreting an initial understanding, revising this understanding, and then challenging the new interpretation, one comes to a deeper understanding of a phenomenon. Heidegger’s awareness that all understanding of lived engagement with the world could only be accessed through interpretation and, thus, relies on language influenced hermeneutic phenomenology.

Gadamer. Gadamer built on Heidegger's work, focusing on the hermeneutic process, and stressing the notion that all understandings are situated in historical and cultural context (Gadamer, 1997). Moreover, Gadamer (1997) stated,

And who would deny that there are real factors conditioning human life, such as hunger, love, labor, and domination, which are not themselves real language or speaking, but which for their part furnish the space within which our speaking to each other and listening to each other can take place (p. 28).

He added the idea that it is not possible for the interpreter of a text to be separate from the meaning, that the reader belongs to the text, and that the history of the interpreter must be as much a part of the interpretation as is the history of the creator of the text (van Manen, 1990).

Both ideas were critical for the interpretative approach of the current study because of the relational nature of the phenomenon studied. The men who participated shared experiences rooted in a lived world; I collected these stories from a place influenced by my experiences with my lived world; and the context of their lived worlds offered perspective to readers of the accounts created from these stories. According to Gadamer, researchers must maintain an open mind and look beyond normal horizons to learn something new (Finlay, 2011). The following sections define the concepts of lifeworld and lived experience and their relevance to the current study.

Concept of Lifeworld

The concept of lifeworld, described by Husserl (1970) as “the world of immediate experiences” (p. 103), is that location where individuals engage with our environment in

the natural state before reflecting on the meaning of our experiences. For example, I have several life worlds, including my home lifeworld and my work lifeworld, and each has very different experiential qualities. This central focus on the lifeworld of the participant is at the core of phenomenological inquiry and requires openness to the participants' experiences (Smith & Nizza, 2022).

Life world phenomenology attends to the "taken-for-granted" experiences of the everyday life people lead (Smith et al., 2009, p. 13). To be phenomenological, it is necessary to disengage from the activity and attend to the taken-for-granted experiences of the everyday life (Smith et al., 2009). Hermeneutic phenomenology applies a philosophy of interpretation with processing in the context of the phenomenon of interest (Heidegger, 1962/1927). Interpretative phenomenology puts the interpretation of people's meaning-making activities in the center and beyond the literal translations applied in hermeneutic phenomenology (Heidegger, 1962/1927; Smith et al., 2009). An awareness of lifeworld was important for this study because it was my intention to gain an understanding of how the participants lived their experiences.

Concept of Lived Experience

Lived experience refers to the pre-contemplative encounters (those mundane experiences which are given little thought, such as noticing the sound of footsteps or the touch of a breeze) with a particular phenomenon in a person's lifeworld. Smith and Nizza (2022) use the example of walking down a lane, having a minimal level of awareness of the experience of walking down the lane, and in these encounters can be found the essence of the person's experience. In this example, the authors refer to catching

glimpses of trees, hearing the chattering of birds, and not attending to those stimuli. In contrast, reflected experience is influenced by factors such as consequences from previous encounters, and cultural or social mores, no longer reflecting the essence of the experience. For example, asking participants to describe how they lived a social interaction may yield a clearer description of the encounter, undiluted by time and successive encounters. And, from the lived experience description, it may be possible to draw an idea of its fundamental nature (van Manen, 1990) and thus create a phenomenological description.

Van Manen (1990) presents four different components central to lived experience: temporal experience (how time is lived); spatial experience (how distance and space are lived); corporeal experience (how physical body is lived); and relational experience (lived experience through relationships). Considering the phenomenon of social interactions of gay men in recovery from addiction to substances with the breadth of how it is experienced in these four dimensions increases understanding of that experience. These components, especially the relational ones, are of great importance to the proposed study. Everyone exists in the world differently. Each person describes experiences using different language. Finding those descriptions that may be common across the experiences of the participants, and that resonate with me as the researcher, depends on my ability to be attentive to van Manen's central components. As Dahlberg and Dahlberg (2003) put it, "our very own behavior, our personal actions and our individual ways of being are all a result of our own personal room in the world, which can be described as

one's own entry to a common and shared world" (p. 39). The following section describes IPA and how it draws upon the hermeneutic approach.

Interpretative Phenomenological Analysis

The most logical of the phenomenological approaches for the focus of this study was IPA. The intent of this study was to capture and apply rigorous interpretative analysis to first-person accounts of a small group of individuals who have experienced similar social stressors, positively adapted, and achieved flourishing well-being. Gathering and analyzing the unique, personal, experiential accounts required considerable time and effort with each participant and subsequent transcript. To understand their achievement of well-being, information was gathered about sociocultural contexts. This information was then used to create and interpret meaning (Patton, 2002).

Individuals created first-person accounts, for which these accounts themselves became the data. IPA allows researchers to recognize and respect people's accounts of experience as data that can stand on their own (Smith et al., 2009). The basic premise behind IPA research is the significance of the account of an experience itself and the meaning it holds with the conveyor. According to Smith et al. (2009), "rich and reflective data can tell us something about people's involvement in and orientation towards their personal and social world and/or about how they make sense of this" (p. 46).

IPA is a specific hermeneutic approach committed to exploring how people make sense of experiences in their lives (Smith & Nizza, 2022). Extending the work of Heidegger and Gadamer, this approach made an explicit commitment to person-in-environment and not just phenomenon-as-experienced (Finlay, 2011). The methodology

has seen increased application in the field of health psychology over the past decade, due in part to its concern with examining human experience in detail (Smith & Nizza, 2022). Epistemologically, researchers using IPA engage in a reflective focus on participants' lived experiences and how they make sense of them (Smith & Nizza, 2022). This study drew on Heidegger's focus on language while also drawing on Gadamer's centering of context while intentionally seeking an understanding of the participants' perspectives. IPA research is phenomenological in its attention to a particular experience, with a hermeneutic approach to the analysis of the text of interviews. According to Smith (2004), "The participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world" (p. 40). The researcher works to understand the experience of the participant, listening to the stories through the filter of their own experiences. Parts of a story may resonate more than others, depending on how the researcher has experienced similar situations in their life. An important component of IPA is the ability to separate the strands of what is participant experience from that which is researcher experience, and then present a description of the experience as accurately as possible with minimal filtering.

A researcher using IPA must keep two aims in mind. The first is to gain an understanding of the participant's world and then to describe what that world is like. There exists in IPA a "double hermeneutic" involving the researcher making sense of the participant who is trying to make sense of the phenomenon (Smith & Nizza, 2022). Thus, the researcher is considered part of the cocreation of participants' meaning-

making experience (Love et al., 2020). A researcher is never able to access the exact experience had by a participant because of the influence of their perceptions. The objective of IPA, then, is to obtain a description which gets as “close to the participant’s view as is possible” (Larkin et al., 2006, p. 104) while recognizing that the process is inevitably interpretative. The second aim is to create an interpretative account expressing how the participant made sense of the experience and what it means to them. These aims draw directly on the work of Heidegger, who believed phenomenological inquiry to be an interpretative process, and Gadamer, who recognized the complex relationship between the person and the phenomena. In contrast to bracketing, as it was practiced by Husserl and Giorgi, which encourages the researcher to seek the essence of a phenomenon in participant accounts, IPA encourages a detailed analysis of the divergence of accounts (Smith & Nizza, 2022). Moreover, Smith and Nizza (2022), in their application of IPA, recommend that the researcher engage with the participant rather than with bracketing, and the role of bracketing is seen as a way of “acknowledging evolving preconceptions, hunches, and theoretical predilections while engaging the hermeneutic circle where fore-structures are continually modified” (Finlay, 2011, p. 79). To see the “things themselves,” Husserl encouraged researchers to set aside all previous knowledge, or overcome expectations, of the phenomenon being studied through the practice of bracketing. Bracketing is part of a reductive attitude, which allows the phenomenologist to remain constantly aware of how their understanding of the phenomenon might be distorted by a previous experience and offers a rigorous, systematic way of identifying essences (Finlay, 2011).

There are three core concepts of an IPA approach: the phenomenological component, which seeks the participants' understanding; the interpretative component, which considered cultural and physical environments as they attempt to make sense of the experience; and the renewed insight gained by the researcher. The phenomenological component was important for this study because it seeks to examine the participants' experiences as they express them. In the analysis, I considered the context of each participant as it influences their recounting of social experiences. My interpretations also considered any relation to existing literature. In this way, the study potentially filled a gap in knowledge about the lived experiences of gay men navigating recovery from drugs and alcohol. These components provided a solid foundation for exploring social interactions and the lived experiences of this population and what meaning they made of these experiences.

Role of the Researcher

Due to the subjectivist epistemological assumptions underlining this study, it was impossible to separate the researcher from the research process (Creswell & Poth, 2018; Miller et al., 2018; Smith et al., 2009). Therefore, it is important to discuss positionality as a researcher. For this section, first person will be used. Researcher positionality includes how I related to the topic being studied, such as my personal experiences with the research topic, my opinions, thoughts, values, preconceptions, and biases (Bourke, 2014). My positionality likely influenced the entire research process, such as my selection of this topic, participants, research question, data collection and analysis, and the final write-up of this study. Although I cannot fully know the extent to which I

influenced the research process, I engaged a bridling journal (Vagle, 2009) to critically examine my own role throughout this study. Last, the social locations, such as identities of gay men within the context of power, privilege, and oppression, is discussed.

To align with IPA methods, I engaged a bridling journal in an iterative and reflexive process throughout the duration of research. I critically examined my own assumptions, biases, values, identities, and reactions. I also examined my positionality, power, privilege, and oppression as they relate to my research process. This contrasts with bracketing (Creswell & Poth, 2018), which would assume that I could detach from my assumptions, biases, values, identities, positionality, and reactions. Additionally, I used my bridling journal as an active resource when writing my interpretations and alternative conclusions to my findings, as is traditionally recommended in IPA research.

Bridling

Dahlberg et al. (2008) used the term *bridling* instead of *bracketing* to describe an “open discovering way of being” and suggested that researchers should develop a “capacity to be surprised and sensitive to the unpredicted and unexpected” (p. 98). According to Stutey et al. (2020), bridling combines the meaning of bracketing (defined as the necessary suspension of one’s own beliefs about the world to be open to the beliefs of others;), and the idea that researchers should be disciplined in their interactions with the phenomena to slow their interpretations. This term resonated with me because, having years of riding experience, I related to the interplay between horse and rider that a bridle offers. While there is some control for the person holding the reins, the act of riding is cooperative, with the horse having an equal, if not greater, level of control than the rider.

It was my intention to strive for cooperative interviews that offer participants some control over the way the interview was conducted, and the stories they shared.

These researchers emphasized the importance of recognizing that no researcher comes to a phenomenological study free of their own history with the chosen topic. As a result of this history, and in the interest of maintaining an open attitude and allowing the phenomenon to appear naturally, some method of restraining pre-suppositions must be applied to restrict bias. Dahlberg et al.'s (2008) conceptualization of bridling as a method of holding onto and directing presuppositions rather than denying them entirely was a valuable concept for this study. When a researcher utilizes bridling, they keep an active and alert attitude of waiting for the phenomenon to show itself and take care to not come too quickly to an understanding (Stutey et al., 2020).

Researchers' Social Locations

I identify as male, African American, gay, middle-class, mostly-able-bodied, agnostic, educated, and as an addict in recovery. I imagine all aspects of my life, my upbringing, class, education, and employment, have been heavily influenced by my identities. Since these systems are so entrenched in our culture, it is difficult to discern which of my experiences have held more influence over the others. All my privileged and oppressed identities had implications for the research process and are likely intersected with the privileged and historically oppressed identities of my participants. While my historically oppressed identities were helpful in reducing systems of power and hierarchy present in the research process, I also held numerous privileged identities that potentially counteracted any attempts in mitigating power and privilege.

As a gay person in recovery, I am a member of the LGBTQ+ expansive community. I am also in recovery from past issues with addiction to alcohol and drugs. Both identities doubly place me as an ‘in-group’ member to my participants, I believe that I had the potential to create a safe space for participants to share their experiences. I believe participants were more forthcoming than if they were meeting with someone who identifies as heterosexual. Shared identities with the participants, as well as the shared experienced of intersecting oppression and marginalization of homosexuality and substance use issues helped participants with trust and comfortability that led to openness of discussion.

Two facets of my identity that likely impacted this process is my identity as a Black, Indigenous, and Persons of Color (BIPOC) man. As a man, I have incredible amounts of privilege in society. This is one of the most visible aspects of my identities. I have undoubtedly benefited heavily from the systems of power and oppression within the United States that provide more advantages to people with my gender. Additionally, as a BIPOC member, I can understand the intersections of having a historically oppressed racial and ethnic identity. I hope an open dialogue invited the participants to feel safe in exploring their identities with me.

Another facet of my identity that I think may impact this research process is my education, and as such, my identity as a ‘researcher.’ Society tends to view people who are highly educated as having positions of power. My position of power in this way potentially influenced my participants to want to impress me, avoid sharing things with

me, or feel pressure to share with me. I remained mindful of my education and researcher status and worked to reduce the presence of any hierarchies in this research process.

It is also likely that my non-religious, mostly able-bodied, and middle-class identities also interacted with this research process. I remained mindful of how these additional privileged and oppressed identities I hold interact with my participants. For instance, I might be read as able-bodied since my disabilities are not visible. Since the additional identities will be less ‘visible’ to others, this may not have as much of an influence on participants as my other identities.

Lastly, my identities as a licensed alcohol and drug counselor and a counselor educator could impact my positionality in this study and selection of this topic. As a licensed alcohol and drug counselor who works primarily with persons struggling with SUDs, I am personally invested in sharing the stories of recovery from addiction across professional settings. Additionally, as a counselor educator, I am personally invested in helping counselor educators, counselors, and counselors-in-training learn more about providing care to gay men in recovery that is supportive and validating. I am hopeful that this study can help improve the way counselor educators train counselors to provide affirmative care to gay men in recovery from alcohol and drug issues.

IPA addresses reflexivity (i.e., reflection or perception) concerning both the participant and the researcher. For the researcher, IPA necessitates reflexivity for balancing the bracketing of researcher preconceptions and using them as a guide to understand interpretations (Smith et al., 2009). IPA recognizes that the researcher’s social location (e.g., race, gender, sexual orientation, socioeconomic status, education)

profoundly shapes the interaction between researcher and participant. Reflexivity represents the explicit consideration (i.e., understanding the contextual influence) of the process of transparency for how any aspect of the study (e.g., study design, development of interview questions, interview schedule, analysis of transcript, etc.) is specifically influenced by the researcher (Smith et al., 2009).

Smith et al. (2009) posited four layers of reflection in IPA: prereflective reflectivity, the reflective ‘glancing’ at pre-reflective experience, attentive reflection on the pre-reflective, and deliberate [methodological] controlled reflection (pp. 188-189). These layers of reflection begin with a natural unconscious reflection on everyday life and end with the meaning/practice of phenomenological reflection. The second and third layers ensure a reciprocal link of methodological reflection with everyday reflection.

Ultimately, the participant engages only the first two layers of reflection, while the researcher engages all four, and is intentionally reflexive of the study participants’ use of reflective layers. In adherence to the principles of the IPA approach for the present study, my engagement of reflexivity is detailed throughout the data analysis and issues of trustworthiness sections. The generalized role of the researcher is detailed in the following section.

During the research process, I was solely responsible for participant recruitment, the collection and analysis of data, and in safeguarding the trustworthiness of data. I was also responsible for proper dissemination of study results. I relied on support from my dissertation committee members to ensure that I made the best possible decisions during the research process, specifically in relation to monitoring, documenting, and evaluating

data. In all processes of the research study, I maintained the highest commitment to ethics, rigor, and sense of humanity.

My objective with the interviews were to form formal but warm rapport with the study participants. Before recruitment, I did not know or have knowledge of any study participants. I avoided concern for conflict of interest or power relationships with the participants. I developed warm associations with study participants from the onset to invite truthful and honest responses and information sharing.

I ensured that participants of this study know that my research is meant to share their experiences so others can better understand. The interview questions were designed to seek personal information with sensitivity and compassion. I asked about sexuality, racial identities, felt stigma, and protective behaviors. Some of the questions were topics participants talked about regularly, and others covered material that may be rarely or never discussed or thought about.

My personal associations with the study topics required vigilant awareness of the biases I had during study design, data collection, and data analysis. I kept personal opinions to myself and not let any of my thoughts affect the way I conducted the interview or respond to participants' answers to interview questions. I remained neutral in conduct and thought in all aspects.

Methodology

Participant Selection Logic

IPA requires a reasonably homogeneous sample for which the research question is meaningful. In other words, the participants should be as uniform as possible according

to the social factors relevant to the study and according to the theoretical factors (i.e., theoretical transferability) relevant to the study. The population of this study included men who identify as gay, between the ages of 18 and 60, and who indicate successful recovery from alcohol and other drugs for 2 or more years.

Inclusion and Exclusion Criteria

All participants self-identified as established, or “out,” gay men in that they were sexually attracted to men and/or sexually engaged with them. Individuals indicating bisexual attractions or behavior without identifying as bisexual or those in the process of grappling with self-definition are excluded from study participation. There were no ‘criteria’ required for relationship status – broad relationship status was included as an analyzable variable. Each participant identified as cisgender in that their self-identity conformed with the gender that corresponds to their biological sex, though fluid gender expression is allowable. Transgender persons, individuals who live as a member of a gender other than that assigned at birth based on anatomical sex were excluded from this study.

Each participant spoke fluent English, is between 18 and 60 years of age, and is a resident of the contiguous United States. Individuals who have emotional or mental disabilities, who are in crisis (i.e., victims of natural disaster or those with acute illness) were ineligible to participate in the study. Individuals who are non-English speaking were also excluded from the study.

Sampling Strategy

Purposive homogenous sampling was the most appropriate sampling strategy for this study (Smith et al., 2009). This strategy ensured insight to the specific experience of being male, gay, and in recovery from addiction to substances, as well as the homogeneity of experiencing the similar situation of exploring recovery capital. The purposive sampling criteria were as follows:

- 18–60 years old
- English speaking
- resident of the United States (excluding non-contiguous U.S. states or territories)
- gay sexual identity
- cisgendered identity
- in recovery from alcohol and/or drugs for a period of 2 or more years

Sample Size

IPA prioritizes quality and depth over quantity and breadth. The goal was to produce a sufficiently penetrating analysis. IPA studies are conducted on relatively small sample sizes, and the aim is to find a reasonably homogeneous sample, so that within the sample, convergence (i.e., common themes) and divergence (i.e., difference or individuality) can be examined in detail. IPA is committed to understanding how particular experiential phenomena (i.e., an event, process, or relationship) have been understood from the perspective of particular people, in a particular context.

Consequently, IPA utilizes small, purposively selected, and carefully situated samples (Smith et al., 2009).

Smith et al. (2009) discussed sample size for IPA research related to the academic credential level and experience with IPA of the researcher. Though proponents of even a single case study, IPA creators detail the rationale for three to 10 subjects. Three cases are the minimum to provide meaningful points of similarity and divergence, and prevents overwhelm for a first-time undergraduate student, whereas up to six for the master's study does the same. Smith et al. (2009) proposed up to eight cases for the novice IPA PhD student to produce a sufficiently penetrating analysis, and up to 10 cases for the professional PhD (Smith et al., 2009; Smith & Osborn, 2003).

Incorporating concepts from Kelly (1955) and Giorgi and Giorgi (2008), Smith and colleagues (2003, 2009) justify a minimum of three participants because this represents enough variations to come up with what Giorgi and Giorgi (2008) terms "typical essence";, and accessing an individual's personal constructs is best if considering three elements at a time. Though IPA does not prescribe a definitive technique, these constructs and concepts support the intent of the IPA approach (Smith et al., 2009; Smith, 2015). I propose 10 to 15 cases for this study to accommodate being a novice researcher, to achieve and supplement "typical essence," to provide meaningful points of similarity and divergence, approach saturation, and to produce a sufficiently penetrating analysis.

Relationship Between Saturation and Sample Size. That is, how large does the sample need to be to allow for the identification of consistent patterns? Achieving saturation, or exhaustion of new themes, is not a proscribed aspect of IPA. IPA is

concerned with the detailed account of individual experience of a similar phenomenon by a homogenous sample of people with similar characteristics (Smith et al., 2009; Smith, 2015). The idiographic tenet of IPA aims to capture the texture and richness of everyone examined with detailed analysis of commonality and nuance (i.e., convergence and divergence).

As the experiential expert, the IPA study participant shares in the direction of the interview. Thus, the IPA researcher anticipates that study participants open novel and interesting areas of inquiry to be pursued. In this way, saturation may be approached, though not presumed.

Instrumentation

IPA aims to try to enter, as far as possible, the psychological and social world of the study participant (Smith et al., 2009; Smith & Osborn, 2003). The interview with an interpretative phenomenological approach is most concerned with the production of rich data. The IPA interview protocol loosely prescribes that: 1) there is an attempt to establish rapport with the study participant, 2) the ordering of questions is less important, [but still needs to be thoughtful], 3) the interviewer is open to probe interesting, study relevant areas that arise, and 4) the interview can follow the study participant's interests or concerns (Smith & Osborn, 2003).

The semi-structured interview format uses a set of questions to guide, not dictate, the course of the interview (Smith et al., 2009). The researcher brackets out (using principles of reflexivity) their preconceived notions, topic knowledge, and assumptions to

provide complete concentration to what the study participant says. Smith, 2015 explains, “An IPA researcher should be a curious and naïve listener” (p. 29).

Thus, when study participants present novel and interesting areas of inquiry, they can be pursued. As the experiential expert, the study participant will share in the direction the interview. This form of interviewing reduced the control the investigator had over the situation, took longer to carry out, and was harder to analyze (per Smith 2008; Smith et al., 2009; Smith & Osborn, 2003). However, despite the deficits, and per Smith et al. (2009), semi-structured interviews produced rich data which made the rigor and time commitment of IPA an exceptional choice for exploring the experiential research issues of this study.

Unlike the structured interviews, where the same questions are presented in the same order, and only predetermined topics are addressed, IPA engages an interview schedule for which a set of questions guide rather than dictate. The interview schedule flow evolves from elements such as saving sensitive questions for last, knowing a broad range of topics to cover, and a logical topic sequence (Smith, 2015; Smith & Osborn, 2015). The IPA interview schedule makes the researcher think explicitly in advance about what they want to cover, and to consider any potential difficulties that might be encountered, such as wording and sensitive topics. Advanced preparation helps the researcher be thoroughly and confidently ‘present’ at the time of the interview, giving full attention and concentration to what the participant is saying (Smith, 2015; Smith & Osborn, 2015).

Smith (2004) recommended using a broader general question to warm up, then questions targeting the topic areas I wish to cover, with questions about the most sensitive topic later in the interview schedule. Smith (2004) further recommended preparing prompts and probes for each interview question in case a study participant might need more encouragement or does not understand the question. For use with more hesitant study participants, IPA researchers are encouraged to prepare specific level questions to support better understanding of questions by participants and ease of answering (Smith, 2004). The IPA researcher is there to guide and facilitate the interview, not dictate. Study participants exploring areas that are unpredicted but pertinent to the topic should be perceived as a gift in IPA. Unexpected topics pertinent to the study will be expressed and controlled by the study participant.

Procedures for Recruitment, Participation, and Data Collection

To begin recruitment, I obtained Walden's Institutional Review Board (IRB) approval to conduct research. I was then permitted to contact and recruit prospective participants. Upon contact, I engaged in a brief criterion check. The criteria check was an eligibility screening to confirm qualifications for this study; convey assurance of confidentiality; identify potential preferred communication platform for participants; introduce the study; explain the study procedure and expectations; and inform that there is no compensation for participation in the study.

An Explanation of Research document was sent via email with directions to contact me if interested in the study. The response email acknowledged an understanding of the basic premise of the study and indicate involvement confirmation or decline.

Following involvement confirmation, I sent the participant an informed consent form and a brief demographic survey.

Procedures for Data Collection

The entire interview was the unit of analysis that provides information on meanings and motivations. In-depth semi-structured interviews with a purposive, homogenous sample were digitally recorded (audio only) and submitted into the Nvivo data collection system (QSR International, 2021). Then, data were developed into transcripts for analysis using a methodological structure consistent with the IPA approach.

The interviews for this research involved a face-to-face platform using two-way virtual audio and visual technology platforms, for which only the audio was digitally recorded. Video-calling, video chat, video conferencing (e.g., Zoom, Google Hangouts, and Microsoft Teams) that facilitate face-to-face interaction is becoming more acceptable among the research community (Salmon, 2014). Remote and free internet connections allowed both interviewer and interviewee to choose the location of their interaction, so privacy and convenience remain optimal. Also, accommodating interviewee time preference, regardless of time zone, was left to the interviewee's convenience.

Smith et al. (2009) indicated that a single interview may last between 60 and 90 min. The small homogenous sample and participant control of the interview schedule of IPA studies mean the potential for interviewing participants more than once. A crucial aspect of doing IPA is attending to talk and text in a sustained and detailed way. Employing the interview schedule and probing spontaneously may be difficult and

demanding, requiring considerable skill from the researcher. Thus, going off script might demand a form of personal engagement which requires confidence and experience.

As prescribed by Smith et al. (2009), between six and 10, open-ended interview questions provide an opportunity for study participants to answer the research questions without including the actual research questions. The interview questions of this study were designed to allow participants to reveal the answers to the research questions. For example, after posing the interview question “Tell me about your recovery life,” the interviewer might follow with probes such as, “Can you tell me more about that?” or, “How did you handle...?” to incorporate resilience factors as operationalized (i.e., hope and optimism, social support, and emotional openness) by Kwon (2013). The interview questions of this study were designed to address the broader topics of navigating life in recovery as a gay man, with the compounding effects of intersecting social identities, and developing recovery capital.

Each interview started and ended with consent form details. The contents of the consent form are detailed in the Ethical Procedures section of this chapter. Each interview was taped using two portable digital recorders. The data from the primary recorder was then sent to TranscribeMe, Inc. for the creation of preliminary transcript. Successful data transfer from the primary recorder was instigated the deletion of the data from the back-up digital recorder. After all the interview questions are asked, I offered the participant an opportunity to expand on any of the questions or offer additional information. After, I described next steps, including reviewing the consent form again and confirming any sharing of study findings.

Data Analysis Plan

Digital data filed in the Nvivo (QSR International, 2021) system was organized by participant numbered identifiers and pseudonyms to replace the participant's actual name. The data and preliminary transcript were turned into a semantic record, including the words spoken by everyone present and nonverbal utterances. A transcript within the same file is then created and given a numbered identifier. The transcript was reviewed independently no fewer than three times as prescribed by IPA developers, including 1) immediately following the interview, a review of the transcript occurred to ensure recollection of distinct personal characteristics of the study participant and to ensure over-all familiarity with participant; 2) a first review for broad category coding; and 3) a second review for sub-theme coding (Smith et al., 2009). Transcript review and coding is detailed in the Data Analysis Plan section.

Data collection was dialogical, with the participant taking a significant role in determining what is said (Smith et al., 2009). IPA requires a semantic record of the interview, meaning a transcript showing all the words spoken by everyone present and nonverbal utterances (e.g., laughter, significant pauses, hesitations, etc.). The IPA approach emphasizes reflexivity. Thus, the semantic record contains nuances with the potential to reveal significant messages not conveyed in words. Moustakas (1994) explains, "The reflective-interpretative process includes not only a description of the experience as it appears in consciousness but also an analysis and astute interpretation of the underlying conditions, historically and aesthetically, that account for the experience" (p. 13).

The basic premise behind IPA research is the significance of the account of an experience itself and the meaning it holds with the conveyor. According to Smith et al. (2009), rich and reflective data describes people's involvement in and orientation towards their personal and social world, in addition to how they make sense of this. Thus, the researcher must identify, describe, and understand the key objects of concern in the participant's world and the experiential claims made by the participant to develop a phenomenological account (Smith et al., 2009)

According to Smith et al. (2009), the interpretative analysis of phenomenological data in IPA is the primary distinguishing characteristic of the approach. An analytic focus is the essence of IPA, meaning that analytic attention is directed toward the participant's attempts to make sense of their experience. Initially, it is the study participant who interprets their experiences and conveys that interpretation during the interview. Then, following immersion in what the study participant says, via transcript and audio recording review, the investigator engages in interpretation of the interpretations by the study participant; this is the engagement of hermeneutic circle (Smith et al., 2009).

The analysis in IPA is an iterative and inductive cycle. It is iterative in that the analyst moves back and forth through a range of different ways of thinking about the data. Inductive analysis means the aim is to build or expand theoretical understandings of lived experience within an underexplored area of investigation, and that before analysis minimal theoretical knowledge and assumptions are involved (Frost et al., 2014, p. 129). Smith et al. (2009) indicated that there is "a healthy flexibility in [process and principles] of IPA analytic development – from the particular to the shared, from the 168 descriptive

to interpretative, and commitment to understanding the study participant's view and psychological focus on meaning-making in particular context" (p. 79).

A crucial aspect of conducting IPA is attending to talk and text in a sustained and detailed way. A key tenet of IPA is that the process of analysis is iterative, involving fluid description and engagement with the interview transcript (Smith et al., 2009, p. 28).

Transcripts of interviews will be analyzed case by case, through a systematic, qualitative analysis, with each case reviewed as a single case study.

Transcripts will be turned into a narrative account where the researcher's analytic interpretation is presented in detail and supported with verbatim extracts from participants. The step-by-step analysis will then proceed to the description of analytic themes and their interconnections, taking care to always preserve a link back to the original account. Analysis will continue into the writing-up stage and finishes with a narrative of both participants' and researcher's meaning-making of the topic under investigation. Ideally, the final narrative should move between rich description to abstract and more conceptual interpretations (Eatough & Smith, 2008).

Data Analysis Steps

The following steps describe strategies for an iterative and inductive cycle of interpretative phenomenological data analysis (Smith et al., 2009).

Step 1: Reading and Rereading of the Transcript. Here, line-by-line analysis of the experiential claims, concerns, and understandings of the study participant occurs. Also, listening to the audio occurs here to ensure transcript accuracy (i.e., the preliminary transcript becomes the transcript). The analyst must be grounded in what the study

participant said, as analysis focuses on the study participant. As the investigator bridling off my thoughts, perceptions, and recollections of the interview at this stage involved recording them separately from the transcript (e.g., in a notebook or journal). Ideas and possible connections can become interfering noise and keeping record of them elsewhere ensure first impressions can be recalled while focus remains on the data.

Step 2: Initial Noting of Data. This step will permit me to produce a comprehensive and detailed set of notes and comments on the data, including semantic content and anything of interest with the transcript. Thus, audio-recording listening for placing semantics occurred again during this step. This step ensures growing familiarity with the transcript and allows identifying ways by which the study participant talks about, understands, and thinks about an issue or phenomenon. According to Smith et al. (2009), the process of engaging, or -staying as close as possible to the participant's explicit meaning- with the data is as important as the outcome of what is revealed in this step.

This step requires attention to language, context, and more abstract concepts to reveal the patterns of key objects of concern to the study participant. Engaging alternately and multiple times with linguistic, descriptive, and conceptual comments will ensure the text is examined in detail, allows exploration of different avenues of meaning, and advances a more interpretative level of analysis (Smith et al., 2009).

Step 3: Development of Emergent Themes. This step involves identification of emergent patterns, called themes, in the order of initial noting found in the transcript (i.e., chronologically). Smith et al. (2009) noted that the comprehensive exploratory commenting in Step 2 increases the amount of data substantially. However, this larger

data set is reduced through mapping interrelationships, connections, and patterns between exploratory notes. At this stage, the whole original interview becomes a set of parts, the first manifestation of engagement of the hermeneutic circle (Smith et al., 2009).

Themes are both grounded and conceptual and speak to the psychological essence of the data being examined. With influence of the whole interview, the focus is on capturing what is crucial in each piece of text. Emergent themes should feel like they captured and reflected understanding. Themes contain the participant's original words and the analyst's interpretations: it is a "synergistic process of description and interpretation" (Smith et al., 2009, p. 92).

Step 4: Search for Connections Across Emergent Themes. During this step, I will develop a dialogue between the coded data and my psychological/theoretical knowledge, which can lead to an even greater interpretative account. Here, I will piece together emergent themes and map a structure that reflects all the most important aspects of the study participant's account. Smith et al. (2009) offered multiple ways to look for emergent themes. The most appropriate fit for this research will include abstraction, polarization, contextualization, and numeration.

Hernandez and Dringus (2021) posited that abstraction is organizing similar concepts to develop superordinate themes. Polarization implies oppositional relationships among emergent themes, focusing on differences. Contextualization involves looking at contextual or narrative elements for connections among emergent themes, attending to temporal, cultural, and narrative themes such as key life events or narrative moments.

Lastly, numeration is the frequency with which a theme is supported (Hernandez & Dringus, 2021).

Additional means of identifying emergent themes include subsumption and function. Subsumption is when a superordinate theme brings together a series of related themes, and function means emergent themes can be examined for their specific function within the transcript (Love et al., 2020). Also, organizing themes by their positive and negative presentation may be interpreted beyond what the participant presents in terms of their meaning (Smith et al., 2009). Though abstraction, polarization, contextualization, and numeration might be the most appropriate methods of identifying emerging themes in this study, additional approaches could still be incorporated.

Before moving to the next case, Smith et al. (2009) suggested the analyst create a graphic representation (e.g., table or figure) of the structure of emergent themes. Development of a structure (a.k.a., frame or gestalt) which illustrates the relationship between themes might involve a simple table that reflects the superordinate theme, the transcript page and line, and a few key words from the participant. This graphic offers a convenient review of a single case that can be compared with others; I will incorporate graphic representations in this research.

Step 5: Movement to the Next Case. Treating the next case and subsequent cases on their own terms, just as the first case, and repeating the process described in Steps 1 through 4 is a key aspect of IPA methodology. It is not until each case has been individually examined and the rigor of the previous four steps is applied that the researcher can begin to compare each of the cases.

Step 6: Search for Patterns Across Cases. The graphic representation (i.e., table or figure) for each case are reviewed at once to look for connections across them. In this step, a master table of themes for the entire group of cases is developed in yet another graphic representation; this larger table (or figure) presents connections across the whole. The organization of all this material in a master table should be such that the analyzed data can be traced, systematically and efficiently, through the process (Smith et al., 2009; Smith, 2015).

Issues of Trustworthiness

Credibility

The researcher used numerous methods to obtain credibility, such as negative case analysis, reflexivity, thick description, a second coder, and member checking. During the data analysis phase, the coder actively searched for cases that contradict other participants. This negative case analysis process ensured that a variety of participant experiences are included. This reduced potential bias by including all aspects of a participant's experiences instead of only those pieces which could be aggregated into themes.

The researcher kept a bridling journal throughout the entire project. The bridling journal was used from the data collection phase of the research through the analysis and reporting of the results phases. The researcher used the bridling journal to document and reflect upon any of their values, identities, biases, and reactions throughout the entire process. During the last phase of data analysis, the bridling journal also assisted in

providing various contextualization, interpretations, and alternative conclusions that are a part of this process in traditional IPA data analysis (Smith et al., 2009).

The researcher engaged in member checking after data analysis through email, where they will confer with the participants about the accuracy of the findings. The participants and I mutually discussed and agreed upon the emerging themes and quotes. Lastly, I provided a rich and thick description of the participants' experiences while reporting the findings, which includes ensuring that each participant's voice is equally represented (Smith et al., 2009).

Transferability

The researcher increased the transferability of the results by using thick description in reporting the findings. This was done by including detailed accounts of the study and participants. Numerous quotes that highlighted the participants' experiences were also included. Although the primary goal of this study is not transferability due to the idiographic nature of IPA, readers can determine through the thick descriptions of the findings if the results are transferable.

Dependability

Dependability was met through the bridling journal. While different from an audit trail, the bridling journal detailed my entire process, providing written documentation of the research process and my interactions with the research. As such, the bridling journal essentially provided a trail of the research process, increasing the dependability. The bridling process also helped any potential readers further understand the results, my reactions, and my decision, such as the presentation of the findings.

Confirmability

Lastly, the confirmability of the findings was met through the engagement with participants during a 60-to-90-min interviews, negative case analysis, reflexivity, thick description, and member checking. These processes all contributed to the confirmability of the findings.

Trustworthiness Within Interpretative Phenomenological Analysis

In addition to general trustworthiness within qualitative research, there are also specific trustworthiness considerations for IPA. Smith's (2011) guidelines for quality in IPA center around the following four principles: (1) the research clearly follows the theoretical principles underlying IPA of phenomenology, idiography, and hermeneutics, (2) it is sufficiently transparent for the reader to understand what was done in the study, (3) it has a 'coherent, plausible, and interesting' analysis of the data, and (4) it has done sufficient sampling of the participants' experiences to provide a density of evidence for each theme.

In addition, strong IPA research has a clear focus, robust data, is rigorous, has sufficient space given to the presentation of each theme, includes an interpretative (not solely descriptive) analysis following the presentation of each theme, the analysis includes divergence and convergence of the data, and is carefully written. Throughout this methodology section, these areas were addressed, suggesting that this study met the IPA quality criteria outlined by Smith (2011).

Ethical Procedures

Once the University's IRB approved this qualitative study, semi-structured interviews were utilized to explore how study participants interpret their experiences and specific needs as gay men in recovery, how they cope with experiences before recovery, and how they navigate recovery as a gay man now. Semi-structured interviews are effective in revealing the emotional and symbolic meanings of a person's experiences, such as experiences of discrimination and internalized homophobia, often missed by structured questionnaires (Creswell, 2013). The semi-structured interview approach allowed each participant the freedom to describe his experiences, in his own words, and enables the interviewer to probe and further clarify participants' responses.

Due to the protected nature of gay men in recovery from addiction, special ethical considerations were made throughout this study based on the standards of care for research with participants who identify as LGBTQ+ outlined by Griffith et al. (2017). The standards provide specific guidance on the following areas: (a) terminology, (b) reviewing existing literature, (c) identification of research questions, (d) research design, (e) identifying target populations, (f) sampling, (g) recruitment, (h) measurement and instrumentation, (i) data collection, (j) data analysis and interpretation, (k) confidentiality and anonymity, (l) potential limitations, (m) dissemination of knowledge, (n) post-study support/resources for participants, (o) post-study support/resources for researchers, (p) ongoing cultural competence, and (q) advocacy and influencing public policy. Great care will be taken to follow these ethical guidelines throughout this research study. The

following sections detail areas of ethical considerations that apply to this study and have not been covered in previous sections.

Terminology

Throughout this research process, I remained mindful of the impact of language and terminology on the participants (see Griffith et al., 2017). I also remained aware of how language has contributed to the oppression of various people within vulnerable populations, staying mindful of the most current and inclusive language throughout the writing of this study. When reporting findings, I asked participants to self-define their identities using their exact language, including language they may use to articulate their intersecting identities (Griffith et al., 2017). As an example, the demographics questions allowed participants to describe their identities in their own words.

Review of Existing Literature

While this study included some literature that used outdated and sometimes harmful language (such as ‘addict’), this language was not included within the literature review for this study. Instead, current affirmative terms, such as “person struggling with substance use”, were used in place of harmful terms. This is in adherence to the best ethical practices so as not to continue to perpetuate stigmatizing and oppressive language within this study (Griffith et al., 2017).

Recruitment

During the recruitment process, great care was taken to protect participants to not “out” potential participants or intrude upon their safe spaces (Griffith et al., 2017). The researcher talked with participants to work at minimizing any risks. During any

phone or texting conversation with participants and/or potential participants, I remained mindful as to not intentionally out anyone, such as discussing any parts of the study. The researcher also refrained from talking about gender identity or additional identities with participants unless in-person during the interview process, such as in online platforms or through speaking and texting on the phone.

Confidentiality

Special consideration was given to protect the confidentiality of the participants (Griffith et al., 2017). In their consent documents, participants were informed that there was always a risk of being outed in a study such as this, even with all the precautions that will be taken. The only document linking the participant to this study is the assent document, which is protected under the University's IRB. Since this was a protected document, the identity of each participant, in return, is protected.

After the transcription is confirmed for accuracy, the audio recordings were deleted to protect participant's anonymity. The interviews were saved on my password-protected computer, using pseudonyms to further protect their confidentiality. I am the only person to have access to the participants' real names on the consent document. I chose to do individual interviews over other data collection methods, such as focus groups, to create a safe space between the participant and myself and avoid the potential for any unintentional outing of participants.

Dissemination of Knowledge

The results of this study are presented in the participants' own words. The researcher took every measure possible to not pathologize the participants or perpetuate

any harmful assumptions in the presentation of the research findings. IPA was chosen to reduce the tendency for researchers and the public to assume that all people within one identity have the same experience; as such, the results attend to the multiplicity of experiences of gay men navigating recovery from substance use issues in keeping with the best practices (Griffith et al., 2017).

Poststudy Support for Participants

Engaging in research with vulnerable populations has the potential to bring up hurtful and challenging experiences. The researcher worked with gay men to provide all participants with a list of resources (such as counseling, support groups, and online resources) for their follow-up care. Additionally, I remained available to discuss any reactions to the research process, as debriefing is a critical part of research with this population (Griffith et al., 2017).

Ongoing Cultural Competence

It is recommended in the standards of care that researchers continue to strive towards cultural competence with this population. As such, I continued to learn about gay men in recovery from issues with substance use to continue to grow their cultural competence. The researcher strived to provide an inclusive, affirmative environment that will not further oppress, marginalize, or pathologize the participants during the research process. Additionally, it is recommended in the standards of care that researchers focus on resiliency, gratitude, and positives in their research with this population, since much research in the past has been based on a pathological or deficits-based lens (Griffith et al., 2017). The researcher took great care during the data collection and analysis processes to

use a resiliency- focused lens, holistically understand the participants and their experiences, while providing the most inclusive environment as possible.

Advocacy and Public Policy

Conducting research with gay men in recovery from addiction is considered an act of social justice (Griffith et al., 2017). I understand the great weight and responsibility that comes with sharing the stories of this population across professional settings, and will not do so without great consideration, care, and attention to ethics. Consistent with the standards of care (Griffith et al., 2017), I am hopeful that the results of this study might influence social change and improve the quality of life of gay men in recovery from alcohol and drugs while they navigate gay culture.

Summary

In this chapter, I discussed the use of interviewing as the form of data collection instrumentation as well as the protocols I used during the data collection procedure. I also covered procedures for recruitment, data collection, and data analysis. In this chapter, I covered issues of trustworthiness for qualitative studies, including credibility, theoretical transferability, dependability, and confirmability. Finally, in Chapter 3, I discussed ethical practices and procedures that I followed in the study, including keeping participants' names and data anonymous and utilizing informed consent forms.

By using IPA, I hoped to share how gay men in recovery from issues with alcohol and drugs were experiencing their recovery identity, how this identity intersected with their additional identities and life experiences, and the meanings they gathered from these experiences, while contextualizing these narratives within the current cultural, social,

political, and historical contexts. This methodology was based on a subjectivist, interpretivist, and social constructionist epistemology. The ontology of this study was relativism and historical realism. The theoretical underpinnings were founded within constructivism and critical theory. Throughout the research process, I engaged in reflexivity and bridling, so that personal reactions and decisions could be documented. In the end, readers of this study will thoroughly understand the research process as well as the complex and nuanced lives of the gay men in recovery from addiction who participated.

In Chapter 4, I discuss the setting of the study, the demographics, and attributes of the participants, and how data were collected and analyzed, with specific information on codes. Evidence of implementing a quality and validated study is detailed. Finally, in Chapter 4, I address each interview question and summarize the results of the study. Relevant tables (or figures) will also be included in this section.

Chapter 4: Results

The purpose of this qualitative study was to explore the intersections of lived experiences associated with gay male social culture among gay men who achieved 2 or more years of successful recovery from addiction to substances. I interviewed the participants to answer the following research question: How do gay men with 2 or more years of successful substance use recovery, as defined in the APA's (2022) *DSM-V-TR*, interpret meaningful recovery capital while navigating the challenges of gay social culture?

In this chapter, I describe the research setting, demographics of the participants, data collection and storage, analysis, data quality verification and saturation, and theme results. I further discuss how I used IPA for the categorization of meanings, reduction and elimination of codes, and development of themes through the recognition of common phenomena in this study (Smith et al., 2009). In this chapter, I examine the interview process with participants and provide details of the data collection process. I include a description of the in-depth analysis and coding of the data collected that revealed the emergent themes. The next section involves the evidence of trustworthiness in the research and an elaboration of the credibility, transferability, dependability, and confirmability of the study. Finally, I explore the results of the findings, supported by detailed information from the interview transcripts.

Setting

I obtained data by conducting in-depth, semistructured interviews with participants who were selected using purposive sampling. The interview questions were

the same for each participant. Fifteen gay men with 2 or more years of recovery from addiction participated in this study. When the participants responded to the online recruitment posts or the recruitment flyer, we mutually agreed to meet on a scheduled an appointment either via Zoom or in person. Ten interviews occurred via the internet using the licensed platform, Zoom, with me in my private home or professional office space wearing earbuds to enhance privacy. The participants also indicated that they were alone at the time of the interview and were encouraged to use earbuds or headphones for privacy. The other five interviews were conducted face-to-face with the participants. Participants were interviewed in a safe and private room at my professional office. The door to the room was kept closed throughout the interviews to ensure privacy and confidentiality. There were no unnecessary personal or organizational conditions that could have influenced or affected the participants during either the online or face-to-face interviews.

Demographics

The participants were 15 gay men who self-identified as having 2 or more years of recovery from alcohol and/or drugs. These men met all the inclusion criteria for the study and agreed and signed the informed consent form. I obtained demographic information from each participant and had them verify the information. The sample of this study represented a geographically diverse group of gay men from the states of Oklahoma, Texas, Arkansas, California, Florida, Pennsylvania, New York, and Massachusetts. Twelve of the participants identified their ethnicity as European American, two identified as Native American, and one participant identified as African

American. Participants were between the ages of 28 and 70. All participants identified that they were in long-term recovery, from 2 years to 44 years. Five participants stated that they found recovery with the help of support groups, four participants through inpatient substance treatment, and three completed outpatient treatment services. The other three participants stated that found recovery through no formal treatment. Most participants, 11 out of the 15, identified that they were still actively attending support group meetings. Table 1 outlines the demographic information for all 15 participants.

Table 1

Participant Demographic Information

Participant	Location	Age	Ethnicity	Years in recovery	Treatment format	Active in support groups (Y/N)
Brad	Oklahoma City, OK	62	European American	13	No formal	N
Steve	Ft. Smith, AR	57	European American	31	No formal	N
Lance	Muskogee, OK	28	Native American	2	Outpatient	N
Bruce	Oklahoma City, OK	55	European American	32	Outpatient	Y
Henry	New York, NY	28	African American	3	Support groups	Y
Jeremy	Ft. Worth, TX	31	European American	11	Inpatient rehab	N
Beau	Tulsa, OK	49	Native American	7	Support groups	Y
James	Tulsa, OK	53	European American	7	Inpatient rehab	Y
Bryan	Tulsa, OK	45	European American	2	Inpatient rehab	Y
Austin	Oklahoma City, OK	41	European American	2	Support groups	Y
Mike	Palm Springs, CA	66	European American	44	Inpatient rehab	Y
Jim	St. Petersburg, FL	70	European American	43	No formal	Y
Paul	Plymouth, MA	66	European American	40	Support groups	Y

Matt	Ft. Lauderdale, FL	69	European American	40	Outpatient	Y
Seth	Redding, PA	58	European American	20	Support groups	Y

Data Collection

I began data collection for this study after receiving approval from Walden University's IRB (no. 06-05-23-1031908) on June 05, 2023 (see Appendix D for the IRB approval letter). Recruitment flyers were sent via email to an equality organization in Tulsa, Oklahoma. This organization had previously agreed to post my recruitment flyer in their buildings. Potential participants contacted me via email after responding to the flyer outlining the study. In addition, I posted a recruitment request on a closed Facebook group for gay men in recovery. I assessed each participant to ensure that they met all the inclusion criteria of being a gay man who identifies as being a cisgendered man, having 2 or more years of recovery from addiction, over the age of 18, and presently residing in the United States. After each participant signed and returned the informed consent form, I scheduled dates and times for the interviews. I conducted interviews from June 11, 2023, until July 02, 2023.

I interviewed a total of 15 gay men in recovery for this study. The data obtained were sufficient to answer the research question guiding this study and I concluded that data saturation was reached. Data saturation is not about the number of participants in a study; rather, it is about the depth and richness of the data obtained (Saunders et al., 2018). IPA sampling uses purposive and broadly homogenous sampling as a small sample size can provide sufficient perspective given adequate contextualization (Smith &

Osborn, 2003). In this respect, IPA differs from other methodologies, such as grounded theory, as in IPA the aim is to select participants to illuminate a particular research question, and to develop a full and interesting interpretation of the data. In support, Elliott et al. (1999), qualitative research strives to achieve understanding, coherence, and integration of each participant's experience while preserving any subtle distinctions. Perhaps the analysis may be considered sufficiently complete when the researcher feels that their analysis has achieved these goals whilst telling a suitably persuasive story.

Each of the 15 participants were interviewed and responded to open-ended questions and follow-up questions (see Appendix A). Although each interview was scheduled for 60 min, they were generally completed between 30 to 45 min, contingent on the length of the participants' responses. Before each interview began, I reviewed the informed consent form with each participant. At the beginning of each interview, I made a concerted effort to spend a few minutes talking with participants to build rapport and help them feel more at ease. Prior to being asked the core interview questions, the participants were asked demographic questions.

The participants all agreed to be audio recorded. I audio recorded all participants' interviews using an Olympus Digital Voice Recorder. Immediately after each interview was concluded, I uploaded it to my password-protected computer and then uploaded it to a professional third-party transcription service for transcribing. Once the transcripts were returned, I compared the original audio files against the transcripts for accuracy. I saved the transcripts to a password protected USB drive for further safe keeping. All materials and documents, including the USB drive, audio tapes, and transcripts, were stored in a

locked filing cabinet drawer. These materials will be stored for a period of 5 years after completion of this study.

Data Analysis

According to Smith and Nizza (2022), there is no one “right” way to conduct data analysis within the IPA framework, all IPA studies share the same analytic focus—namely, paying attention to patterns in participants’ experiences, considering the ways in which they make meaning of those experiences, and interpreting those experiences within social and theoretical contexts. To align fully with IPA’s idiographic nature, each case is examined independently and thoroughly for themes before moving on to explore patterns between cases. As already indicated, IPA studies prioritize the ways in which participants’ perceptions of their experience are similar and different (Allan & Eatough, 2016; Pietkiewicz & Smith, 2014).

Analysis in IPA can be divided into two levels or phases (Finlay, 2011). Larkin et al. (2006) proposed that the aim in the initial phase of IPA analysis, referred to as first-order analysis, is to develop a descriptive account of phenomena to understand what matters to the participants, with attention to specific events, particular relationships, and core values (Larkin & Thompson, 2011). Researchers record exploratory comments, identifying participants’ objective comments, emotional expressions, and any notable linguistic patterns (e.g., pauses, metaphors, tone). Then, in second-order analysis, Larkin and Thompson (2011) posited that researchers move beyond pure description toward interpretation, exploring the meaning participants give to aspects of their stories. Researchers look through a wider lens, considering the initial description within societal,

cultural, and theoretical frameworks. During this stage of the analysis, IPA researchers conduct a double hermeneutic, attempting to make sense of participants making sense of their experiences (Smith et al., 2009).

Attention to researcher reflexivity is important throughout the analysis process (Larkin & Thompson, 2011; Smith et al., 2009). Researchers should reflect on their emotional reactions as they read participants' stories by taking notes and talking with research team members. Researchers should also document ideas about potential themes and initial connections to theoretical principles or constructs (Oxley, 2016). Larkin and Thompson (2011) stressed the value of being open to and acknowledging preconceptions, as well as documenting them in an intentional and consistent manner.

Researchers using IPA illustrate the descriptive and interpretative findings in a final research report or scholarly article (Smith et al., 2009). Reports of IPA studies often include charts, tables, and diagrams illustrating themes and processes. Consistent with IPA's idiographic intention, researchers should include extensive raw data (e.g., excerpts, quotes) from participants within article texts as examples of themes or interpretative frameworks (Pietkiewicz & Smith, 2014).

The methodology of IPA allows for flexibility in working with data, as the analytical focus remains on encouraging participants "to make sense of their experiences" (Smith et al., 2009, p. 79). Great attention is given to what makes each participant unique, balanced against the commonalities among the group of participants. According to Smith and Nizza (2022), there are two objectives to analyzing data in an IPA study. First, the researcher attempts to understand the participant's world through describing and

reasoning about their experiences rather simply capturing the experience itself. Second, the researcher provides a critical and conceptual commentary on how the participants made sense of their experiences while remaining interpretative and hermeneutic. The researcher acknowledges their role of analyst, but presents the data cautiously (Smith & Nizza, 2022).

Analysis in IPA differs from other qualitative approaches in that it focuses on the participants' process of making sense of their experiences as much as it does on the experiences themselves. I approached the process of data analysis by working with the descriptions taken from the interviews with the goal of understanding the data on their own terms. I engaged in a process of informal analysis during each interview when I noticed pieces of the discussion that seemed to be of greater importance to the participant. Cues, such as an increased rate of speech or a change in tone of voice alerted me to a change in the participant's attitude about specific topics. During each interview, I made notes of these instances so I could refer to them during transcription.

I used bridling, as suggested by Dahlberg et al. (2008), to help me govern my preconceptions and focus attention on the descriptions provided by participants. I kept a reflexive journal to record my thoughts about each aspect of the study. I also journaled about my own experiences with being a gay man in recovery. This journal acted as a record which could be included in my audit trail and made available for others to examine my process. Reflexivity is the awareness that "all knowledge is affected by the social conditions under which it is produced; it is grounded in both the social location and the social biography of the observer and the observed" (Mann & Kelley, 1997, p. 392).

An important part of establishing trustworthiness is examining how the researcher's position or social location impacts the research process (Lietz et al., 2006). As it is not possible to fully understand the lived experience of the participants, reflexivity encourages the researcher to strive to capture the connections and be aware of how subject and object influence each other (Finlay, 2002).

The following section presents a description of the process involved with each Step in the analysis. The process was an "iterative and inductive cycle" (Smith et al., 2009) involving several readings of each transcript, identification of themes, creation of a framework in which to explore the relationships between themes, consultation with my committee, the development of a short summary describing the themes, and member checking. These steps were revisited consistently throughout the entire analytical process.

To ensure the fidelity of the interviewee's audio files, I listened to the recordings multiple times to ensure accuracy of the transcriptions. I began data analysis utilizing the qualitative program Nvivo to highlight and organize the quotations. Nvivo allows researchers to analyze qualitative data in an intuitive way to uncover deeper insights (Qualitative Solution and Research International, 2021). The software surveys the interview transcripts and finds patterns and repetitions of words and phrases that ultimately suggest the themes that distinguish the findings. As I identified themes in the data, I used the Nvivo program to color code these themes and link the document so I could quickly organize and return to the quotations. In addition to the computer assisted coding process, I chose to hand-code the interview data to become intimately familiar with the interviews and themes as they emerged.

Throughout the coding process, I reflected on the data in the interviews and journaled my initial reactions induced from the interviews, as acknowledging the researcher's interpretations were fundamental to the IPA process. I remained sensitive to my interpretations of the way each participant answered the questions, always cognizant of personal bias. In addition, by engaging in the line-by-line phenomenological coding analysis, I was able to identify topics that mattered to each participant, as well as the attitude and meaning each participant adopted in relationship to each topic (Larkin & Thompson, 2012). This hermeneutic approach helped derive the emergent themes.

Staying within the iterative process of identifying codes and themes, I attempted to capture the essence of the participants' meaning, on both the linguistic level and an interpretive level. I examined the lived experiences of each gay man being interviewed from different perspectives, including the individual words of the participants, my words to participants, and relating individual participants to the participants as a group. I consulted my bridling journal to review my thoughts and then set aside my interpretations so I could take a fresh look at the participants' actual words. A fresh reading of the transcripts allowed the themes to emerge, free of my influence. These themes became part of the structure of the experience in the final description.

There were several words and phrases that were repeated among interviews that became of interest. Units of meaning that seemed to identify a similar experience were grouped together, becoming the emerging themes from the data. I made note of similar meanings and combined them, maintaining each participant's verbatim phrasing. I then grouped the identified themes based on meaning from each individual code. After I

completed the process of coding themes, I listened to the interviews once more to ensure that I had exhausted all insight into what was conveyed by each participant.

I followed a consecutive manner to analyze the qualitative data. I first began with a “single case analysis of each transcript” at an individual level for each of the 15 participants (Smith & Nizza, 2022, p. 31). Then, I proceeded to a cross-case analysis that brought together data across all 15 individuals, as outlined by Smith and Nizza (2022).

Single-Case Analysis

I entered each interview transcript into Nvivo computer software program (QSR, 2021) and thereafter coded through this program. Smith and Nizza (2022) noted that a meticulous case-by-case analysis of individual transcripts can be a lengthy process. IPA dictates that each interview will be analyzed separately to find emerging themes before examining across the interviews (Smith, 2004). I completed a line-by-line analysis of the transcript to code for the participant’s experiences based on the research questions. Coding allowed me to find patterns in the text and place those pieces of text together in meaningful categories (Patton, 2002). Then, I organized coded texts into inductive themes. As Smith et al. (2013) proposed, I analyzed the data in two ways: descriptive experiences; and my interpretations about how participants understood the experiences they described. Beginning with the first transcript, I reviewed the analysis until the set of themes and supporting quotes were identified.

I created a chart of group experiential themes (Smith & Nizza, 2022) starting with participant one, which included code names and operational definitions grouped together under each theme. This chart assisted me in merging similar codes while also allowing

for unique codes to unfold. Next, I performed a second analysis of participant one's transcript and deductively verified the positioning of codes amongst the identified themes. Many codes transferred easily into the theme chart. Finally, I scrutinized the quotes related to each theme in the experiential theme chart and journaled feedback about coding and interpretations, allowing for new themes to emerge.

I continued with each transcript for participants two through 15 and performed a line-by-line analysis of the data to code for inductive themes of their lived experiences. One by one, I added to the group experiential theme chart for each participant after completing a second analysis of each transcript and deductively placing their quotes among the identified themes in the chart. I reviewed the themes and supporting codes, while consulting my journal, which often raised ideas for potential alternate themes.

Cross-Case Analysis

As recommended by Smith and Nizza (2022), I listed all themes that were coded in each transcript, examined all themes to find ones that were similar across all participants, and combined similar themes into seven broad higher-order themes and 13 subthemes. Smith (2011) recommends four or five themes, to give integrity to each theme in writing manuscripts. I then created a coding chart to use for the cross-case analysis.

I then reorganized the themes in Nvivo to fit the agreed upon coding chart, which created a "code book" of all the quotes in each higher-order theme according to the sub-theme that the quotes supported. Next, I checked each quote to ensure it was suited within its new theme (Smith & Nizza 2022). Operational definitions were thoughtfully created to account for the various sub-themes to better place these quotes within the new

structure. During cross-case analysis, much time was spent expanding, delineating and delimiting operational definitions pertaining to these themes and subthemes to ensure their coherency with placement of supporting quotes. Through NVivo's Node Summary Report, the number of quotes and number of participants who were quoted were recorded in each theme to provide evidence of the prevalence and density of themes, as recommended by Smith (2011). See Table 2 for a breakdown of themes and subthemes.

Member Checking

When I was confident that I thoroughly understood the participant's experience, I outlined and summarized the themes to check for validity with each participant. It was important that the participants understood the interpretations I made and were provided an opportunity to verify or correct my interpretations from their interviews. The summary attempted to present the participants with a clear picture of my findings. The summary provided a sense of the overall experience of social interactions and a picture of how the participants made sense of their interactions through the stories they told me. An important piece of the analysis process was to provide each participant with a summary of my interpretations of their interview and ask for their feedback. I asked each participant at the end of their interview, if he was willing to read the summaries to assure that I was accurately representing what was shared with me. All participants agreed and provided me with an email address they anticipated would be good for 1 year. These addresses were kept with the screening and consent forms. I completed member checks by emailing each participant a copy of the summary for them to double check for accuracy and completeness, and essentially check if there were errors or a need for

further investigation or alteration. All participants responded and indicated they were satisfied with the accuracy of the summary. The process of member checking to help improving the accuracy, credibility, and validity of this research.

Other Feedback

I consulted with my advising committee at each step and sought, and incorporated, feedback regarding the themes as they were identified. I also considered the feedback I received from the participants to be an additional layer of supervision, as their responses were carefully considered and used to strengthen the final analysis. All feedback contributed to the design of the overall structure of my research.

Evaluation of Validity

According to Lawson (2022), evaluating validity in qualitative research is an essential part of the process and described four broad principles that qualitative researchers can use to assess the quality of their study. These four principles are sensitivity to context, commitment and rigor, transparency and coherence, and impact and importance, as described in the following paragraphs.

The first principle, sensitivity to context, requires the researcher to pay careful attention to the context in which the participant was situated, the existing literature, and the information gathered in the interviews (Lawson, 2022). This principle was carried into the analysis, requiring me to pay close attention to how each participant's account unfolded and what could be learned from it. This principle was important for the study because the context in which the participants experienced the phenomenon was a large part of what was being studied. Using direct quotes from the interviews gave the

participants a voice in the analysis, providing the audience with support of my interpretations.

Lawson (2022) posited that the second principle of commitment and rigor involves the researcher's commitment to the process of data collection and analysis. In other words, each interview was conducted thoroughly, and the needs of the participants were carefully considered and met. This is especially important in terms of informed consent and making participants comfortable with the process of sharing their experiences. Careful recruitment of participants, interviews of a consistent and high quality, and a commitment to the analysis were needed for this principle.

According to Coombs (2017), transparency and coherence are the third principle important in an IPA study. Transparency refers to outlining a clear and concise description of each step taken in the research process. Coherence refers to how the themes relate to each other and is presented in a logical manner (Coombs, 2017). For this study, I achieved this study by presenting the steps taken during the recruitment process and the steps of the analysis. Another form of transparency for this study was achieved using member checking. It is vital that the voices of the participants were represented accurately. Each participant was given the opportunity to read a summary of my analysis and offer feedback about my interpretations. I met regularly with my committee to discuss themes and ensure coherence.

The final principle important in IPA studies is impact and importance. According to Smith et al. (2009), the final evaluation of validity is to provide the audience with interesting or useful information in the report. The presentation of the findings "needs to

be plausible and persuasive in terms of the evidence presented to support the claims made and the writing needs to be bold and confident in presenting the interpretation of that unfolding evidence trail” (Finlay, 2011, p. 142). I took great care during this process in presenting a topic that adds to the research literature. I conferred regularly with my committee for guidance in upholding the methodology of IPA. Much consideration went into proving research that will future influence the field of counseling.

Evidence of Trustworthiness

The quality and rigor of the research were crucial factors to determine the trustworthiness of the study. In qualitative research, rigor is synonymous with trustworthiness, which means the level of confidence in the data and interpretation, as well as the methods used, that attest to the quality of a study (Connelly, 2016). It was my desire to maintain high-quality IPA research in this study via the trustworthiness of the data. The research data withstood strict compliance to meet the criteria for trustworthiness, including credibility, transferability, dependability, and confirmability (Connelly, 2016; Patton, 2015). Some methods of trustworthiness I employed were member checking, reflexivity, extensive exploration of the data, intuitive observation, participant quotations, and comprehensive interviewing.

Credibility

Credibility refers to the guarantee of accurately representing the participants' views of their lived experience during the final stages of research (McGrath et al., 2019). Strategies to increase credibility were conducted through the engagement of relevant interview protocols, extensive exploration of the data, purposeful observation and

reflexivity, and member checking (Creswell & Creswell, 2017; Korstjens & Moser, 2018). Each individual transcript was verified by checking against the original digital recording to enhance credibility (McGrath et al., 2019). During the interview process, I committed to building rapport with each participant, attentively listening to the responses, showing interest and curiosity, and asking relevant follow-up questions to invite continued conversation. I immersed myself within the data during analysis, carefully reconstructing the data as the truth, and made reflexive notes in my journal throughout the entire study experience.

Transferability

Transferability was promoted by providing a thick description of the lived experiences with direct quotations and descriptive phrases from the participants (Mokoena et al., 2019). It was my duty, as a researcher, to provide the audience with information so they may determine whether the findings are applicable to their own cases (Korstjens & Moser, 2018). My goal was to provide a thick description of lived experiences that included rich and direct quotations, descriptive phrases, or experiences that expressed the participants' interpretations and meaning (Anderson, 2017). The careful interpretation of thick descriptions was for the audience to assess the suitability of the experience and any potential application to other times, locations, individuals, and contexts for transferability.

Dependability

Reflective journaling would take place immediately to improve the quality of data collection (Greenwood et al., 2017). After each interview session, I took notes to register

my observations and immediate thoughts I had while interviewing so that further reflections of the interview after the session were added to my journal. Greenwood et al. (2017) also suggested the researcher listen to the digital recording and amend or revise the field notes and observations. I also compared the transcript to the audio recording after the transcriber had returned the transcript to me. I compared the transcript to the audio recording after the transcriber had returned the transcript to me. I also improved the dependability by listening to the audio recordings three times to make additional revisions to the notes and observations.

Dependability in qualitative research also includes an audit trail (Amankwaa, 2016). An audit trail required me to be reflexive in raising questions about the interpretation of notes, the aggregation and interpretation of data, and the choice of methodological procedures and its implementation and review. The data's necessary documentation was carefully preserved and kept in hardcopy and digital form stored in the thumb drive in my locked cabinet. They included the interview transcripts, reflexive notes, and data analysis methods to establish the audit trail (Amin et al., 2020; Korstjens & Moser, 2018). This would facilitate easy references for audit trail.

Confirmability

The process of confirmability required me to honor neutrality and avoid bias in interpreting the data (Nowell et al., 2017; Patton, 2015). Korstjens and Moser (2018) described the aspects of neutrality and intersubjectivity in interpreting the data as major tenets to confirmability. Intersubjectivity is understood as the shared perception of reality among each other (Smith et al., 2009). To secure intersubjectivity, I remained curious

during the interviews to garner details from participants to clarify what they meant and stayed cognizant of when my personal preferences and worldviews were influencing how I engaged with participants and during data analysis (Korstjens & Moser, 2018). I went to the interview sessions with an open mind to listen, learn, and comprehend the narratives. I initiated follow-up questions to investigate details from the participants so that the research questions were answered adequately and relevantly. Details and quotations were available for the readers to understand the constructions of the various themes. I also offered clarity to the findings in this study by providing explanations and descriptions.

I was reflexive and self-critical and journaled my thoughts on the phenomenon of the lived experience and the meaning making decisions of the participants. I avoided any preconceived ideas about the behaviors and understanding of drug addicts due to my previous work experience with them. I made observation notes and reflexive notes in my journal during the interviews as I explored and interpreted the data (Arsel, 2017). I was careful to ensure the contextual evidence was consistent with the interpretation (Kekez, 2019; Patton, 2015). The insights became part of the analysis for deriving the themes that were critical to the research findings. Using my notes in the journal as a reference for my reflections and observations played a regular role in keeping me from bias and inaccurate data interpretations (Korstjens & Moser, 2018). I reviewed the notes from the interview and wrote my reflections and elaborations in my reflexive journal (Amankwaa, 2016). Without proper journaling, bias undermined the rigor of qualitative inquiry (Patton, 2015) and limited confirmability in the research method (Amankwaa, 2016).

Results

The purpose of this study was to explore the intersections of lived experiences associated with gay male social culture among gay men who achieved 2 or more years of successful recovery from addiction to substances. Specifically, I wanted to explore how the perception of, experiences with, and perspectives regarding internal and external motivators affected long-term recovery in gay men. In this research study, the participants addressed the following research question: How do gay men with 2 or more years of successful substance use recovery, as defined in the APA's (2022) *DSM-V-TR*, interpret meaningful recovery capital while navigating the challenges of gay social culture?

I describe the findings and themes that developed during my analysis of the transcripts, notes, and journal. The themes developed demonstrate the individual and group experiences, perspectives, and perceptions of gay culture related to recovery. I provided individual depictions and statements directly quoted from the transcripts to express support for the themes developed. I was able to see motivations, both internal and external, that influenced the choice to remain in successful recovery. The themes developed are an apotheosis of those shared experiences. In the remaining section of this chapter, I explain the seven themes and 12 subthemes that emerged to answer the research question.

I followed Smith et al.'s (2009) approach to phenomenological research that states a phenomenological study is comprised of the lived experiences, actions, perceptions, feelings, thoughts, and memories regarding the phenomenon being studied. The data I

present is composed of experiences and perceptions shared by all 15 participants. As I conducted the interview experience with each participant and began the data analysis process, it became clear to me that many of the themes and sub-themes were interconnected. I noticed that there was not a single factor that supported long-term sobriety for gay men, but rather layers of supportive factors that play a significant role in successful long-term sobriety. As I detail and explore each of the themes and sub-themes the overlap and interconnections will be evident. Every theme and subtheme directly relate to gay culture and individual motivations, both internal and external, that influenced the choice to remain in successful recovery. In addition, the concept of connection and the various ways connection to others manifested in the participant's lives are weaved throughout the data results.

Themes and Subthemes

After analysis of each participant's interview, I found seven common themes and 12 subthemes. The themes and subthemes are organized and grouped together in Table 2 by participant. The themes are included in the table columns with subthemes listed for each theme in individual cells. The general note underneath the table contains the legend.

Table 2

Themes and Subthemes for Each Participant

Participant	Gay culture	Boundaries	Developing a support system	Giving back and being of service	Meaning and purpose	Seeking connections	Prioritizing wellness
Brad	X	X- O, M/V	X- F	X	X- G	X- C, SM	S/R, P/S
Steve	X- NE	O	X- RC	X	X	X- C, SM	P/S
Lance	X- NE	X- O, M/V	X- F		X	X- C, SM, L	P/S
Bruce	X	X	X- F, RC, GC	X	X- G	X- C	X- H
Henry	X- NE	X	X- RC	X	X		S/R

Jeremy	X- NE	X- O	X- F, RC	X	X- G	X- C, SM, L	X- H, P/S
Beau	X- NE	X- O	X- RC	X	X	X- C, SM, L	P/S
James	X- NE	X- O, M/V	X- RC		X- G	X- C, SM, L	X- H
Bryan	X	X- O	X- F, RC	X	X	X- SM	X- H
Austin	X	X- M/V	X- F, RC	X		X- C, SM	X- H, S/R
Mike	X	O	X- F, RC, GC	X	X	X- L	X- H
Jim	X	X	X- RC	X	X- G	X- L	S/R
Paul	NE	X	X- F, RC	X	G	X- C, SM	X- H, S/R
Matt	X- NE	X- O	X- F, RC, GC	X	X	X- C, SM	S/R, P/S
Seth	X	X	X- F, RC	X	X	X- C, SM	S/R, P/S

Note. F = family/friends; G = gratitude; GC = gay community; H = health; L = feeling lonely; M/V = morals and values; NE = negative emotions; O = obstacles; P/S = peace and serenity; RC = recovery community; SM = social media; S/R = spirituality/religion.

Theme 1: Gay Culture

All participants described how “gay culture” impacted their substance use, either in going to bars and clubs or in having negative emotions surrounding their gay identity. Many participants described how gay society was a contributing factor to their substance use. James shared, "we socialize in either the clubs or in areas are more entertainment driven and I think that that starts young. That's where my addiction started, with drinking. " Jeremy expressed similar sentiments, describing how "that's a big part of being in the gay community in this area where I'm from, because everyone here uses meth or they smoke marijuana or they drink a lot or they take pills or whatever." He went on to explain how "getting enmeshed in the gay community meant having to partake in those things" and that without substance use some individuals are considered outcasts. Henry echoed these thoughts, stating "there was peer pressure in that everybody was taking drugs, and so I had to fit in the group."

Subtheme: Negative Emotions. Some participants expressed that they had negative feelings about themselves surrounding their identities, such as guilt, fear, anxiety, disgust, and frustration. James talked about his feelings of shame over both his gay identity and his struggles with addiction. He shared, “there's so much shame about being gay. There's also more shame about being gay and an addict because we're, so used to hiding. I see it consistently that we're uncomfortable because society has made us that way.” James described experiences with depression, fear, and feeling uncomfortable when he said, “I was always afraid. I was always afraid of what people thought of me. And so, my fear of being gay, the fear of HIV, I didn't think people love me. So, I spent more time in my addiction covering up and hiding.” Lance shared his perspective. “I think being gay, it's easy for us to get depressed. You know, with the acceptance and all that stuff. I used just to drown everything. With the pills, I didn't care anymore.” Jeremy narrated how his gay identity made him feel like an outcast,

I've always been gay. I've always been very gay, and it's always been very evident to people around me. So that made me very socially awkward, kind of an outcast.

I started using methamphetamine so that I could get over my inhibitions and be more comfortable with who I was sexually. I think that I was so uncomfortable with who I was.

Theme 2: Boundaries

All participants in this study described the importance of establishing strong boundaries in recovery to promote a new way of living and in sustaining successful long-

term recovery. Boundaries contribute to individuals constructing a life around them that is supportive of recovery. Participants described the processes and efforts they went through to learn about, develop, and then implement boundaries throughout their recovery.

Participants claimed that putting their recovery first, saying no, and holding themselves accountable were paramount to successful recovery. Several participants reported that saying no and avoiding certain situations were especially important during early recovery. Jim claimed that he needs to set boundaries with the people he allows into his life. He stated, "I'm very choosy about who I hang with. I don't go anywhere there is heavy drinking. I don't want to go. I'm not interested." Lance disclosed a similar viewpoint, "I cut off the people that I would get pills from. I completely cut them off because they're not my friends and I learned that really quick once I got a sober mind." By developing strong boundaries related to saying no to specific people and situations, even with friends and in relationships.

Participants reported having to advocate for their recovery or removing themselves from precarious situations allowed them to establish accountability for themselves. It appeared that a fundamental aspect of setting boundaries in recovery is a level of comfort in putting self-first and others second. Several participants supported this theme through different experiences. Participant, Austin, expressed that he sets boundaries to protect his peace of mind. He stated, "a lot of people want to bring me their drama and I don't want to play that way. So, I just tell people this is not behavior that I like to get caught up with."

Subtheme: Obstacles. In the process of recovery, many participants expressed the need to develop personal strengths and skills that were instrumental in dealing with daily activities, overcoming challenges, and protecting recovery. Some of these factors included determination, good judgement, optimism, humility, resilience, and the ability to resist temptation. Many participants discussed obstacles faced as a gay man in recovery. These obstacles overlapped with having to set boundaries. One participant, Brad, stated, “from the start, recognize that your circle of friends may change because some people find it difficult to be around now that you are sober. Stick to your guns and if you want to still see them, you're going to have to go into their environment.”

Several other participants outlined similar insights into their recovery obstacles. James divulged, “the downside to it is now I've become the person that everyone comes to for help when there's a drinking problem and you know what, I have to be really careful. Now, they think that I'm the one that's responsible for their recovery. It's about boundaries.” Bruce echoed, “I've had a couple of people that didn't really understand alcoholism and they tried to get me to take you know, taste a shot or taste this or that. No, I can't do that.” Seth revealed that “fellowship and so much socializing with other gay men involves bars, it still involves alcohol, it still involves drugs to a large degree.” Lance further disclosed the overlap of obstacles within his gay culture, “Gays are so into partying and just any little thing. So, it's like constantly there are obstacles that you have to jump over. I've got to make that choice to leave, because it's not something I want to be around.”

On the other hand, some participants had concerns with navigating intimacy after finding recovery. Bryan worried that “in meeting people, a lot of people are resistant to dating previous addicts. It limits your ability to be honest about your past.” Also, Mike contributed similar thoughts in that “there are all kinds of obstacles. Now that I am in recovery, it’s like, how does one date? How does one have sex? Have intimate moments with another person? What is intimacy?”

Subtheme: Morals and Values. A few participants discussed a desire to preserve their own self-image or protect the reputation of themselves and their family name. This form of boundary setting aligned with an effort to protect their own belief systems by challenging their moral self. The gay men in this study put forth that they leaned on their personal beliefs and values to resist temptations and successfully stay on the path of recovery. These values were voiced as finding contentment in a simpler lifestyle, keeping spiritual or religious faith, strengthening relationships and regaining trust, helping others, loving and caring for the self, and a commitment to recovery. For them, these moral beliefs and values were a major contributor for continuing in recovery. Austin shared that respect and morals were important to him when he stated,

It's very important that people see what they get. The thing I respect with most people is their morals. If I see good morals, I can love that person instantly because I'm that person. They're very important to me, and in recovery, I think doubly so.

Then, Lance explained that he valued his reputation with, “I wanted to keep a good name. I don't ever want somebody to think that I was just out running streets and

stealing, because that is not what I was.” Bruce also followed that up with “there's a sense of pride there that I don't want to trash the family name. I want to be a productive member of society.”

Two participants shared their experience of how coming to terms with the realization of his addiction led to a sense of motivation to change. James said, “It was completely not who I was, and I kind of lost my way. I had to lose everything. I lost the respect of my close friends. That was the pivotal point for me that I had nothing left. I had nowhere to go.” Jeremy also narrated his experience,

I was completely disgusted at living this way and it was a real big struggle for me.

I sat down on my bed and that's when I had my moment of clarity. My spirit kind of broke and I knew in that moment, that I'm going to die if I don't stop doing this.

This isn't okay.

Theme 3: Development of a Support System

All participants placed significant emphasis on the importance of developing a support system as part of their positive recovery gains, or recovery capital. Social recovery capital refers to resources outside the self, such as friends, fellow recoverees, and family members. Connections in receiving support in recovery include volunteering in recovery activities, joining support groups, maintaining relationships with recovery peers and the recovery community, having senior peers in recovery, role modeling with other recovering people, and giving back to the recovery community. The men in this study identified that the greatest areas of support emerged among family and friends,

within the recovery community, and within the gay community. James emphatically brought this concept together. He relayed,

It is important to immerse yourself in the culture. Immerse yourself with people that you can love and that can love you, so you can learn to love yourself.

Immerse yourself with people that want you to grow to be the best human being you can be. I think you need to surround yourself with the people that love you in your soul.

Subtheme: Family and Friends. This subtheme includes partners, family members, and close friendships. Nearly all participants in this study chronicled that rebuilding broken relationships, as well as forging new, positive relationships, were an essential aspect of successful recovery. The participants described that they had become more responsible towards their partner, family and peers on a deeper level. They expected themselves to take care of their loved ones and not to be a burden to them as in the past. Most divulged a desire to do their best to prevent, and in some cases, amend, their past hurts and damages.

Gay men in recovery can also have a sense of duty and responsibility to do their best to be better husbands and parents in the family and bring happiness to their loved ones. For Paul, this support came to him when he “got to a relationship with somebody who's very grounding for me. I realized was that, and AA, were the relationships that were closest to me, were the ones that counted.” James found support in both a partner and friends. He declared, “I actually found friends in recovery that cared about me, even when I didn't know who I was. I also have someone in my life for the first time in 10

years, who was in recovery as well, and he gets me.” During the interview, James talked about reuniting with his family. He became overwhelmed when he recounted,

My second week in treatment, my family came to me. It was the first time they saw me in years. They all showed up and that was a shock because I didn't know that they cared. So, I think that the support of my family kind of changed because I was, for the first time doing what I was supposed to do.

Subtheme: Recovery Community. Most participants in this study described the significance of having their recovery community as a vital support system. This includes support groups, friends in recovery, a chosen recovery family, recovery conventions, and so forth. The participants outlined the importance of shared experiences with others in recovery, suggesting that being around others who have gone through similar situations create an environment for shared understanding and meaning. James revealed that gay men in recovery must “trust the community. What I mean in the community, it's not just the exclusive gay community, trust the recovery community. They're going to love you through it.” Participants described this connection as imperative in recovery.

Participants in this study described their participation in support groups as a useful resource, especially in early recovery. Mike detailed his experience with, “my recovery family is very supportive. I found a whole new social construct through my meetings, through AA, through the people. That was really my support for the 1st year before I started cultivating other friends.”

Further along in the recovery, many participants emphatically asserted that support groups were a source of connection to others and meaningful relationships.

Jeremy stated, “my family is very super supportive of what I do, but it was my chosen family, my AA family that I created in sobriety, that was my major support system.”

Participants suggested the importance of connecting with others through group meetings as an essential sustainability factor throughout their recovery, and continued engagement as an important factor that contributed to their long-term sobriety. Mike further recounted,

I made all these new sober friends in AA and they helped create a social life for me that didn't involve drugs and alcohol. It totally changed once I sobered up. It was just a lot of getting in involved in, in AA and all the fellowship they call it that AA provides.

Subtheme: Gay Community. Participants in this study outlined that addiction, recovery, and sexuality can seem like isolating issues. A few participants identified that finding support in their local gay communities played a vital role in maintaining recovery success. Matt shared that, “it's about community. Even in sobriety, you get your gay community, the fellowship. It's about networking, building those groups of people that have similar interests, that feel like your little posse. Austin voiced, “equality's important in recovery. Everybody needs to come in and immediately feel welcome. I appreciate that someone's in there trying to survive. There have been times when anybody from our community comes in and feels comfortable coming to me.”

Relatedly, Steve ascribed to being a positive representative of the gay community. He stated, “I define myself more now by what I can give to my community. I try to present myself as a positive role model for other LGBTQ, as well as a positive image of the

LGBTQ community”. Seth described connecting his recovery support system by making the gay community a substantial part of his recovery community.

A lot of gays go to Roundup. Roundup is synonymous with a gathering for gay men who are in recovery to do workshops together to support each other, to build each other up. I think that's really a very positive thing for us as gay men. We need that.

Theme 4: Search for Connections

Although there was much interconnection within developing supports and finding meaningful connection, this theme differs from supports in that 14 out of 15 participants described a desire for connections, both platonic and romantic. Throughout each of the interviews, the participants overwhelmingly described the importance of connections with others as fundamental to their success in long-term sobriety. Participants highlighted how addiction robbed them of meaningful connections with others, leaving them feeling isolated. They detailed factors that contributed to rebuilding damaged relationships or engaging new connections with others. Although support groups appear to be the initial source of connection for many individuals entering into early sobriety, many participants expressed a desire for physical, emotional, and platonic relationships. Seth explained, “I got an office job. Somebody saw something of me and gave me a chance. It was there that I made some platonic connections with other people in and out of recovery.” As with other themes in this study, participants described the importance of having shared experiences with others and knowing that others have experienced similar situations, as helpful to alleviate any sense of shame or feeling judged. Matt reported, “I've been in AA

constantly. AA is a bridge back to life. That's my, that's my biggest connection, my greatest joy”.

Subtheme: Lonely. Addiction can be an isolating experience. Interestingly, several participants described also feeling lonely in their recovery at times. Jeremy supported this statement when he said, “I would say I honestly don't have as many friends as I had when I was using. Now it seems like my circle is so small which is good in some ways, but then sometimes I'm kind of lonely.” Jim narrated that his experience led him to “act out sexually because I was just trying to fill the void from the loneliness. I had no friends left from when I drank and drugged because my entire world changed. I was very lonely, very horrified.”

Some participants described once they decided to stop the substance use, they continued to feel isolated. James reported, “my social network disappeared. It was kind of a desert for a couple of years.” Some participants suggested feeling of suffering alone until they found individuals that they could relate with through shared experiences. Brad narrated, “it's lonely to try to talk to people about sobriety when they have not experienced it in their lives. So, it can be a lonely journey.”

Subtheme: Social Media. Many participants identified that online and social media outlets were outlets to connection. Matt discussed how social media impacted modern gay life as, “It's different than it is today where most people's lives are online and the bars are just an ancillary thing.” Some social media outlets included Grindr and other “dating apps,” Facebook, and apps such as TikTok, as well as Zoom for support groups. Steve reported how he stays connected in social media self-help groups, such as “a

Facebook group for AA, groups for NA [Narcotics Anonymous]. There's Zoom things out there. The support and the guidance and the help is at your fingertips now.”

Some participants utilized social media apps for dating. Jeremy disclosed, “It's hard when you're not going out to the bars to meet new people and be around others. Gay dating is pretty much all on an app now. So, I use Grindr and Scruff and Tinder.” Beau shared a similar perspective in that “my social scene has really changed, and basically, I don't go out anymore. I mean, my social life is Grindr. A lot of gay guys use it, so I've got to be careful who I associate with online.” However, a few participants delineated the interconnection between social media and overcoming an obstacle related to recovery. Bryan stated, “when hooking up on Grindr, you tend to run into people who were on drugs.” James echoed this response with,

The aspect of our gay culture and sex is tough because there's no outlet for gay men in sobriety. It's so hard because the only place to have a relationship is through the apps. There're so many people on there still using and it puts you into a dangerous place, a very vulnerable state.

Theme 5: Prioritization of Wellness

For all participants in this study, being able to recover from addiction was perceived as a blessing, a gift. It gave them an opportunity to live a life free from substances and have a healthier lifestyle. Paul voiced, “I walk at least a couple of miles every day. It's a gift, sobriety. So, eating right, paying attention to nutrition, taking vitamins. It is all important.” Participants posited that recovery also allowed them to develop positive qualities and reestablish relationships. Recovery brought them happiness

and a better life perspective. Jeremy commented on this concept when he said, “A big part that I had to change was learning to be part of the community, being part of the nation, and people around us. Figuring out my space was really important as well.”

Most participants discussed how physical, mental, and emotional wellness became an important recovery capital gain for them. From this, several sub-themes emerged. Personal growth emerged as a theme from the participant interviews. The participants described recovery as not only stopping the drug use but also addressing the whole self. This concept of personal growth was expressed as active engagement in working on one’s whole self, including physical, mental, and spiritual domains. In support, Jeremy stated, “I get STD tested regularly and I maintain that healthy margin with myself. Now, I have good health insurance so that I can see my doctor. I think that is a very important step in self-care and learning to love oneself.”

Participants expressed the importance of creating a life worth living outside of substances, frequent self-reflection, connection to health, spirituality, employment, goals and responsibility, as well as sober fun, as contributing factors to personal growth. Austin explained his thoughts on personal growth with, “in active addiction, I was pretending to be a human, the same routine every day. When I got into recovery, I got very active. I kept myself busy doing productive things that made me feel good about myself.”

Subtheme: Physical Health and Exercise. Participants described the process of once substance use was no longer in the picture, they began addressing the various aspects of themselves. After addressing the most pressing issues first, such as housing and employment, then came physical appearance, exercise, diet and more. Jeremy voiced

that “I think about my health today, it's great. So, being healthy, taking my meds like I'm supposed to, it's so wonderful. I started running about 2 years into recovery. That's really integrated into a lot of my recovery life now.”

Overwhelmingly, participants cited that actively engaging in physical health and addressing their physical appearance as crucial on the road to recovery. Beau shared his experience and fear of being triggered. He said, “when I first got clean, I got pretty big. I think that one of my biggest triggers was being overweight. I didn't want to be triggered to get back on drugs, so getting back into the gym was important to me, probably my biggest focus.

According to Fitzgerald (2017), taking care of one’s health is a supportive factor in recovery because the connection between taking care of physical health and seeing positive changes in self-esteem and confidence. Bryan echoed this statement with, “I started playing volleyball and I started working out. One day, I just started spending every free minute that I had exercising. That's kind of where I started finding worth and a desire to succeed.”

Subtheme: Spirituality and/or Religion. Participants described their beliefs in a higher power other than self was essential to maintaining mental and emotional wellness. Harley found comfort with, “I got involved in religious activities through the church and it became a second social group for me. In the religious community, I found meaning and developed activities that helped me change.” Also, Jim expressed the importance he placed in this concept stating, “I want one-on-one relationships that are meaningful. I

know that we all have the common root of higher power or God. It is part of the fabric of who I am, and I'm not ashamed to say thank you, God.”

Some participants explored the role of spirituality and/or religion in their recovery as being a place for direction, hope, and growth. Mike claimed that “spirituality is a big part of my recovery since I got sober this time, because it had been missing all the times previous. The biggest difference in recovery this time was spiritual peace.” Similarly, Matt summed it up with, “I believe every one of us is connected to the same universal spirit. It's our minds that are not connected to our own souls. It's not in our heads, it's in our hearts. We got to plug that in.” It was Jim who explained that he viewed sobriety as a gift from his higher power. He disclosed,

You get different gifts from sobriety, and my gift of sobriety today is that I know God loves me and wants me to surround myself with people that are very much the same. I definitely believe I'm a chosen one because a lot of people don't get this opportunity that is such a gift.

Subtheme: Peace and Serenity. Many described that making a space without “drama” or “chaos” was vital to their recovery and emotional well-being. Jeremy stated, “my peace and serenity are very important to me because I lived very chaotic when I was high. Now, I enjoy my peace and my quiet. I like my having my own space.” Seth shared, “I think some days it seems like I come home exhausted mentally. I come home to my husband, to my dogs, to my cats, to my birds, to my serenity.” Moreover, Beau put into words how he moved from “chaos” to peace when he disclosed,

I didn't know peace. I lived in chaos for so long that I didn't know what that was. I had to find that peace within myself, that quiet space where I was living my life in a good way and doing what I was supposed to be doing. There's peace there and it's wonderful.

Theme 6: Service to Others

Thirteen out of 15 participants identified that “giving back” in recovery and “helping others” were a significant part of their lives in recovery. Getting involved and giving back refers to individuals engaging in acts of service for others. These participants described actively engaging in the principle of service work as a factor in supporting long-term sobriety. Austin claimed, “I'm always the one to help other people in service. Service has been great. It's a very positive experience. It's up my confidence.” In addition, Bruce described service as being a role model within the gay recovery community. He stated, “I like to go to gay AA to be there as a gay person for newcomers. I like for gay people to see that you can get long-term sobriety and have a happy life and be gay.”

Participants relayed that much service work is focused around support group meetings and engaging in specific altruistic tasks. However, all participants agreed that being of service led them to further connections and relationships from which a recovery network was formed. Matt proposed that, “when we open up to be a channel of energy into other people's lives. This is essential to my healing that I help others. It's a metaphysical principle that you give away that which you wish to receive.” Brad echoed this sentiment with, “I volunteered and I got to meet some people outside of the bar.

Volunteering keeps you very, very present and it just does come back to you tenfold. It just really makes you feel good about yourself”. Like the other themes and sub-themes, getting involved and giving back is also a form of connecting with other, creating shared experiences, promoting accountability, and shifting the focus from self to other.

Many participants stated that getting involved and giving back became a central part of their recovery. One participant, Jim, effectively summed up the positive impact that helping other has made in his life.

That's what it's all about. Saving people's lives and letting them know that they can have a better life, a richer life. I don't mean richer in monetary, that can be part of it, but richer in spirituality, richer in relationships, richer in love, richer in kindness, and richer in being good to yourself.

Theme 7: Meaning and Purpose

Most participants stated that they were able to find meaning or purpose in their lives while in recovery. Jim shared that his “purpose here is to be a servant in life, in this world. I think that I've been given an incredible gift and I don't take it for granted on any level. It's a gift that not everybody gets.” This idea appears to also be inherently systemic in nature, recognizing the importance of not only treating the problem but the person, holistically. As some reported, substance use tended to envelop the person and their entire existence. For Lance, he presented his new meaning in recovery involved “all good things, good purposes. Before when I was on pills, my only purpose was getting high. Everything revolved around being high. Now, I actually could tell you a lot of things that I have purpose for.”

Participants in this study described the processes throughout their recovery that contributed to more than using substances and living in addiction. I defined this phenomenon as creating a life outside of substances. Many participants highlighted the importance of minimizing the appeal of drugs by living a full life that began with personal reflection and growth. James described his experience of self-reflection with, “I look at my happiness and my joy and I think that's a purpose. I keep my side of the street clean. I think that gives me my purpose, and in that way, I make the world better than what I started out that day.”

For some participants, this meant finding activities that provided a sense of meaning and purpose for their recovery. These activities were often focused on being employed in fulfilling work, spending quality time with family, engaging in positive recreational activities or sober fun, and enriching their relationship with a higher being. Bryan supported this concept when he stated, “I’d say that my new meaning and purpose in my life as a gay man is to be at peace with who I am and what I’ve accomplished so far, and to be open to new relationships.” Ultimately, discovering a sense of purpose or meaning in recovery was a vital factor important to sustaining long-term recovery.

Subtheme: Gratitude. Many participants described developing a sense of “gratitude” or an “attitude of gratitude” in their recovery. James described that self-acceptance helped him acknowledge gratitude with, “I am radically accepting about who I was. I really believe to be happy is to be human, and to be human is to be happy. Happiness comes with body, mind, and spirit. Now, I live with intention and recovery gave me that.” Also, Bruce explained what gratitude in recovery means to him. He stated,

“I thank God for my sobriety. It equates to gratitude, thankfulness, happiness. Just an attitude of gratitude is appreciating the smallest things in my life that make my life good.” Bruce continued by equating gratitude as recovery capital as he began to “see the positive gains in life, and all that stuff is kind of capital in your recovery. The more gained, the more to lose if you don't stick with it. Again, it's appreciating the small things, it's that gratitude list, that's all part of your capital.”

Summary

In Chapter 4, I outlined the steps I took in the analysis process. I explained how themes were identified, named, and grouped to present a description of the elements of the participants' experiences. This analysis attended to both unique and common features of each participant's story. I developed a summary about what I interpreted from the interviews and sent it to each participant as a way of checking my assumptions. This member checking allowed me to trust my interpretations and incorporate the participants' feedback into the final narrative. In Chapter 5, I present the themes that emerged during the analysis which describe my fundamental framework for understanding the participants' experiences.

Chapter 5: Discussion, Conclusions, and Recommendations

I studied gay men who achieved long term recovery to understand what facilitated, and impeded, their recovery. Building upon existing research, this study found that gay men face challenges that may differ from their heteronormative counterparts. As this population navigates the journey of recovery, they often struggle to find identity and stability that supports long-term successful recovery (Felner et al., 2020). I aimed to explore the lived experiences of gay men with 2 or more years of successful recovery and how they made sense of their motivation to stay substance free thereafter. I used IPA as the research approach to understand the lived experiences and meaning-making processes of those remaining motivated to abstain from using substances (Smith et al., 2011).

The participants identified that they were doing well in their recovery process, and all of them spoke of recovery as a gift and new life filled with meaning and purpose. There were seven themes, along with 12 subthemes, that emerged from analysis of the data collected from the participants' interviews. They were (a) gay culture with the subtheme surrounding negative emotions; (b) boundaries with the two subthemes of obstacles and morals and values; (c) development of a support system with the three subthemes of family and friends, recovery community, and gay community; (d) service to others; (e) meaning and purpose with a subtheme of gratitude; (f) search for connections with two subthemes of feeling lonely and social media; and (g) prioritization of wellness with three subthemes of health, spirituality and religion, and peace and serenity. I also address the study's positive social change implications and offer some practical suggestions for enhancing clinical practice.

Interpretation of the Findings

In this study, strength in recovery was instrumental to overcoming challenges and stress and managing daily life situations. Castillo and Resurreccion (2019) put forth similar findings that gay men in posttreatment addiction recovery became equipped with skills and acquired strength in making decisions directed toward sustaining recovery. Recovery capital wholly encompasses this strength and skills developed by gay men in recovery.

Consequences of Substance Use

For many participants, the addiction lifestyle was focused on seeking and using substances despite the negative consequences of addiction. These consequences typically impacted daily functioning, social relationships, mood, and behavior, as well as cognitive functions, consistent with scholarly literature (del Pino et al., 2016; Hendricks & Testa, 2012; Meyer, 2003). Many participants in this study described the experience as a loss of power and control in every aspect of their lives being motivated by substance use. Several participants in this study explained that persistent identity-related stress related to being an addict and a gay man shaped their past substance use. These findings suggest that gay men may have compounded “outsider” identities that make identity development and the disclosure process more complex because of these intersecting stressors (Felner et al., 2020). Several participants described their experiences of negative self-thoughts and emotions, such as guilt, shame, anxiety, and depression, that correlated with their identities as a gay man and a former addict.

Further, media have portrayed sellers and users as criminals and victims. As the media show more and more images of people who use drugs as criminals, the more hatred is shown towards them (Bries et al., 2018; Ghosh et al., 2022). Despite what is known about addiction and recovery, societal attitudes reflect stigma and discrimination towards people who are involved with drugs, whether in the past or the present (Bries et al., 2018). Labor (2018) found that society associated feelings of anger and hate with people who use drugs. Moreover, the researcher posited that increased emotions of anger and hate meant denial of human nature and human uniqueness for people who use drugs. Media coverage that perpetuates these stereotypes and the stigma of people in addiction and recovery affects how society understands and accepts them (Bries et al., 2018). The more frequent the negative portrayal of addiction, the more negative the attitude of society towards them (Bries et al., 2018; Labor, 2018). Participants of this study narrated how this stigmatizing view contributed to a cycle of secrecy and shame. Many participants relayed that they have chosen not to always be open about being in recovery for fear of their safety, possible negative impact on employment, and negative reactions from society. This shame and secrecy promoted unrealistic expectations on themselves from the gay men in this study.

Mericle et al. (2020) suggested that alcohol and drug use often play a prominent role in the social fabric of the gay community and may also represent a way to escape or avoid experiences of sexual minority stress such as family rejection, stigma, and discrimination (Nance, 2022). Contending with a host of personal, interpersonal, and societal barriers, such as social isolation, marginalization, homelessness, and institutional

neglect, may exacerbate substance use among members of the gay male community (Pienaar et al., 2017).

All gay men in this study identified as a sexual minority. The participants reflected on how both sexual minority-related stressors and sociocultural influences not only contributed to, but in some cases shaped, their substance use. Several participants discussed feeling social pressure to use substances while spending time with LGBTQ+ friends. Similarly, some participants described internal and external pressures to use substances to fit in with gay culture. Additionally, Felner et al. (2020) asserted that sociocultural influences, such as permissive substance use norms in the gay community and targeting of LGBTQ+ people by alcohol and tobacco companies, also contribute to SUDs among the participants of this study. Intersecting with participants' descriptions of LGBTQ-related stressors and coping were discussions of sociocultural influences and substance use. Many participants described predominantly socializing with LGBTQ+ peers in substance-saturated environments (e.g., "gay bars") and at substance-saturated events (e.g., Pride parades). Although participants appreciated the historical and cultural significance of these environments for gay people, they suggested that overreliance on gay bars may contribute to the development of SUDs among LGBTQ people, with one participant explaining that sobriety and gay bars are "incompatible."

Reintegration Challenges

The gay men in this study recognized that the first 2 years of recovery after treatment are the most stressful time as it is a transition from intensive support from treatment and focusing on treatment activities alone while building a life in recovery with

less formal support and increased personal accountability. Pouille et al. (2021) suggested that recovery capital increases over time throughout the process of recovery and more recovery capital is needed to enable individuals to handle stress during recovery. The participants in the study were in recovery for at least 2 years, and therefore, allowing them time to acquire and develop resources to sustain their recovery.

According to Castillo and Resurreccion (2019), for an individual in posttreatment addiction recovery, reintegration to the mainstream is movement towards normal daily functions. For recovering individuals, transitioning from treatment activities to doing normal activities of daily functioning was a process that induced stress and pressure. This is a phase of adjustment for a person in recovery. Many of the participants in this study considered themselves to be “recovering” when they had an increased awareness of their addiction and were equipped with tools and strategies to manage their new life. There is a myriad of factors to sustaining recovery and abstaining from substances was only one of it (Castillo & Resurreccion, 2019). The other aspects included physical and mental health, changing behaviors, staying productive, setting boundaries, and more.

In this study, many participants described their experiences of facing obstacles in their recovery journey. These participants stated that they faced recovery challenges, such as resisting the temptation to use substances or navigating new relationships after finding recovery. Several participants reported that recovery could feel lonely or isolating due to the loss of their social circle. The gay men in this study expressed the importance of developing personal recovery strengths that were instrumental in dealing with daily activities, overcoming challenges, and protecting their recovery. Some of these personal

strengths and skills included optimism, determination, good judgement, resilience, and the ability to resist temptation.

In addition, many participants discussed the intersection of setting boundaries to mitigate the obstacles faced as a gay man in recovery. All participants in this study described the importance of establishing strong boundaries in recovery to promote a new way of living and in sustaining successful long-term recovery. These boundaries contributed to their constructing a life around themselves that support recovery. Participants also claimed that putting their recovery first, saying no, and holding themselves accountable were especially important during early recovery. Participants reported having to establish accountability for themselves by advocating for their recovery or removing themselves from dangerous situations which could have resulted in relapse.

Strategies for Sustaining Recovery

Mawson et al. (2015) referred to recovery capital as the resources contributing to an individual's motivation and capacity to initiate treatment, life satisfaction, and maintenance of recovery following treatment. Personal and social capital were distinct factors for gay men that seemed to have contributed to sustaining a good recovery. In support, Castillo and Resurreccion (2019) claimed that recovery connections, social support, and recovery-supportive activities were important factors in sustaining recovery. The authors suggested that the gains of recovery capital evolve in a dynamic relationship that ebbs and flows over time as the effects of recovery impact gay men's personal and social functioning (Castillo & Resurreccion, 2019).

Cloud and Cloud (2008) offered another perspective when they proposed that social recovery capital refers to the opportunities and benefits associated with social group and family relationships that are supportive of recovery. This often includes access to material, informational, and emotional supports, prosocial drive and reciprocity, and social expectancies that support motivation when faced with personal challenges to recovery. On the other hand, personal recovery capital encompasses the resources and skills a person possesses to promote their capacity for recovery. These skills and resources involve material resources, education, physical and psychological health, coping and problem-solving skills, a sense of meaning and purpose, and self-efficacy for recovery (Cloud & Granfield, 2008).

The participants in this study reported that seeking connections and engaging in recovery-supportive activities were significant determinants in sustaining successful recovery. Existing literature supports the magnitude of engaging in support group meetings (Castillo & Resurreccion, 2019; Pettersen et al., 2019). Gay men in recovery reported that they gained insight on their personal journey from interactions with other people who are in recovery finding these peers to be helpful in managing stress and challenges. Likewise, Jason et al. (2013) found that similar experiences can promote reciprocal relationships built in hope, being surrounded by peers, and getting involved in meaningful activities contributed to longer recovery time and improved daily functioning. Peer and mentor relationships with others in recovery also supported the concept of role modeling and helping other people and was found to be a source of motivation in choosing to stay in recovery (Jason et al., 2013).

Substantial recovery capital is required to manage stress during the process of growth and change in recovery (Castillo & Resurreccion, 2019). The participants in this study shared experiences of dealing with changes in their environment, dealing with people, obstacles, and feeling productive. The results of this study suggested that overcoming stressors, dealing with unexpected life events and changes, facing challenges in rebuilding relationships, and dealing with perceived life crises are instrumental in building strength in recovery. Stressful experiences do not just involve using substances in posttreatment recovery but also dealing with the different aspects of life to get back to regular functioning. The stressful events at this stage of recovery are perceived as challenges and opportunities for growth. At this stage, people seek activities that are meaningful and valuable to their recovery.

According to del Pino et al. (2016), personal recovery capital including personal strengths and skills to manage recovery are foundational skills needed in regulating emotions and developing resiliency. Many participants described setting boundaries in their recovery and developing prosocial activities were essential to creating these foundational skills. Some participants in this study claimed that during their active addiction, they were so immersed in drug use that they became isolated from the world and eventually lost sight of what is important, special, and meaningful as their addiction progressed. However, in the process of recovery, the participants described a gradual move towards meaningful connections with family and friends, their recovery community, and the gay community. For several participants, this indicated a greater

value for quality relationships and taking care of the self after posttreatment addiction recovery.

Additionally, many participants discussed that acknowledging and developing morals and values in their recovery was a significant factor in sustaining their recovery. Some participants proposed that some of their morals and values were renewed, relearned, and discovered during the process of recovery, while others were new insights that were developed as they navigated the stages of change. This moral construct fostered positive capital gains and significantly contributed to making choices related to staying in recovery and moving towards activities that promote sustainable recovery.

In this study, support was emphasized to be the most important aspect in sustaining recovery, consistent with scholarly research (del Pino et al., 2016). Similarly, maintaining positive recovery activities were also acknowledged to be significant to protecting recovery. Due to the nature of addiction, along with recovery's chronic and continuous progression, getting involved in activities, such as attending support group meetings, was essential. Finding purpose and meaning in recovery was also a significant determinant to successful long-term recovery. For many of the participants in this study, recovery meant recognizing the importance of family and friends, appreciating the self, changing one's outlook in life, experiencing joy and inner peace, understanding existence of being in recovery, and above all, improving the quality of life.

Leclair et al. (2020) posited that experiences of spirituality also promote the recovery process. Conceptually, they fall within the bounds of human recovery capital as an internal resource that can be marshalled to facilitate recovery. With many participants,

spirituality produced an experience that several participants describe as a significant asset to their recovery. Spirituality allowed gay men in recovery “to get outside themselves,” shedding some self-centeredness and expanding awareness are important positive gains of spirituality. For some, it filled the proverbial void that was previously satisfied by drugs and alcohol and served both as a facilitator to recovery and a barrier to relapse. For others, spirituality contributes to a turning point that allowed them to fully engage in their recovery programs.

After treatment, sustaining recovery by engaging in recovery-supportive activities is a way of maintaining progress (Castillo & Resurreccion, 2019; Pouille et al., 2021). All participants identified they received support from partners, family, friends, the recovery community, and the gay community. Great value was specifically placed on connections with family and recovery peers. Many participants reported that having a healthy relationship with the family became a strong source of support and motivation. Likewise, results of this study revealed that friendships were mostly focused within the recovery and gay communities after treatment, although participants gained new peers through other social outlets, such as work or church. In support, Jason et al (2013) proposed that friendships within the recovery community are strong sources of support and offer safety, universality, and practical assistance with issues exclusive to those in recovery.

Rewards of Recovery

Castillo and Resurreccion (2019) claimed that efforts to sustain recovery do not end when treatment ends. After a series of negative experiences during addiction, the person in successful recovery strives for bigger goals. Consistent with current literature

(Castillo & Resurreccion, 2019; Mawson et al., 2015), the experience of being in posttreatment recovery is a continuing and life-long process marked by fear of going back to a life of addiction. There are no guarantees that people will avoid lapses or not return to addictive behaviors. Therefore, recovery, in general, is a continuous and ongoing process. Abstinence from substances is only the beginning to a multifaceted lifelong recovery.

According to Castillo and Resurreccion (2019), without regularly reinforced motivation, the recovery process will not be successful, and relapse to substance use is more likely to happen. Understanding the recovery experience after a person completes treatment allows better insight into what may be provided for continuity of the recovery progress and recovery capital the person has gained over time (Mawson et al., 2015). The gay men in this study recognized that recovery brings positive outcomes and improvements in the quality of life, and they must always maintain the motivation to remain on the path of recovery. Supported by the literature (Laudet & White, 2008; White, 2004), recovery is a journey of possibility where addicts can recover, manage stress in a healthy manner, and pursue a quality of life. However, the great rewards of support and connection in recovery are not immediate and expectedly gained after dealing with quite an amount of stress over time. Unlike the immediate effects of substance use, the rewards of recovery take time and patience to realize (Castillo & Resurreccion, 2019).

The participants in this study expressed three themes that contributed and nurtured motivation to remain successful in their recovery. The findings suggested that

giving back to others, developing a sense of purpose and meaning, and prioritizing health and wellness were vital to being and staying in recovery. Most participants in this study explained that they found rewards in their own recovery by being of service and give back to others, particularly other gay men struggling with addiction issues. Many participants described how discovering meaning and purpose after finding recovery led to a sense of gratitude, often viewing recovery as a “gift” or a “blessing.” The participants described recovery as not only stopping the drug use but also addressing the whole self. Participants expressed the importance of creating a life worth living outside of substances, frequent self-reflection, connection to health, spirituality, employment, goals and responsibility, as well as sober fun, as contributing factors to personal growth. This concept of personal growth was expressed as active engagement in working on one’s whole self, including physical, mental, and spiritual domains. Most participants discussed how physical, mental, and emotional wellness became an important recovery capital gain for them. All participants placed significant value on prioritizing wellness in their recovery. It gave them an opportunity to live a life free from substances and have a healthier lifestyle. Participants asserted that addressing their physical health, creating a peaceful environment, and appreciating spiritual wellness in recovery brought them happiness and a better life perspective.

Limitations of the Study

In this section, I discuss the limitations of this study. First, the sample consisted of 15 men, 12 of whom were European American, with two Native Americans and one African American. Although this study was open to all ethnicities, few non-Whites

accepted the invitation to participate. Given the range of the sample and this study being qualitative in nature, the findings cannot be transferable to the general population. Future studies might include a more diverse sample of races.

Then, the method of gathering data in this research was dependent on the quality of interview responses. The data was also dependent on the candidness, and the level of self-disclosure from the participants on their experiences in recovery. The sensitivity of the research topic may have affected the participants' willingness to be truthful and candid. To mitigate this, participant guidelines were discussed prior to the interview to level expectations and promote emotional safety. The method of interviewing was non-threatening, informal, and set in a private room to encourage participants to disclose comfortably. The researchers practiced techniques such as establishing rapport, reflective listening and unconditional positive regard to assist participants in feeling comfortable during the interviews. Although the interviews were personal and intimate in nature, I remained objective by following the validated interview guide, conducting member checking with the participant, and subjecting the results for external audit.

Recommendations

This study highlighted the need for further research involving gay men in the realms of addiction services, that recovery community, and the gay community. These findings illustrated the value in giving voice to the meanings and understanding that gay men attached to their addiction recovery experiences. It also called attention to the importance of understanding the historical context in which gay men have lived and the oppression that continues to plague the community. Moreover, this research exposed the

need for future studies that address issues of marginalized communities in the addiction service system. Through this representation, I created a framework from which I present direct recommendations and suggest further research that could benefit the positive gains of gay men in recovery.

The replication of this study with small specific ethnic samples, such as gay Latino men or gay African American men could determine the extent to which the findings are more widely applicable. A study using quantitative or mixed-methods design, may prove helpful to exploring the experience of addiction recovery in different contexts. Research that explores the experience of gay specific recovery capital would be essential in determining the benefit of gay community resources and the addiction services field. Studies that explore relationships between sexual identity, substance abuse, and barriers to access services would clarify how gay men experience recovery, and how they access support and resources to sustain recovery.

My findings represent the narratives of primarily European American gay men with 2 or more years of successful addiction recovery. Therefore, the extent to which findings are transferable to a broader gay male population is unknown. Studies that involve a more diverse sample will provide different perspectives on recovery capital and improved life quality of gay men in recovery. Indeed, a robust theoretical literature, and to a lesser extent, a scientific evidence base, highlight the additional, intersecting stressors and health disparities experienced gay men of color and of varying socioeconomic positions. Future studies should build on this work by further explicating

how intersecting stressors, sociocultural contexts, and health disparities experienced by a diverse group of gay men influence recovery capital.

Finally, my study did not address alternatives for gay men to socialize and build community outside of substance-saturated environments, such as in bars and clubs as well as in gay neighborhoods and other social enclaves. Future research should explore alternative spaces and environments surrounding opportunities for positive socialization within the gay community. These opportunities could promote supports that improve quality of life in daily living conditions and post-treatment recovery outcomes for gay men and other LGBTQ+ subgroups.

Implications

This study highlighted the certainty that gay men can achieve successful long-term recovery when they are motivated and supported by people and activities that promote positive transformation. With the transformation, there are some positive social implications worth mentioning. This section will end with societal and practical implications. It is imperative for addiction treatment programs, providers, lawmakers, and communities to recognize and increase efforts to address systemic socio-economic, cultural, and ethno-racial factors that lead to treatment and recovery inequities.

Positive Social Change

Findings from this study may create potential positive social change stemming from the positive change in the gay male population, specifically in the various social sectors such as individual, family, and community. In the bigger picture, society becomes safer and more secure in terms of fewer criminal activities related to substance use

(SAMHSA, 2016). Furthermore, these findings can support a deeper understanding for policy makers and researchers regarding the nuanced needs of gay men to support successful rehabilitation and recovery. Policy makers should support advocate representation for LGBTQ+ substance abuse services on local, state, and federal planning and policy boards. They could encourage public leaders to join boards, task forces, and commissions that advocate for empowerment on behalf of the gay community and support LGBTQ+-specific events through advertising or distribution of announcements and co-sponsorship with LGBTQ+ representatives. Additionally, policy makers can fund research that focuses on the vulnerabilities and progression of substance use and addiction in minority populations. This might include research that educates the public about addiction and recovery, along with behavioral health treatments, to lower stigma, bias, and stereotypes. Exploring research partnerships with state and local agencies and private health systems will promote the elimination of systemic barriers to addiction care and remove discriminatory policy that impede access to recovery services for gay men.

On a smaller scale, most participants were active in altruistic behavior, such as helping others who were addicted, to increase confidence, self-esteem, and self-efficacy. They “gave back” to the recovery community and the gay community by spending their time supporting and becoming role models to others struggling with addiction. Findings from this study suggest the value of gay men maintaining visible role models in recovery. Given that identity formation is one of the primary developmental tasks of this phase and given that informants in this study spoke to the added difficulty of establishing an identity in recovery, visible role models in recovery seem to provide an important opportunity for

hope and for identification with the potential for future success. Future research is needed to understand the impact of visible role models in recovery and, more specifically, in what capacity these role models should interact with gay men in recovery.

Practical Implications

Several recommendations are proposed for substance abuse treatment professionals, social workers, and health care providers to provide for greater inclusivity of gay men with SUDs at individual, group, and organizational levels of implementation. First, substance abuse treatment professionals and providers should seek or advocate for their agencies to provide them with cultural competency trainings to enhance their preparedness for work with gay men in recovery. Service providers are encouraged to regularly reflect upon their own potentially stigmatizing beliefs and attitudes about gay men. This may involve seeking supervision, as necessary, so they may avoid unintentional harm to gay men and other LGBTQ+ clients.

According to Matsuzaka (2018), agencies serving gay men can promote greater inclusivity by eradicating policies and procedures that marginalize gay men. By incorporating LGBTQ+-affirmative screening procedures and assessment forms and procedures to be, service providers foster protections for gay male clients against stigma, microaggressions, and discrimination; and providing staff with sufficient training and supervision for effective work with this high-risk population.

Next, clinicians working with gay men in recovery and their loved ones (whether biological or chosen) may need to help them with changing boundaries. Clinicians and lay persons alike would be well suited to follow the old 12-step adage of sharing

experience, strength, and hope, rather than proscribing any singular approach to recovery. Moreover, acclimating gay men in recovery to their new life in gay culture, or at least supporting them through the process, may relieve unnecessary stressors thereby promoting their recovery.

Based on the results of the study, I recommend that practitioners serving gay male clients with SUDs understand recovery as a process and provide enough guidance for transition from treatment to the mainstream. Service providers should plan beyond acute needs to build continuity of care and effective community connection into systems designed to support the ongoing recovery capital gains. Continuing care service models must also incorporate holistic and strengths-based connections and pathways to support effective engagement with community groups and activities, including but not restricted to peer-based recovery support services. The information may be valuable to case management programs and treatment professionals working in the addiction field. Coordination among recovery-support services is usually fragmented and gaining better understanding of how a gay man in recovery views his addiction and recovery, copes with stress, as well as identifying resources may be appreciated. The hope and success that these participants have experienced may be valuable in terms of understanding that recovery is possible and addiction is treatable.

Conclusion

The information presented in the study may provide greater awareness of the capabilities and strengths of gay men in recovery, but this is only possible with quality support from family, friends, and community. Recovery is a process and the experiences

of stress in posttreatment are critical components in developing personal recovery capital and other forms of recovery capital. Substantial recovery capital is required to manage stress experiences and develop a deeper understanding of what it is like to have an addiction and what it means to be in recovery.

The findings are relevant and contributed to the limited literature concerning gay men in long-term successful recovery and how they can maintain the commitment to their recovery. This study provides a better insight into the struggles that gay men in recovery must face and how they remain motivated to stay clean and discover meaning in life. It helps to identify more effective strategies to support gay men as they reintegrate into the community after addiction and minimize the likelihood of returning to substance use activity. Motivation is the factor that helped participants to remain in the recovery journey. The themes in the study revealed a pathway and processes in which gay men have achieved successful long-term recovery. Recovering gay men who are determined to remain on the road to recovery should nurture and grow their motivation by surrounding themselves with a positive environment and reliable support that meets the needs of autonomy, relatedness, and competence for gay men in recovery. When they reinforce the habit of change, and participate in meaningful activities that generate confidence, most participants reported an increase in their self-esteem.

The study provides an understanding of recovery at a specific stage of recovery: posttreatment, a critical time in sustaining recovery with decreased support from the treatment provider and increased responsibilities. This study explored recovery after treatment without the use of substances, as these gay men experienced crises, dealt with

unpleasant experiences with others, and battled relapse. Also, it highlighted the importance of support from friends and family, both chosen and family of origin. This support was a positive source of support when relationships and behaviors encourage recovery. Lastly, this study provided perspective on recovering when social stigma against people with addiction is high and expectations to maintain recovery may be unrealistic.

Substance use treatment only provides the foundation of initiating and engaging in addiction recovery. Sustaining recovery in posttreatment poses threats and pressures that may lead to relapse when there is not enough support. Recovery is continuous and ongoing. There is a need to consciously make efforts to build recovery capital, capitalize on strengths, and manage the deficits in recovery. Gaining awareness of the purpose of staying in recovery was one of the most valuable aspects of choosing to be in recovery. It may be for one's family or simply for a new appreciation of life. A gay man in recovery becomes more resilient amidst stressful experiences with the help and support of the recovery community and substantial recovery capital.

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Appendix A: Interview Questions

Before we start, do you have any questions?

May I start by gathering some demographic information?

- Do you identify as gay?
- Are you a biological male who identifies as being male?
- What is your age?
- What do you consider to be your ethnicity?
- When entering recovery, did you seek formal treatment? What type of treatment?
- How long have been in recovery from addiction?

1. How did your gay culture contribute to your substance use behavior if at all?
2. What was it that helped you to decide to make a life-change from using substances?
3. What factors do you think have played the biggest part in maintaining your recovery?

Possible prompts:

- What supports have been the most helpful to your recovery?
- Have you used support groups in your recovery?
- Do you still utilize support groups?
- What motivates your recovery?
- What keeps you sober?

4. As a gay man, what obstacles have you overcome while navigating recovery if any?

Possible prompts:

- How has your typical daily/weekly routine changed as a gay man in recovery?

→ Has your social circle changed since you went into recovery and in what ways?

5. What is most important to you now in maintaining life balance as a gay man in recovery?

Possible prompts:

→ What is the balance between your recovery and maintaining relationships (personal and plutonic) within gay society?

6. What advice would you give to gay men starting their journey to recovery?
7. Is there anything else that you would like to add to our discussion?

Appendix B: Recruitment Flyer

The Intersections of Gay Men's Culture with Recovery

**ARE YOU A GAY MAN IN RECOVERY FROM ADDICTION TO SUBSTANCES?**

My name is Robert Durham. I am a doctoral candidate at Walden University. I am conducting a qualitative research study for my dissertation and would like to invite you to participate. I am seeking individuals to participate in a 60–90-minute confidential interview about gay men with two or more years of successful recovery from alcohol and/or drugs. Participants must be 18 years of age or older. This is not a paid study, and you may opt out of the study at any time. I will be happy to answer any questions you have.

If you would like to participate, please contact me at [email address redacted] and I will send you more detailed information about our next steps.

Appendix C: Facebook Recruitment Post

The Intersections of Gay Men's Culture with Recovery

My name is Robert Durham. I am a doctoral candidate in the Social and Behavioral Sciences Department at Walden University. I am conducting a qualitative research study and would like to invite you to participate. I am studying successful addiction recovery among the gay male community. Participation is confidential. If you decide to participate, the meeting will take place via Zoom or at a location we mutually agreed upon time and place and should last about 60-90 minutes. The interview will be audiotaped so that I can accurately reflect on what is discussed. All study information will be kept in a secure location and will be destroyed upon completion of the study. The results of the study may be published or presented at professional meetings, but your identity will not be revealed. Some interview questions may be of a sensitive nature and you may decline to answer any questions. This is not a paid study. You may opt out of the study at any time. I will be happy to answer any questions you have.

If you would like to participate, please contact me at [email address redacted] and I will send you more detailed information about our next steps.

Appendix D: Institutional Review Board Approval Letter

Dear Robert Durham,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, “The Intersections of Gay Men’s Culture with Recovery.”

Your approval # is 06-05-23-1031908. You will need to reference this number in your dissertation and in any future funding or publication submissions. Also attached to this e-mail is the IRB approved consent form. Please note, if this is already in an on-line format, you will need to update that consent document to include the IRB approval number and expiration date.

Your IRB approval expires on June 4, 2024 (or when your student status ends, whichever occurs first). One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. This includes maintaining your current status with the university. Your IRB approval is only valid while you are an actively enrolled student at Walden University. If you need to take a leave of absence or are otherwise unable to remain actively enrolled, your IRB approval is suspended. Absolutely NO participant recruitment or data collection may occur while a student is not actively enrolled.

If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive confirmation with a status update of the request within 10 business days of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained on the Tools and Guides page of the Walden website: <https://academicguides.waldenu.edu/research-center/research-ethics/tools-guides>

Doctoral researchers are required to fulfill all of the Student Handbook's [Doctoral Student Responsibilities Regarding Research Data](#) regarding raw data retention and dataset confidentiality, as well as logging of all recruitment, data collection, and data management steps. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Information about the Walden University Institutional Review Board, including instructions for application, may be found at this link: <http://academicguides.waldenu.edu/researchcenter/orec>