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Participant Experiences in Christian-Based Recovery

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Walden University

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Joshua C. Mjolsness

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Walden University
2019

Abstract

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by

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MHA, Walden University, 2014

BA, St. Cloud State University, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Health care leaders are challenged with addressing addiction and the treatment of addiction. Many studies have been conducted around addiction treatment; however, no studies have been conducted on Christian-based recovery programs that use the same approach regardless of the addiction. The purpose of this phenomenological study was to explore the experiences of participants in a Christian-based recovery program that uses the same approach for all addictions. The social learning theory provided the framework for this study. Data were collected by interviewing participants of the Christian-based recovery program Free Grace Recovery (FGR). Eight participants selected had a variety of reasons for program participation from substance abuse, codependency issues, anger management problems, control issues, and sex addiction. The data were analyzed using MAXQDA software, coded by topic, and arranged into broader categories. Through that process, five central themes emerged from the data: spiritual religious experiences, program experiences, positive experiences with people, skills, acquisition experiences, and acts and services experiences. The implications for social change are that programs like FGR can be beneficial for many addictions, habits, and vices, and the need for program specialization may not be necessary because participants reported similar experiences despite having different addictions or other issues they were addressing. This would make recovery possible for a larger group of people.

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Dedication

This dissertation is dedicated to the memory of my cousin Chad who was taken from this world too early and whose loss compelled me to change research topics to do something to contribute to the help and hope of those struggling with addiction.

Acknowledgements

I would like to thank the committee chair, committee members, reviewers, and faculty that helped direct me in topic selection and refining my work. I thank my fellow colleagues who have provided their input and words of encouragement throughout the dissertation process. I also thank my family and friends for their support during the dissertation process. Most importantly I want to thank God for providing me with the strength and determination to get to the goal.

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Chapter 1: Introduction to the Study

Introduction

Addiction and the treatment of addiction is a looming health care issue. Illicit drug use grew from 7.9% in 2002 to 9.4% in 2013 for people 12 years of age and older (Hughes et al., 2016). This increase in illicit drug use has health care leaders challenged with finding the most cost-effective treatments. Current treatments include pharmacological, behavioral, and psychosocial treatments (Ducharme, Chandler, & Harris, 2016). In the behavioral realm, various recovery programs address the needs of people who have addictions from the traditional 12-step programs to the inpatient residential programs (Davis, 2014; Delucia, Bergman, Formoso, & Weinberg, 2015; Flaherty, Kurtz, White, & Larson, 2014; Raney, Johnson, Nelson, & Slaymaker, 2017). One particular recovery program is Free Grace Recovery (FGR), a voluntary participation program located in the Midwest.

The Christian-based program approaches addictions of any form, with the same Christian doctrinal approach using methods similar to a traditional 12-step program, supplemented with additional elements incorporated in the program (Dykstra & Rauma, 2015). Traditional 12-step programs are more common in the treatment of a single addiction focus, such as Alcoholics Anonymous (AA) treating alcohol addiction and Narcotics Anonymous (NA), that treat people with substance abuse problems (Alcoholics Anonymous World Services, 2001; Narcotics Anonymous World Services, 1986). There are a variety of treatment programs that vary in structure and approach and, for the most part, focus on a single issue. The Christian recovery program in this study uses some of those varied approaches to address multiple types of addiction.

Treating addictions is difficult for health care leaders. Providing the right types of services to the patients most in need has proved challenging for many facility leaders. Recovery programs are effective in the treatment of substance abuse (Davis, 2014; DeLucia, C., Bergman, B., Formoso, D., & Weinberg, L., 2015; Flaherty et al., 2014; Raney et al., 2017). Researchers have gained the knowledge about treatment effectiveness through quantitative methods (Brown, A., Tonigan, J., Pavlik, V., Kosten, K., & Volk, R., 2013; Martin, Ellingsen, Tzilos, & Rohsenow, 2015; Walton-Moss, Ray, & Woodruff, 2013; Webster, 2015). Other researchers used qualitative methods to look at the subject of treatment and recovery (Al-Omari, Hamed, & Abu Tariah, 2015; Davis, 2014; Timmons, 2012; Williamson & Hood, 2015). These studies varied in approach with some using surveys or interviews with leaders or mentors. Timmons (2012) used participant interviews; however, it was not as representative a sample, limiting the interviews to African American males. Although leaders are investigating measured outcomes, few recovery program providers are asking the participants what they think and feel about the program. It is not known how participants of a Christian recovery program feel about their experiences and ability to recover.

There is a lack of research on participant experiences in a Christian-based recovery program that uses the same approach for all addiction types. Much of the literature on addiction treatment programs center around substance abuse (Davis, 2014; Raney et al., 2017; Timmons, 2012; Walton-Moss et al., 2013; Williamson & Hood, 2015). Substance abuse and addiction is a well-researched topic; nonetheless, other addictive behaviors affect families and communities as well, such as gambling, pornography, and over eating (The National Center on Addiction and Substance Abuse,

2017). Finding participant perspectives toward treatment approaches that may impact several addictions may have positive social change implications on recovery efforts as well as reducing potential costs in treatment efforts.

The subsequent sections of Chapter 1 include the background on the topic, the problem statement, the research questions, the significance of the study, its assumptions, limitations, conceptual framework, and the definition of key terms. Chapter 1 ends with a summary and introduction to Chapter 2.

Background

The cost of health care in the United States continues to increase. Some of those costs arise from substance-abuse-related expenses and substance abuse, and the treatment for this abuse is costly. The cost of substance abuse is estimated to reach \$700 billion annually (National Institute on Drug Abuse, 2015). By 2020, the prevalence of mental and substance abuse disorders will overtake physical diseases as the leading cause of disability in the United States (National Institute on Drug Abuse, 2015; Substance Abuse and Mental Health Services Administration, 2016a). Health care leaders continue to work with the public and government leaders to find ways to address the substance abuse problem from multiple angles including prevention and treatment.

There have been national efforts to prevent substance abuse and other addictions. When preventive measures fail, treatment becomes necessary. There are many different substance abuse programs. Some scholars have indicated a connection between spirituality and recovery by participants and within faith-based programs (Brown et al., 2013; Davis, 2014; Raney et al., 2017; Timmons, 2012; Walton-Moss et al., 2013). The program of interest and its participant's experiences was a Christian-based recovery

program founded in the Midwest by a pastor and a recovering addict using concepts adopted from other 12-step programs and supported by Biblical doctrine (Dykstra & Rauma, 2015). There is no shortage of research on substance abuse and treatment; rather, there is a lack of investigation on more applied treatments to multiple addictions within a single program. In many studies, focus was placed on outcomes, program effectiveness, and abstinence from addictive behavior and little attention on program participant experiences (Brown et al., 2013; Davis, 2014; Ranes et al., 2017; Walton-Moss et al., 2013). Research is needed to explore the perspectives and experiences of participants in the program to gain a deeper understanding of this program in the Midwest.

Problem Statement

Addiction and the treatment of addiction continue to be an issue facing healthcare leaders. This has an impact on society, families, and individuals (Al-Omari et al., 2015). Multiple treatment approaches exist to combat addictions. For example, residential-treatment programs, 12 step programs, secular and faith-based treatment programs, and outpatient treatment programs are available (White, Kelly, & Roth, 2012). Many of these treatment approaches tailor the treatment to the type of addiction. However, there are programs that treat all addictions with a singular approach. One such program is a Christian-based treatment method based on Christian doctrine and following a similar format as the more well-known 12-step recovery methods.

Addiction treatment methods have been well researched. For example, researchers have measured outcomes of programs and effects of religion and spirituality among alcohol only, drugs only, and other combinations of substance-related addictions (Brown et al., 2013; Davis, 2014; Martin et al., 2015; Ranes et al., 2017; Timmons, 2012;

Walton-Moss et al., 2013; Williamson & Hood, 2015) There is a lack of research on one Christian-based treatment program that uses the same approach to treatment regardless of the type of addiction. Much of the current literature focuses on outcomes and measured metrics (Brown et al., 2013; Martin et al., 2015; Walton-Moss et al., 2013); however, few studies have focused on the perspectives of those most involved in this treatment approach.

Purpose

The purpose of this phenomenological study was to understand the experiences of participants in a Christian-based recovery program at sites located in the Midwest. Data of the participants' experiences were gathered through interviews with the participants in the FGR program to explore a deeper understanding of these experiences.

Research Questions

The following research question was derived from the research problem to guide this research:

What are the lived experiences of people who participate in a Christian-based recovery program that treats all addiction types?

Conceptual Framework for the Study

Conceptual Framework

The conceptual framework for this study originates from the social constructivist paradigm and the phenomenological approach drawing from the works of Moustakas (1994) and Van Manen (1990) who play roles in the use of phenomenological research. Phenomenological researchers focus on the insight and information that emerge from an intense study of experiences (Husserl, 2012). In this case, I wished to explore participant

experiences in a Christian-based recovery program. This research was further guided by Bandura's (1977) social learning theory (SLT) whereby behavior is modified through the modeling of positive behavior. In the case of recovery, the modeling of behavior consistent with refraining from addictive behavior is central in the recovery process through mentors, sponsors, and other program participants. Prior research on this topic is helpful in understanding the foundation leading up to this research problem and served as a timeline of progression in the understanding of recovery and experiences in general, faith-based, and secular recovery programs. These factors helped provide the working framework to gain a deeper understanding of what is going on in the participants' experiences.

Nature of the Study

The nature of this study was qualitative with a phenomenological approach. Phenomenological qualitative researchers focus on gaining an understanding of the collective experiences of individuals experiencing a particular phenomenon (Creswell, 2013). This approach aligns with the research question in this dissertation as its purpose was to understand the experiences of the participants within the Christian-based recovery program. I expected that there will be a consistency in the participant experiences, regardless of the type of addiction and findings similar to narrower studies on recovery programs specializing in one type of addiction.

Definitions

The terms operationalized in this study included the following:

Addiction: An uncontrollable need for and use of a habit-forming behavior or substance (Addiction, 2017).

Recovery: According to the Betty Ford Institute's Consensus Panel (2007) the definition of recovery is, "a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship" (p. 222).

Assumptions

It was assumed that the participants being interviewed answered the questions honestly to the best of their ability and recollection. It was further assumed that all participants attended the Christian-based recovery program voluntarily. The absence of coexisting addictions within one participant was also assumed once the participants acknowledged receipt of the selection criteria and informed consent. I further assumed that participants who agreed to be a part of the study were interested in helping advance understanding in the field of addictions, recovery, and treatment.

Scope and Delimitations

Participation in this study emphasized those who had an addiction other than substance use. However, those with substance abuse problems were also included. Participant selection gave priority to those without coaddictions or issues of mental health or brain injury. This study's scope was a sample of participants from different Free Grace Recovery program locations in a Midwest state. I focused on current and/or former participants in the Christian-based recovery program. Additional controlled limits included participants having been free from their addiction for at least 1 year.

I delimited the study by restricting the participation of those under the age of 18 and no more than eight to 10 participants total because of the nature of phenomenological research indicates that five to 25 participants is an optimal range of participants in order to gain a greater understanding of the lived experiences of the participants (Creswell,

2013). Further delimitations included not having participants with cooccurring mental health issues so as to not complicate the data. The transferability of this study may extend to other similar programs.

Limitations

This study was limited geographically as the research locations were all located in a Midwest state, making generalization of results beyond the local communities more difficult. The definition of spirituality and religion have no agreed upon definition and can be subjective. Large sample sizes for interviews are not practical; thus, the findings were limited to the FGR program. There may be a limited degree to the transferability of results among experiences among participants with different addictions within the program; however, hypotheses may be generated from the results as to their application within other program settings for future studies. There was potential researcher bias because I did not have an addiction and had not participated in a recovery program; therefore, I may have misunderstood the emotions and feelings of the participants. I addressed this potential bias by active listening and reflecting in the journal after each interview to help explore and root out potential bias in interpretation. Participant selection occurred from more than one center, but all participants were from the same sponsoring organization. I eliminated cross program comparison, leaving this option open for potential future research opportunities.

Significance

This study's focus was on understanding the experiences of recovery participants who attended a Christian-based recovery program that used a universal approach to address any addiction that enters the program. The significance of this study resides in

the potential to consolidate programs of specific types of addictions into one approach should experiences remain unchanged, thus presenting a potential cost saving benefit in contrast to organizations operating several programs of differing focuses. Such consolidation would be of interest to the academic community, public policy makers, health care professionals, and patients having an addiction. Identifying a program that can be useful to every addict will be able to reach more people and improve their lives through recovery from that addiction.

Summary

Chapter 1 provided the framework and rationale for the study. I identified key elements to help outline and organize this study through an explanation of the background and scope of the research and related literature along with describing the problem statement and purpose of this study. I described the research question and the conceptual framework. I outlined the definitions and descriptions of assumptions and limitations to the research.

A review of the literature follows in Chapter 2.

Chapter 2: Literature Review

Introduction

In Chapter 2, I present an investigation of the peer-reviewed literature related to addiction and treatment approaches. This chapter is divided into eight sections. In the first section, I present the search strategy used to find the included studies. In the second section, I analyze the SLT that formed the theoretical framework guiding the study. In the third section, I explore addiction and research related to addiction. In the fourth section, I investigate literature related to spirituality in treatment. In the fifth section, I evaluate substance abuse and addiction as a model from past research to help understand the recovery process and how it relates to the current research. The sixth section provides a background of Free Grace Recovery: its structure and process. In the seventh section, I compare and contrast other studies that used a similar methodological approach as this study plans to use. The final section provides a conclusion of the literature review.

Addiction in the United States, and its treatment approaches, and remains an issue for health care leaders. Addictions impact society, families, and the individual with addictions (Al-Omari et al., 2015). There has been previous research on recovery programs such as residential treatment, traditional 12-step programs, outpatient programs, and both secular and religious among all of the types (White et al., 2012). These programs all focused on a combination of substance abuse. The problem resides in the lack of research on Christian-based recovery programs that treat all addictions using the same approach. The purpose of this phenomenological study was to understand the experiences of participants in a Christian-based recovery program at three sites located in the Midwest.

Search Strategy

Initial topic searches began with Google Scholar. Database searches were conducted using databases such as MEDLINE, PsycINFO, SocINDEX, and CINAHL. Search terms were used in all four databases, along with variations in terminology to include similar words used to describe a concept. Filtered results include articles from 2014 to current. Searches included terms such as *substance abuse and recovery and faith-based, substance abuse and treatment and faith-based, substance abuse and treatment and religion, substance abuse and treatment and spirituality, addictions and recovery and faith-based, addictions and recovery and religion, addictions and spirituality and treatment, residential treatment programs, religion and recovery, SLT and qualitative, phenomenology and addiction, addiction and Research, addiction and brain factors, and addiction and withdrawal*. Other sources of information obtained to provide background on certain topics include books purchased through Amazon about phenomenology, SLT, and the AA book.

Social Learning Theory

The theoretical foundation for this study was the SLT concept first developed by Bandura. According to SLT, people learn from one another through observation, imitation, and modeling (Bandura, 1977). In the SLT, human behavior is learned observationally, and this learned behavior is retained and used as a guide for future action (Bandura, 1977). The concepts of SLT were a guide to the research question and helped me to understand the perceptions of participants in the Christian recovery program.

Efficacy and Outcome Expectations

In SLT, performing certain behaviors may result in certain outcomes and includes expectations about those outcomes (Bandura, 1977). For instance, a subject's eventual outcome from behavior has the two concepts contributing to the end result as shown in Figure 1.

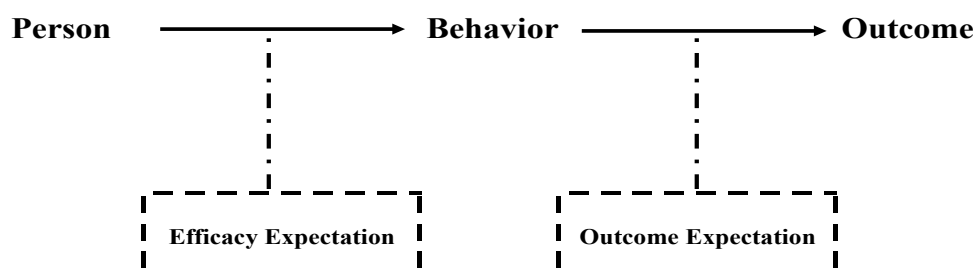


Figure 1. A diagram of the difference between efficacy expectations and outcome expectations (p. 79), by A. Bandura (1977) Upper Saddle River, NJ: Prentice Hall. Copyright 1977 by Prentice Hall. Adapted with permission

Outcome expectations are the person's estimate that a behavior will lead to a particular outcome (Bandura, 1977). In contrast, efficacy expectations are defined as a person's conviction that he or she can successfully perform the behavior to lead to the outcome (Bandura, 1977). In terms of addiction, seeing healthy modeling of abstinence and nondestructive behavior would lead to abstinence from the addicted substance. The recovery participant understood that if behavior continues similar to the participant's sponsor/mentor and the program steps are followed, the participant will achieve the outcome of recovery from addiction. A recovery participant who understands the steps necessary to achieve sobriety has an outcome expectation; the belief in whether these behaviors can be performed by the participant to achieve that outcome over time can

evolve throughout the program. The SLT model is helpful in understanding the process of how 12-step programs such as AA and Free Grace Recovery use modeled behavior to guide recovery participants to the final outcome of freedom from addiction.

Modeling influences have a broader psychological effect than previously thought (Parke, 2014). The behavioral responses from the modeling influences are due to differential reinforcement such as positive reinforcement of acceptable behavior and no reinforcement or negative reinforcement of destructive behavior (Parke, 2014). The 12-step program is similarly structured because recovery participants understand that resuming destructive habits will lead to negative results, and continued modeling of the behavior of identified mentor's results in positive effects of continued sobriety.

The SLT has been used to understand phenomena in a variety of disciplines. This framework has been used to understand prescription drug misuse among college students. Watkins (2016) found that those students who had a high proportion of peers misusing prescription drugs also misused drugs, and the frequency of exposure to misuse also played a role in prescription drug misuse. Trujillo, Suárez, Lema, and Londoño (2015) found that the three forms of learning scribed to SLT played a role in the perceptions of risky behavior in adolescents and alcohol use. Additional studies have used this framework to explore the relationship between role models, imitation, and mentoring and other behaviors, such as in the training of loss prevention officers, virtual peer effects on behavior, and in the coaching of athletes (Connolly, 2017; Florida & Hollinger, 2016; Miller & Morris, 2016). The connection to these studies is on the behavior modeling to influence others.

Modeling of positive behavior by mentors in the recovery program may impact participant experiences. Williamson and Hood (2015) touched on SLT within their study of mentors in a substance abuse program by focusing on the spiritual transformation of the addict. Silberman (2003) demonstrated the importance of the mentor-mentee relationship and suggested that SLT may be the basis for spiritual modeling. The SLT, and its behavior modeling concept, describes the underlying process of the 12-step recovery program and continues to play a role in the recovery process in Free Grace Recovery.

I used the SLT in this study because demonstrated SLT has been used in other studies similar to this research. Furthermore, the structure of the recovery program is constructed to exemplify the characteristics of imitation through the idea of the sponsor; more broadly, the Christian doctrine is also emphasized. Additionally, the program uses the stories of Jesus and how he behaved as a form of a mentor in addition to the sponsor.

Addiction

Addiction can span a variety of areas to affect people and those around them. Addiction can be described as the impairment of the ability to abstain from substances or behaviors that starts as a pleasurable experience but progresses towards a compulsive need to continue using a particular substance or engage in specific activities (American Society of Addiction Medicine [ASAM], 2017). Untreated, addiction is a progressive condition that can lead to disability or premature death (ASAM, 2017). The effects of addiction can be both psychological and physical. Physical substance use disorders occur when the body has taken on a physical need for the substance and abrupt attempts to abstain result in severe physical symptoms (ASAM, 2017). Changes are occurring in the

body and mind when addiction begins to manifest, and contributing factors can exacerbate the likelihood of addiction (ASAM, 2017).

Contributing Factors

All of the body's drives and decision-making process derive from the brain. The physical development of addiction involves the frontal cortex and the connections between memory, reward, and motivation (ASAM, 2017; Ruffle, 2014). Early exposure to substance exposure is a contributing factor in addiction development (ASAM, 2017). In addition to the physical factors of addiction development, genetics are considered to account for about 50% of the likelihood of an addiction to develop (ASAM, 2017). In the case of alcohol dependence, for example, common genetic effects across symptoms of alcohol dependency is an assumption with some validity according to scientists (ASAM, 2017; Palmer et al., 2015). However, the physical factors to addiction development are not the sole contributing factors leading to addiction development. Social contexts also require consideration (Dilkes-Frayne, Fraser, Pienaar, & Kokanovic, 2017). These environmental and social contexts include how locations play a role in consumption patterns, thus leading to an increased risk of addiction (Dilkes-Frayne et al., 2017). Dilkes-Frayne et al. (2017) posited that in addition to understanding the environments and consumption patterns, settings do not always remain static over time and people tend to relocate. Relocating has a role in consumption patterns for substance use that can create a pattern or disrupt or maintain an existing pattern. This is another factor in the consumption patterns and frequency in addiction development.

Factors contributing to the development of addictions can be multifaceted. In addition to the physical aspects of the brain responsible for the types of drives associated

with addiction, social contexts are shown to have a role in addiction development. Any combination of these factors increases the likelihood of developing an addiction and can lead to a variety of behavioral, emotional, and cognitive changes discussed in the next section.

Behavioral, Emotional, and Cognitive Changes

The effects of addiction can make changes in a person's behavior, emotions, and cognitive abilities. Behavioral changes may include the excessive loss of time from the addictive substance or behavior with adverse effects on social and occupational functions due to missing work from excessive engagement in the addictive behavior or substance or its after-effects (ASAM, 2017). Cognitive changes, such as the inability to believe that the person's problems are a predictable consequence of his or her addictive behavior instead placing the blame of their issues on other causes, is common but not obligatory in addiction (ASAM, 2017). Increased anxiety, increased dysphoria, and increased sensitivity to stressors with a feeling of things appearing to be more stressful than usual are some emotional changes that are seen in people with addictions (ASAM, 2017). Emotional changes, along with the cognitive and behavioral changes, can be outwardly manifest for others to see even if the person exhibiting them cannot or is unwilling to see.

These mental changes, and the physical changes from substance use, can lead to disability and premature death. However, the cessation of addictive behavior, most notably from the abstinence of an addictive substance, can be a physically unpleasant experience when it comes to the withdrawal from the addictive substance.

Effects of Withdrawal

Once a person decides to discontinue use of an addictive substance, he or she experiences a withdrawal phase. Withdrawal can affect people differently based on the type of substance, dosage, and frequency of use (Addictions and Recovery, 2017; Freynhagen et al., 2016). For example, withdrawal from an Internet gaming addiction may not have the physiological symptoms associated with substances but may involve restlessness and irritability after discontinuing their playing activities (Kaptsis, King, Delfabbro, & Gradisar, 2016). There are some common symptoms associated with substance withdrawal, especially typical of those ceasing opioids, such as nausea, chills, abdominal pain, diarrhea, anxiety, muscular pain, and insomnia (Freynhagen et al., 2016). Withdrawal symptoms can have short-term phases, as well as phases occurring months to even a couple years after discontinuing the use of the substance (Addictions and Recovery, 2017). The lingering effects of withdrawal impact sleep patterns, concentration, and energy levels (Addictions and Recovery, 2017).

Withdrawal symptoms can have a variety of manifestations that are unpleasant for the recovering addict. Understanding the withdrawal aspect of addiction will aid in the deeper understanding of the addiction and recovery process. It is a stage that must be passed through in order to achieve eventual recovery.

Spirituality and Treatment

Spirituality is a term with a broad range of meanings. It is experiencing meaning and purpose in a person's life through connectedness to nature, self, art, or a higher power, as defined by Burkhardt and Solari-Twadell (as cited in Walton-Moss et al., 2013, p. 217). The idea of something more substantial than humankind is often in the form of

religion through the worship of a god. Studies do not yet indicate an understanding and clear way to measure spirituality (Walker, Godlaski, & Stanton-Tindall, 2013). For this study, spirituality was used regarding God as a higher power according to Christian doctrine. Religion, however, is the adoption of a faith-based set of practices, rituals, and beliefs (Walton-Moss et al., 2013). The concept of spirituality will be discussed in the subsequent sections to understand its role in treatment better.

The concept of spirituality in the treatment of addiction is not new and has been researched (Brown et al., 2013; Ranes et al., 2017; Strobbe, Cranford, Wojnar, & Brower, 2013; Tusa et al., 2013; Webster, 2015; Williamson & Hood, 2015). SLT may play a role in spiritual modeling (Silberman, 2003). Previous research conducted on the mentoring relationship and spiritual transformation in a treatment setting discovered an association with positive outcomes in recovery from substance use from reduced use to abstinence (Al-Omari et al., 2015; Brown et al., 2013; Hodge & Lietz, 2014; Tonigan, Rynes, & McCrady, 2013; Williamson & Hood, 2015). Walton-Moss et al. (2013) discovered that spirituality and religion played a role in abstinence from substance use. The mentoring relationship plays a role in these spiritual transformations and the reported positive outcomes.

Scholars have emphasized the psychological underpinnings of spirituality and attempted to break it down into documented psychological concepts. Some of these psychological concepts include Lonergan's model of the human that divides the human mind into two distinct yet nonseparate components, the psyche, and the spirit (Mustain & Helminiak, 2015). Mustain and Helminiak (2015) stated that although unlocking the spirituality component, forward-looking, open-ended dynamism, as the ultimate goal,

integration of the psyche is the means to that goal. Established psychological concepts create the conditions by which recovery occurs and contributes to end-goal spirituality. Furthermore, Mustain and Helminiak argued that the root of achieving and maintaining recovery involves developing a sense of self, a sense of connectedness to others, and a strengthening of the ability to manage emotions.

Other researchers described contributing mediators that impact substance abuse such as constructing a personal sense of morality, creating wellness, increasing reliance on executive cognitive processes, provision of social support, and the generation of a placebo effect (Sussman et al., 2013; Walker et al., 2013). These study's concepts can be interpreted as a way to provide a psychological description or breakdown of what religious practitioners would consider the spiritual element of recovery. This includes logic-based or scientific thinking versus ascribing the spiritual process to a supernatural, mystical transformation from substance abuse to abstinence. Programs like AA, for example, may address some psychological elements of recovery indirectly through its structure by helping to find meaningful connection to others versus a spiritual transformation (Khantzian, 2014). Although not entirely dismissing the possibility of a supernatural change, these psychological descriptions of spirituality are the most likely agents of transformation.

Spirituality is sometimes considered the silent dimension in treating addictions (Gedge & Querney, 2014). There are three reasons that clinicians feel uncomfortable about discussing spirituality in the treatment process, and they send patients to religious-based community programs to get assistance in this aspect of treatment (Gedge & Querney, 2014). The first reason is it is overlooked in evidence-based treatment

approaches. Second, there is a lack of training by secular-based clinicians. Third, it looks to violate the religious neutrality (Gedge & Querney, 2014). Despite the hesitancy to incorporate spirituality into addiction treatment, clinicians are beginning to recognize the importance of a holistic approach to treatment. Completing the steps within the traditional 12-step program lacked the spiritual internalization of the steps with a sponsor that is considered necessary to achieve abstinence (Lange-Altman, Bergandi, Borders, & Frazier, 2017; Strobbe et al., 2013). The addiction itself may have been treated and abstinence achieved; however, an underlying emptiness in some research participants resulted in developing other issues like suicidal tendencies (Gedge & Querney, 2014). I stopped reviewing here. Please go through the rest of your chapter and look for the patterns I pointed out to you. I will now look at Chapter 3.

Lacking in specific studies on other addictions, studies on substance abuse seemed well suited as a model to guide research of a similar nature. The next section describes some of the previous works on treatment programs and substance abuse to provide the reader with an understanding of the general workings and processes of recovery programs.

12-Step Programs

Substance abuse treatment operates through a variety of methods. Some of those ways include outpatient treatment, residential treatment, sober living communities, peer support, 12-step fellowship, and medication (National Institute on Drug Abuse, 2012; SAMHSA, 2016b). The focus of this section will center around the traditional 12-step recovery program because of its close similarities with the recovery program at the focus of this study. In understanding 12-step programs in the substance abuse recovery domain,

the reader will have a better understanding of how the Free Grace Recovery program operates its approach to all addictions. The most popular 12-step program is Alcoholics Anonymous (AA) which has an estimated 2.1 million members as of 2016, and since there is no active formalized membership list, it is hard to pin down more accurate numbers (Alcoholics Anonymous, 2017c). At the center of its core program are 12 steps which guide the recovering addict through the program. Table 1 identifies each of the 12 steps in AA its key point from each step along with an example for completing the step and was adapted from more than one source.

Table 1

Alcoholics Anonymous 12-Steps Description and Examples

Step	Key Point	Description	Examples
1	Powerlessness	We admitted we were powerless over alcohol - that our lives had become unmanageable	Describe any times that you cannot recall how you got home
2	Hope	Came to believe that a power greater than ourselves could restore us to sanity.	List the positive and negative aspects as you see it of your family's religion
3	Surrender	Made a decision to turn our will and our lives over to the care of god as we understood him.	How do you feel in general about turning your life over to God?
4	Inventory	Made a searching and fearless moral inventory of ourselves	Describe the faults that you most detest in others. Do you have any of these traits yourself?
5	Confession	Admitted to god, to ourselves, and to another human being the exact nature of our wrongs	Describe any person who has helped you to see yourself more clearly and objectively in your process of recovery and of life.
6	Readiness	We're entirely ready to have God remove all these defects of character	Describe some secret GOOD deeds that you have done or would like to do.
7	Asked God	Humbly asked him to remove our shortcomings	What makes you lose hope? Can you avoid such situations? If so, then how?
8	Amends List	Made a list of all persons we had harmed, and became willing to make amends to them all	What important relationships did you destroy or damage because of your addictive behaviors?
9	Make Amends	Made direct amends to such people wherever possible, except when to do so would injure them or others	What amends do you think that you have already made? These can include apologies already made, helpful tasks for those that you have hurt, changed attitudes and so forth.
10	Continue Inventory	Continued to take personal inventory and when we were wrong promptly admitted it	What is your plan to allow time for reflection each day?
11	Keep Contact	Sought through prayer and meditation to improve our conscious contact with god as we understood him, praying only for knowledge of his will for us and the power to carry that out	What are your favorite sources of wisdom and knowledge about healthy values?
12	Help Others	Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs	Have you been able to reach out to another recovering addict? If so, describe the situation and how it feels to you.

Note. Adapted from "Alcoholics Anonymous," by Alcoholics Anonymous World Services, 2001, p. 59, New York, NY: Alcoholics Anonymous World Services; and "The Steps," by 12Step.org, n.d.

Alcoholics Anonymous has been around since 1935 finding its roots in Akron, Ohio but had not yet had the name Alcoholics Anonymous until its first published workbook entitled "Alcoholics Anonymous" in 1939 (Alcoholics Anonymous, 2017b). Its success and membership took off after a series of positive editorials about its success and stories from recovered alcoholics (Alcoholics Anonymous, 2017b). Since that time several programs have been modeled after its established 12-steps. More specifically, Narcotics Anonymous (NA) followed the same model, but applied to those suffering

from addiction to drugs rather than alcohol. Free Grace Recovery is also modeled after this 12-step design in its approach to addiction.

Free Grace Recovery

Background information on the Christian recovery program, Free Grace Recovery will help provide context about the program that the participants of this study were members. In addition to this background, a comparison will be made to the traditional 12-step program AA to understand some similarities and differences.

Free Grace Recovery was originally called Crossing Recovery and is part of the recovery ministry of Crossing Church. Free Grace Recovery's foundation and principles are driven by the Bible, and the process of recovery is heavily centered around the concept of grace (Dykstra & Rauma, 2015). Scripture, worship, prayer, and focusing on the positive versus the negative is a part of every recovery group (Dykstra & Rauma, 2015). Free Grace Recovery operates in four locations north of Minneapolis on different days of the week and is open to anyone who is caught up in a vice, addiction, or bad habit and wants to be free from them (Dykstra & Rauma, 2015). Free Grace Recovery has a structured system of recovery that involves clear descriptions of the roles of the guide (sponsor) as well as rules regarding the process that are meant to protect both the guide and the recovery participant (Dykstra & Rauma, 2015). The operation of Free Grace Recovery includes detailed steps and guidance is given and bolstered by verses from scripture to provide the spiritual framework to the process. For instance, the very first mile-marker in Free Grace Recovery, also the same for AA, is to admit powerlessness (Alcoholics Anonymous World Services, 2001; Dykstra & Rauma, 2015). In Free Grace Recovery, it discusses the rock-bottom moment and incorporates the verse from Jeremiah

6:14, "You can't heal a wound by saying it's not there!" (Dykstra & Rauma, 2015). The inclusion of verses from scripture is practiced throughout the 12 mile-markers of the program.

Similarities

Like AA, Free Grace Recovery consists of twelve steps similar in context. The steps, termed "mile-markers," in Free Grace Recovery are followed by the program participant with a guide, the equivalent of a sponsor for AA (Dykstra & Rauma, 2015).

Table 2 shows a comparison of the steps for AA alongside the Free Grace Recovery mile-markers.

Table 2

Comparison of AA 12-Steps with Free Grace Recovery Mile-Markers

Step	Key Point	Description	Mile Marker	Key Point	Description
1	Powerlessness	We admitted we were powerless over alcohol - that our lives had become unmanageable	1	Admit We Are Powerless	We admit we are powerless over our vice, addiction, or bad habit and our lives are unmanageable.
2	Hope	Came to believe that a power greater than ourselves could restore us to sanity.	2	Came To Believe	Came to believe that Jesus and the power of His grace is the only thing that can free me and restore me to sanity.
3	Surrender	Made a decision to turn our will and our lives over to the care of god as we understood him.	3	Turn Our Lives Over	We turned our will and our lives over to the care of Jesus and His grace.
4	Inventory	Made a searching and fearless moral inventory of ourselves	4	Fearless Moral Inventory	We examined ourselves and the root causes that led us to our vices, addictions, and bad habits.
5	Confession	Admitted to God, to ourselves, and to another human being the exact nature of our wrongs	5	Admit To God & Others	We admit to ourselves, another person, and Jesus the exact nature of our wrongs, and throw ourselves into Christ's mercy and grace.
6	Readiness	We're entirely ready to have God remove all these defects of character	6	We Became Open	We became open for Jesus to remove our defects of character. We believe that because of the cross and His grace, Jesus has forgiven us and freed us from our shortcomings
7	Asked God	Humbly asked him to remove our shortcomings	7	Finished At The Cross	Because of God's grace toward us, we became willing to seek forgiveness and restitution toward all the people we have hurt.
8	Amends List	Made a list of all persons we had harmed, and became willing to make amends to them all	8	Willing To Seek Forgiveness	Because of God's grace, we courageously asked forgiveness from and made restitution to each person we have hurt, except where to do so would cause more harm than good.
9	Make Amends	Made direct amends to such people wherever possible, except when to do so would injure them or others	9	Making It Right	We live life in Christ "by His grace." Therefore, when we are wrong, we promptly admit it to God and others.
10	Continue Inventory	Continued to take personal inventory and when we were wrong promptly admitted it Sought through prayer and meditation to improve our conscious contact with god as we understood him, praying only for knowledge of his will for us and the power to carry that out	10	Living By His Grace	We seek through daily prayer and the Word of God to better understand the depths of God's grace for us and His will for our lives.
11	Keep Contact	Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs	11	Daily Connection To Grace	
12	Help Others		12	Sharing His Grace	Having been set free by the grace of God, we seek to bring freedom and grace to others as well.

Note. Adapted from "Alcoholics Anonymous," by Alcoholics Anonymous World Services, 2001, p. 59, New York, NY: Alcoholics Anonymous World Services; and "Unhooked," by Eric Dykstra & Bruce Rauma, 2015, p. 223, Elk River, MN: Crossing Church Publishing

There are several similarities across all of the twelve steps from both AA and Free Grace Recovery. Both AA and Free Grace Recovery indicate an understanding that addicts are powerless over their addiction and need to turn their lives over to a higher power to be free from the addiction (Alcoholics Anonymous World Services, 2001; Dykstra & Rauma, 2015). Alcoholics Anonymous and Free Grace Recovery also require that individuals' take an accurate self-examination of their lives to establish a root-cause in addition to developing a list of those who they have hurt due to their addiction and

attempt to make amends (Alcoholics Anonymous World Services, 2001; Dykstra & Rauma, 2015).

Differences

In comparing AA alongside Free Grace Recovery, despite their similarities, there are also some differences. The most notable of the differences between the two lies in their target audience. For AA, their focus is on those having an alcohol addiction. Whereas, Free Grace Recovery does not place limits on their target audience and will embrace everyone who wishes to be free from whatever vice, addiction, or bad habit they have. It is also important to note that AA has a sister program so to speak called narcotics anonymous (NA) which utilizes the same 12-step concepts for those with addiction to drugs (Narcotics Anonymous World Services, 1986). Another critical distinction between AA and Free Grace Recovery is in the vital role of a higher power or God. For instance, AA does embrace the idea of God. However, they do not provide religious services (Alcoholics Anonymous, 2017a). In contrast, religious services are central to Free Grace Recovery including worship and prayer. In fact, as mentioned above, Jesus and the Bible are fundamental aspects of Free Grace Recovery, and every step of the process is supported by scripture (Dykstra & Rauma, 2015). Despite its being open to everyone with any vice, addiction, or bad habit it presents a problem for those who are not religious. Alcoholics Anonymous, however, encourages religious involvement but does not make it a requirement nor is it so central that participants are not able to compartmentalize recovery and recovery.

In summary, both Alcoholics Anonymous and Free Grace Recovery strive to free people from their addictions. They follow very similar models as discussed above and

also share some considerable differences. Free Grace Recovery provides an opportunity for those with addictions that do not fall into the mainstream a chance to be free from those addictions.

Phenomenology

The phenomenological approach to research has a long standing in social science research and has contributed to the understanding of experience over the years since its pioneering by Edmond Husserl in the early twentieth century. From his research, Husserl posited that experiences allow our thoughts to be about the world and that experiences are the ultimate source of thought (Solomon & Sherman, 2003). Later, the works of Moustakas (1994) helped to solidify phenomenology in social science and the understanding of experiences. In his work, Moustakas identified some common qualities involved in human science research and qualitative methodologies more specifically. Some of those common qualities include focusing on the wholeness of the experience rather than its parts, searching for meaning of experiences rather than explanations and measurements, and obtaining data through first person accounts by informal and formal conversations and interviews (Moustakas, 1994). The efforts of these researchers have provided a useful tool to better understand human experience in a way that gives the experience of a phenomena meaning and helps those who have not experienced the same phenomena a window to help understand.

Current Examples of Phenomenological Studies

Recent studies have used the phenomenological approach to answer questions about the meaning of experiences similar to this study. One such study interviewed college students within a 12-step recovery program and conducted interviews with those

participants specifically asking them what their experience was with recovery (Kimball, Shumway, Austin-Robillard, & Harris-Wilkes, 2017). The design of the Kimball et al. study is similar to this one in that Free Grace recovery participants will be asked about their experiences with recovery. It differs however in that the Kimball et al. study centered on substance abuse recovery while this study intends to look at experiences of participants with varying addictions which may include substance abuse but is not limited to that addiction.

Another study sought out to understand the experiences of participants who experienced what is termed a “bottoming out experience” BOE or in other terms “rock bottom” versus the actual recovery experience (DePue, Finch, & Nation, 2014). The DePue et al. study interviewed participants about what led them to want to stop drinking, if there were significant events that led to it, and if there was a “rock bottom” experience (DePue et al., 2014). The screening questions used in the DePue et al. study follow similar exclusion/inclusion criteria for this study in that it included participants over the age of 18 and those who consider themselves recovered from their addiction (DePue et al., 2014). Differences between studies included the central phenomenon under scrutiny where the DePue et al. study wanted to understand the experiences of the BOE or the turning point which led them to recover versus this study’s focus on the experiences of the participant in a Christian-based recovery program. These two examples are a more detailed compare and contrast of study design to give the reader an understanding of how this research design has been used in previous works. With that baseline, additional works employing this methodology will be included and broken down into categories of similarities and differences identified in the detailed studies above. There are a number of

studies that used interviews of participants to understand their experiences of a phenomenon within the realm of addiction but differ from this study in the exact experience (Flaherty et al., 2014; Greene, 2015; Northrup & Shumway, 2014; Pattinson & Parke, 2017). This selection of studies is used to demonstrate the widespread use and acceptance of phenomenology as an approach to research to help in understating the lived experiences of the participants.

In summary, phenomenology has been widely used to answer questions of lived experiences and provides meaning to those experiences. Phenomenology's history is long and well established as indicated by the literature and continues to contribute to the furtherance of social science understanding.

Conclusion from the Literature Review

Chapter two provided the reader with background information to help gain a better understanding of the proposed research. Chapter two discussed the Social Learning Theory at the core of the study and also provided some background on 12-step programs. These 12-step programs are used as the models to help understand Free Grace Recovery and ultimately give context to the program the participants will be reporting their experiences. Understanding addiction refined that context. Spirituality is considered an essential aspect of the Free Grace Recovery, recovery process, and literature surrounding this concept was discussed to understand its role in recovery. Deficient in a program similar to Free Grace Recovery, it was compared and contrasted with Alcoholics Anonymous, a program with a long history and structured very similar to Free Grace Recovery. Finally, the research approach of phenomenology was discussed to give the reader insight into its relevance and use in social science research. More importantly, it

discussed studies very similar to this one to bolster the legitimacy to the approach chosen for this study.

The interconnection of these topics provides sufficient background to understand the current research's relationship to previous studies and frameworks starting first with Social Learning Theory's focus on learning through modeled behavior. Second, 12-step groups welcome this concept by using sponsors or guides to model good behavior or apply the teachings of Jesus as another model. This latter part is what incorporates the third topic, spirituality. The modeling of spiritual behavior by sponsors and through the examples by Jesus along with worship and prayer, give the participant a feeling of transformation as demonstrated in the studies mentioned in the section on spirituality and treatment.

Chapter three describes the research design including instrumentation, how participants were selected, and the methodology used to collect the data. Chapter three also includes information regarding the ethical considerations made for this study and steps taken to ensure participants were protected to the best of my ability as the researcher in addition to the data analyses strategy.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological study was to understand the experiences of participants in a Christian-based recovery program. I wished to develop a deeper understanding of those participants in a recovery program that uses the same approach for all addictions. Research on Christian-based recovery programs that use the same approach for every addiction is nonexistent. This research was intended to provide insight into this area of recovery through participant experiences and to contribute to the overall literature on addiction and recovery.

In this chapter, I describe the rationale for choosing phenomenology as an approach and outline key designs of the study. Sections of this chapter include a selection rationale and criteria to participate as well as sampling strategy. A review of the data collection instruments includes the role of the researcher and the interview protocol used to guide the interview process. Organization of data, storage, security, and analysis conclude Chapter 3 followed by a summary.

Research Design and Rationale

I used the qualitative approach used to answer the research question: What are the lived experiences of people who participate in a Christian-based recovery program that treats all addiction types?. More specifically, phenomenology was employed as it was ideal to answer the types of questions posited by this study.

Grounded theory research was not selected because the purpose of the research is not to generate a working theory through the inductive process, but to gain a better understanding of the experiences of participants in Free Grace Recovery. The

implications and application of the findings cannot be applied to a larger group beyond that of this select group of participants.

Ethnographic research was also not selected for this research because of the time constraints of the research and my skill level in this area of qualitative research. It was also not appropriate for this research because I was not able to observe the participants in the recovery setting due to ethical and logistical reasons.

Role of the Researcher

My role in this study was to be the instrument with which to collect the data. I was not a participant in the program, but I interviewed selected participants as described later in participant selection logic. I had no authority over any of the participants in the program nor did they possess any formal or informal authority over me and could not provide any undue influence over the results of the study. There were no conflicts of interest within this study.

Methodology

Participant Selection Logic

Participants were past or active members of Free Grace Recovery. All participants were 18 or older, free from addiction for at least 1 year, and had no cooccurring mental health issues. They were selected through the distribution of flyers (Appendix A) at the locations where the program was operated. These flyers contained a brief description of the study, as well as selection criteria for participation. Participants wishing to participate voluntarily contacted me at the provided designated e-mail address or phone number. Participation in the study was voluntary, and participants completing the interview received a \$10.00 VISA gift card for their voluntary participation.

This strategy for participant selection was chosen because a certain mix of participants meeting the criteria was needed to do the study effectively. Having a sample of all substance abuse addicts, for example, defeats the purpose of a study involving experiences of participants from a variety of addiction types. Furthermore, by distributing flyers and having the participants contact me helped maintain a level of confidentiality, so I was not communicating in a face-to-face setting around others.

Participants who contacted me for more information or to volunteer were prescreened to ensure they met the selection criteria as indicated on the flyer, as well as the informed consent. I asked the participant if he or she met the criteria as indicated on the flyer and repeated each one to get responses to each. This was asked verbally over the phone or as an e-mail response if the participant used that method to contact me.

My intent was to select two participants from each location that could range from eight-10 total participants. This number was arrived at through the recommended sample size for a phenomenological study (Creswell, 2013; Mason, 2010). The amount of data obtained from these samples was sufficient to draw a rich description and understanding of participant experiences in Free Grace Recovery.

Saturation is achieved when the addition of more samples does not result in additional perspectives; the sample size selected was within the high midrange (Creswell, 2013) and well above the minimum described by Mason (2010). Qualitative studies typically require a smaller sample size than a quantitative study and much of the time sample size is determined by the time allotted, available resources, and research objectives (Statistics Solutions, 2017). In this study, the goal was to reach eight-10

participants; however, there was the ability to add more in case of incomplete data or participant withdrawal.

Instrumentation

I was the primary data collection instrument for this study. I used an interview protocol that consisted of open-ended questions to help guide the conversation (Appendix B). I asked probing questions to gain better clarification of responses and to dig deeper if the conversation went into an area of unknown importance. I also had the responsibility of guiding the conversation to stay on topic and allowing adequate time for the participants to process potentially emotional recollections of events. I maintained a level of compassion and active listening but remained objective by not giving acknowledgments of agreement or disagreement with participant statements. The interviews were digitally recorded using a recording device and uploaded to Rev, a third-party transcriptions service. These were the only two collection instruments that were employed in this study.

Procedures for Recruitment, Participation, and Data Collection

Recruitment. The recruitment procedure for selecting voluntary participants consisted of distributing flyers at each site of Free Grace Recovery. They contained information about the research, selection criteria, my phone and e-mail information, and information that participants meeting the selection criteria and subsequently complete the interview process would receive a \$10.00 VISA gift card to thank them for their participation. A copy of the participation flyer is in Appendix A.

Data collection. I used an interview protocol to conduct face-to-face interviews with voluntary participants. The interview protocol was used to guide the interview

through a series of open-ended questions to achieve depth and richness of obtained data. The interviews were captured on a digital recording device and transcribed professionally. These transcripts are stored in MAXQDA.

The data collection process for each interview was expected to last 60 to 90 minutes with one interview. The setting of the interviews was in a comfortable place of the participant's choosing with my recommendation that they chose a location that would also allow them privacy. I indicated in the consent form the possibility that a subsequent interview may be asked of the participant if there was a need for clarification or more substance.

At the conclusion of the interview, the participant was provided with the \$10.00 VISA gift card and asked to provide a preferred method of contact for any follow-ups. I also contacted the participant to have him or her review the transcribed interview. The participant was asked if he or she had any further questions regarding the study and was encouraged to contact me if any questions arose.

Data Analysis Plan

The organization and analysis of the collected data was facilitated through the use of MAXQDA software. This software is designed to organize data in various forms from audio, video, and text. It is a secure platform to store the data and has multiple analytical tools to look at the data. The audiotaped interviews were stored electronically in MAXQDA as well as their verbatim transcriptions.

Coding. Transcriptions were put through an initial word count in MAXQDA to identify key terms or phrases found within each transcribed document. The word count was the starting point for the coding to identify themes and trends within each interview

transcription and across all interviews. It was anticipated that most codes would be emergent and be derived while reading the transcripts. There were some precodes that were used to start the process of coding. The process of coding went through modifications as the study progressed and caused some codes to be collapsed into broader categories, added, or expanded to understand what was going on within the interview. To guide me in the coding process, there was a list of questions located in Appendix E that were designed to focus coding themes and concepts.

Issues of Trustworthiness

Credibility

To assist in bolstering study credibility, I used the saturation technique. Saturation is the adequacy and richness or quality of the data needed to support a study, and it can vary depending on the type of research (Fusch & Ness, 2015). Interviews are difficult to quantify concerning reaching saturation; however, saturation is reached when interviews begin to reveal no new themes, no new data, and no new coding, the ability to replicate (Fusch & Ness, 2015). Coding throughout the study and after each interview allowed me to see if the interviews were revealing new information or if there was no further need to do additional interviews. The range of eight-10 interviews was the goal for the number of participants to interview.

To address reflexivity and to mitigate the potential for unconscious researcher bias, I used a reflexivity journal to log thoughts, observations, and assumptions that occurred during the interview. I asked myself questions at the end of each interview to understand if I understood what was being said based on the interview or if other information was being brought in to help formulate the interpretation. A list of questions

I used to continually take self-reflection of what was said and what was understood is included in Appendix F.

Transferability

The concept of transferability was built into the study because of the selection criteria of participants. The focus was on experiences of a variety of addiction types in recovery program participants, so participant variation was paramount to the study's success. I sought to obtain full description of their individual experiences within the program. Including this element within the study increased the ability to generalize themes across addiction types within the same program.

Dependability and Confirmability

Dependability and confirmability were satisfied by the use of audit trails to track the research from beginning to end. An outside auditor can follow this documentation along with raw data to understand my mindset, the rationale for processes, and to understand how the study was constructed and how conclusions were reached. The tool best suited for this was the reflexivity journal described previously. This same practice of using a reflexivity journal tracked the progress of the study and allows for an auditor the ability to reconstruct the study from the notes and raw data.

Ethical Procedures

The potential for ethical concerns in this study was likely as it involved participants in a recovery program whose nature was confidential and anonymous. To overcome this ethical concern, participation, data collection, analysis, and reporting was done in a manner that did not violate the rights of the participants through a breach of their privacy and anonymity. Steps were taken to ensure anonymity and confidentiality. I

was certified by the National Institute of Health (NIH) as having completed the training about Protecting Human Research Participants, as an additional measure to protect the welfare of the participants in this study.

One method to help address potential ethical concerns was to be honest and up-front with the purpose and structure of the study. I met with the leader of the program and explained the purpose of the study and provided him or her with a written description of the study via the flyer. Informed consent forms were provided to each participant, so he or she further understood his or her rights as a research participant. The second method of ensuring participant anonymity was to avoid the use of any names in the final study. A third method was to have each participant read his or her transcribed interview to ensure he or she agreed with the accuracy. Should a participant wish to remove him or herself from the study for any reason as was his or her right discussed in the informed consent, another participant was selected to be interviewed to have a robust set of data from which to analyze.

Institutional permissions. The nature of this study precluded it from obtaining permission from the organization from which the participants were selected if the extent of involvement of the organization is only to allow distribution of participation flyers. No proprietary data or assistance with participant selection was performed by the Free Grace Recovery Program.

The collected audio data were transmitted to Rev, a third-party transcription service for a verbatim transcription and return of the data. A confidentiality agreement was sent to Rev for review and signing. Before data collection began, the institutional

review board (IRB_ approved the proposal and issued an IRB approval number that was added to the required documents to indicate approval.

Ethical concerns. It is difficult to design a study free from any and all ethical concerns; however, scholars can address the potential for these concerns. There are some scenarios that could have arose that may have presented ethical concerns, and this section outlined the steps I would have taken to address them should they have occurred.

Participant withdrawal. A participant may wish to withdraw from the study for many reasons. There did not need to be a reason to withdraw from the study, and participants were informed at the beginning of the study that participation was voluntary, and they may withdraw at any time with no penalty. This included the ability to keep the \$10.00 incentive gift card after they have completed the interview. Any and all data about the participant who withdrew before the analysis phase will be removed with no negative repercussions to the participant.

Immediate referrals. In the event a participant exhibited signs of self-harm or emotional distress, I would cease the interview and ask the participant if he or she would like to speak to someone professionally about his or her concerns such as clergy or mental health professional.

Managing new conflicts of interest. New issues of potential conflict of interest must be disclosed to the participant as soon as I was aware. Also, I would notify the dissertation chair and the IRB of new revelations of conflict of interest. A discussion would occur as to whether to proceed with the interview of the participant or to seek a replacement participant and not include any data from the participant with whom there

may be a conflict of interest. I stopped reviewing here. Please go through the rest of your chapter and look for the patterns I pointed out to you. I will now look at Chapter 4.

Responding to Breach of Confidentiality. I took confidentiality seriously, and accidental breaches of confidentiality are an unwelcome event. Should this event have occurred, immediate disclosure to the participant would have been made along with notification of the dissertation committee and the IRB. Exclusion of that participant's data would have resulted.

Data protection. The collected data obtained via audio recording remained in my custody from the interview site to the location of the safe in which the raw data was kept until analysis. This raw data was uploaded to a MacBook Air with a separate partition from other users on the computer to not commingle private or other business use with research data. The computer itself was password protected before access can be gained to the desktop. The audio source files once uploaded to the computer were saved in a folder that was encrypted with 256-bit AES encryption technology, and decryption required another password.

The transcription of the audio files was done by Rev, a transcription service who had access to the raw audio data to transcribe the files. To assist in the protection of participant data, a confidentiality agreement was drafted and sent to Rev to review, sign and return. The signed confidentiality agreement is located in Appendix G. The raw data will be retained for five years after which they will be destroyed.

Summary

Chapter three presented the design of this study including the selection of participants along with considerations for their treatment and rights as participants. This

chapter also included several elements of ethical considerations as well as considerations to bolster the study's credibility, transferability, dependability, and confirmability.

Chapter three contained the blueprint of this study to aid in reproducing the study in other environments along with a detailed description of the data collection instruments.

Chapter 4

Introduction

The purpose of this phenomenological study was to understand the experiences of participants in a Christian-based recovery program. I wished to gain a deeper understanding of those participants in a recovery program that used the same approach for all addictions. I explored the participants' experiences within Free Grace Recovery (FGR) guided by the following research question:

Research Question: What are the lived experiences of people who participate in a Christian-based recovery program that treats all addiction types?

The population of interest for this study consisted of current or former participants in FGR all over the age of 18. In addition to being over the age of 18, all participants had to be free from their addiction for more than a year.

Chapter 4 will begin with the setting with its influence on participants. This section is followed by a brief review of participant demographics followed by data collection and data analysis sections. Chapter 4 will conclude with a discussion on evidence of trustworthiness and the results of the data analysis.

Setting

This study was conducted using a phenomenological qualitative approach consisting of a brief set of demographic questions that I had the participants indicate on the questionnaire. I then proceeded to use the 13 open-ended questions to guide the interview. All of the interviews were audio recorded and later transcribed using the transcription service discussed in previous sections. The interviews occurred during the summer of 2018. The locations of these interviews varied and were chosen based on the

participant's comfort with my recommendation in is a location where they could share openly. Some of the locations included private residences of the participants, a private room in a public library, a private conference room in a coffee shop, and a closed seating area out of service hours at a church. Flyers were distributed at each FGR location to recruit participants. The interviews lasted between 25 to 60 minutes. The interviews were audio recorded and later transcribed using a third-party transcription service mentioned previously. A semistructured interview protocol was used to conduct the interview; Appendix B contains a copy of the interview protocol. There were no unusual circumstances or events that occurred during the interview process, and no participants expressed any concerns about their well-being or confidentiality.

Demographics

The demographics collected for the eight research participants included age range, sex, race, FGR Location, attendance rate, and education level. All participants lived in the Midwest and met all of the selection criteria for participation. No participant data were excluded. These demographic characteristics are in Table 3.

Table 3

Demographics of Participants

#	Age	Sex	Race	Education	Attendance
P1	46-50	F	Multi	Associate's Degree	Weekly
P2	36-40	M	White	Some College	x2 Weekly
P3	41-50	F	White	Vocational	Weekly
P4	51-55	F	Multi	Vocational	Weekly
P5	51-55	M	White	Associate's Degree	Weekly
P6	26-30	M	White	Associate's Degree	Weekly
P7	51-55	M	White	High School	Weekly
P8	31-35	F	White	Associate's Degree	Weekly

Data Collection

Interviews

I collected data from the interviews of eight voluntary participants all residing in the Midwest and all having attended in the past, or were currently attending, FGR. Each participant was interviewed once with no need for follow-up interviews. The demographic data were recorded in writing on the interview protocol form, and the remaining interview data from the 13 open-ended questions were audio recorded. During the interviews, probing questions were asked to provide clarification of responses.

Participant Profiles

Participant 1 (P1) was an adult female between the ages of 46-50 who indicated more than one race and educational attainment of an associate's degree. She indicated attending recovery at more than one location of FGR and attending recovery meetings at least once a week. Participant 1 reported a history of substance use.

Participant 2 (P2) was an adult White male between the ages of 36-40 who indicated educational attainment of some college. He reported attending FGR at three different locations and attendance of twice a week on average. Participant 2 also indicated a past of substance use, along with an addiction to pornography and sex.

Participant 3 (P3) was an adult White female between the ages of 41-45 who indicated educational attainment of trade or vocational school completion. She indicated attending one FGR location at least weekly. Participant 3 reported a past of substance use.

Participant 4 (P4) was an adult female between the ages of 51-55 who indicated more than one race and educational attainment of trade or vocational school completion.

She indicated attending one Free Grace Recovery location at least weekly. Participant 4 indicated a past of substance use and prostitution.

Participant 5 (P5) was an adult White male between the ages of 51-55 who indicated educational attainment of an associate's degree. He further indicated that he attended more than one FGR location at least weekly. Participant 5 reported a past of substance use, sex addiction, and pornography addiction.

Participant 6 (P6) was an adult White male between the ages of 26-30 who indicated educational attainment of an associate's degree. He further indicated attendance at one FGR location at least weekly. Participant 6 reported a past of substance use and anger management issues.

Participant 7 (P7) was an adult White male between the ages of 51-55 who indicated educational attainment of high school diploma. He further indicated at least weekly attendance at one of the FGR locations. Participant 7 reported a past of substance use and control issues.

Participant 8 (P8) was an adult White female between the ages of 31-35 who indicated educational attainment of an associate's degree. She further indicated at least a weekly attendance at one the FGR locations. Participant 8 reported that her reason for attendance was to recover from codependency issues.

Data Analysis

Within the MAXQDA program, I was able to identify some similarities amongst the codes; the program allows the user to drag and drop into broader categories. Coding was done by reading line by line to define what action, ideas, or beliefs were occurring in the statement made. Those codes were then looked at for similarities and combined.

This process repeated until themes began to emerge from the coded data. Five themes emerged from the coded data. These themes are shown in Figure 2 and are identified as spiritual/religious experiences, program experiences, positive experiences with people, skill acquisition experiences, and acts and services experiences.

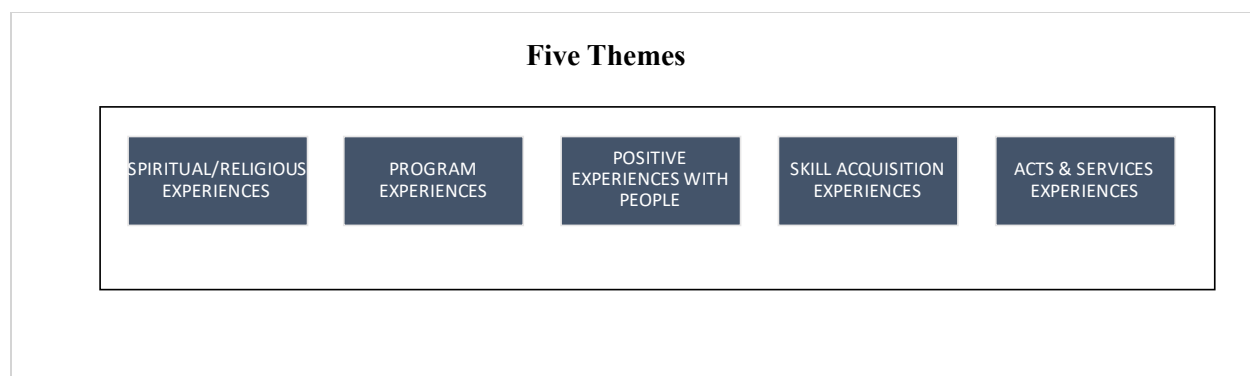


Figure 2. A pictorial representation of the five emerging themes from the coded data.

These themes were derived from the combination of subcodes with similarities and grouped. Codes were analyzed against the research question: What are the lived experiences of people who participate in a Christian-based recovery program that treats all addiction types? in the emerging themes, I categorized the experiences related to the overall research question and the interviews conducted. Within each theme, top subcodes emerged that supported the overall theme. Figure 3 depicts the five main themes along with the top three codes contributing to the central theme.

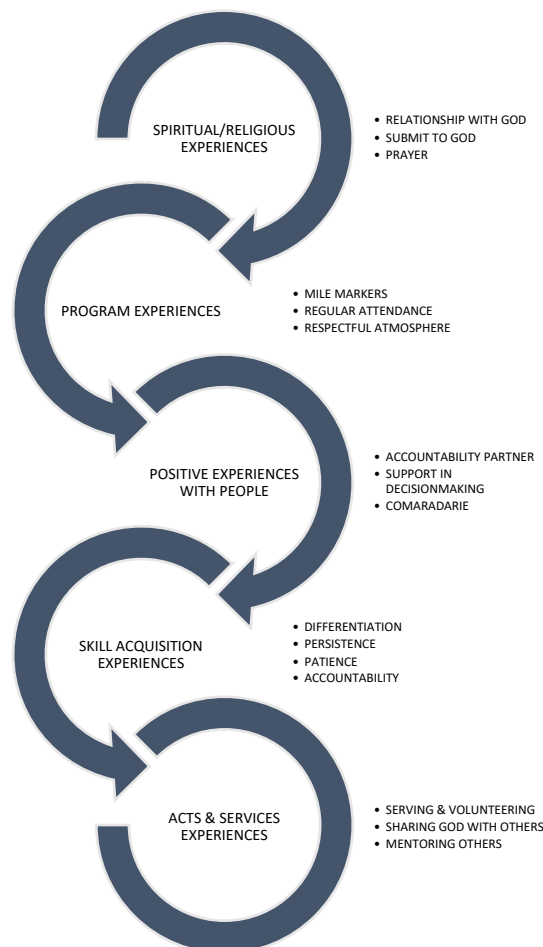


Figure 3. Five main themes with top sub codes for each theme.

Evidence of Trustworthiness

Credibility

In order to achieve credibility, I ensure that I achieved saturation, as described in Chapter three. During the coding process of each interview, I found little new data beyond Participant 5, and I began to see similar experiences from the responses.

According to Fusch and Ness (2015), when no new data, themes, and or coding occurs, saturation is achieved.

In addition to saturation, a reflexivity journal was kept to ask myself questions after each interview to self-reflect on anything asked or thought during the process contained any form of unconscious bias. These questions asked after each interview in the journal allowed for introspection to ensure accurate interpretation of what was mentioned by the participant. The strategies outlined in Chapter 3 regarding credibility did not vary and were implemented as designed.

Transferability

As discussed in Chapter 3, I ensured transferability through the selection of participants across a broad range of addiction types or habits. The results can be generalized across all addiction types within this study, and within the scope of the FGR program; however, it is too early to assume generalizability across other such programs.

Dependability and Confirmability

I ensured dependability and confirmability by using an audit trail of activity by the use of the reflexivity journal to document my thought process after each interview. This study is replicable by other researchers in other settings.

Results

Spiritual/Religious Experiences

This theme was the strongest of the five, containing the most references throughout all eight of the interviews with 30 subcodes. Within this theme and among the top subcodes, there were three that stood out more prevalently: relationship with God, submitting to God, and prayer. All eight interviewees spoke of their religious experiences

within the FGR Program and how it was central to their recovery from addiction as well as an overall enhancement of their lives. Excerpts from some of the interviews are included to help understand the participants' experiences.

Relationship with God. Three participants, for example, made statements related to a relationship with God during the interview. Participant one stated, "I participate because it keeps me in relationship with God." Participant three said, "Now, I'm deeper in my faith, much deeper, and my relationship with Christ is so much greater at that time, and so at that time I could get it." The final excerpt comes from participant six who stated, "I think in combination both of Free Grace Recovery and the Crossing Church kind of helped me reaffirm that relationship and reclaim my life now."

Submit to God. Excerpts from four participants talk about the subcode of submitting to God. Participant one stated, "As first and foremost making a decision to surrender and that's not always easy either." Participant two said, "I couldn't really kick it until I really just let go of it. I would say that I couldn't let go of that until I totally gave it to Jesus." Participant five mentioned, "I would tell you to, I'd tell you to surrender. That's what I tell people. I tell people to come in. If you've come, you're seeking relief from something, or assistance with something, getting relief from something. I would tell you to surrender. And to start there, and not be afraid. I would encourage you to giving into Jesus. That's what I would tell you." Lastly, participant eight said, "But trusting God and having Jesus change you through the process instead of us trying to fix ourselves."

Prayer. Excerpts from two participants talking about prayer include one from participant five who said, "Spend a little bit of time in prayer," and participant three stating, "I pray."

Program Experiences

The second most prevalent theme was program experiences by the participants, which had 37 subcodes. Although there are more subcodes listed here than for the previous theme, in the first theme, the frequency of some of the subcodes far exceeded that of any other within the subcodes of any other theme. Among the 37 subcodes in this theme, three subcodes were the most prevalent, which included participants' experiences with the mile-markers, regular attendance, and respectful atmosphere. Some excerpts from the interviews are below.

Mile-markers. The mile-markers subcode has three excerpts from some of the participants to help provide context and insight into the experiences of the participants. Participant one stated, "And I've worked the mile markers or applied the mile markers to every area of my life." Participant two said, "So in a sense, the program and the mile markers are kind of, I think they're all skills. They're all things that you have kind of in your back pocket that you need to go to when the time's right." Lastly, participant six said, "Actually find a sponsor, go through the mile markers and experience it because the only thing that truly freed me was going through the mile markers, giving that relationship with Jesus, getting rid of all that baggage in mile marker four and five."

Regular attendance. There are three short quotes from participants about regular attendance including one from participant two who stated, "Obviously keep coming to meetings." Participant three said, "I would say stay. Keep coming, keep coming, keep coming." Finally, participant six stated, "I would say, just actually give the program a chance. Don't just come in and listen to a talking and leave."

Respectful atmosphere. Participants talked about a respectful atmosphere during

the interviews, and some of their shared thoughts included one from participant six who said, "I would say the atmosphere is positive and safe. Everybody knows it's anonymous we make sure of that and yeah, open." Participant seven said, "But it's always positive. It's always upbeat, focused. Happy." Lastly, participant five said, "The atmosphere in the room is one of comfortableness."

Positive Experiences with People

This theme ranked third out of the five main themes emerging from the data, and within this theme, there were a total of 11 subcodes of which, three contributed to the overall theme including accountability partner, support in decision making, and camaraderie. Although fewer participants were reporting for particular subcodes, it still contributed to the overall theme and all eight of the participants reported in at least one or more of the subcodes within this theme.

A few excerpts are included to provide context to what the participants shared about their experience with this particular theme. The excerpts are broken down into the sub codes with which they relate.

Accountability partner. Two excerpts from participants who shared their thought on the accountability partner subcode include one from participant seven who stated, "And I believe we all need each other, to lean on each other because we're not called to do it on our own." Participant eight mentioned, "Because you don't have somebody there that's pushing you to make those changes and be better when you're just trying to do it by yourself."

Support in decision-making. The subcode for support in decision-making includes excerpts from two participants with participant two who stated, "...decision

making can be hard on a personal level, but when we can reach out to those people and have them assist you, then it's easier." The last excerpt comes from participant seven who said, "The good thing about being surrounded by Christian men is that I'll get an honest answer."

Camaraderie. There are two excerpts from participants who talked about camaraderie with participant two who said, "Find good friends, guy friends for guys, women, women. And then you have other friends back and forth, but the majority should be whichever you are because, again, they can help you so much more." The second excerpt is from participant seven who mentioned, "It's a lot more fun to hang around with people that have a good attitude than people that have a poor attitude and just can't."

Skill Acquisition Experiences

The fourth theme to emerge from the data is in the area of skill acquisition during the participants' recovery process. All of the participants mentioned having learned some form of new skill during recovery. In this theme, there were 17 total subcodes and four main subcodes that make up the overall theme. Three of the four subcodes were close together in the number of times mentioned, so there is no rank structure among them for this theme. First, is the skill of differentiation where participants were able to be better at differentiating between positive and negative actions or behaviors as well as to identify triggers that could lead to negative behaviors. Second, is persistence where the participants kept pushing forward in recovery and maintained regular attendance; not leaving after just one experience. Third, is patience. It is patience with the process and with others. The final subcode mentioned frequently by participants was accountability;

ensuring that they were accountable for their actions. Excerpts from the interviews are included to help provide context.

Differentiation. Excerpts from the interviews of three participants discussed the subcode of differentiation. Participant four said, “You learn to decipher who you want in your life and feeding into your life...,” while participant eight stated,

I'll still notice patterns where I'm going back to those old habits, and it's just helped me to recognize what I'm doing, and how it might not necessarily be the right thing to say, thing to do ... And it's made it easier for me to turn around and make those amends so that I'm not in the wrong, and just make things right with people.

Lastly, participant one said, “I think I have a skill of discernment even though it's a spiritual gift it's also a skill to know when you're going to be putting yourself into a bad place.”

Persistence. There were three excerpts from participants who talked about the persistence subcode. Participant two stated, “I mean, I gave a lot of chips back on numerous times. But I think it's just, I can't think of the word. Just keep going back regardless of your results.” Participant three said, “I just kept coming to church and kept reading my bible, and kept leaning into faith, and kept coming to meetings.” Lastly, participant one said, “The fresh morning choice, make a decision not to use today.”

Patience. The subcode patience had three excerpts to help provide some additional understanding of participant experiences beginning with participant seven who said, “I need to be patient and I need to trust, trust, trust, trust in God, that he's going to take care of me.” Participant two mentioned, “But I think just being really patient with

the program and really diligent to do what you need to do.” Lastly, participant five concluded the excerpts for the patience subcode by stating, “But the most important thing is just grace. I've learned to have a lot of, lot of grace in this ministry.”

Accountability. The subcode accountability had three excerpts taken from the participant interviews to provide additional context. Participant six said, “Well, I do feel like in the back of my head, I have a lot of people that depend on me and support me and so I think my decision making is better because I feel accountable.” There were two excerpts from participant eight who stated, “I need to take accountability again for some areas that I've messed up in,” and “...I needed to take responsibility and be accountable for my actions or my words, and things that I had done.”

Acts and Services Experiences

The final theme emerging from the data is Acts and Services Experiences. This theme is composed of three total subcodes which include Serving and volunteering, Sharing God with Others, and Mentoring Others. Excerpts are included to provide context to this theme with the same structure as the previous themes.

Serving and volunteering. The subcode serving and volunteering includes excerpts from three participants. To help talk about this subcode participant one said, “...so I do the volunteering anywhere I can help.” Participant three stated, “I've been leading women's group for about three and a half years here at this campus, at [name removed], in [name removed] when it was there, and then back here again.” Lastly, participant six mentioned, “When the Crossing Church came to [name removed], I got involved with the welcome team doing parking, and then I went into hand out flyers and then I kind of fell back from that a little bit and got more involved with Free Grace

Recovery.”

Sharing God with others. The subcode, sharing God with others included a few excerpts from the participant interviews with participant five who mentioned, “I just love people. I always have. I have a different and a new love for people since I've given my life to Christ.” Participant seven said, “I know that God's going to use my story, my testimony, to help others. Painful as it was at times, I believe there is a purpose, thankfully.” Lastly, participant one stated, “I've spoke actually just this last Monday, gave my testimony on the importance of prayer and meditation in a faith-based recovery.”

Mentoring others. The last subcode that includes some excerpts from the interview participants is mentoring others. Three excerpts are included with participant one who stated, “But I do I mentor women in Free Grace Recovery.” Participant three mentioned, “My goal is to try and give them hope, to try and be a good sponsor.” Finally, participant six said, “Well, I get to see people that I've been building relationships with for three years now and I think three years now? I get to see them grow. That's just awesome seeing people from where they were to where they are now.”

Summary

The purpose of this phenomenological qualitative study was to explore the experiences of participants in FGR in a Midwest state. The study focused on the lived experiences of adults who are currently attending or have attended FGR and have been free from their addiction for at least a year. A more focused effort was made to ensure that the population represented as many different types of addictions rather than limiting it to substance use, which as mentioned in Chapter one has been repeatedly done. The

research gap existed in the area of Christian-Based recovery programs that treat all addictions or habits that came to them seeking help; therefore, the importance of a variety of addiction types was essential.

The collection and analysis of the interview data revealed five central themes associated with the experiences of the participants in FGR. Those themes include Spiritual/Religious Experiences, Program Experiences, Positive Experiences with People, Skill Acquisition Experiences, and Acts and Services Experiences. The data from those themes were presented in Table form to depict the number of responses made by participants as well as excerpts from the transcripts to provide context to the subcodes making up the central themes.

Chapter 5 will continue reviewing these themes and interpret and discuss the findings and limitations of the study. In addition, recommendations for future studies on this and similar topics are discussed. Chapter 5 will conclude by describing the implications of this study from a positive social change aspect and a final summary.

Chapter 5

Introduction

This study was conducted to understand the lived experiences of participants in a Christian-based recovery program that serves all addiction types. The use of the qualitative phenomenological approach to provide a deeper understanding of the lived experiences of those who attended Free Grace Recovery (FGR). I was able to capture the descriptions of their time within the FGR program. Previous researchers looked at treatment options that covered specific addictions with a variety of approaches (Brown et al., 2013; Davis, 2014; Martin et al., 2015; Raney et al., 2017; Timmons, 2012; Walton-Moss et al., 2013; Williamson & Hood, 2015). As mentioned in Chapter 1, there were no studies conducted on Christian-based recovery programs that served a variety of addictions or habits.

The central goal of this research was to understand the lived experiences of participants in FGR, most notably a diverse group of participants with different types of addictions. I used a diverse representation of addiction types to address the gap in the literature regarding treatment programs that served a broad range of addictions in one location without the need for separate programs. FGR was one such program, and the results were similar in their lived experiences, regardless of the type of addiction that was reported by the participant.

Five central themes emerged from the aggregate interview data that helped to describe participant experiences. Spiritual/religious experiences, program experiences, positive experiences with people, skill acquisition experiences, and acts and services experiences were identified by every participant who was interviewed. Despite the

differences in types of addictions, the participants had remarkably similar experiences in FGR.

Interpretation of the Findings

The results of this study may aid recovery and treatment professionals to take a closer look at programs such as FGR as a potential solution for the recovery and treatment of any addiction encountered. There are several modalities to recovery and treatment; however, there are few places for people to go where the program will accept something other than their specific treatment focus. Communities with limited resources may only have a recovery program that focuses on a single addiction, such as alcoholism or drug addiction, leaving people who struggle with other addictions with limited or no options for assistance locally. The findings of this study indicated that a program can be beneficial in treating multiple types of addictions with their approach. In this study, the participants had a variety of addictions from substance use, codependency, anger management, control issues, pornography issues, and sexual addictions. All of the participants attended FGR at one of its multiple locations and reported similar experiences.

Spiritual/Religious Experience

One of the central themes arising from the data was the spiritual/religious experiences mentioned by the participants. Out of the five central themes, this was the most prominently mentioned aspect of experiences by all of the participants in this study, and it is consistent with findings of similar studies (Brown et al., 2013; Ranes et al., 2017; Strobbe, Cranford, Wojnar, & Brower, 2013; Tusa et al., 2013; Webster, 2015; Williamson & Hood, 2015). Although some 12-step programs refer to a higher power

that is not defined, FGR specifies the higher power as Jesus, and the Christian doctrine permeates every aspect of the program from the mile-markers, the modeled behavior, and the sponsorship. The concept of Jesus was fundamental to the participants' recovery process. Although there were other contributing factors mentioned, such as the modeling of positive behavior by participant sponsors, it is also through the modeling of "Christ-like" behavior contained in Christian doctrine. A simple word count from all of the interviews showed "Jesus" mentioned 27 times and "God" mentioned 122 times. In the Christian doctrine, which is central to FGR, God and Jesus are the same. When asked what contributed to the change, one participant replied, "That's plain and simple, my relationship with Jesus and that's not who I am anymore." Another participant said, "And the one thing that I share about FGR is that this is the only place that I've known to only talk about God's love for me."

There was a connection between the spiritual/religious experiences by the FGR research participants and the association between spirituality and treatment found in previously mentioned studies. Consequently, regardless of the type of addiction, the spiritual/religious experience was an essential factor in the recovery process.

Program Experiences

The experiences described by the participants of FGR in the program did not directly connect to SLT; however, its structure provides the foundation for the role modeling and imitating of positive behavior that takes place. The program centers itself around Jesus and Christian doctrinal teachings most evident in the mile markers of the program. For instance, Mile Marker 2 states: "Came to believe that Jesus and the power of His grace is the only thing that can free me and restore me to sanity." Also, the

program in Mile Marker 3 says, "we turned our will and our lives over to the care of Jesus and His grace" (Dykstra & Rauma, 2015). FGR uses Jesus as the model to imitate. The sponsor concept within the program also serves the purpose of positive behavior to model.

During the interviews, the mile markers, regular attendance, and a respectful atmosphere were prominent in the participants' description of their experiences with the FGR program. As one of the participants said:

Actually find a sponsor, go through the mile markers and experience it because the only thing that truly freed me was going through the mile markers, giving that relationship with Jesus, getting rid of all that baggage in mile marker four and five.

The mile markers were a part of the foundation and the direction allowing SLT to be present in the modeling of positive behavior by the sponsors and through seeking to be more Christ-like in how participants live their lives. In order for modeled positive behavior to be effective, modeled behavior must be shown more than once. This repeated exposure to positive role models by the sponsors and through learning and understanding who Jesus is through FGR is why one of the central themes of program experiences. To create a habit of regular attendance, maintaining a respectful atmosphere in which to learn is also essential.

All of these concepts work together to allow for positive modeled behavior to take place. People change their behavior when repeatedly exposed to that behavior (Parke, 2014). Combined with a respectful atmosphere to encourage repeat attendance, the structure of FGR and similar programs is ideal for recovery to take place.

Positive Experiences with People

In Chapter 2, SLT was discussed as the conceptual framework for this study. Other studies discussed the mentoring roles as being central to the recovery process (Al-Omari et al., 2015; Brown et al., 2013; Hodge & Lietz, 2014; Tonigan, Rynes, & McCrady, 2013; Williamson & Hood, 2015). One of the five central themes arising from the data was the participants' positive experiences with people. As a part of this theme, sponsors played a role in the recovery process of the FGR participants. SLT centers around the idea that observation, imitation, and modeling can affect the behavior of others (Bandura, 1977). The FGR participants had a positive experience with people and sponsors, and participants attributed this as an essential factor in their recovery. One participant reported: "I didn't quite know how to go through these steps without somebody, a sponsor or someone else, being there as an accountability partner." Another participant said, "And I believe we all need each other, to lean on each other because we're not called to do it on our own."

In addition to having a positive role model for the recovery participants, the participants also had someone to help hold them accountable to make sure they stayed on track and reminded them of what the positive behavior was and where negative behavior would ultimately lead. The role of a sponsor allows for a personal guide to help with the mile markers; the sponsor models the positive behavior and points the participant to the ultimate role model at the center of the program, Jesus Christ and His teachings.

Skill Acquisition Experiences

The fourth most prominent central theme arising from the interviews of FGR participants was their explanation of how they acquired or developed new skills to use in

life and decision making. The skills included help on differentiating better, being more persistent, being more patient, and being accountable. One participant said, “I mean, I gave a lot of chips back on numerous times. But I think it's just, I can't think of the word. Just keep going back regardless of your results.” Being persistent was mentioned by participants on more than one occasion. They stressed that a person needed to keep coming back and keep giving the program a chance. As mentioned by Parke (2014), learning from modeled behavior takes time and more than one occurrence. When a person is around long enough to observe positive behavior and take in material from program teachings, they will acquire new skills such as differentiation.

The mile-markers of FGR help program participants create a moral self-inventory. More specifically mile-marker four states, “We examined ourselves and the root causes that led us to our vices, addictions, and bad habits” (Dykstra & Rauma, 2015). Understanding the triggers for their addiction, allowed for additional behavior modification by recognizing that certain environments or people needed to be avoided. For example, one participant mentioned:

And through Mile Marker four and writing down my side of things, helped me to see certain situations where I would act in a way that I don't want to anymore, and those things that I wanted to change. Old habits die hard. So even today, I'll still notice patterns where I'm going back to those old habits, and it's just helped me to recognize what I'm doing, and how it might not necessarily be the right thing to say, thing to do.

Working through the mile-markers with the sponsor helped promote positive behavior while also identifying negative behavior. Comparing this with SLT, helping FGR participants identify what behavior will lead them to the positive outcomes

described in Bandura's (1977) explanation of Outcome Expectations. Using the inspiration from the teachings of Jesus and through the aid of the sponsor holding participants accountable, this starts to instill within the participant the growing Efficacy Expectation that they can achieve what they set out to accomplish.

Acts & Services Experiences

The final central theme that came out of the data is the importance of acts and services by participants. Serving others in a volunteer capacity and exhibiting positive behavior in a specified capacity or role help solidify the positive behavior that is the end goal of their recovery. The concept that if a person is busy serving, they are not "using," and they are interacting with others with a positive attitude is essential. Entering these roles presents the opportunity not just to observe positive behavior but practice it.

Serving was not the only practice that helped the participant grow and learn, but through the sharing of their testimony and story of their past and become that inspiration for someone else. The participant moves from student to sponsor by letting the newer participant see an example of the outcome expected while simultaneously instilling within them the Efficacy Expectation that they too can get to the expected outcome (Bandura, 1977). Becoming the positive role model helps reinforce their recovery process and provides a sense of purpose and provides the missing part that was said by participants was missing from other programs. Merely being free from their addiction was accomplished by other programs but getting to the root of what brought them there provides a more permanence of that freedom. As mentioned by one participant:

When we think rehab, we think recovery. We think of those two things. Drinking and drugs. I think one of the things that kinda made a bigger difference for me and it got

my attention more was the fact that it wasn't just about those two things. It was about the deeper things.

Getting involved with FGR provided for that deeper understanding that most of the participants were reporting they were missing. Most participants brought up their past attempts at recovery or rehab but ended up back into the same environment which contributed to their addiction development. The participants believed their testimony and their new role as a sponsor was a positive impact on their recovery and reported:

Well, I get to see people that I've been building relationships with for three years now, and I think three years now? I get to see them grow. That's just awesome seeing people from where they were to where they are now.

This transition from program participant to sponsor is found in FGR and other recovery programs. It is spelled out in mile-marker twelve, "Having been set free by the grace of God, we seek to bring freedom and grace to others as well" (Dykstra & Rauma, 2015). Alcoholics Anonymous has a similar step in their program.

In summary, the act of serving and sharing testimony with others embraces the SLT concept as well by not only observing positive behavior but now through the imitation of that positive behavior. Doing so further instills within the individual the Efficacy Expectation that they are capable of making it through the program and achieve that Outcome Expectation of a life free from their addiction, habit, or vice.

Limitations of the Study

There were a few limitations to this phenomenological study of participant experiences in Christian-based recovery. Lack of significant financial resources and time limited the scope of the study. In addition, qualitative research carries with it the

limitation through potential bias of interpretation of findings and collection of data. There further exists the risks associated with participant self-reporting of events.

Recommendations

The conclusions from this study lead me to recommend expanding this study to other programs of similar structure and a larger sample size. The gap in current research indicated a lack of relevant research on Christian-based recovery programs that treated any potential addictions. Expanding the study to include more varieties of addictions would also prove to be beneficial.

Implications

The potential for positive social change exists from the findings of this study. The findings have not only provided additional reinforcement of SLT, but identified five central themes that emerged from the data of participant interviews which lead to the potential that regardless of the type of addiction, vice, or habit, an individual within FGR can find freedom from them. The FGR program has made an impact on the lives of the participants in this study who reported backgrounds and addictions that were similar to others as well as entirely different. With further research on programs that use the same approach to any addiction, I see a societal need and benefit to the potential of replicating similar programs to help people who have addictions that may not fall into the traditional category of substance use. This will provide options to those that need help who do not fit the mold of AA or NA. Besides, consolidation of one program can reduce costs of operating multiple programs for various addictions. Money spent more efficiently can help refine and bring a higher quality program and expand its reach to areas of need with limited resources.

Conclusion

This study sought to understand the experiences of participants in FGR, a Christian-based recovery program that helps people with all addictions and does not specialize in one aspect of addiction. Using Bandura's (1977) Social Learning Theory as a theoretical foundation, this study found that from the experiences of the participants that were interviewed shared remarkably similar experiences despite having different addictions for some. Moreover, five central themes emerged from the data that helped to describe their collective experiences with FGR. The most profound potential implication from this study is that it helped understand not only the experiences of these participants but also the impact the FGR had on their recovery process. In the future, I anticipate more studies on programs like FGR and their participants and growth in the number of these programs.

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Appendix A: Sample Flyer

**Department of Health Sciences
Walden University**

**VOLUNTEERS NEEDED FOR
RESEARCH IN Christian-based Recovery Program Experiences**

We are looking for volunteers to take part in a study of
Participant Experiences in a Christian-Based Recovery Program

Looking for volunteers that meet the following criteria:

- 18 or older
- Current or past member in Free Grace Recovery
- No Co-occurring mental health issues
- Free from addiction at least 1 year
- **NOTE: Special need for those with addictions other than substance abuse**

As a volunteer in this study, you would be asked to: **Be interviewed**

Your role would include **1-2** sessions, each of which is about **60 to 90** minutes.

To thank you for your time, you will receive
A \$10.00 VISA Gift Card

For more information about this study, or to volunteer for this study,
please contact:

Joshua C. Mjolsness, MHA
at

###-###-####
Email: (Redacted)

**The study has been reviewed and approved by the
Institutional Review Board (IRB) of Walden University**

Appendix B: Interview Protocol

Thank participant for their time and help with the study.

Explain the purpose of the study and the participants implied consent and rights.

Demographics:

1. Race

- a. American Indian or Native American
- b. Asian/Pacific Islander
- c. Black or African American
- d. Hispanic or Latino
- e. White
- f. Other

2. Age Range

- a. 18-25
- b. 26-30
- c. 31-35
- d. 36-40
- e. 41-45
- f. 46-50
- g. 51-55
- h. 56+

3. Sex

- a. Male
- b. Female

4. Highest Level of Education
 - a. No Schooling completed
 - b. Some High School, no diploma
 - c. High school or equivalent
 - d. Some college credit, no degree
 - e. Trade/Technical/Vocational Training
 - f. Associates Degree
 - g. Bachelor's Degree
 - h. Master's Degree
 - i. Professional Degree
 - j. Doctorate

Questions:

1. Can you describe for me your life leading up to your participation in Free Grace Recovery?
 - a. Potential follow-ups:
 - i. Would you elaborate on that?
 - ii. What was your involvement in that situation?
 - iii. When/where did that happen?
2. Can you explain to me the goals of Free Grace Recovery as you understand them?
 - a. Are these goals in line with your goals?
 - b. What do you hope to gain or have gained from Free Grace Recovery?
3. I would like you to think of some of the experiences that you have had with Free Grace Recovery, can you tell me something that stand out in your mind?

- a. Potential follow-ups:
 - i. Would you elaborate on that?
 - ii. What was your involvement in that situation?
 - iii. When/where did that happen?
4. Explain to me what you have or have not learned from Free Grace Recovery.
 - a. Potential follow-ups:
 - i. Would you elaborate on that?
 - ii. When/where did that happen?
5. Suppose I was a newcomer to Free Grace Recovery, and I asked what I needed to do to be successful here, what would you tell me?
 - a. Potential follow-ups:
 - i. That's helpful. Can you provide a little more detail?
6. Describe for me the atmosphere in the room during a meeting.
 - a. How do you feel during a meeting?
7. What skills did you learn today in Free Grace Recovery that you can use?
 - a. How will you apply the skills you learned in this program?
8. In what way has decision-making been made easier by participation in this program?
9. Why do you participate in Free Grace Recovery?
10. How often do you attend Free Grace Recovery?
11. Before coming to Free Grace Recovery have you been spiritual or religious, if so, please explain.

12. Do you participate in any other activities within the Crossing church, if so where and in what capacity?
 - a. Can you explain the role participation plays or doesn't play in your recovery process?
13. Is there anything else you would like to add or that you feel is important to know about your experiences?

Appendix C: Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

Name of Signer:

During the course of my activity in transcribing the audio data for this research: **“Participant Experiences in Christian-Based Recovery”** I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement, I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I’m officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: _____ **Date:** _____

Appendix D: Coding Guidance Questions

1. What events are occurring here?
2. What are they saying?
3. What is happening?
4. What does this represent?
5. What is trying to be conveyed?
6. What feelings are being expressed?
7. What ideas are being discussed?

Appendix E: Reflexivity Journal Questions

1. Am I able to explain what the participant said in my own words?
2. Have my emotions or other reactions affected my understanding of what the participant's responses were?
3. Do I understand the meaning of what the participant is saying based on their response or from bringing in information from other sources or interviews?
4. Are their words or sayings I am misinterpreting because of some underlying assumptions or personal experiences?