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Remodeling recovery : understanding social conditioning and communication during adolescent stages of development and how they correlate with substance use disorders

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REMODELING RECOVERY: UNDERSTANDING SOCIAL
CONDITIONING AND COMMUNICATION DURING ADOLESCENT
STAGES OF DEVELOPMENT AND HOW THEY CORRELATE WITH
SUBSTANCE USE DISORDERS

by

DOUGLAS STOGNER

A THESIS

Submitted in partial fulfillment of the requirements
for the degree of Master of Arts
in
The Department of Communication Arts
to
The School of Graduate Studies
of
The University of Alabama in Huntsville

HUNTSVILLE, ALABAMA

2020

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Submitted by Douglas Stogner in partial fulfillment of the requirements for the degree of Master of Arts in Professional Communication and accepted on behalf of the Faculty of the School of Graduate Studies by the thesis committee.

We, the undersigned members of the Graduate Faculty of The University of Alabama in Huntsville, certify that we have advised and/or supervised the candidate on the work described in this thesis. We further certify that we have reviewed the thesis manuscript and approve it in partial fulfillment of the requirements for the degree of Master of Arts in Professional Communication.

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ABSTRACT
The School of Graduate Studies
The University of Alabama in Huntsville

Degree: Master of Arts   College/ Department: CAHS/ Communication Arts

Name of Candidate: Douglas B. Stognar

Title: Remodeling Recovery: Understanding Social Conditioning and Communication During Adolescent Stages of Development and How they Correlate with Substance Use Disorders

This thesis uses a mix method research design to collect data from entry assessments and a survey administered to current residents of the His Way recovery center. The survey was also administered to a control group of participants that did not have substance use disorders (SUD). This study addresses the potential determinants that may be associated with SUD. The data from the entry assessment shows that the preference or drug of choice for clients in His Way recovery is consistent with compatible data collected in the United states.   The results of the survey data suggest that people who suffer from SUD report significantly different beliefs concerning relationships, family dynamics, intimacy, as well as personality traits. The research is significant to developing a better understanding of clients that suffer from SUD and designing assessment tools that provide information that will help facilitate a more thorough addiction recovery program for people that suffer with substance abuse disorders. In the following section relevant literature is covered to help understand the process and possible determinants that could lead someone to struggle with SUD.

Keywords: Addiction, Substance Use Disorder (SUD), Assessment, Addict, Recovery, Adolescence, Social Norms

Abstract Approval:

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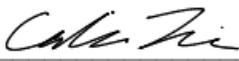
Graduate Dean: _____

ACKNOWLEDGEMENTS

The work described in this thesis would not have been possible without the assistance of a number of people who deserve special mention. First, I would like to thank Dr. Candice Lanius for all her support and guidance throughout the research. Her encouragement and mentorship have been monumental in my success as a graduate student at UAH. Second, the members of my committee, Dr. Pavica Sheldon and Dr. Gilchrist-Petty for providing me with great incite and professionalism with helpful criticism and great teaching during my time at UAH.

I would also like to thank His Way Recovery for their support and guidance over my entire collegiate experience. I am so grateful for the love and encouragement from my family and friends who have cheered me on through this wonderful experience. Finally, I would like to thank the University of Alabama in Huntsville (UAH) for a great experience and a quality education.

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INTRODUCTION

Addiction has become a worldwide problem that causes suffering not only for the addict but their immediate family as well as their surrounding community. The definition of drug addiction can be defined as a chronic condition involving powerful motivation to engage in using drugs and alcohol to the extent that it is harmful. Harm occurs when the addict can no longer make good decisions about work, family, or social norms. Addiction will typically develop when the use of a drug creates excessive pleasure or meets the particular psychological needs of the addict (NIH, 2019). According to Feil et. al. (2010), when an addict loses the ability to maintain some level of self-control, the motivation to continue using becomes stronger through consistent use of their drug of choice. After prolonged use of the drug the brain will rewire itself, with the drug of choice being the primary motivator in the thought process. In addition, the addict will engage in an environment that provides frequent opportunities and easier access for their drug of choice. Ultimately, the addict will continue to use despite harmful consequences and destruction to self and others.

There has been much research in the past 50 years on factors that lead people to abuse drugs and alcohol. According to the National Institute of Health (2020) web page on drug abuse, "risk factors" are qualities of a person or their environment that may have a negative or adverse effect on that person's mental development that may put the person at a higher risk of SUD. "Protective factors" are qualities of a person and their environment that will encourage and promote successful strategies and coping techniques to foster a healthy lifestyle and lessen the chances for a substance use disorder (SUD) (NIDA, 2020). Both of the factors described by NIDA can be internal conditions, defined

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as personality traits, genetic traits, or external conditions that can be caused by the environment that the person was exposed to in earlier stages of development. These early stages are referred to as the adolescent stages. This period begins around age 10 and last till around 19. In this period children learn to grow into adults and form most of their learned behavior. During this period the environmental and family structure contributes to much of the emotional and intellectual growth. These factors have a great impact on whether the person will be exposed to potential factors that will predict the possibility of SUD in an adult. Previous research has shown that factors which can lead to possible SUD are stress, poverty, lack of education opportunity, poor self-regulation, parents with SUD, mental illness, and maltreatment (NIDA, 2020). In most examples of maltreatment, the people involved will have been exposed to abuse and are more likely to experience complications in coping with the trials and tribulations that are experienced in life. In contrast the people that have experienced protective factors such as good maternal nutrition, behavioral control, exposure to education opportunities, and have been surrounded by parents and family that express highly responsive feedback are much more likely to develop good coping techniques and lower the chance of developing SUD. In addition, the person can have a high intelligence level and the ability to adapt to different situations that are strong internal factors that help lower the chance of SUD in adult life (NIDA, 2020).

LITERATURE REVIEW

Parent to Child Relationships

It is a common practice in working with addicts to examine the relationship between the parent and the child as one of the important factors for understanding the

occurrence of substance use disorder (SUD). The lack of parental supervision or absence of a parental figure can be a detriment to the development of a young child and create inadequate coping responses that are not helpful for young men to function effectively in society. According to Cheverikina et al. (2015), the "parent-child" relationship is very important in understanding not only the development of the child but is crucial in understanding the possible problems they may lead to SUD. Their research found that the loss of a positive family dynamic between parent and children in the family lead to a greater probability of young adults being overcome with SUD. In addition, their research analyzed the relationship between the parent and child with two distinct criteria. The first was described as the degree of emotional bond, i.e. love or rejection. The second was the degree in which the parent expressed the level of control over the child, i.e. (high) lots of restrictions, or (low) very little parental supervision or restrictions. The study concluded that in order to minimize the chance of SUD in a child the most effective approach would be for the mother to provide an environment based on trust and acceptance and the father to be authoritative, confident and non-violent, while both parents try to eliminate excessive pressure for excelling in higher education.

Masculine Role Norms

For most men in recovery the environment they were raised in and the values and beliefs they were exposed to during their adolescent years have created some harmful and unhealthy male expectations. In the adolescent stages young men are strongly influenced by their views and beliefs of what they understand to be male role models. The positive psychology/positive masculinity model (PPPM) was described by Kiselica and Englar-Carlson, as a strength paradigm for evaluating men and counseling male clients that

focuses on positive masculinity as a valuable resource for intervention. The model understands the need to understand and display healthy and admirable qualities that will help men socialize and cope effectively in their community. The goal of this approach is to understand healthy masculinity, and to build a strong foundation from this knowledge that helps men become healthy role models in their families and communities. The model outlines 10 traditional male strengths; relationship style, ways of caring, self-reliance, generative fathering, service group orientation, worker/provider, courage, risk taker, humor, and heroism. These strengths are a combination of male traditions and actions that have developed over time to exemplify the positive male role model in our communities. Their study examines how these strengths are important to help frame a healthy male identity that will help men avoid SUD in their adult lives (Kiselica, Englar-Carlson, 2013).

In contrast toxic masculinity is when a man adheres to traditional male roles that can limit the mental stability of that person because he cannot express healthy emotions because of the pressure of living up to an unrealistic male persona, or perception. According to McDermott et.al. (2018), social norms can provide a schema for what is expected for men in society, and gender role norms are messages that society uses to dictate the role people play in society based on their sex or gender. In the past traditional male role norms have been associated with negative topics like sexism, violence, and patriarchal control or tyranny. The problems that have been associated with this negative view of traditional male norms is that men have struggled to maintain their male norms and adjust to the changing worldviews that have changed not only the political view of young men but the ideal of young men's responsibilities in their immediate family as well as their community as a whole. Their research is focused on the ability to adapt to

different positive aspects of masculine roles and build useful intervention for a greater opportunity for healthy socialization. The idea is to help facilitate the wellbeing of the men that will help reduce the negative traditional roles that have caused so much destruction both to the men and women of society.

Personalities and SUD

It is very common in addiction recovery for clients to express many different personality traits. In my observation of clients in recovery the personality traits will change with the amount of time of sobriety that the client has completed. As the client works through his recovery, he begins to understand and develop a more consistent character trait. Digman (1990) defines five personalities in his personality structure of humans as agreeableness, conscientiousness, extraversion, neuroticism, and open to experience. In an online article in Positive Psychology, Courtney Ackerman (2020) describes these five personalities as follows. Agreeableness is usually defined as the concern for others and the ability to find balance and harmony in difficult situations. People that rank high in agreeableness are very optimistic and tend to have strong relationships. Conscientious people are very disciplined and are driven to be successful. They are focused and tend to be overachievers. Extraverted people are outgoing, have lots of energy and enjoy interacting with multiple people. They enjoy being the center of attention in a group. Neurotic people are very pessimistic and focus on negative thoughts. They are more likely to be very emotionally unstable and live under extreme stress. People that are open to experiences are usually very artistic and have vivid imaginations. They are creative and curious about people and opportunities and like to try new experiences in life.

The Malouff (2007) study of over 7000 participants on alcohol involvement and the five-factor model of personality revealed that alcohol use is significantly associated with low conscientiousness, low agreeableness, and high neuroticism. In addition the common characteristics that were revealed by the participants were irresponsibility that is associated with low conscientiousness, irritability that is associated with neuroticism, and carelessness that is associated with low agreeableness (Malouff et.al., 2007). Sher, Barthlow and Wood (2000) found similar results in their study on personality and SUD but were convinced that the personality traits were in themselves not predictors of SUD but that certain characteristics like disinhibition, under- control, negative emotions and high levels of stress were better predictors of SUD than a general personality trait. Extroversion was a possible predictor because the individual may be at a higher risk of developing SUD because they may be involved with drug and alcohol use to try to fit in a social environment with peers (Sher, Barthlow, Wood, 2000).

Social Problems Associated with SUD

The outcomes that are associated with SUD are sometimes not easy to identify. The social and emotional functioning that are formed from SUD is usually the product of some severe early trauma or victimization that has occurred in the adolescent stages of life. Leventhal and Schmitz (2006) believe that the stress and vulnerability that stem from maltreatment of juveniles will increase the probability of SUD dramatically. They believe that depression and feelings of insecurity that are characteristic of victimization will increase SUD as a way of coping with life. Their research indicated that young males that do not marry are most likely to have SUD because they are less likely to attend college because they were not encouraged to go to school and felt the pressure of a low economic

lifestyle that pushed them into hard jobs that were more susceptible to expose them to

drug use. Other factors were cultural norms that were accepted in low income

communities that tolerated casual drug use and jobs in the construction industry that were

physically hard on the body. In addition, their study suggests that cigarettes and alcohol

are the social drugs that are acceptable in society and are significant risk factors for SUD

(Leventhal, Schmitz, 2006).

Models of Development in SUD

Leventhal and Schmitz research suggests that there are three broad models of

developmental psychopathology that are studied to help predict the probability of SUD.

The trait model is a model that examines the stable individual personality traits of an

individual and how those traits develop behavioral patterns. A person can become

vulnerable to SUD because of behavioral tendencies that are associated with problems

that adolescent age people are confronted with. A young person who struggles in

academics or has problems socializing with their peers will seek rewards from drugs as a

form of coping with their inadequacies. Gray (1991) believes that this problem occurs

because some people respond more to instant gratification rather than pain or punishment

when it comes to learning how to adapt to the world psychologically.   In contrast the

environmental model focuses on the external environment that a person is exposed to and

does not focus on the individual personality. The environmental aspect concerns factors

that are external. These attributes are the result of extreme conditions that can cause

depression, stress, and anxiety that will make a person more susceptible to SUD.

Sussmann et. al. (1999) explains that because of the lack of security and the possible

victimization that these individuals are exposed to in these poor socio-economic

conditions they are much more likely to suffer with SUD.   The last model is called

interactional transformational (IT) model and takes into account the interaction of

multiple influences. This model looks at underlying emotional disorders such as

depression, stress, abuse and the occurrence of trauma combined with unhealthy

changing environments and a damaged intrapersonal psychopathology. The IT model

infuses all the different risk factors to understand the multiple ways SUD can occur,

including personality traits, behavioral problems that occur because of environmental

conditions , family dynamics, socialization within peer groups and the emotional

problems that can have a heavy influence on the probability of drug use as a means of

coping (Leventhal, Schmitz, 2006).

Expectancy Outcome Theory

The expectancy construct is built on a learning process, it is the ideal that people

will behave in a manner because they are expecting certain results. Bandura's work on

this theory examines personal determinants and mechanisms of humans and how they

may be determinants in social circumstances. He believed that people would develop a

process of self-reflection, and self-regulation that enables them to be proactive and not

just react to events in their external environments. The ideal of personal agency is the

ability to control one's actions and drive a decision-making process by an expectation

based on experiences and memory (Bandura, 1999). In SUD people will either take a

drug because they expect it to have a positive effect or a negative effect. For example, a

person may feel depression or pain from something and desire a more positive feeling

from using the drug, like relief or less stress. The opposite would be if someone decided

to not take a drug or drink because they are afraid of the hangover. The main difference is

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a positive expectancy will increase the possibility for SUD while the negative expectancy will decrease the possibility for SUD. In Leventhal and Schmitz study they found that positive expectancy components for drug use were social acceptance, pleasure, sexual arousal, reduction of stress, and enhanced motor function. The negative expectancy components were sickness, withdrawal, sadness, dizziness, and dangerous behavior (Leventhal, Schmitz, 2006). In the remainder of this thesis, two methods will be used to better understand substance use disorders. First, the analysis and results from an existing assessment tool will be shared, followed by the method and results of a survey sent to two populations: male addicts and non-addicts. The implications of both sets of findings will then be explored in the discussion section.

Social Connection Theory

Hari (2015), in his "Ted Talk", explained how at the turn of the century Portugal, tried a new approach to the rehabilitation of drug addiction by implementing a program that decriminalized illegal drugs and sought to reconnect people with SUD with society. He believed that SUD is not only about the chemicals and overwhelming sensation of drug use that is so hard to overcome but the inability for an addict to have healthy relationships with other people and the surrounding community. He cites "Rat Park " a research experiment done by Canadian psychologist Bruce Alexander, as an example of his theory that social interaction could be the antidote to addiction. The rat park experiment revealed that rats, when given the choice to drink from a bottle laced with cocaine or interact with other rats in a communal environment, would choose the social interaction over the powerful stimulant of cocaine. This is a common aspect of most drug rehabilitation practices in which the client will seek out to interact with other addicts in

group meetings to help him overcome their SUD. Alcoholics Anonymous (AA) is prime example of this support thru social interaction. Heinrichs (2004) study on social support explains how healthy social support could help control the negative responses to anxiety and stress. Their research studied how social interaction and healthy community could be associated with the chemical oxytocin, a natural chemical in the brain that helps humans deal with stress. Their data revealed that emotional support from others in a group causes oxytocin levels to increase which could help a person deal with emotional stress both physically and psychologically.

STUDY 1 METHODOLOGY (HIS WAY ENTRY ASSESSMENTS)

In this research, existing data from the Entry Assessment forms of clients from *His Way Recovery Center* in Huntsville, AL was gathered and analyzed. The entry assessment has been collected as part of the entry requirement for the long-term recovery program. The data collected has been retrieved from assessments that were collected from 2007 until 2019. *His Way Recovery* has given permission to use the data for the purpose of research, as long as the information protects the identity of its clients and is used to support a better program of recovery.

The purpose of study 1 is to understand the difference in assessments by comparing and analyzing the entry assessment data to help understand and develop the addiction recovery process for *His Way* clients. Addiction recovery is a major issue in the United States, with millions suffering from substance abuse/ addiction. In this research, the PI used an existing data set of anonymized and confidential intake forms. The intake forms contain questions related to drug-of -choice, experience, and desire for recovery among other factors such as prior treatment, religious beliefs, age, familial relationships,

types of programs attended, and financial status. With this data, trends were identified that help improve the recovery process.

There are approximately 484 applications with 17 questions retained from this analysis (See Appendix A). The data collected was given by the *His Way Recovery* center with the understanding that all data collected would be anonymized and kept confidential, and that no harm would be done to any clients from *His Way Recovery*. The questions were selected for the benefit of society and to help facilitate a healthy and credible recovery program for the men in the center. Because of the minimal amount of data collected on all the different ethnic groups the study has limited the research to two primary ethnic groups (Black men & White men). The percentage of participants that recorded their ethnicity as Black was 8.27% and the participants that recorded their ethnicity as White is 91.73%. The data was collected and recorded for statistical analysis in SPSS.

STUDY 1 RESULTS

A Chi Square test found that there was a significant difference in the preference of drug based on the year of entry, $X^2 (1, n = 460) = 176.42$, $p < .001$. The chart below indicates that the most reported drug of choice for opiates was 2014 at 46.10%. The most reported drug of choice for heroin was 2014 at 33.33%. The most reported drug of choice for meth was 2019 at 29.87%. The most reported drug of choice for marijuana is 2008 at 15.38%.
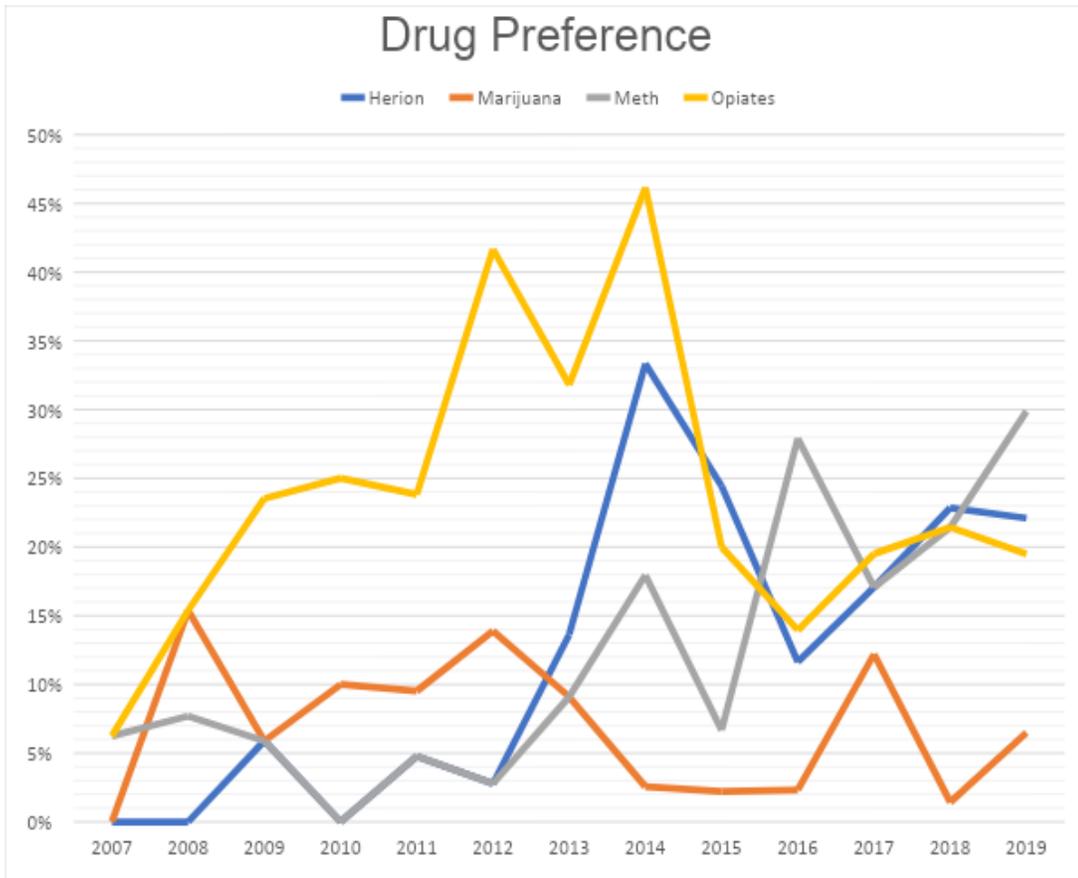
Figure 1: Drug Preference Over Time for Heroin, Marijuana, Methamphetamine, and
Opiates

A Chi Square test found that there was a significant difference in the preference of
drug based on the year of entry, $X^2 (1, n = 460) = 176.42$, $p < .001$. The chart below
indicates that the most reported drug of choice for alcohol was 2010 at 40.00%. The most
reported drug of choice for cocaine was 2007 at 37.50%. The most reported drug of
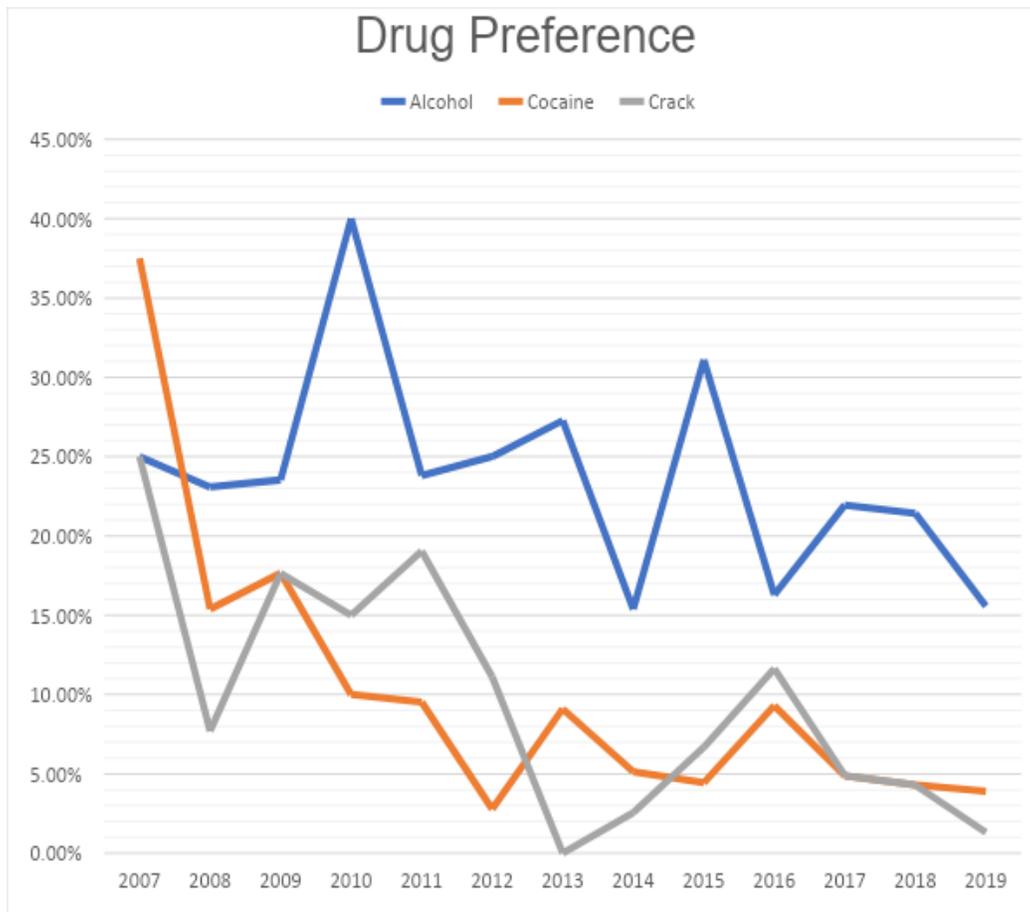choice for crack was 2007 at 25.00%.

Figure 2: Drug Preference Over Time for Alcohol, Cocaine, and Crack

STUDY 2 METHODOLOGY (SURVEY)

Study 2 used a survey that would help better understand the communication processes and environmental conditions of participants during their juvenile experiences (See Appendix B). The survey asked questions about family relationships, home environments, interpersonal communication, personality traits, and involvement with drugs and alcohol. The survey was distributed to an experimental group (clients at *His Way Recovery*) and a control group (a convenience sample of UAH students and individuals recruited online who were not addicted to drugs/alcohol). Seventy participants self-described as addicts and thirty described as non-addicts. The survey was

distributed on Qualtrics and the data was collected and analyzed in SPSS under the supervision of Dr. Lanius. A Mann-Whitney test indicated significant results in understanding the differences between addicts and non-addicts and how home and environmental settings may be determinants for why people suffer from substance use disorders.

STUDY 2 RESULTS

I performed a Mann-Whitney test to understand the difference in the answers for the experimental group that identified as addicts and the control group that did not identify as someone who suffers from substance use disorder (SUD) The experimental group is coded as (1) and the control group is coded as (2):

- The Mann-Whitney test indicated addicts ($M1 = 3.71$) agreed more strongly than non-addicts ($M2 = 3.13$) to the question "I was raised in a home where women were treated with chivalry" Mann-Whitney $U = 776$, $p = .034$.

- The Mann-Whitney test indicated addicts ($M1 = 2.25$) agreed more strongly than non-addict ($M2 = 1.73$) to the question "I was considered the leader of the household," Mann-Whitney, $U = 777.5$, $p = .034$.

- The Mann-Whitney test indicated that addicts ($M1 = 3.46$) agreed more strongly than non-addicts ($M2 = 2.60$) to the question "My friends wanted to hang out at my home because it was a open fun house" Mann-Whitney, $U = 650$, $p = .002$.

- The Mann-Whitney test indicated that addicts ($M1 = 2.67$) agreed more strongly than non-addicts ($M2 = 1.37$), to the question "I would often skip school and get high. Mann-Whitney, $U = 567$, $p < .001$.

- The Mann-Whitney test indicated that addicts (M1 =2.53) agreed more strongly than non-addicts (M2 =1.47) to the question "I would often skip school and drink alcohol" Mann-Whitney, U = 612, p < .001.
- The Mann-Whitney test indicated that addicts (M1 = 2.64) agreed more strongly than non-addicts (M2 =1.90) to the question, "I was encouraged to go to work and help support my family in high school, Mann-Whitney, U = 695, p = .006.
- The Mann-Whitney test indicated that addicts (M1 = 3.86) agreed more strongly than non-addicts (M2 =3.00) to the question "I really enjoyed my high school experience" Mann-Whitney, U = 662, p =.003.
- The Mann-Whitney test indicated that addicts (M1 =3.59) agreed more strongly than non-addicts (M2 = 2.50) to the question, "I was popular with other students in my high school" Mann-Whitney, U = 559, p < .001.
- The Mann-Whitney test indicated that addicts (M1 = 2.77) agreed more strongly than non-addicts (M2 = 2.03) to the question "Often when I would come home from high school there would be no one home" Mann-Whitney U = 749.5, p = .015.
- The Mann-Whitney test indicated that addicts (M1 = 2.17) agreed more strongly than non-addicts (M2 = 1.63) to the question, "It was alright for me to drink alcohol at home when I was in high school" Mann-Whitney U = 803.50, p = .044.
- The Mann-Whitney test indicated that Addicts (M1 = 1.79) agreed more strongly than non-addicts (M2 = 1.45) to the question, "My first experience with drugs/alcohol was with my parents" Mann-Whitney U = 793, p = .042.

- The Mann-Whitney test indicated that addicts (M1 = 2.14) agreed more strongly than non-addicts (M2 = 1.53) to the question, "My first experience with drugs/alcohol was with my siblings" Mann-Whitney U = 789, p < .001.

- The Mann-Whitney test indicated that addicts (M1 = 2.37) agreed more strongly than non-addicts (M2 = 1.50) to the question, "I used drugs to help me have sex" Mann-Whitney U = 646, p < .001.

- The Mann-Whitney test indicated that addicts (M1 = 2.65) agreed more strongly than non-addicts (M2 = 1.67) to the question, "When I used drugs and alcohol I would seek out partners for sex" Mann-Whitney U = 656, p = .002.

- The Mann-Whitney test indicated that addicts (M1 = 2.41) agreed more strongly than non-addicts (M2 = 1.41) to the question "I have never had a serious sexual relationship with a person while I am in sobriety" Mann-Whitney U = 591, p < .001.

- The Mann-Whitney test indicated that non-addicts (M2 = 4.50) agreed more strongly than addicts(M1 =4.04) to the question, " I always try to be faithful to the person I am in a sexual relationship with" Mann-Whitney U = 797, p = .038.

- The Mann-Whitney test indicated that addicts(M1 = 2.10) agreed more strongly than non-addicts(M2 = 1.38) to the question, " Most of my romantic relationships with my parents have ended because I was unfaithful" Mann-Whitney U = 671, p = .004.

- The Mann-Whitney test indicated that non-addicts (M2 = 3.77) agreed more strongly than addicts (M1 = 3.29) to the question " I see myself as someone who is reserved" MannWhitney U = 750.50 , p = .020.

- The Mann-Whitney test indicated that addicts (M1= 2.79) agreed more strongly than non-addicts (M2 = 2.03) to the question "I see myself as someone who has few artistic interests" Mann-Whitney U = 709, p = .006.

Table 1: Descriptive Statistics for Survey Statements

M1 = Addict, M2 = Non-Addict

Statement	M1	SD	M2	SD
I was raised in a home in which women were treated with chivalry.	3.71	1.23	3.13	1.31
I was considered the leader of the household in high school.	2.25	1.18	1.73	1.11
My friends wanted to hang out at my house because it was an open fun house.	3.46	1.25	2.60	1.19
I would often skip school and get high.	2.67	1.58	1.37	0.72
I would often skip school and drink alcohol.	2.53	1.44	1.47	0.82
I was encouraged to go to work and help support my family in high school.	2.64	1.26	1.90	1.12
I really enjoyed my high school experience.	3.86	1.20	3.00	1.39
I was popular with other students in high school.	3.59	1.29	2.50	1.17
Often when I would come home from high school there would be no one home.	2.77	1.39	2.03	1.33
It was all right for me to drink alcohol at home when I was in high school.	2.17	1.30	1.63	1.07
My first experience with drug/alcohol was with my parents.	1.79	1.03	1.45	0.99
My first experience with drugs/alcohol was with my siblings.	2.14	1.42	1.53	1.07
I used illicit drugs to help me have sex.	2.37	1.31	1.50	0.86
When I used drugs and alcohol, I would seek out partners for sex.	2.65	1.45	1.67	0.92
I have never had a serious sexual relationship with a person while I am in sobriety.	2.41	1.38	1.41	0.82

I always try to be faithful to the partner I am in a sexual relationship with.	4.04	1.07	4.50	0.82
Most of my romantic relationships with my partners have ended because I was unfaithful.	2.10	1.19	1.38	0.73
I see myself as someone who is reserved.	3.29	1.18	3.77	1.25
I see myself as someone who has few artistic values.	2.79	1.28	2.03	.093

DISCUSSION

The data collected in study 2 suggest that addicts reported more strongly than non-addicts to many of the questions in the survey. The data reports addicts are more likely to have used drugs /alcohol in their home as young adults, and that this behavior was accepted by the parents and siblings of the home. In addition, addicts were more likely to have used in the presence or were introduced to drugs and alcohol by a family member. Although many addicts reported using drugs around family members, they reported having been raised in households in which the women in the house were expected to be treated with respect and chivalry. The data also suggested that addicts' home environments were open and fun because there was less parental supervision, and they were able to skip school and drink and get high with friends at home. The research also indicated that sexual desire and behavior were affected by drug use. Addicts reported that it was important to try to be faithful to their sexual partners but because of their substance use disorder they reported most of their relationships ended because of unfaithfulness to their partner. In regard to the personality traits of addicts to non-addicts the difference reported by the data indicated that addicts felt more strongly that they were reserved in their view of themselves and were less likely to describe themselves as interested in artistic behaviors. Robins and Przybeck (1995) reported that adolescents that

were exposed to drug use were more likely to experience SUD in their adult life. Ellickson, Tucker, and Klin (2003) research found that young people that have used alcohol and drugs before grade 7 have a much higher chance of SUD and are much more likely to exhibit criminal behaviors because of the drug use. Fleury et. al. (2014) study suggests that stigmatization was a strong predictor of SUD, and attributed low self esteem and a negative perception of their childhood environment to possible predictors of SUD. In addition their research concluded that other predictors of SUD were the lack of education in young adults, poor living conditions, homelessness and poverty. Neimelä (2008) says that SUD is the result of a very complex problem that is the product of a combination between individual and environmental factors across the life of a person that suffers from drug addiction. The most prevalent risk factors in their research are family history of alcohol abuse, low perceived life opportunity, and low levels of disciplinary action by parents and authority figures. Kindler et al. (2003) research found that antisocial behaviors like depression, fear, misery, and anxiety that are derived from a low income and poorly structured social environments will increase the possibility of SUD. Ackerman (2020), suggests that negative emotions can be associated with high neurotic personality traits, which can cause negative life experiences that could lead to addiction problems.

The research of Heine, Proulx and Vohs, (2006) introduced the meaning maintenance model (MMM) and says that because people have a need for meaning in their life, they will develop a mental picture of their needs and this image is how they perceive their place in the world. Their research suggests that when young people experience feelings of uncertainty, rejection ,abuse, or neglect they will experience low self-esteem and their expectations of success of the world they are encountering are too

hard to cope with and create a false sense of meaning. According to their work, meaning

is essential to connection between people and things in the world. Elements of meaning

include relationships between people, events, and places that people expect to occur in

their world. people expect to have good relationships with parents and friends, when this

expectation is violated it causes people to feel alienated from the world, which can lead to

depression , which is a predetermination for SUD. At the core of their model is that

people are continually involved in searching for meaning in their life. They are constantly

looking to fulfill expectations that will provide meaning in their lives. If these

expectations are correct they will continue to produce similar expectations to extract

more meaning, but if those expectations are violated they will find themselves in a state

of confusion that if not properly addressed will develop coping strategies that will result

in SUD.

According to Recovery Brand LLC. (2020), illicit drug use has seen an average

increase of over 5% in the last decade. The demographic most affected by SUD and the

use of illicit drugs has been adults over the age of 50. The shift is attributed to the influx

of prescription opioid use and medical marijuana for pain management. Our study also

identified a trend that is similar to the national trend of drug preference that has affected

the rest of the United States. The data is consistent in that opioid use has been a strong

preference and listed as the drug of choice for clients for the last decade with a

considerable increase in the last 5 years. In addition, the decline of crack cocaine and

alcohol as a drug of choice is also consistent with the national average. Our study

revealed that heroin has seen a consistent rise in use over the last decade, which is

consistent with the national data but methamphetamine use has declined according to our

study, which is inconsistent with the data from the rest of the United States.

Practical Implications

The general consensus of our study suggests that people who suffer with SUD have multiple determinants that contribute to their addiction and SUD. Isolation and unhealthy environments are considered high risk factors for people who may be abusing drugs. The stigmatization of drug addiction makes the problem very difficult for people that suffer from SUD to reach out for support or help with their problem. In recent months the strain from the pandemic of Covid 19 could have negative effects because of isolation as well as the inability for people to seek and receive sufficient help and support that is needed to help people who suffer with addiction. *His Way Recovery* is using this data to reach out to people who are not able to meet with other support groups by internet zoom meetings as well as contacting people and former clients via phone calls and letters to combat the problems caused by the pandemic. In their research, Kazemi et. al, (2017) found that interventions via telephone and internet were very promising because young people were much more comfortable talking to others over the phone and internet when talking about serious problems such as SUD. In addition their research revealed that the internet's ability to reach a large number of people with fewer resources could be a great resource for people during a pandemic that causes people to be isolated physically from support and healthy council.

CONCLUSION

Limitations

The study was limited in that it only had data from a population of clients that was not consistent with the Huntsville community. According to Data USA (2020) , the population of Huntsville is approximately 58% white and 30% black . The percentage of

black males that have entered *His Way* is less than 9 % and is an accurate representation of the population. In addition, there was insufficient data to confirm why black men are not represented in recovery programs. Furthermore, the study was only able to survey a limited number of clients in the program and this limited the data pool from a greater number of participants.

Future Research

It would be a good study to find out if financial obligations prevent black men from seeking help or if it is because of the judicial system and incarceration. It would be a good study to understand if rural areas are more affected by these drugs as compared to areas in the inner city. There would be a benefit in collecting data from different recovery programs in the State as well as the entire country to see if the results were consistent in faith based recovery programs as well as secular recovery programs. To better understand the problem of addiction and substance abuse, it would be beneficial to collect data from current residents and develop a comprehensive set of survey questions that would help understand the different trauma that clients had been exposed to prior to their addiction. In addition, it would be beneficial to gather data on early childhood as well as environmental conditions including education, whether they were from broken families, or if they were raised by a single parent. Future studies that included in-depth interviews with men in recovery to compare their progress and identify the causes that were most effective in helping or deterring their recovery process, would be very beneficial in helping develop a comprehensive recovery program.

His Way Recovery is investing resources in research to help provide a better opportunity for recovery for the addict that is suffering from substance abuse. To produce

the most successful recovery *His Way* is incorporating scientific research with traditional

counseling, health and nutrition programs, as well as spiritual teachings to build a more

comprehensive recovery model. Going forward, *His Way* has begun to gather and

document critical information from the men that can be used to help understand the

complicated and changing recovery process, and help increase success for their clients as

well as the families that are affected by addiction.

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APPENDIX A

1. Date of Entry into Program

2. Race

3. Age

4. Relationship Status

5. Number of Children

6. Preference of Drug

7. Age at first Drug Use

8. Been in a recovery program previously?

9. Completed a recovery program?

10. Consider yourself to be an alcoholic or addict?

11. Are you currently attending AA, NA, or CR Meetings?

12. Are you on probation, drug court, or community correction?

13. Are you court ordered to complete a recovery program?

14. Are you currently employed?

15. Did you graduate high school or obtain a GED? If no, what was the last grade completed?

16. Did you graduate college? If no, how many years did you complete?

17. Do you have any educational goals? If yes, explain

APPENDIX B - SURVEY INSTRUMENT

1. Were you raised in a home in which your parents were married? (yes/no)

2. Which family member in your life had the most positive influence over you as a young child until you turned 18? (mother, father, brother, sister, grandmother, grandfather, cousin, other)

3. Which family member in your life had the most negative influence over you as a young child until you turned 18?(mother, father, brother sister, grandmother, grandfather, cousin, other)

4. From the time you were born until you left your parents' home how many different residences did your family live in? (1,2,3,4,5,6,7,

5. Did either one of your parents struggle with drug/alcohol addiction? (mother, father, neither)

6. Did any of your other family members struggle with drug / alcohol addiction? (Uncle, cousin, brother, etc.)

7. At what age did you begin using drugs/alcohol?

8. With whom was your first experience with drugs/alcohol?

9. Did your parents separate after your birth?

    a. If yes, how old were you when they separated?

    b. If yes, who was your primary provider?

10. How old were you when you had your first kiss?

11. How old were you when you were first intimate with a partner (beyond kissing)?

12. My first sexual experience was at what age?

13. My first consensual sexual experience was at what age?

14. What grade in school did your father complete?

15. What grade in school did your mother complete?

16. What grade in school did your brother complete?

17. What age did your sister complete?

Answer the following questions on a scale of 1 -5

1 = Disagree, 2 = Slightly disagree, 3 = Neutral, 4 = Slightly agree, 5 = Agree

18. I was raised in a home with a healthy physical environment (good nutrition, regular exercise).

19. I was raised in a home with a healthy emotional environment (open communication, regular affection with hugs).

20. I was raised in a home in which my education was a high priority.

21. I was raised in a home in which women were treated with chivalry (e.g. open doors for them).

22. I was raised in a home in which my mother and father took on household chores equally.

23. I was considered the man or leader of the household in high school.

24. My parents were very strict and would enforce the rules of the house with physical punishment.

25. I was raised in a home in which the man was supposed to be the primary breadwinner.

26. There were not many rules enforced in my home growing up.

27. I was raised in a home with an unhealthy emotional environment.

28. I was raised in a home with an unhealthy physical environment.

29. My parents provided financial support so that I could succeed.

30. My parents provided emotional support so that I could succeed.

31. My parents encouraged me to do well in school.

32. My friends wanted to hang out at my house because it was an open, fun home.

33. My parents were always encouraging me to be successful.

34. My friends would come to my home because we had no supervision.

35. When I lived at home, I would rather go to my friend's house to hangout rather than have my friends come to my house.

36. My father drank regularly to the point of intoxication when I lived at home.

37. My mother drank regularly to the point of intoxication when I lived at home.

38. One or both my parents used marijuana when I lived at home.

39. Illicit drugs and alcohol were prohibited in my house growing up.

40. I would often skip school and get high.

41. I would often skip school and drink alcohol.

42. I was encouraged to go to work and help support my family in high school.

43. I was active in sports or other extracurriculars during high school.

44. I really enjoyed my high school experience.

45. My parents were interested in my progress in school.

46. I was popular with other students in High school.

47. When I was in high school, I was very interested in going to college.

48. After high school getting a job was more important to me than going to college.

49. My parents encouraged me to go to college.

50. It was important to me to do well in high school.

51. I was more interested in making money and getting out on my own than going to high school.

52. Often when I would come home from high school, there would be no one home.

53. It was all right for me to drink alcohol at home when I was in High school.

54. My parents did not punish me for underage drinking.

55. My first experience with drugs/alcohol was with my parents

56. My first experience with drugs/alcohol was with my friends.

57. My first experience with drugs/alcohol was with my siblings.

58. The most important part of a relationship with my partner is sex.

59. I think it is normal to have sexual relationships with more than one person at a time (multiple active romantic relationships).

60. I used illicit drugs to help me have sex .

61. When I use drugs and alcohol, I would seek out partners for sex.

62. I have never had a serious sexual relationship with a person while I am in sobriety.

63. When I think of intimacy , I think of sex.

64. Trust is important to me in a sexual relationship with a person.

65. I always try to be faithful to the partner I am in a sexual relationship with.

66. Most of my romantic relationships with my partners have ended because I was unfaithful.

67. I believe that men and women can have platonic friendships.

68. I believe that men and women can have a friendship after ending their romantic relationship.

69. I believe that the man should make more money than the woman in a romantic

relationship.

70. I see myself as someone who is reserved.

71. I see myself as someone who is generally trusting.

72. I see myself as someone who tends to be lazy.

73. I see myself as someone who is relaxed and handles stress well.

74. I see myself as someone who has few artistic interest.

75. I see myself as someone who tends to find fault with others.

76. I see myself as someone who does a thorough job.

77. I see myself as someone who gets nervous easily.

78. I see myself as someone who has an active imagination.