# RECOVERING CHRISTIAN WOMEN SELF-CARE AND MENTORSHIP: A QUALITATIVE STUDY

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## Abstract

The purpose of this qualitative study was to describe Christian women in recovery's experiences serving as a mentor to other addicts in Florida. This heuristic phenomenological qualitative research study aimed to understand the phenomenon of recovering Christian women how they function in their various roles as ministers, leaders, and mentors, and what they do for psychological and physical self-care when faced with challenges and barriers in society, why they are employed as ministers, counselors, and therapists who promote positive wellbeing and provide support in the success of recovery from addiction, trauma, and psychological issues, and how they maintain mental, emotional, spiritual, and physical self-care while mentoring others. The researcher utilized the feminist theory pioneered by Mary Wollstonecraft and expanded by current researchers like Kimberlé Crenshaw, and the social support theory to aid in qualitative research to collect and process data gathered from the fundamental nature of human experiences. The interview consisted of an open-ended interview questionnaire, the Religious Commitment Inventory (RCI), the Social Support Self-Rating Scale (SSRS), and the means of data collection used was the IZYREC recorder and USB drive for confidential storage. The study method was separated into the following sections: research design, instrumentation, participants and sampling criteria, procedures, data analysis and findings. The findings concluded the necessity of psychological self-care, mentorship, and religious and recovery support for prolonged recovery maintenance.


**Keywords:** *Substance Addiction, Trauma, Psychological Issues, Mentorship, Self-care*

## Copyright Page

## Dedication

I dedicate this dissertation to my grandmother Ida Mae Graves, a healer, encourager, and servant who walked in love and helped anyone she met, regardless of age, race, or religion. To my best friend and mentor Jacob Coleman, who earned his wings before he saw the fruits of his labor, pushing me spiritually, mentally, emotionally, and educationally to go beyond my fears and use my voice to help others succeed. I also dedicate this dissertation to anyone seeking knowledge and the need to understand the spirit and experiences of women who dedicate their lives to Christ and are servants that foster healing in society. May this dissertation inspire and give strength to the voices of those women for generations to come.

## Acknowledgements

I would like to acknowledge God first because I would not have made it throughout the journey without His guidance. I thank Him for this gift to my loving husband, Albert and my children, Tomika, Melody, Maggie, Terence, Charles, and Donika, who put up with me and loved me despite all the missed life events, constant absences, and mental breakdowns. My sister Debra Jackson and the spiritual family who prayed interceded on my behalf and believed in me when I wanted to give up on this journey. My spiritual daughters Monique Fields and Tomika Long-King, whom I mentor and am mentored by on this walk of faith and life, for giving back what was so freely given to them. My family, friends, and colleagues, who showed me that change was possible, pushed, pulled, and dragged me through life and my educational journey to all my cohorts and professors at Liberty University and Springfield College, who gave instruction and support. Finally, to my colleague John Chege, who inspired me to push forward on the days that I wanted to give up and assisted me in researching, refining my writing, and completing this dissertation. I am incredibly grateful to my chair, Dr Jonathon Sullivan, and reader Dr. Fred Milacci. Thank you for your unwavering support and the times you encouraged me to stay the course, take my time, and work slowly but meticulously to complete this dissertation proposal. It is so amazing the many people from different walks of life, ethnicities, and backgrounds that stood by my side, and I am so grateful to God for you all.

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| Number | Color | Age | Recovery Years | Mentorship Years | Ethnicity |
|---|---|---|---|---|---|
| 001 | Purple | 64 | 32 | 20 | African American |
| 002 | Aqua | 58 | 24 | 17 | Puerto Rican |
| 003 | Pink | 61 | 21 | 18 | African American |
| 004 | Yellow | 45 | 15 | 13 | African American |
| 005 | Orange | 37 | 5 | 3 | Caucasian |
| 006 | Red | 65 | 34 | 30 | Caucasian |
| 007 | Fuchsia | 42 | 15 | 10 | Caucasian |
| 008 | Blue | 23 | 7 | 5 | Jamaican |
| 009 | Lilac | 53 | 16 | 10 | Jamaican |

**List of Abbreviations**

American Association of Christian Counselors (AACC)

Attachment to God Inventory (AGI)

Alcoholics Anonymous (AA)

Alcohol-use Disorder (AUD)

Catholic Information Service for Africa (CISA)

Cognitive Behavioral Therapy (CBT)

Comparative Effectiveness Research (CER)

Community-Based Participatory Research (CBPR)

Drug-use Disorder (DUD)

Faith-Based Organizations (FBO)

Grounded Theory (GT)

Internal Review Board (IRB)

Military Sexual Trauma (MST)

Narcotics Anonymous (NA)

Newborn Abstention Syndrome (NAS)

Office for Human Research Protections (OHRP)

Post-Traumatic Stress Disorder (PTSD)

Quality of Life (QoL)

Religious Commitment Inventory (RCI)

Religion/spirituality (R/S)

Sexual Assault (SA)

Social Support Rating Scale (SSRS)

Spiritual But Not Religious (SBNR)

Spiritual Care (SC)

Substance Use Disorders (SUD)

United Nations Population Fund (UNFPA)

Veterans' Health Administration (VHA)

# Chapter One: Introduction

## Overview

This heuristic phenomenological research study focused on the lived experiences of recovering Christian women in ministry and how they maintain mental, emotional, spiritual, and physical self-care while mentoring others. Although scholarly studies have concluded that there are unpleasant societal encounters for Christian women in churches, communities, and employment, they do not address the issues of drug abuse, psychological self-care, or mentorship (Nesbitt, 2018; Cleveland et al., 2016). There is also extensive data and proof that progressing through the recovery process fosters a more profound sense of self and provides an understanding of the issues that lead to dependence (Clemans-Cope et al., 2019). Analyzing this subject matter through the eyes of Christian women who have experienced addictive behavior, trauma, sociocultural subjectivity, and stereotyping might provide some alternatives and discussions that can nurture consistent recovery and support. Still, little literature or research examines, analyzes, or offers statistics for Christian women in recovery support and guidance. While conventional NA or AA 12 Step programs can help some women overcome addictive behaviors, others prefer religious 12 Step rehabilitation programs that include spiritual aspects and lend assistance, teaching, and camaraderie but lack substantial mentoring because of gender disparities (Witkiewitz et al., 2020). This chapter provides a literature review from a researched viewpoint to add evidence for future research to determine what can be accomplished to encourage holistic healing systems and tools to assist recovering Christian women in all disciplines. The goal was to examine the subsisting phenomenon of recovering Christian women managing their responsibilities, their struggles with psychological self-care and the mentorship process. The study explored the perspectives of societal biases and perceived barriers to maintaining a holistic, healthy balance in their lives. There is a practical and beneficial purpose

to exploring how the functions of religious commitment, psychological self-care, and mentorship provide solutions, guidelines, and knowledge for Christian women entering the ministry, recovery, and mentorship.

## Background

Historically, previous cultural views stigmatized, condemned, and humiliated those living with drug abuse, frequently portraying them as shameful, unredeemable, and incapable of constructively contributing to communal life (Corrigan et al., 2009). Essentially, the public stigma of being an addict propelled people to seek means outside of traditional society to recover or heal, but the programs were formulated for men by men (Rumbarger, 1993). Traditional recovery groups, such as AA (Alcoholics Anonymous) and NA (Narcotics Anonymous), have constantly stressed their inclusion, admitting everyone, regardless of age, ethnicity, sexual orientation, creed, religion, or lack thereof. This inclusion, however, may spark theological disagreements among Christian communities, notably around the notion of "God as we understood Him" (NA, 1986).

Traditionally, Women have been viewed only as helpmates, a concept derived from the Bible's King James Version (KJV), which stressed their role in companionship within their homes, ministries, and communities. They have faithfully served as caregivers, advisers, mentors, collaborators, and confidantes. However, cultural standards often restricted them to domestic arenas, reinforced by the view that women were the "weaker vessels" who understood their place, mainly inside the limits of their homes (Kitch, 1998). The twentieth century's revolutionary transformations, notably the extension of women's voting rights, cleared the door for their growing involvement and excellence in hitherto male-dominated domains such as the workforce, ministry, politics, and beyond (Delahaye, 2016).

Despite these achievements, women continue to confront obstacles and problems in many aspects and regions. Apsley et al. (2022) postulate that women may still face difficulty accessing treatment or recovery due to social humiliation, personal responsibilities, using partners, or experiencing trauma more than their male counterparts. Fenner & Gifford (2012) propose that studies based on the topic of societal barriers and obstacles of women in ministry do not include the experiences of Christian women who have gone through the recovery process for substance use disorder (Fenner & Gifford, 2012), nor do they expound on other addictions, and traumas that affect the recovery process (Mason et al., 2017).

The topics of barriers and obstacles to women overcoming issues often do not include substance addiction, psychological trauma, or social bias. According to research done in 2019, 4.9 million women (about twice the population of Mississippi) in the United States grappled with drug addiction problems (Sanders, 2019). In a 2020 study, as illustrated by White (2020), almost 80% of women with drug addiction problems have encountered trauma, and these issues come with stigma and a lack of psychological self-care without a healthy support system .Research studies also affirm that there are negative experiences for Christian women in ministry in families and careers (Roberts, 2020; Wong et al., 2017) but does not explore the challenges of addiction, physical or psychological self-care, or mentorship challenges.

Dermatis & Galanter (2015) propose that developing through the healing process creates a greater sense of self and may provide insight into the struggles that cause addictions. But while some recovering women find restoration from substance addiction through traditional NA or AA 12 Step programs, some choose holistic recovery programs that incorporate mental and spiritual components which provide support, instruction, and fellowship but do not have adequate mentorship or sponsorship based on gender (Kerlin, 2020). Evaluating this topic through the lens

of Christian women who have endured addiction, social bias, and discrimination may provide solutions and conversations that foster continuous healing and support (Faveere, 2018). Still, scant literature or studies examine, analyze, or offer resolutions to the mentorship of Christian women in recovery. This study aims to present aspects, outcomes, and experiences from a lived perspective that may provide data for future studies into what can be done to promote comprehensive recovery tools and systems to help recovering Christian women in all domains and career fields.

## Situation to Self

Constructivist epistemology has been adopted for this research study to gain insight into personal accounts, lived experiences, and subjective meanings in view of personal and professional experiences, knowledge, and reality, which are shaped by the social interactions and cultural influences of disparities, inequality, and social injustices of being a recovering woman, a Christian minister, and mentor in our society. Professional and personal views stem from lived experiences where the societal norm is that it is okay not to treat everyone as a human being, not to provide the continuum of care that is due to them based on bias and prejudice, thus hindering individuals from freeing themselves from addiction. The restoration and transformation of forgiveness through Jesus Christ creates an opportunity to be given a new life. Still, societal rules and values create numerous roadblocks and obstacles to recovery from addiction. Experiencing psychological deterioration and not understanding why, in American culture, individuals are not treated or valued as human beings no matter who they are or where they come from has been a problem. The important aspect of teaching recovering women the importance of self-care and a spiritual connection to maintain abstinence and psychological stability is vital (Rawat,2021).

Finding a pathway to holistic peace and transitioning from addiction to recovery through fellowship with like-minded people is beneficial to sustainable change (Grim & Grim,2019).

The concepts of self-care, acceptance, and empathy for diversity and inclusion for all individuals are the complete foundation for a healthy society (Kirchherr, & Charles, 2018). Even though we all share space in an organizational setting, it does not mean we share the same understanding and ideas on culture, religion, politics, or economic values. The unique difference is the basis of each experience and what is brought to the table collectively. The disease of addiction does not discriminate between rich, poor, old, or young; it causes destruction in every home and community. It crosses cultural barriers social boundaries and erodes economic justice on every level of humanity. The responsibility to serve and be a change agent in healing society is a burden that is placed on the shoulders of every human being. The research and knowledge from this study may create a dialogue that stimulates future research studies and provide various epistemological assumptions that might pilot guides to mentorship and self-care strategies, such as meditation, exercise, therapy, journaling, and hobbies for Organizations, ministries, and institutions.

## Problem Statement

Shame and preconceptions of addiction may cause physical health issues and impact the recovering individual's psychological function (Ahern et al., 2007). The effects may be even more difficult for recovering women due to family commitments and masculine societal customs or norms (Haskelle et al., 2016; Kaya, 2016). Issues of faith, religion, Christian beliefs on salvation, and the transformation of an individual who has given their life to Christ often make it complicated to practice recovery and maintain anonymity as a recovering addict (Kelly, 2017; 2016). Women may often have a more challenging time addressing the issues of shame, guilt,

abandonment, and various traumas (Cleveland et al., 2016). Based on the past and current literature, research does not differentiate the challenges between Christian men and women and the unique aspects of recovery in careers, ministry, and mentorship (Falker et al., 2022). The ability to present the details, events, and occurrences of successful recovering Christian women may shed light on future studies into what can be done to promote self-care, guides, and techniques to help other recovering Christian women.

## Purpose Statement

The purpose of this qualitative study was to describe Christian women in recovery's experiences serving as a mentor to other addicts in Florida. This heuristic study aimed to understand the phenomenon of recovering Christian women through their experiences and perspectives, how they function in their various roles as ministers, leaders, and mentors, and what they do for psychological and physical self-care when faced with challenges and barriers in society, why they are employed as ministers, counselors, and therapists who promote positive wellbeing and provide support in the success of recovery from addiction, trauma, and psychological issues, and how they maintain mental, emotional, spiritual, and physical self-care while mentoring others.This study was designed to grasp the phenomenon of Christian women who have given their lives to Christ through recovery and desire to be a vessel to foster healing. Participants in this study are recovering Christian women who work in the community to promote holistic well-being and support recovery from addiction, trauma, and psychological issues. The goal was to improve current knowledge surrounding psychological and physical self-care maintenance and mentorship within the community.

## Significance of the Study

This present study is important because it creates awareness in the ministry by highlighting live experiences of recovering Christian women in the ministry maintain mental, spiritual, and physical self-care while mentoring others. The study is also significant to peer mentorship and community care counselors because it offers insight and knowledge into the uniqueness of recovering Christian women and how these women mentor and pass the mantle of self-efficacy, sustainability, and competence to other recovering Christian women coming behind them (Greene et al., 2019). Moreover, the government may find the research useful in developing addiction reforms to address the challenges faced in recovering Christian women self-care and mentorship for implementation. The church and the community will learn how recovering Christian women serving society depict their truths and lived experiences with ministry, psychological and physical self-care, and mentorship challenges as illustrated by (Felton et al., 2023). The study is similar to other literature and contribute to new knowledge on how many recovering Christian women provide services and resources to people with addiction and others who often face societal stigma and discrimination. The study also aimed to establish data for future research studies on psychological and physical self-care and mentorship for recovering Christian women in ministry, careers, and mentoring.

## Research Questions

This research inquiry consists of five questions to guide the study:

RQ 1. How do Christian women describe their recovery experiences and challenges regarding ministry and recovery in Florida? This will allow the researcher to get an understanding of what the main occurrences or issues are with recovering Christian women.

RQ 2. How do participants describe the religious support and fellowship they receive in recovery? The aim is to grasp how social support enhances or impacts the lives of recovering Christian women.

RQ 3. How do recovering Christian women describe their process of mentoring other women in their careers, ministry, and recovery? The question may provide a guide or instruction for future recovering Christian women serving in recovery, ministry, and careers.

RQ 4. How does recovery influence Christian women's spiritual, emotional, and physical well-being? Learning what recovery is and the impact of recovery support in the lives of the women may provide more data for future studies.

RQ 5. How do recovering Christian women describe their motivation and techniques for practicing and encouraging psychological and physical self-care? Gaining insight into the routines and practical applications of holistic psychological and physical self-care may enhance the lives of other recovering Christian women.

## Definitions

In this section, the concepts specified are central to the context of this study. The following definitions are from scholarly journal article references written in the last ten years and older scholarly journal studies relevant to the subject. This researcher has evaluated the paradigms as the definitions used in this paper.

1. Attitude - Attitude is a psychological tendency that involves evaluating a particular object with some degree of favor or disfavor (Eagly & Chaiken, 1993).

2. Interest - The combination of emotion and personal valuation of a task resulting in a desire for various levels of enjoyment (Ainley & Ainley, 2011).

3. Drug-use Disorder (DUD) results when recurrent drug use leads to clinical and functional impairment to the user, for instance, causing health challenges, failure to meet responsibilities at school or home and discord to professional relationships, as illustrated by Golberg et al. (2019).

4. Military Sexual Trauma (MST) – sexual harassment that happens during the provision of military services experienced by veteran genders that leads to trauma for victims (Keane, 2019).

5. Narcotics Anonymous (NA) - A society with people whose drug abuse has become problematic. NA assists victims of drug dependency to meet regularly, stay away from drugs and build a new life (NA, 1986).

6. Newborn Abstention Syndrome (NAS) – Occur when a woman abuses drugs or antidepressants during pregnancy, causing the baby to withdraw from drugs he was exposed to before birth. (Syvertsen et al., 2021).

7. Post-Traumatic Stress Disorder (PTSD)- refers to feeling afraid after traumatic situations such as rape or drug abuse. PTSD occurs in people who experience dangerous events, shock, or scary encounters. (PTSD) Fitzpatrick et al. (2020)

8. Quality of Life (QoL) – People's perceptions of life position in value systems, culture, goals, standards, and expectations, as Pettersen et al. (2019) illustrated. QoL measures the discrepancy between what people have and what their needs are.

9. Religious Commitment Inventory (RCI)- An assessment of how people adhere to religious beliefs, practices, or values and how they apply them in daily life, as illustrated by Onu et al. (2019),

10. Social Support Rating Scale (SSRS)- An instrument for evaluating social support function, appraisal, emotional, information and instrumental support (Nick et al., 2018).

11. Spiritual Care (SC)- Assisting patients to discover meaning, accept reconciliation, or pay attention to spiritual matters by providing spiritual care to victims of crisis or illness Shamsi et al. (2022).

12. Alcoholics Anonymous (AA) is a global peer fellowship of people that unite to solve alcoholic problems through regular meetings (Kelly, 2017; 2016).

13. Recovering – Becoming normal or successful after experiencing damage or suffering from problems such as alcoholism (Pettersen et al., 2019).

14. Social networks- The use of social media in connecting with families, friends, organizations, and colleagues to exchange information, for instance, learning about drug abuse and counselling (Jia et al., 2023).

15. Self-care- setting time aside to concentrate on things that improve mental and physical health to manage stress, reduce illness risks, and increase motivation (Pettersen et al., 2019).

## Summary

Recovering Christian women is a significant source of nurturing, cultivating, encouraging, and fostering hope for women and men recovering from substance and alcohol addictions and psychological issues (Pettersen et al., 2019). Despite their life issues or circumstances, they are often the first source to provide resources, information, knowledge, and support. Functioning through the adversities, biases, and challenges of maintaining self-care, work, family, and ministry can be daunting, overwhelming, and arduous. Studying the

phenomenon of recovering Christian women may provide insight into new data, facts, and knowledge for future studies to help other recovering Christians in ministry, mentorship, and self-care.

# Chapter Two: Literature Review

## Overview

Past and current literature review shows a common link between positive mental, physical, and emotional well-being and the commitment to serving God and people. Although scholarly studies have concluded that there are unpleasant encounters for Christian women in ministries, communities, and employment, they do not address the issues of drug abuse, self-care, or mentorship (Pettersen et al., 2019; Walker, 2019). There is also data and evidence that progressing through the recovery process fosters a more profound sense of self and provides an understanding of the issues that lead to dependence (Dermatis & Galanter, 2015). While conventional 12 Step programs can help some women overcome addictive behavior, others prefer religious rehabilitation programs such as the Salvation Army Adult Rehabilitation Centers, Jewish Alcoholics, Chemically Dependent Persons, and Significant Others (JACS), and Celebrate Recovery that include spiritual aspects and lend assistance, teaching, and camaraderie but lack substantial mentoring because they are female, as demonstrated by Witkiewitz et al. (2020). Analyzing this subject matter through the eyes of Christian women who have experienced addictive behavior, sociocultural subjectivity, and stereotyping might provide some alternatives and discussions that can nurture ongoing recovery and assistance. Research shows that women are capable, strong, and committed to providing support and encouragement to foster healing to those suffering from substance use disorders (SUD) and mental health issues but face bias and prejudice as they work in ministry (Romaniuk, 2018). The literature does not resolve the dilemmas of recovering Christian women dealing with their work, family, and life issues while maintaining self-care or the solutions that may guide them in a more favorable balance in their lives—analyzing this subject matter through the eyes of Christian women who have experienced

issues may also provide some alternatives and discussions that can nurture ongoing recovery and assistance. Still, little literature or research examines, analyzes, or offers agreements for Christian women in recovery support and guidance (Dunbar et al., 2020). This section aims to provide facts, incidents, findings, and literature from a researched viewpoint to add evidence for future research to determine what can be accomplished to encourage healing systems and tools to assist recovering Christian women in all disciplines. There is still a need to research scenarios that may provide practical and theoretical guidelines for recovery, mentorship, and self-care.

**Theoretical Framework**

This paper's theoretical framework was chosen to enhance the connection and knowledge of recovering Christian women. Understanding women's addiction experiences and recovery requires an integrated theoretical framework. Feminist theory was pioneered by intellectuals like Mary Wollstonecraft and expanded by current researchers like Kimberlé Crenshaw. Still, Vivian Brown and Allison McKim shed light on how cultural norms, gender roles, and power dynamics may have some bearing on female addiction (Travis, 2019). The feminist philosophy illuminates how cultural norms, gender roles, and power dynamics present a crucial context for assessing gender inequalities in society (Cocker & Hafford-Letchfield, 2022). Utilizing this theory for this study may emphasize how gendered socialization throughout treatment facilities and communities might make it difficult for women to recover and more prone to relapse (Possick & Itzick, 2018).

Furthermore, this theory highlights the role of empowerment and advocacy within support networks, as well as self-efficacy and resilience (Charmaz & Thornberg, 2021; 2020). This viewpoint is supplemented by social support theory, which emphasizes the important significance of support networks. Strong social ties, such as family, friends, and gender-specific

support groups, are essential for women's obtaining and maintaining sobriety (Jia et al., 2023). These social networks provide a feeling of belonging and understanding while addressing the specific obstacles and traumas that women in recovery often confront (Martin et al., 2018; Rose & Loewenthal, 2018).

Moving ahead, the importance of personal action and coping techniques in women's addiction recovery journeys is highlighted by the self-determination theory. The self-determination theory becomes an important part of the recovery process, aiding women in fulfilling psychological needs through support from others in addiction recovery (Chan et al., 2019). Furthermore, resilience, derived from personal strength, is critical in conquering adversity and is essential to rehabilitation (Travis, 2019). To foster women's recovery and promote their development, a comprehensive approach to well-being, embracing physical, emotional, and spiritual components, is advised (Drake et al., 2020; Grim & Grim, 2019). This integrated theoretical framework emphasizes the dynamic interaction between social forces, support networks, and personal agencies in the broader setting of women's addiction and recovery. By considering all of these characteristics, researchers and practitioners may create more effective, gender-sensitive therapies targeted to the specific needs of women on their path to sobriety and well-being.

The theoretical basis for this study was based on a deductive approach and may be understood through actual subjective experience. This qualitative phenomenological heuristic design method aimed to gather information about the experiences and perspectives of recovering Christian women. Issues of faith, religion, Christian beliefs on salvation, and the transformation of an individual who has given their life to Christ often make it complicated to practice recovery and maintain anonymity as a recovering addict (Kelly, 2017; 2016). Women may often have a

more challenging time addressing the issues of shame, guilt, abandonment, and various traumas associated with addiction (Cleveland et al., 2016; Cane et al., 2022). The deductive research conceptual model gives information to the researchers for data collecting, the questioning procedure, categorizing, and developing their theoretical picture of the phenomenon (Doyle et al., 2019). Mastering the theoretical framework's approach will allow data gathering and analysis of information provided by recovering Christian women from being assessed scientifically rather than statistically.

## Related Literature

This section evaluates the contribution and link of current study with related literature. First, other literatures are reviewed to show how many women are addicted to drug abuse and the risks of substance use disorder. The study further evaluates other literature illustrate religion and mental stigma that women suffer because of rejection bias and religion intolerance in organization. Equally, this section evaluates addiction, recovery, and religion from other literature reviews. Finally, the section concludes by evaluating the contribution of the bible in the religious commitment and support.

### Addiction and Women

Based on research conducted by the National Institute on Drug Abuse, “19.5 million females (or 15.4 per cent) ages 18 or older have used illicit drugs in the past year” (NIDA, 2020). This research is current and indicative of the women that are at risk for substance use disorder (SUD). Adams et al. (2021) theorize that women are underrepresented in SUD management. Psychosocial and systemic variables influence women's access to SUD treatment. Still, little research has examined how women’s obligations and responsibilities might be both a barrier and

a facilitator of SUD treatment participation. Adams et al. (2021) conducted qualitative studies with women in society with SUD diagnosis from early to late maturity, capturing women's roles as mothers, caregivers, and grandparents; the studies revealed that most women cited their children and parts as mothers and caregivers as critical motivators for seeking SUD therapy (Adams et al., 2021). Parenthood was described as a hurdle to recovery since women were concerned about losing their children's custody if they disclosed their substance use. Very few treatment programs accept women with children. Several mothers reported regret over their substance use, believing it added to their children's apparent abandonment or estrangement. Rapprochement was critical to SUD rehabilitation (Adams et al., 2021).

According to Pettersen et al. (2019), period, profession, and age at first drug misuse are all linked to women's quality of life and substance use. Quality of life was shown to be poorer in young drug-dependent women, who had lower academic achievement and began using drugs at an early age. The study also found that the drug addiction and substance abuse of illiterate women and those with a low educational background were higher. Eddie et al. (2019) also postulates that developing psychological well-being care, preventive measures, and harmful reduction efforts is vital for young drug-dependent women with a poor educational background who began using drugs early (Eddie et al., 2019). Women with a history of opioid abuse confront substance use-related stigma that may be exacerbated by other issues (Melchior et al., 2019). Although women are frequently criticized for their substance use and encouraged to change, the psychological challenges that produce and sustain stigma remain unaddressed (Wang et al., 2022). Researchers using a multilevel model of stigma study show how stigma presented itself across women's prenatal experiences to affect access and quality of treatment, even when mothers were "doing it all properly" by utilizing MAT, the uncertainty of a fetus's diagnosis of

newborn abstention syndrome (NAS) reinforced expected stigma and self-stigma amongst women that felt uneasy about the diagnosis (Syvertsen et al., 2021).

Similarly, an estimated three million women globally inject drugs, accounting for 20% of all drug users. According to the scant statistics, women taking drugs are more likely than males to get HIV and viral hepatitis (Beavan et al., 2020). This heightened susceptibility results from various geographical, societal, and personal characteristics impacting women, limiting their capacity to participate in health-promoting programs such as harm minimization. Women using drugs confront several obstacles in obtaining harm reduction programs (Cicero et al., 2020). These include stigma, both in the general public and among health and harm reduction workforce in penitentiaries and in society; gender-based abuse and an absence of programs kitted to confront the interplay between drug use as well as violent experiences; criminalization in the form of statutory obstacles to access, apprehend and to bully from police departments, and prison sentences; and an absence of programs centered on the particular needs of women, particularly reproduction and sexual health (Beavan et al., 2020). The research studies explicitly done on assessing women with alcohol or drug issues show that women experience multiple significant risks than men and drug use intensifies faster and leads to addiction, more significant negative health impacts, relapse more frequently after periods of abstinence, face more assaults, unwanted sexual advances, and practice unsafe sex (Ait-Daoud et al., 2017).

The United States of Health and Human Services (2021) defines sexual assault (SA) as any unwanted sexual action or exchange that happens without the consent of an individual (U.S.DHH,2021). Studies provide comprehension into the experiences of women that have dealt with the disgrace and embarrassment, humiliation, degradation, and secrets of addiction in society (Keane, 2019). Military sexual trauma (MST) is also presented in research as a

significant public health concern linked to adverse mental effects such as a higher likelihood of suicide, post-traumatic stress disorder, anxiety, and drug use problems. Lately, studies have begun to look into gender discrepancies in psychological outcomes for those who have MST. Golberg et al. (2019) investigated if women who met the criteria for MST were significantly more likely than males to be diagnosed with drug-use disorder (DUD) or alcohol-use disorder (AUD). Patient trials from the Veterans Health Administration (VHA) were retrieved for over 430,000 combat personnel who left the service between 2005 and 2012 and had at minimum five years of follow-up data following their first VHA visit through the conclusion of the fiscal year 2022. The primary and interactional effects of gender and testing favorably for MST as indicators of AUD and DUD were investigated using logistic regression analyses. MST-positive displays were linked to higher rates of AUD and DUD across genders (VHA, 2022). While males had elevated levels of both AUD and DUD, women had a higher incidence of diagnoses linked with MST-positive screenings, demonstrating the existence of a gender-linked health hazard gap (Golberg et al., 2019). This difference was more evident in AUD than in DUD. The present study contributes to earlier research that shows an elevated risk for women exposed to MST. This data reinforces initiatives to reduce the prevalence of MST and the VHA's continuing use of MST screening techniques.

Homelessness is also linked in research studies as a problem for women with an addiction and is often the barrier to recovery due to the lack of stability (Upshur et al., 2018; 2017). The other impact on the survivor and family is the legal system and culture due to the humiliation, victimization, and ill-treatment by providers (i.e., doctors, law enforcement, educators, and medical professionals) and other professional caregivers (Worthen & Wallace, 2018). Historically, disclosure and admission of SA had adverse effects on the family and could

bring harmful consequences, so silence was encouraged and taught as a coping mechanism (Thompson-Miller & Picca, 2016). Kathleen Basile, PhD (2021) contends that there is a substantiated correlation between reported addiction and sexual assaults, and that shame, disgrace, or degradation was associated with those who sought help for the mental trauma (Basile, 2021). Statistics show that women recovering from drug addiction want a job to maintain self-sufficiency but cannot attain their goals, leading to adverse health and relapse (Suiter & Wilfong, 2021). Analysis of perceived social shame also correlated with women seeking recovery from addictions, which may cause mental, medical, and mental trauma but can be reduced with the support of other recovering individuals gained through utilizing religious or spiritual principles (Sanders, 2018). The obstacles of the history of addiction, criminal history, and mental health issues present barriers that perpetuate a cycle of poverty. Past and current literature provide documented trials of employment obstacles, educational struggles, and self-care problems.

**Religion and Mental Health**

Researchers contend that a stigma associated with mental health in religion may lead to individuals not seeking proper care or utilizing medication (Pippert et al., 2019). The negative connotation psychological issues are one of the significant effects that women suffer due to rejection, bias, and intolerance in religious organizations. The sadness that develops due to the inability to perform or serve as a vessel in the church without partiality and the preconceived notion that women are weak and cannot fulfil the duties needed to foster and encourage individuals harms mental, emotional, and spiritual well-being (Hamman, 2010). Women were revealed to be more likely to have depression than men based on biological and psychological differences; the researcher speculated that after much research of current sources, there might be

more differences in depression for women based on social and cultural problems, differences in attachment interactions, and power dynamics in society (Maji, 2018).

Evaluating the causes of substance addictions has led to many scientific studies correlating trauma as a factor in adulthood risky behavior patterns. Data consistently supports the experiences of childhood trauma as being linked to substance use disorders and a contributor to adulthood substance addiction (Garami et al., 2019). Child abuse, including incest, physical violence, poverty, and homelessness, are associated with substance addiction. Understanding the trauma and the comorbidities associated with substance addiction is relevant to the appropriate management and treatment (Hingray et al., 2018). Addiction recovery includes addressing the use of drugs and the trauma caused by the addiction. Providing guidance that focuses on both facets of the addiction to ensure that the path to recovery fosters healing is imperative (Romaniuk, 2018). The research proposes that therapists and counselors often treat the individual and do not handle the co-occurring disorders and trauma accompanying addiction (Tawil, 2019). Treating the mental, physical, emotional, and spiritual components of addiction and Post Traumatic Stress Disorder (PTSD) provided through interviews shows that addiction differs according to the person. It impacts the individual differently, but there is a gap in services, treatment, and support for women despite upticks in women seeking more help (Martin et al., 2022; 2021).

PTSD concept advocates illustrate that particular trauma features, such as an early onset among first trauma (trauma age) and a more incredible group of traumas (trauma count), can hinder symptom severity decrease in therapy. Although PTSD and substance abuse disorders (SUD) frequently co-occur, the effect of trauma duration and incidence on PTSD treatment outcomes in a concurrent PTSD and SUD population is unknown. Fitzpatrick et al., (2020)

carried out a systemic review of a controlled randomized trial to investigate: (1) as to if trauma age and count impact co-occurring PTSD and SUD reactions before and after diagnosis; and (2) regardless of whether these impacts varied between an exposure-based, incorporated PTSD+SUD diagnosis and a SUD-only centered care. Patients with PTSD and SUD randomly assigned to COPE (n = 39) or RPT (n = 43) submitted biweekly PTSD and SUD measures. Early trauma age predicted lower SUD recovery throughout COPE and RPT (B = 0.01, standard error = 0.00). The number of traumas did not account for variations in PTSD or SUD after or during therapy (Fitzpatrick et al., 2020). These results indicate that objective research does not justify barring people from exposure-based, comprehensive therapies based on trauma traits. Meanwhile, people with earlier trauma experiences might require extra or special treatment care to enhance their SUD prognosis (Fitzpatrick et al., 2020).

Although the use of psychoactive drugs is a universal human activity, a significant minority of persons who use stimulants will have an addiction condition. Likewise, whereas 90% of individuals are exposed to stressful experiences over their lives, only 10% acquire PTSD (Maria-Ros & Morrow, 2020). Substance-use disorders (SUD) and PTSD are common and associated, occurring in the same person significantly more frequently than might be anticipated by coincidence, given the incidence of each illness. Researchers Barati et al. (2021) postulate that a few plausible causes for the link between PTSD and SUD include self-medication of nervousness with drugs or alcohol, significantly more likely to experience traumatic incidents because of pursuits associated with acquiring hard drugs or psychoactive drugs distorting the brain's nervous system processes, making users more susceptible to PTSD. Another explanation is that certain persons are predisposed to PTSD and SUD due to inherent sensitivity (Barati et al., 2021). According to Cragg et al. (2019), distress, hostility, and other emotional disturbances can

result from the formation of tolerance and psychophysiological dependency on addictive drugs. This practice generally impairs physical functioning, degrades psychosocial capacities, and lowers a person's quality of life (QoL). Overall, various elements, including mental well-being, influence quality of life. This aspect was lower in the present study when opposed to the other factors.

Nevertheless, mental state illnesses typically include mental problems such as depression, anxiety, and drug abuse. As a result, personality problems frequently co-occur with psychological state issues, resulting in massive repercussions of drug use disorders. Many researchers have found that mental health issues relate to an elevated risk of poor quality of life due to physical, mental, and sociocultural factors (Connor et al., 2021). As a result, mental health issues have been linked to considerable QoL deterioration. As a result, analytical research with a case group (women with drug use problems) and a control group is required (healthy women). Developing and executing training programs to enhance these women's quality of life is also vital.

Researchers evaluated the incidence of traumatic events and post-traumatic stress in care persons with continuing SUD (substance use disorder) against persons who had rehabilitated from SUD (Belfrage et al., 2022). Individuals with SUD from the STAYER trial (N = 114) was evaluated for substance and alcohol use, childhood trauma, life stressors, and PTSD symptoms. Only patients with a 12-month history of continuous comorbid substance use were involved in this research. Applying STAYER research findings, “alcohol- and drug-related records were classified as (1) present SUD (existing SUD) or (2) recovering from drug use disorders (recovered SUD); to assess differences across groups, cross-tabulations and chi-tests were performed (Belfrage et al. 2022). Childhood abuse, traumatic experiences later in life, and

indicators of concomitant PTSD were shown to be quite common in the research sample. There was no significant statistical difference between the present and recovered SUD populations. Compared to women with present SUD, recovering women reported a reduced incidence of physical neglect but a greater prevalence of numerous lifetime traumas. Women with present SUD and recovered women expressed much more sexual aggressiveness than males (Belfrage et al., 2022).

Furthermore, males who have survived SUD said a decreased frequency of symptom severity, re-experiencing, and aversion compared to recovering women (Roberts et al., 2022). There was no difference in perceived trauma between people who had SUD and individuals who had recovered from SUD. This study's gender disparity highlights the significance of creating tailored and gender-specific treatment strategies for concurrent SUD/PTSD. Researchers propose applying CBT as an individual therapy or component of individual counselling for substance addiction to reduce relapse or setbacks (Schumm & Renno, 2021). Religion has been attached as an influential contributor to psychological well-being, and links to facets of individuality and differences often complicate its exceptional influences (Haney & Rollock, 2020). The connection between religious activity and practices, mental health, and character traits of individuals with a consistent pattern of prayer and spiritual fellowship shows that it promoted positive behavior and influenced the lives of individuals while reducing anxiety and stress (Sarwat et.al., 2020).

There was no indication that religious commitment was more commonly centered on gender. Still, it did show that men were less likely than women to seek mental health help if they had a more significant religious commitment (Brenner et al., 2018). The Religious Commitment Inventory-10, however, is utilized to identify participation in organized religious activities but found that help-seeking attitudes were negatively associated with self-stigma of seeking help

(r = −.55) and positively associated with religious commitment (r = .14) and found that 88% of adults in the United States reported a belief in God and 53% reported that religion was vital in their life (Brenner et al., 2018). The concept of religiousness in lessening the effect of stressors on depressive symptoms presented evidence that spirituality can decrease the impacts of symptoms of depression and stress disorders (Lorenz et.al.,2019). There was also a correlation between mental well-being, self-worth, a relationship with God, and (i.e., forgiveness, revenge, attachment style) in an individual seeking addiction treatment (Kerlin, 2020). The literature revealed improvement in individuals who entered the Christian treatment center. They were given support through church ministry, 12 Step programs, and other support systems that helped them address psychological issues.

Religious participation is supposed to prevent the formation (or alleviate the severity of) mental disorders and enhance mental health resistance through multiple paths, starting during birth and continuing throughout life (Koenig et al., 2020). Genetic, biochemical, behavioral, interpersonal, ecological, and individual-level (behavioral) factors are among those involved. As with drug use problems, genetic variables may lessen the probability of religious people developing a mental condition. Religion influences the emergence of physical sickness, impairment, and systemic inflammation, all hurting mental health. Cognitive resources for managing environmental stresses are provided through psychosocial channels. Impacts on the developing fetus involve effects on motherly drug and alcohol use and parenting depression, rising marital harmonious relationship and assistance, improving early parent-child love and attention, providing support networks which may assist in cushioning stressful events, and ramping up pro-social behavior group participation. Eventually, increased religiousness may impact personal decisions throughout the lifecycle by ingraining values of morality and ethics

that promote pro-social behavior decisions, thus also improving mental health and dissuading aberrant or unsociable choices that lead to confinement, loss of employment, poverty, and other circumstances that will enhance psychological illness (Koenig et al., 2020). This is not to say that religious activity always has a good impact through these channels; in some circumstances, the reverse may occur. Religious engagement can also result in feelings of guilt, fear, prejudice, or maltreatment.

Jonker (2022), through his research, argues that the psychodynamic approach of religion may help with mental health and treatment. The foundation is an ecological-existential paradigm for mental well-being that emphasizes interconnections between the individual and the environment, focusing on the metaphysical nature of such relationships. Based on the study, an ecological-existential viewpoint on psychological health can serve as a significant foundation for applying the therapeutic psychology of religion to mental health problems and mental care services, hence allowing for fresh views on rehabilitation and mental health well-being. The interpersonal communication conversation of the feelings of pity, which is involved throughout many mental health issues, demonstrates the importance of the ecological-existential perspective and the necessity for efforts of clinical religious psychology to disorders and mental health care, including concepts regarding diagnostic tools and therapeutic options involving the interplay between R/S and mental well-being (Jonker, 2022).

Covid-19 and the subsequent shutdowns impacted many people's lives, particularly their psychological well-being. Recent research indicates a relationship between religion and mental wellness. Bahal et al., (2023) explored the influence of religion in moderating the impact of Covid-19 on psychological health using information gathered from an online poll. They surveyed 5178 people online in the United States during February and March 2021. These questionnaires

gathered information on the prevalence of COVID-19 infections amongst responders or their direct social networking sites, (ii) religious views and activities, and (iii) mental well-being. Using the CESD scale, used in medical settings to screen for depressive episodes, the researchers discovered that while a COVID-19 outbreak is related to lower mental health, this adverse connection is significantly decreased for religious persons. According to the study, the capacity to engage in religious activities contributes to the mental health advantages of religion.

Furthermore, the beneficial effect of religion is more significant in low-strictness regions where COVID-related lockout laws are less tightly implemented compared to high-strictness districts (Bahal et al., 2023). During the lockdown, the data also shows a rise in the use of virtual religious services as a replacement for in-person religious events. Notably, the study suggests that the capacity to participate in virtual religious services mitigates the link between COVID-19 and poor mental health (Bahal et al., 2023).

Religion/spirituality (R/S), related to a person's well-being and psychology, is integral to most clientele's lives in medical systems. While patients in mental healthcare environments demand that their R/S be used in nursing practice, R/S has not been fully incorporated into mental care nor explored in mental health support evaluation and nursing treatments (Shamsi et al., 2022). According to evidence, most clinical psychologists receive little or no spiritual care (SC) training and, therefore, cannot incorporate clients' R/S into psychological therapies. To fill this need, Shamsi et al. (2022) researched to examine the impact of a digital SC training course on psychiatric nurses' SC competencies and the incorporation of patients' R/S into psychological therapies. The nurses in this ongoing research worked in a mental clinic connected with a prominent University of Medical Sciences in southeastern Iran. The control and intervention groupings were allocated to 95 nurses using random selection. According to the results, there

were no significant distinctions between the two subgroups before training. Following the training, nurses in the experimental group scored much higher in SC competencies and integration of clients' R/S into mental care than nurses in the control group, with a substantial effect value.

**Addiction Recovery and Religion**

The ongoing argument in the literature is the separation of theology and different facets of recovery. From the beginning of its foundation, Alcoholics Anonymous (AA) has garnered controversy for its pseudo-religious and spiritual vernacular and preferences (Kelly, 2017; 2016). The concept of Christian theologies is dissuaded from the discussion, and members can practice their spiritual idea of God, a higher power, or an entity of choice (Worley, 2020). Christian organizations impart redemption through Jesus Christ, and AA 12-step programs convey spirituality. However, previous research reveals that religion and spirituality can provide a source of freedom from addiction and psychological issues (Wnuk, 2021). Spirituality and religion played a part in promoting healing and restoration to individuals who sought treatment for addictions and revealed that a connection between God and the individuals helped them to succeed in the recovery process (Dermatis & Galanter, 2015). Christian organizations have begun to assess the importance and need to participate in the recovery process for parishioners and as a service to individuals seeking recovery for substance addiction. Christian recovery programs have been seen as a means to implement faith to recover from addiction and find redemption (Howe, 2019). Utilizing the process of faith, forgiveness, spiritual commitment, and support has provided stability in the community through mentorship and liaison. The combination of Christianity and addiction recovery has been debated over the years as iniquitous or biased due to Christian theology that repentance and transformation are immediate instead of a

process. However, statistical data supports that Christians serving in society have embraced the concepts of recovery as a process of transforming individuals through the word of God and Jesus Christ (Sneed et al., 2019). Christian's embrace reconditioning the mind as a biblical principle to provide a continuous change in the recovery process and help individuals accept imperfection and embrace redemption.

**Religious Commitment and Support**

According to the Holy Bible, the church's mission is not limited to the spiritual well-being of the members of society. Jesus cared for the individuals he served, feeding, healing, and raising the dead. Specifically, nowadays, when drug misuse, especially among adolescents, is rising, the church and faith-based groups have a responsibility to play in society's battle over drug addiction. This study discusses some prospects for faith-based groups to avoid drug use (i.e., increasing public awareness, social mobilization, providing treatment programs, encouraging emergency counselling, and undertaking mentoring programs), which raise awareness. Sensitization initiatives play a vital role in drug abuse prevention. Most churches around the globe utilize social awareness programs as popular strategies to reduce drug and substance addiction among youngsters in the community and educational institutions. This training has impacted learners' views and behaviors about drug usage.

Cicero et al., (2020) suggest that several religious organizations have developed faith-based groups that, via their community engagement ministries, assist in teaching and educating about the risks of drug usage in colleges and universities. In 2003, the Anglican Church began conducting spiritual crusades to combat drug misuse in schools; this program included teaching adolescents how and where to connect to others through group mentoring (Cicero et al., 2020). They also created drug abuse prevention programs for children and adults in each region (Cicero

et al., 2020). As a result, religious organizations, like FBOs, play an essential role in communities in raising awareness about the detrimental effects of drug and alcohol misuse.

Faith-based groups have hosted seminars for adults and young people in public settings such as churches to foster societal moral ideals. One of the primary programs in drug use prevention used by faith-based groups is community mobilization; according to Horrigan et al., (2020), this method aims to promote community readiness and involve communities in preventative activities and initiatives to reduce teenage usage of dangerous legal goods. Churches show how successful community mobilization may enhance prevention efforts and engage more people in the community. As a result, appropriate and effective involvement is critical for adopting a mutually beneficial combination of preventative techniques, such as health initiatives and a school-based drug use preventive course (Horrigan et al., 2020).

Faith-based organizations having a basis in societal well-being and social service delivery play a significant role in society's growth and the lives of women with substance addiction (UNFPA, 2023). Seeking religious leaders with the power and credibility to excite and organize communities is a common first step in fostering behavioral change (Cavdar, 2022). Furthermore, collaborating with local religious leaders or external consultants has been shown to be an excellent method for increasing program adoption and ownership. Advocacy programs that are carefully designed and suited to the spiritual and cultural settings they are presented in make coping with delicate societal issues such as substance abuse prevention simpler. Integrating language that recognizes religious subtleties and concerns is often crucial to constructing settings in which there is comprehension and enthusiasm for intended outcomes and a firm grasp of each other's restrictions. As a result, faith-based organizations (FBOs) can integrate cultural and developmental elements into a solid mission to combat substance misuse in a community.

The church educates teenagers to detect circumstances where they are likely to encounter societal pressure to take drugs through community engagement. The youngsters are taught how to avoid or cope efficiently with high-risk events. Members are trained to react to direct pressure to participate in substance use by understanding what to say and how to say it efficiently (Kosgei et al., 2021). Furthermore, the FBOs include and educate both addicted and non-addicted parents and guardians about the related hazards to enhance the basis of raising children and managing substance misuse by children and adolescents.

Through psychotherapy and rehab centers, faith-based groups play an essential role in lowering the global burden of drug usage. Church leaders play a significant role in drug use awareness, rehabilitation, and creating a secure place for associated substance users to discuss in society (Cross & Lee, 2019). In partnership with local activists like recovered men and women, FBOs can guarantee that substance users receive the knowledge and help they require to maintain a healthy lifestyle. Several religious-based rehab facilities in South Africa assist in converting the lives of drug abuse sufferers into functional citizens. Neisa (2022) postulates that religious-based rehabilitation center courses play a critical role in convincing and encouraging patients based on biblical doctrines to support them in settling the severe complications of psychiatric disease and drug use problems. By providing religious and necessary support networks, faith-based organizations help urge patients to stay in treatment until the severe crisis has been managed or the forced commitment has expired. Other essential preventative measures suggested by FBOs include dealing with ambivalence about recovery, denying one or both disorders and getting inspired for continuous care.

The covariate of religious commitment, the mediating variables of religious support (i.e., God support, congregational support, and church leader support), and the outcome variable of

psychological well-being yielded positive results, with the majority being female. Still, both men and women described religious support as promoting positive mental well-being (Kim, 2017). Further, current literature reveals links between spiritual maturity, mature alterity, spiritual service, and spiritual leadership, specifically for ethnically diverse women ministry leaders in America (An et al., 2019). There is also statistical evidence that examined the connection between church attendance, allostatic load (AL) (a physiologic measure of stress) and mortality (Bruce et al., 2017) to ascertain the positive or negative impacts on longevity and collaborated the indispensable need for support of women coping with life and mentoring others with stress, trauma, and addictions and their self-care through their church attendance and other avenues of spiritual support. While conventional 12 Step programs can help some women overcome addictive behavior, others prefer religious rehabilitation programs that include spiritual aspects and lend assistance, teaching, and camaraderie but lack substantial mentoring because they are female (Witkiewitz et al., 2020). The different perceptions of men and women about how they perceive God differed. The females viewed God as a relational, a provider, and a creator compared to the male perspective of God as a ruler (Nguyen & Zuckerman, 2016). While commitment and support are essential, studies reveal gender differences in how men and women perceived God's descriptions, as well as the connections between the images of God as it pertains to spirituality and mental well-being.

**Mentorship**

Mentoring is an ancient Christian tradition from the Apostle Paul's connection with Timothy in Acts 16 (Bible Hub, 2023). In most religious institutions, mentoring involves pairing an experienced adult Christian with a young person or adult to build soul-friendship and commitment (Farkas et al., 2019). It aligns with the church's objective to develop mature

disciples of the Lord Jesus in all nations via the unified lifestyle, testimony, and purpose. FBOs employ a similar strategy to transition kids and young adults from harmful drug and substance use lifestyles to healthier lives in Christ. The Catholic Information Service for Africa (CISA) hosted a Catholic bishop speaker who asserted that it is essential to mentor young girls to develop them into respectable women by building confidence and self-esteem in them and encouraging them to pursue a value-based life (Nche, 2022). As a result, faith-based groups can develop empowerment and mentoring programs to motivate young people who feel despair and have resorted to drug addiction as a solution to their issues. Individual physicians, healthcare systems, and peers have distinct hurdles in successfully integrating peers in health facilities. Englander et al. (2019) conducted a study that included peers who had been a part of a care facility's addiction medicine practice since 2015. They detail some issues, highlight knowledge gained, and offer suggestions for incorporating peers into care facility SUD care in this study. The strict expert leadership of health facilities, which contrasted sharply with peer support roles that are founded on common real-world experience and interaction; various preconceptions concerning clear ethics and disclosure of personal information; the severity of the clinical setting; and the degree of illness of severely ill people that can be psychologically draining and boost peers' chance of relapse, were all challenges. Proposals centered on determining a way to fund the peer initiative, setting clear the interpersonal role, instituting a base camp inside of medical settings, developing an interactive and overall organization for recruiting and keeping peers, recognizing peers who are likely to have success, supplying preliminary and ongoing training to peers that goes further than pretty standard peer credential, introducing the peer program to healthcare workers, and conducting timely, constructive oversight (Englander et al., 2019). Mentorship programs may provide an economic platform for many of them or teach vital

entrepreneurial skills that will assist jobless kids in starting their firms. Furthermore, FBOs may bring together successful adolescents in the community to organize various programs to inspire individuals stuck in substance and drug use. A strong mentorship program has several advantages: leading by example, faith growth, discipline, and strengthening links within the church.

Mentoring significantly impacts the person's relationship with God, and a more significant element of mentoring is the development, incorporation, and establishment of the individual's character (Brailey & Parker, 2020). Women have been working outside the home for centuries, but navigating multiple careers and having a call to ministry can be taxing and cause psychological issues. The roles that emanate from sharing and being of service dictate that self-care is imperative to maintain healthy boundaries and well-being (Steeves, 2017). The crucial responsibilities and functions of the call to ministry and caring for self and family can cause a breakdown in the ability to be effective as a leader. Research shows links between job-related stress, anxiety, and psychological factors for people in ministry (Webb & Chase, 2019). Mentorship is a mechanism to help the development and growth of a person's life, but it also involves the mentor's ability to foster healthy thinking and modelling.

A mentor's proficiency to practice self-care and a healthy lifestyle is imperative. Mentoring is a valuable tool for providing multiple levels of support needed to be successful and can provide direction that can be life-changing (Cannon & Morton, 2015). It can also be the vehicle women use to help others heal and find their path to God, have positive well-being, and have the incentive to serve others through mentorship. Women's lives and roles in the church have begun to change after centuries of serving from the background and passively mentoring and serving. Churches now see women coming to the forefront and challenging transgressions of

sexism, denouncing daily problems, taking on the undermining powers and resistance that rejects change and promoting new visions for the church's future in an ever-changing world (Campbell-Reed, 2017). The need and the lack of female mentorship, preparation, and training for future female church leadership show the positive effects of mentorship and how training females to be effective in leadership has diminished over the years (Newkirk & Cooper, 2013). The data confirms the lack and need for mentorship to guide Christian women in training others in church leadership and society to prevent burnout and promote instruction for self-care. The issues of debt and marginal income caused the effects of economic stress on family dynamics. While some utilized religion and faith, some blamed God for their situations and dilemmas (Friedline et al., 2020). Special relationships between women are a casual but indispensable connection, and the mentorship that women provide through mentorship religious organizations creates bonds of support and commitment as well as an encounter of resolve and growth (Hardin, 2019). These relationships provide the support and nurturing for an individual to heal and prosper through life's journey.

The experiences of African American women with substance and co-occurring disorders ascertain that religious support recovery made life stressors more bearable and alleviated mental and emotional distress (Woodson et al., 2019). While there are various issues surrounding the lack of mentorship, some studies also challenge the effectiveness of grassroots mentoring and inspiration sessions created by women to reduce disparity in ministry leadership positions (Nesbitt, 2018) and provide a guide to foster positive mentorship through learned experiences of clergy members (Still, 2011). Asian American Christian women leaders also express facing obstacles managing cultural and gender bias, careers, family, and ministry, that balancing career, ministry, social discrimination, and family can be the source of poor mental and physical health.

(Wong et al., 2017). Although this article is based on Asian American women, the context gives knowledge that correlates with women of all races and cultures. It also provides a framework for future studies on women of all cultures and races and how they cope with these obstacles and strategies that may produce avenues for self-care. Mentorship provides help navigating challenges for development, inspiration, relation, clarity, and spirituality, but there is a negative connotation surrounding theology and recovery (Ruff, 2013). The essence of support and guidance continues the concerted efforts of being of service and passing on information that fosters positive mental, emotional, physical, and spiritual well-being.

**Self-Care**

Multiple studies show that self-care is an essential aspect of human existence; one cannot care for others if one fails to provide one's mental, physical, emotional, or spiritual well-being (Poppa, 2019; Spurlock, 2019). Researcher Kirsten Poppa postulates that self-care is necessary to care for humanity and that it takes a proper understanding of self-love to grasp the true meaning of self-care (Poppa, 2019). The desire to be a disciple or minister the gospel to others is predicated on how well one understands the roles of self-care and self-love in one's life. Learning self-care (i.e., diet, healthy sleep habits, relationships, physical activity, spiritual or religious connections, and stress relieving practices) is vital to maintaining a healthy lifestyle (Spurlock, 2019). The results of not practicing a healthy lifestyle have severe consequences for the lives of those who mentor or sponsor others. Research shows that the development and occurrences of burnout for those in ministry take on the same attributes as careers in human service occupations (Samushonga, 2020). Adverse effects of not practicing self-care may include poor health, anxiety, stress, depression, low energy, weariness, pessimism, ineffectiveness, and other negative results (Clary & Hernandez, 2022). Christian recovering women have double jeopardy due to the

impacts of addiction and increased mental distress, which may lead to relapse in their recovery (Hingray et al., 2018). Self-care for all women, especially recovering Christian women, is imperative to alleviate stress, practice maintenance, and set healthy boundaries to reduce burnout.

**Trauma and SUD Recovery**

Trauma is a significant factor in addiction and recovery, especially among Christian women. Traumatic events have been linked to the development of substance use disorders (SUDs) in this particular group, according to Simoni and Poljak Lukek (2022). Understanding the causes and processes that relate trauma to addiction is critical for developing successful, tailored treatment plans. Furthermore, religious faith, a cornerstone of many Christian women's lives, may serve as a source of resilience and consolation along the road of trauma recovery and SUD rehabilitation. Mentorship, peer groups, church communities, and support networks, according to White (2016), are critical in assisting Christian women in managing both trauma and SUD recovery. These systems provide physical help, emotional support, and spiritual instruction to persons in recovery, providing a loving atmosphere.

Furthermore, the recovery process must include trauma-informed treatment and self-care practices. This approach recognizes the unique needs of those who have experienced trauma and stresses the need for self-compassion, mindfulness, and coping skills (Pars et al., 2023). Trauma-informed mentors are essential in leading Christian women through their recovery journeys, assisting them in developing self-care routines that consider their trauma experiences and religious beliefs. There is much room for additional research in this sector as the link between trauma, SUD recovery, and Christian religion is investigated further. Future studies should examine the efficacy

of trauma-specific mentorship programs, the value of trauma-informed treatments, and the contribution of religion to trauma recovery. Christians may learn more about the unique issues and solutions that Christian women face as they work to heal from trauma and drug use disorders by looking at these choices. According to Ruglass and Yali (2019), trauma is critical in addiction and recovery, especially among Christian women. According to research, traumatic events have been linked to the development of substance use disorders (SUDs) in this group. Understanding the causes and processes that relate trauma to addiction is critical for developing successful, tailored treatment plans. Trauma, including physical or mental abuse, bereavement, or bad childhood events, has strongly contributed to the developing of SUDs in Christian women (McBurnie et al., 2023). These experiences may be powerful addiction triggers, and understanding the intricate interaction between trauma and drug misuse is crucial in establishing tailored therapies. Christian women's particular issues need specific ways to treat their addiction and trauma histories.

**The Role of Faith in Trauma Recovery and Addiction**

Religious faith, typically a cornerstone of many Christian women's lives, may be a strong source of strength and consolation throughout the trauma recovery and SUD rehabilitation path. According to Kitzinger et al. (2023), Christian beliefs give people a sense of purpose and meaning, building a profound connection to a higher power that may bring strength and hope during recovery. Faith may be included in the recovery process in various ways, such as via prayer, scripture reading, or involvement in church-related events. Such activities may offer Christian women peace and certainty as they negotiate the obstacles of addiction recovery and trauma healing (Kline et al., 2022). Furthermore, religious commitment has been linked to lower relapse rates, suggesting the potential for faith-based therapies to be especially successful in trauma and SUD recovery, according to Kline et al. (2022).

**Support Systems: Mentors, Church Communities, and Peer Groups**

Mentorship, peer groups, church communities, and other support networks, according to Kime and Kime (2017), play an important role in assisting Christian women in managing both trauma and SUD recovery. These support networks provide those in recovery with practical aid, emotional support, and spiritual instruction, establishing a loving atmosphere. In particular, mentorship programs have shown the potential to assist Christian women in dealing with trauma and addiction issues. A mentor who knows the specific challenges and needs of trauma survivors may be a vital source of encouragement and accountability. These mentors, who often experience trauma and recovery, may provide insights, coping skills, and faith-based knowledge that connect with the people they are mentoring. Church communities are also important sources of assistance. Congregations are often a source of peace for people seeking acceptance and a feeling of connection. A community's collective power might help people feel less alienated in their challenges, boosting optimism and resilience (Kaufman et al., 2022). Whether religious or not, peer support groups provide venues for people to share their experiences, struggles, and accomplishments, fostering a feeling of togetherness and shared purpose.

**Integration of Trauma-Informed Care and Self-Care Strategies**

To treat trauma in the context of SUD recovery, trauma-informed care and self-care practices must be integrated. This approach addresses the unique needs of those who have experienced trauma and stresses the need for self-compassion, mindfulness, and coping skills. According to Grim and Grim (2019), trauma-informed care entails more than just acknowledging a person's trauma history; it also necessitates healthcare providers and mentors creating an atmosphere of safety, trust, and empowerment. This method guarantees that people feel appreciated and understood, which reduces the danger of traumatization throughout the healing

process. A multidisciplinary approach known as "trauma-informed care" recognizes the link between trauma, addiction, and mental health and aims to provide thorough and compassionate care.

Additionally, an essential component of the recovery process is self-care practices tailored to trauma survivors' needs. Christian women may benefit from self-care practices that consider their trauma histories as well as their religious views. Prayer, meditation, writing, and involvement in faith-based self-help organizations are examples of routines. Self-care not only increases emotional well-being but also aids in developing good coping strategies, lowering the likelihood of relapse (Joyce, 2023).

**Future Research Directions in Trauma and SUD Recovery**

There is much room for further study in this sector as the link between trauma, SUD recovery, and Christian religion is investigated further. Gorvine et al. (2021) investigated the efficacy of trauma-informed therapies, the role of religion in trauma recovery, and the evaluation of trauma-specific mentoring programs. They say that understanding how diverse parts of religion, such as prayer, scripture reading, and community engagement, affect trauma and SUD recovery is a topic ripe for research. Gameon and Skewes (2021) investigated the problems trauma survivors confront throughout the healing process and identified effective practices for dealing with these issues. According to the findings, the efficacy of trauma-informed therapy approaches within a faith-based environment, for example, and researching how spiritual activities might be used to improve trauma recovery are both intriguing directions to pursue.

Recently, there has been greater interest in the dynamic interaction between trauma, substance use disorders (SUDs), and rehabilitation among Christian women. According to Bever

(2019), one critical area of growing study is identifying complicated trauma experiences among Christian women. Complex trauma, defined as extended exposure to many traumatic experiences, often underpins addiction in this population (Bever, 2019). The growing study digs at the obstacles from such complex trauma, such as difficulty developing and maintaining healthy relationships and the danger of retraumatization during recovery. Another developing concept is understanding the intersectionality of elements in the rehabilitation process. Finch (2020) asserts that Christian women in recovery may experience diverse types of prejudice or marginalization based on characteristics such as race, socioeconomic background, or sexual orientation. Researchers are investigating the effects of these overlapping identities on trauma, addiction, and recovery, highlighting the significance of inclusive and culturally competent methods.

While religion may be a source of strength, it is also crucial to recognize how religious ideas can lead to internal turmoil or shame. Campodonico et al. (2021) explored how Christian women use their religion to deal with trauma and addiction and how these beliefs might promote resilience throughout recovery. According to the study results, technology has become more important in the rehabilitation process in today's digital era. Online support groups, rehab applications, and telehealth therapies open new pathways of recovery for Christian women. Emerging research investigates the efficacy of these digital tools in providing trauma-informed treatment, self-care practices, and mentoring, especially in marginalized settings (Danziger et al., 2020). While conventional treatment methods often emphasize psychological and spiritual factors, there is rising interest in the role of diet and exercise in trauma and SUD recovery. According to a new study, a balanced diet and regular physical activity may help people maintain mental and physical well-being, reduce stress, and improve their recovery (Wiss, 2019).

According to Henry et al. (2021), recovery is a cyclical process that affects families and communities. The research sheds light on how Christian women's recovery affects their families and the larger church community. As per the findings, an emerging field of study is determining how family dynamics and community support might impact recovery results. The historical and cultural context in which Christian women encounter trauma and addiction is crucial to their healing. Also, past trauma, cultural beliefs, and social standards influence the development and recovery of SUDs among Christian women, underlining the need for culturally sensitive therapies (Logan & Cole, 2022). Mental health conditions often co-occur with SUDs in SUD sufferers. New research demonstrates the importance of identifying and treating co-occurring mental health issues in Christian women, including depression and anxiety. This research looks at the integration of mental health assistance with trauma-informed care.

Finally, when researchers investigate the delicate relationship between trauma, SUD recovery, and Christian religion among women, they must accept the changing research environment. Recognizing the intricacies of trauma histories, comprehending identity intersectionality, and leveraging the power of faith-based coping mechanisms is critical. Incorporating technology advances, diet, and exercise into rehabilitation programs and acknowledging the more prominent effect on families and communities emphasizes the holistic character of recovery. The interaction of trauma, SUD recovery, and religion among Christian women is a complex and important field of research. Researchers may design more effective and comprehensive techniques to help this demographic’s recovery path if they understand the problems and possibilities they encounter.

Furthermore, by including trauma-informed treatment, self-care, mentoring, and faith-based interventions, researchers may better empower Christian women to recover from trauma and

drug use disorders. More study in this area can provide valuable insights that may drive evidence-based approaches and enhance outcomes for persons in this situation. Furthermore, the cultural and historical background must be considered since it dramatically impacts the experiences and rehabilitation of Christian women. Another important part of recovery help is addressing co-occurring mental health concerns. The research community is better prepared with an ever-expanding information base to produce inclusive, culturally sensitive, and comprehensive therapies that empower Christian women to recover from trauma and drug use disorders. As research uncovers new elements of this complicated condition, the prospect of better outcomes and more effective support systems becomes more intriguing.

## Summary

Historically, the notion of a drug user was primarily male, but the same could be said for the average heart attack victim. Whether through evolution or more detailed research studies, these two assumptions have been debunked, revealing that women are equally as prone as males to suffer from heart problems and consume narcotics. Lawmakers and healthcare providers have lately begun to investigate the use of peer mentors as an element of hospital-based addiction rehabilitation teams. Incorporating peers into clinics is a challenging endeavor currently in its early stages. The personal history of peers with addictive behavior and its effects, paired with their separation from medical culture and hierarchy, is at the heart of their strength and causes inherent obstacles in incorporating peers into hospital environments. Because the increasing emphasis is being devoted to women's health, the literature study has a more precise grasp of addiction in women, how it develops, what impacts it has, and, finally, how to assist women to overcome addiction through recovering Christian mentors. Current and past literature presents qualitative and quantitative data that substantiate the correlation between substance addiction,

psychological and social bias, and a lack of individual solutions. The reviewed literature revealed that the economic, mental, emotional, and medical issues associated with recovering from addiction differ based on gender. Seeking solace in a spiritual relationship with God has led women to surrender to Jesus Christ and become vessels to foster healing and recovery for others in society. The literature also reveals that Christian women mentorship find comfort in fellowshipping through love, empathy, and life experience. There is considerable current research into the difficulties and hurdles that may impede recovering women in ministry from practicing healthy self-care and helping other individuals heal. Still, there seems to be a disparity in mentorship guides or solutions for spiritual recovery from addiction. The literature is limited and needs more research that can provide elucidations for self-care and mentorship for Christian women in recovery.

# Chapter Three: Methods

## Overview

This study utilized a qualitative research process utilizing a heuristic approach in examining the perspectives and experiences of Christian women recovering from substance addiction and trauma who function as mentors to others experiencing addiction within the community and the church. More specifically, the qualitative study may be applied to understanding women who are in recovery and desire to foster healing through God but struggle with psychological barriers, self-care, and lack of mentorship training. The study also adopted heuristic inquiry with the following subsections: research design, instrumentation, participants, sampling criteria, procedures, and data analysis. Collecting data aimed to provide theoretical and practical answers in understanding recovering Christian women's recovery experiences on issues for future study and offering solacement, mentorship, and healing. In addition, the research adopted a snowball sampling methodology, targeting participants who identify as recovering Christian women. Snowball sampling is a non-probabilistic technique commonly used when studying hard-to-reach or hidden populations (Dragan & Isaic-Maniu, 2022). In this approach, initial participants were selected based on their suitability for the study, and then they assisted in identifying and referring to additional participants who meet the criteria. The study was only conducted at a community center approved by Liberty University.

## Design

The literature review demonstrates that recovering Christian women face bias and prejudice in society, religion, and the recovery process. The qualitative research design assisted in understanding how recovering Christian women, through their perspectives, functions, and experiences in distinct roles as caregivers, mentors, and recovering people with addiction

overcome obstacles through self-care and mentorship. This study applied the phenomenological method in deriving meaning from participants through direct interactions. The technique is inherently subjective, where a researcher analyses the qualitative report. Given the close link between the research topic and the researcher, bracketing was applied to avoid examining emotionally challenging content. Bracketing helped to temporarily recognize and suspend personal judgment, prior assumptions, or biases to avoid misrepresenting experiences, perceptions and meaning. According to Dörfler and Stierand (2021), bracketing entails avoiding personal decisions and viewing things away from a daily perspective. Shufutinsky (2020) demonstrates three methods of bracketing: writing analytical memos, bracketing interviews, and reflexive journaling. This study adopted bracketing interviews where, before beginning the study, I conducted a qualitative interview for analysis. 'The bracketing interview' helped increase clarity and participant engagement by bringing out forgotten experiences.

Moreover, according to Pettersen et al. (2019), bracketing interviews assisted in discussing emotionally charged issues on self -care and mentorship among calmly recovering women and developing the capacity to understand the phenomena questions. However, bracketing has limitations in application because there is no acceptable standard for assessing its impact in qualitative analysis. Equally, bracketing requires explanations to respondents, which requires a time commitment. According to Castell et al. (2021), applying qualitative research design will allow understanding of how people speak their truth. Including it within the analysis procedures offered more insight into the researched phenomenon. This research adopted the heuristic phenomenological approach to understanding women's recovery within society and ministry. Comprehending heuristic research designs and methodology was critical in providing holistic approaches to what, why, and how the phenomena pose a topic founded on curiosity, as

illustrated by Moustakas (1990) and Sultan (2020). Founded by Clark Moustakas, the heuristic approach involves applying systematic assessments through interviews to gain self-enlightenment through the lens of other people's experiences and encounters, as demonstrated by Mihalache (2019). Moreover, heuristic design is a self-inquiry or dialogue that establishes the underlying significance of human affairs. Stephan et al. (2023) demonstrate that the procedure involves collecting and analyzing qualitative data to provide a comprehensive understanding of the role of recovering Christian women in supporting other women.

The researcher picked a heuristic paradigm to enhance the knowledge and connection of Christian recovery in the ministry and society. Aziz et al. (2021) illustrates that the advantage of using a phenomenological research methodology is that it may capture both the breadth and depth of the phenomena under study. According to Marewski and Gigerenzer (2022), self-discovery, self-dialogue, and self-searching are parts of heuristic research. The process may lead to developing techniques and methodologies for further research and analysis. Research awareness, for instance, observation, instincts, sensations, and instincts are a call for further clarification. A link exists between the actuality and what people think in feeling, understanding and reflective thinking in heuristics. The literature evaluation adopts one's knowledge and experiences into poetical portrayals.

Consequently, the heuristic approach was suitable for this research because it enables one to explore the personal narrative-generated inquiry from an inside reference point outwards and upholds the internal referential forefront of the mind. Drake et al., (2020) show that the heuristics approach aims at determining the phenomenon's significance. Since this research centered on women's recovery from substance addiction, trauma and psychological issues the study is emic instead of etic. Emic research explores events from within through personal narratives conveying

the phenomenon's significance to participants. Every case is treated as unique and formed by the people making it. The research involved the fundamental interactions of participants through detailed representation. Moreover, the researcher endeavored to grasp the philosophy of recovering women Christians and perceived experiences that seek healing, offer mentorship, and promote knowledge on self-efficacy to future leaders, women clergy, and clinicians. The heuristic phenomenological research design is the most appropriate for collecting and analyzing data to achieve this goal. The study may create awareness in the ministry and society by highlighting lived experiences of recovering Christian women in the ministry who maintain mental, spiritual, and physical self-care while mentoring others. Peer mentorship and community care counselors may find insight and knowledge into the uniqueness of recovering Christian women and how these women mentor and pass the mantle of self-efficacy, sustainability, and competence to other recovering Christian women coming behind them.

**Research Questions**

This research inquiry consists of five questions to guide the study:

RQ 1. How do Christian women describe their recovery experiences and challenges regarding ministry and recovery in Florida? This will allow the researcher to get an understanding of what the main occurrences or issues are with recovering Christian women.

RQ 2. How do participants describe the religious support and fellowship they receive in recovery? The aim is to grasp how social support enhances or impacts the lives of recovering Christian women.

RQ 3. How do recovering Christian women describe their process of mentoring other women in their careers, ministry, and recovery? The question may provide a guide or instruction for future recovering Christian women serving in recovery, ministry, and careers.

RQ 4. How does recovery influence Christian women's spiritual, emotional, and physical well-being? Learning what recovery is and the impact of recovery support in the lives of the women may provide more data for future studies.

RQ 5. How do recovering Christian women describe their motivation and techniques for practicing and encouraging psychological and physical self-care? Gaining insight into the routines and practical applications of holistic psychological and physical self-care may enhance the lives of other recovering Christian women.

## Data Collection

The records of this study are kept confidential and private. Published reports did not include any information that would make it possible to identify a subject. Research records were stored securely, and only the researcher will have access to these records. Participant responses are kept confidential by replacing names with codes (e.g., colors and numbers), interviews were conducted in a location where others will not easily overhear the conversation, data collected from the participants may be used in future research studies. If data collected is reused or shared, any information that could identify the participants, if applicable, will be removed beforehand. The collected data and consent forms are stored separately but will be kept in a locked filing cabinet and a password protected computer with only the researcher having access to the password. After three years, all electronic records will be deleted, and all hardcopy records will be shredded. Recordings are stored on a password locked computer for three years and then

deleted. Only the researcher and members of her doctoral committee will have access to these recordings.

To investigate the topic of "Recovering Christian Women Self-Care and Mentorship: A Qualitative Study," the following instruments was utilized to gather data: The Religious Commitment Inventory (RCI), The Social Support Self-Rating Scale (SSRS), and the Interview Questionnaire. The RCI, developed by Onu et al. (2019), was employed to assess participants' levels of religious commitment. This inventory consists of subscales that capture various dimensions of religious commitment, including beliefs, involvement in religious activities, and personal religious practices. Each subscale was scored independently to determine the participants' overall religious responsibility and its specific components. Validity and reliability information for the RCI can be found in the original publication by Onu et al. (2019). Additionally, the RCI demonstrated evidence of construct validity through its correlation with other measures of religiosity and spiritual well-being.

The Social Support Self-Rating Scale (SSRS) was developed by Shuiyuan Xiao (1994) to evaluate the degree of social support and consists of ten items which include three components: “objective support (3 items), subjective support (4 items), and the degree of use of social support (3 items)”. Validity and reliability information for the SSRS can be found in the original publication (Xiao, 1994). This measurement tool aided in evaluating the participants' perception and importance of social support.

The interview questionnaire was designed explicitly by the researcher for this study to explore the experiences, perspectives, and practices related to self-care and mentorship among recovering Christian women. The questionnaire includes open-ended questions that allow participants to provide detailed and nuanced responses, enabling a deeper understanding of their

spiritual journeys, the role of self-care, and mentorship in their recovery process (Kirchherr & Charles, 2018)). The validity and reliability of the interview questionnaire was established to collect data from a small sample of participants among the targeted population. The questionnaire was refined to ensure clarity and comprehensiveness of the questions, resulting in an instrument that adequately captured the research objectives. The total process will last approximately 1 ½ hours.

## Setting

The participants should be characteristic of targeted population and have similar characteristics to those who would receive the intervention in real-world settings as illustrated by Dikilitaş & Griffiths (2017). The setting of a study was an important aspect of the research context that can influence the participants and the intervention of the study. Researchers should carefully select, describe, and justify the setting of their study, and consider its implications for the internal and external validity of their study results. By doing so, they can enhance the quality and credibility of their research and facilitate its translation and application to real-world settings and populations. The selected setting was in Brevard County, Florida. The study focused on the demographic locations in Palm Bay, Melbourne, Titusville, Cocoa, and Satellite Beach. The chosen location for interviews was in Melbourne, Florida. This locality was chosen due to its central location in the area, availability, and privacy.

## Participants

The study participants consisted of 9 women who identify as Christian and are actively engaged in their recovery from issues such as addiction, trauma, or mental health challenges. To participate in the research study, they identified as a Christian woman, were 18 years old and

older, recovering from addiction, trauma, or mental health challenges, have been in the recovery process for a minimum of 5 years, and had experienced gender, cultural, or bias in society due to their past addiction. They were women who work in a ministry (i.e., pastor, minister, clergy, or volunteer) or had a career in the Human Services field (i.e., community peer support program, mental health organization, addiction counseling or recovery facility, or medical organization) with at least 5 years of employment and/ or experience in mentorship.

The expected risks from participating in this study were minimal, which means they are equal to the risks that would be encountered in everyday life. The psychological or emotional risks were minimal but in case of unexpected triggering or stress the interview could be stopped and the participant was given the choice of continuing or withdrawing from the study. The participants for this study were selected from a snowball sample of recovering Christian women residing in a section of Brevard County, Florida. The study focused on a specific demographic in Palm Bay, Melbourne, Cocoa, Sebastian, and Grant Valkaria. Snowball sampling may reach recovery-focused groups, Christian-based treatment centers, and specialists (Stock et al., 2019). Participants did not receive a direct benefit from taking part in this study.

## Procedures of Data Collection

1. Securing IRB Approval: Institutional Review Board (IRB) permission was acquired before the start of the study to guarantee ethical concerns and participant protection. The IRB reviewed and approved the research proposal, consent forms, and other required paperwork. The IRB approval document will be included in the appendix.

2. Participant Recruitment: A snowball sampling method and word-of-mouth approach was employed to recruit participants for the study. Participants criteria was 18 years and older as part of the requirements of Liberty University, with no more than 8 to 12 women due to time

constraints. The goal was to reach individuals who meet specific criteria, including being in NA/AA recovery, ministry, human services fields, or mentorship programs (Xu et al., 2020). To facilitate the recruitment process, the researchers provided the initial participants with information packets about the study, including eligibility requirements and contact information. The participants were encouraged to share these packets with potential participants, ensuring they had all the necessary information to express their interest in participating.

3. Consent Form: A consent document was required for this study; the consent document was provided as a hardcopy at the time of the procedures. Subjects willing to participate in the study were given thorough information about the research, including its goal, methods, potential risks and benefits, and participants' rights (Xu et al., 2020). The consent document was distributed at the beginning of the interview stating that participation is entirely voluntary and that individuals might withdraw at any moment without penalty. The consent document also included information about confidentiality and data handling procedures. A copy of the informed consent document is included in the appendix.

4. Data Collection: The procedure involves two main components; the following instruments were utilized to gather data: The Religious Commitment Inventory (RCI), The Social Support Self-Rating Scale (SSRS), and the Interview Questionnaire.

## Instrumentation

**The Religious Commitment Inventory (RCI)** The RCI, developed by Onu et al. (2019), was employed to assess participants' levels of religious commitment. This inventory consists of subscales that capture various dimensions of religious commitment, including beliefs, involvement in religious activities, and personal religious practices. Each subscale was scored

independently to determine the participants' overall religious responsibility and its specific components. All information for the RCI can be found in the original publication by Onu et al. (2019). Additionally, the RCI demonstrated evidence of comprehensiveness through its correlation with other measures of religiosity and spiritual well-being.

The RCI was administered to groups and individuals, and the respondents were issued RCI-10 questionnaires. Instructions were read to the respondents carefully, showing them how to circle or tick numbers that describe their true statement. Questions from the participants were answered immediately to ensure they understood everything. The respondents were allowed adequate time to populate the questionnaires before collection. The questionnaire was used to gather data about women opinions, experiences, and attitudes.

**The Social Support Self-Rating Scale (SSRS)**

The Social Support Self-Rating Scale (SSRS) was developed by Shuiyuan Xiao (1994) to evaluate the degree of social support and consists of ten items which include three components: “objective support (3 items), subjective support (4 items), and the degree of use of social support (3 items)”. Validity and reliability information for the SSRS can be found in the original publication (Xiao, 1994). This measurement tool aided in evaluating the participants' perception and importance of social support. A questionnaire was developed with a total score of 66 points. Respondents with high scores have higher social support levels, whereas participants with lower scores have low social support levels. The evaluation criteria were as follows: below 22 points showed a low support level, with 23-44 points indicating a medium level, whereas 45-66 points showed high support levels. The purpose of this inventory tool was to evaluate social support, emotional, appraisal and informational support on Christian women as illustrated by Xiao (1994). 8-12 participants were selected randomly from a list of Christian population

according to specific criteria that fit the research. Random selection was used to form groups of similar respondents.

## The Interview Questionnaire

The interview questionnaire was designed explicitly by the researcher for this study (see appendix B) to explore the experiences, perspectives, and practices related to self-care and mentorship among recovering Christian women. The questionnaire included open-ended questions that allow participants to provide detailed and nuanced responses, enabling a deeper understanding of their spiritual journeys, the role of self-care, and mentorship in their recovery process (Kirchherr & Charles, 2018). Interview questionnaires were established through a pilot study, where feedback was collected from a small sample of participants similar to the target population. Based on the pilot study, the questionnaire was refined to ensure clarity and comprehensiveness of the questions, resulting in an instrument that adequately captured the research objectives.

5. Data Recording and Confidentiality: All data collected, including questionnaires and interview recordings, was labelled with unique participant identifiers to maintain confidentiality. Recordings were stored on a password locked computer for three years until participants have reviewed and confirmed the accuracy of the transcripts and then the consent document was stored separately from the recordings in a lock file cabinet which was only accessed by the researcher.

6. Data Analysis: To assess group differences, the data from audio, self-report surveys and questionnaire were examined (Liu & Wang, 2020). Thematic analysis discovered recurring themes and patterns connected to the study questions using qualitative data from interviews. The data thoroughly explained the participants' experiences and support strategies.

7. Reporting of Findings: The study's findings were compiled and presented in a thorough report, which includes full details of the data analysis procedure, outcomes, and results interpretation. The information adheres to relevant reporting guidelines to ensure transparency and reproducibility.

The interview questions were provided. See appendix B. These materials provided a comprehensive reference for understanding and replicating the study's procedures and ensuring the integrity of the research process. By following the outlined steps, securing necessary approvals, recruiting participants, administering questionnaires and interviews, maintaining confidentiality, conducting data analysis, and documenting the procedures thoroughly, this research aimed to establish a replicable framework for investigating how recovering Christian women support fellow women (Mihalache, 2019). The detailed procedures ensured transparency, allowing for the replication and verification of the study's findings by future researchers in the field.

## Data Analysis

To assess group differences, the data from self-report questionnaires will be examined (Liu & Wang, 2020). Thematic analysis was used to discover recurring themes and patterns connected to the study questions using qualitative data from interviews. The data allowed full knowledge of the participants' experiences and support strategies. Phenomenological methods guided data analysis for this research. According to Bevan (2014), the steps adopted in phenomenological methods of data analysis include reading all interviews to understand the entire context, discrimination of unit meaning from a psychological perspective emphasizing the explored phenomenon, a transformation of unit meanings from respondent languages to one that

emphasizes psychological insights in every description and lastly through the integration of transformed meaning units to consistent explanation of the explored phenomenon.

The above procedures offer an overview of the applied data analysis. More specifically, I started by reviewing the questionnaires and transcribing interview tapes. The audio tape was the first transcription, followed by viewing videotapes. In the initial viewing, audio transcription assisted in correcting errors. The second viewing assisted in adding notes on body language by posing and reversing the tapes in different fields. Several data readings followed to gain a deeper understanding of the study. Englander (2012) illustrates that the initial step in data analysis is reading the transcripts of each respondent on the explored phenomenon to gather and understand the content. The researcher returned to every transcript and extracted significant statements relating to the issue under study. The next step involved meaning formulations from the identified significant statements. Bevan (2014) emphasizes that meaning transformation from the respondent language which underlines psychological insights in every description, assists in creating functional extensive categories in conceptualization.

However, Bevan (2014) cautioned that the formulated meaning must not go beyond the transcriptions to avoid losing connection with data. Formulating meaning units as ‘context laden’ and refraining from considering them as independent contexts is necessary. Every respondent's insight was recorded as written narratives. The fourth step entailed repeating the third step for every transcription and organizing the formulated meaning into cluster themes to guide the generation of emerging themes common to the subject protocol. The step involved validating cluster themes by referring to the initial transcripts and examining the neglecting of cluster themes. There is a need to tolerate discrepancies in clustered articles or data that may appear contradictory. The fifth stage entailed the integration of results from the prior steps into an

exhaustive description. Here, the individual perspectives of the respondents are aggregated and used to develop collective descriptions. The sixth stage entailed the formulation of exhaustive descriptions to investigate an unequivocal statement. A narrative summary is the product of step six for the phenomenon under study.

The ultimate step entailed returning to every respondent to validate findings through collective stories. This happens through follow-up interviews. The follow-up interviews provide an opportunity to gather additional data generated from original questions to facilitate a deep understanding of the study and this will also allow the researcher to assess more data from self-report questionnaires which were examined (Liu & Wang, 2020). Thematic analysis was used to discover recurring themes and patterns connected to the study questions using qualitative data from interviews. The data allowed a thorough knowledge of the participants' experiences and support strategies.

## The Researcher's Role

The researcher's main objective for the study was to discover how recovering Christian women serving Brevard County, Florida depict their truths and lived experiences with ministry, self-care, and mentorship. The researcher is a Christian woman, minister, addiction counselor and a recovering addict with 21 years of recovery whose passion is to help others heal from the traumas of addiction. The researcher's relationship with the participants was only for the study purpose to enable answering the research question and producing a conclusive idea. The relationship between the participants was established through the snowball effect and women were suggested by other women to maintain an unbiased collection of data (Bevan, 2014). Respect was maintained for rapport developed between the researcher and the respondent to prevent development of future relationship and for a successful interview (Wong et al., 2017).

The researcher chose the site because of its diverse population of community, churches, and support groups catering to individuals seeking recovery and spiritual growth and has no specific interest or personal affiliation with the locality. Additionally, the researcher oversaw every step of the study leading to data collection in the required manner, solved any complaints and oversaw the respondent's willingness to quit whenever they felt like it. Because the researcher is a mandatory reporter, during the study, if any information was received about child abuse, child neglect, elder abuse, or intent to harm self or others, it was the researcher's duty to report it to the appropriate authorities.

## Trustworthiness

### Credibility

During the research, credibility was guaranteed through the lead researcher constantly observing the participants and the information they give during the questionnaire interviews to ensure consistency of the engagements. Negative case analysis was also scrutinized on data given by participants who gave completely varying information during the data collection. The discussion of the contradicting information utilized in getting the various dimensions of the study increases the credibility. Referential adequacy also ensured credibility, whereby the data was collected, although not analyzed. Later, the data was analyzed, and separate preliminary findings were given to compare how the information related.

### Dependability and Confirmability

The researcher ensured dependability and conformability in the research by first confirming the research question, design, and theoretical framework and their relationship with them in ensuring credible results consistency. Additionally, the research supervisors and the IRB

committee representative performed an independent inquiry audit to ensure the research is credible and followed all the guidelines to solidify the dependability.

**Transferability**

The researcher enhanced the transferability of the research findings by ensuring that all the contents of the research was well described, the study assumptions well explained, followed by the adequate analysis and presentation of the data. Providing all the procedures, dependability, and credibility can transfer the findings to generalize to similar settings or a different context.

**Ethical Considerations**

The Belmont report sets guidelines for collaborating with humans in research and development, ensuring minimal risk of harm and adhering to the ethics of respecting persons, beneficence, and justice (OHRP, 1979). Accessing information about individual respondents will remain restricted to anyone except the researcher, advisor, and IRB committee to protect data and participant's identity. Care was taken to avoid breaching confidently where information is revealed to anybody. Participant responses are kept confidential by replacing names with codes (e.g., colors and numbers), interviews will be conducted in a location where others will not easily overhear the conversation, data collected from the participants may be used in future research studies. To safeguard the well-being of each participant, there was an informed consent document with a full explanation of the purpose of the research study requirements for participation, procedures, risks, potential benefits, time and expected duration of the study process, confidentiality measures, and privacy. Further, the IRB committee was presented with the study and collected data to ensure all the necessary human safety considerations are in check

for minimal risk to the participants during the research. The independent researcher was also available during the study to ensure that data collection was going on correctly and that all the procedures were being followed to the core, ensuring that no information coercion was done. The independent researcher also ensured that confidentiality is maintained, and that the data collected was not accessible to any other third parties who may utilize it against the respondents.

## Summary

In this chapter, a qualitative research approach was adopted in outlining the methods and procedures for conducting a research study on recovering Christian women providing support to fellow women healing and recovering from substance addiction and being mentors in their communities. The problem and purpose of the study were clearly stated, focusing on understanding the role of recovering Christian women in offering support and exploring the potential benefits of self-care and mentorship. The research adopted heuristic research designs and snowball sampling techniques. This design allowed for identifying and recruiting participants through referrals from existing participants. This study's sample initially consisted of a small group of individuals who practice Christianity and recovery. These participants were then asked to refer others practicing Christianity and healing. Using snowball sampling, the researcher aimed to create a network of participants who share similar characteristics and engage in Christianity and healing. The research questions and hypotheses were derived from the problem and purpose statements. The research questions examined the relationship between Christianity, mental health outcomes through self-care, and mentorship. The hypotheses proposed specific expected differences and relationships between variables, which will be measurable and aligned with the research design. The participants for the study were drawn from a convenience sample of recovering Christian women referred by other recovering women who work in ministry,

Human Services, and mentorship programs. The sample size and demographic information were provided based on the data collected.

The instrumentation section detailed the use of established scales and the questionnaire, such as the Religious Commitment Inventory (RCI), the Social Support Self-Rating Scale (SSRS) and an interview questionnaire to provide a composite measure with appropriate validity and reliability information. The procedures section detailed how the study will be conducted, including securing IRB approval, participant recruitment, data collection, and maintaining confidentiality. The chosen analyses were justified based on their alignment with the research questions and data collection type. In addition to the methods and procedures outlined in the previous chapter, it is crucial to consider the obstacles and barriers that may affect self-care, recovery, and the reduction of societal stigma while mentoring others in the recovery process. Recovering Christian women providing support face challenges that can hinder their well-being and ability to guide others effectively. These obstacles may include personal struggles with past addiction, physical health, or mental issues, such as depression or anxiety, affecting their capacity to engage in self-care practices. Additionally, the societal stigma surrounding mental health and addiction can create a hostile environment that discourages individuals from seeking help or openly discussing their struggles. The fear of judgment and discrimination may prevent recovering Christian women and the individuals they mentor from actively participating in recovery programs and seeking appropriate treatment.

Furthermore, the lack of awareness and understanding within religious communities about mental health issues and recovery can further perpetuate stigma and hinder the provision of adequate support. Lastly, this chapter provided a comprehensive overview of the methods and procedures for conducting the research study. By adhering to the outlined design, data collection,

and analysis procedures, this study aims to contribute to understanding how recovering Christian women support other recovering women. The findings from this research can potentially inform interventions and programs targeting mental health and spiritual well-being within the recovering Christian community.

# Chapter Four: Findings

## Overview

The purpose of this heuristic study was to examine the lived experiences of recovering Christian women in Florida. For this study, recovering Christian women was defined by women that had experienced substance addiction, trauma, and psychological issues but now serve the community and ministry as mentors. These women gave their lives to Christ after beginning their journey to recover from addiction and mental, physical, emotional trauma and have demonstrated their success by maintaining abstinence from all drugs and maintain steady employment and mentorship in society and ministry. Nine participants were selected from Brevard County, Florida to share their experiences overcoming addiction and becoming productive members of society. This chapter presents the study's findings, first describing the nine women who participated in the study. Additionally, this chapter discusses results gained from the study through interviews, and surveys. It reveals occurring themes in relation to the research questions of this study. Intrinsic and principal categories are identified and constructed to convey the essence of the phenomenon.

## Participants

This study involved nine adult Christian women between the ages of 23 and 65 who overcame substance addiction, trauma, and emotional, mental, and physical issues to become ministers, counselors, social workers, and mentors. These individuals met the criteria concerning addiction, trauma, and psychological issues, as well as recovery maintenance, and career success, and had a score of 3 or higher on the Religious Commitment Inventory-10 (RCI-10), have fellowship and support from family, friends, and organizations based on the S1 Rating Scale.

Social Support Rating Scale. The participants included three females who identified themselves as Caucasian, three participants identified themselves as African American, two identified as Jamaican, and one identified as Puerto Rican. All participants have maintained abstinence from drugs from five to thirty-seven years, and all nine are Christian women employed full-time in a professional career or ministry and had mentored or have been mentored other women in recovery for a significant period.

The table below gives the demographic information of the participants in the study.

**Table 1**

| **Number** | **Color** | **Age** | **Recovery Years** | **Mentorship Years** | **Ethnicity** |
|---|---|---|---|---|---|
| 001 | Purple | 64 | 32 | 20 | African American |
| 002 | Aqua | 58 | 24 | 17 | Puerto Rican |
| 003 | Pink | 61 | 21 | 18 | African American |
| 004 | Yellow | 45 | 15 | 13 | African American |
| 005 | Orange | 37 | 5 | 3 | Caucasian |
| 006 | Red | 65 | 34 | 30 | Caucasian |
| 007 | Fuchsia | 42 | 15 | 10 | Caucasian |
| 008 | Blue | 23 | 7 | 5 | Jamaican |
| 009 | Lilac | 53 | 16 | 10 | Jamaican |

## Theme Development

After receiving IRB (Institutional Review Board) approval, the researcher began selecting recovering Christian women to interview using snowball sampling in which the women I interviewed suggested other women and provided them with the details of the study. The selected women were at varying stages in their recovery process, careers and had been mentors or sponsors. After interviewing the women and recording the interview on the IZYREC recorder, the researcher began transferring the audio from the recorder to a USB drive for confidential storage. The interview transcription was carefully examined, and the surveys were compiled and analyzed to develop the themes pertaining to the research questions. This comprehensive analysis helped provide a system to analyze the interviews and understand the relevancy of the data and how it connected to the research questions and desired themes. The correlated themes developed from the collected data and gave acuity into the research questions. The researcher acquired the themes by assessing the data and the predominant areas that stood out from the women's responses which therefore created themes of substance addiction recovery, the importance of religious and recovery fellowship, psychological selfcare, and the necessity of sponsorship or mentorship. Participants were assigned colors and numbers to provide confidentiality and were used for maintaining organization throughout the study. Participant quotes were taken from interview responses and asked to expound upon their answers for clarification. The women had recurring themes of lack of social support based on their past addiction, psychological issues, and religion. I separated this study into three themes of psychological selfcare, the benefits of Christian and recovery fellowship, and challenges in ministry and recovery with Christian women. The three sub-themes of psychological self-care, Christian and recovery fellowship, and challenges in recovery, ministry, and mentorship were the

focus of this study based on the research questions and provided data for more depth on how it correlated to the study.

## Results

All nine of the participants presently live in Brevard County but six of the women migrated from other states in the United States. The women come from diverse families, cultures, socioeconomic backgrounds, had experienced different forms of addiction, but experienced similar impacts from addiction, trauma, societal discrimination, and dealt with psychological issues in similar ways. Each participant shared her experience through survey responses and an interview; prevalent themes materialized from their diverse experiences. There were numerous comparable responses which affected recovering Christian women that I believed would clarify their experiences relating to study. All of the women shared their motivation for continuing addiction maintenance through psychological selfcare, Christian and recovery fellowship, and mentorship during the interview.

### The Importance of Psychological Self-care

The theme of psychological self-care developed when evaluating the data on importance of psychological self-care for well-being and working with others. Even though the women are at various stages in their lives, different careers, and levels in their religious stations they all have the common consensus that healthy psychological self-care is imperative for self and working with others. Adapting their lifestyles for psychological self-care and the sensitive nature of sharing their lived experiences in their Christian and recovery fellowship was a predominate theme which revealed knowledge and understanding for this study. The proceeding research

highlights recovering Christian women in evaluating the importance of spiritual, physical, mental, and emotional balance for self and when working with others.

**Spiritual Wellness**

Most of the women chose to talk about spiritual vs religious wellness because they believe that the spiritual aspect surpasses religious beliefs, views, or doctrine. Fuchsia stated that "connecting with God through prayer and meditation provided a sense of guidance, purpose, peace of mind, and balance, and was imperative for working with others." All of the women mentioned being centered through prayer and Orange stated that "if I am not centered through prayer every day, I cannot be of service to others because I am all over the place." The distinct theme that continued throughout the interviews was the necessity of seeking God for guidance for self, on how to be of service to others, and share about their faith in a way that would not alienate the person(s) but encourage them to continue the journey. Most of the women found recovery through a 12- Step program but Yellow, Red, and Blue stated that "the introduction to recovery was through a religious organization and mentorship that eventually led to attending Christian 12-Step meetings." Another example is that Lilac expressed the obsession of food and shopping "caused an imbalance in her life and she noticed that she had begun to pray and fellowship less and that was the foundation of recovery." The women all expressed that spiritual imbalance was predicated on the lack of prayer to God daily and their lack of interaction with religious and recovery connections. The healing of the spirit, body, and mind is essential for holistic restoration.

**Physical Wellness**

Maintaining physical wellness was repeated by the women during the interview to take care of their psychological balance. Repetitively the topic of physical wellness was described as

getting regular exercise, balanced healthy meals, and sufficient rest to keep a healthy balance. Pink explained that "when we take care of our bodies, we power up our minds and spirits." Several of the women expressed practicing eating properly and exercise was so important early on in their recovery because "when you are out using drugs it is not a priority, and it was something that had to become an everyday practice." Yellow explained that her mentor "taught her the value of taking a walk, eating a nourishing meal, and getting a restful night's sleep was an important part of recovery to nourish not only the body, but the mind and spirit as well." Red, Fushia, and Blue stated that they "practiced yoga, some ran marathons, and some attended cross-fit as a means of getting exercise and maintaining physical wellness. Purple described her journey through physical illness and the development of getting healthier.

"I had several heart attacks due to prolonged drug use early in recovery, and I almost did not make it a few times but the people that I had around me (i.e., church, family, mentor, recovery) showed me how to eat, exercise, sleep, and pray. She explained that the journey was long and hard, but she started walking, eating balanced diets, and attending functions that involved physical effort." Lilac admits that she "still needs to practice doing more physical activities and participating in things that aren't related to her career." All of the women postulate that physical wellness is an essential aspect of balancing the psychological balance for a healthier life.

**Mental and Emotional Wellness**

The women clarified that mental and emotional fitness was so important for balance and is the avenue to navigate through foreseen and unforeseen occurrences. Blue stated that "when dealing with the world and everyday situations knowing how to acknowledge true feelings, express them authentically, and manage them effectively helps to keep things in perspective."

Most of the work that involved interactions with others was explained as mentally and emotionally draining. Purple stated that "being a Christian woman in recovery was mentally draining on several levels; first there was the lack of empathy from 12-Step members when speaking on God and the concepts of Christianity. The second thing was the inability to cope with individuals that constantly relapsed." She said that "the mental and emotional drain of watching the continuous death and destruction of addiction takes a toll on the women who mentor or sponsor other' and it was so important to honor your emotions, stay connected to church and recovery support networks, and pray consistently to we prevent them from festering in the spirit." Aqua also confided that "she has a therapist, mentor, spiritual advisor, and attends therapeutic workshops as well as church to maintain a emotional and mental wellness." The consensus with the entire group of women is that when one of the psychological aspects are deficient, there is an imbalance.

**Social Wellness**

Loneliness and isolation are a stark reality of addiction, and social connections help to establish bonds between people with similar experiences and beliefs. Social wellness was a key aspect of all of the women to balance lifestyles, relationships, and careers. The commitment to maintaining social activities through recovery and religious fosters personal and community healing. The wreckage and turmoil in the women's lives after addiction was scary to face alone but with the help of a sponsor/ mentor and church family the journey was less frightening. Red gave the example of "when she was out on the streets, the only people she associated with were the ones who were doing drugs, and it was so unhealthy and toxic that she was leery of anyone who said that they wanted to help her." After being invited into communion with supportive individuals in recovery and ministry she now believes that "authentic friendships, family

connections, and community involvement enhance our lives." Aqua expressed "gratitude for her experience with a sponsor and all of the people that she has met over the years to guide her through recovery and her spiritual walk. "Having others in her life provided the balance and support that sometimes is hard to find alone. She expressed that "her sponsor, guided her through the 12- Steps and her religious advisor guided her through the bible which helps her to stay stable no matter what life may bring." Mentorship demonstrably played a big part in the continued recovery, spiritual growth, mentoring other recovering women.

## The Significance of Christian and Recovery Fellowship

Christian and recovery fellowship allows opportunities to feel a part of something larger and celebrate shared memories. The clear theme is that fellowship is important for all of the women. Christian churches and ministries impart redemption through Jesus Christ, and AA 12-step programs convey spirituality. Christian organizations have begun to assess the importance and need to participate in the recovery process for parishioners and as a service to individuals seeking recovery for substance addiction. The perspective from all of the women is "unity creates common bonds of like-minded individuals and forms the source of genuine fellowship." The women concretely believe that balance begins with being with people who believe the gospel and are united in the Spirit through Christ to the Father and have an otherworldly perspective meaning that Christians recognize that they are visitors in this world.

Orange suggests that "while friendships with unbelievers or different belief systems are valuable, Christian fellowship is centered on common beliefs, goals, and purposes. She is an avid member of a 12-Step program and has found that practicing faith has its limitations there due to the phrase "God as we understand Him", as her travel through recovery has grown, her spiritual journey has increased and has provided a deeper understanding and purpose through Christianity

She explained that “not everyone believes as she does, and it oftentimes created problems and skepticism among some 12-Step members about her commitment. On the religious side, some members of her church do not believe in 12-Step recovery because their belief is that Jesus died for total redemption, once you are saved and delivered from a condition there is no need revisit it.” This has been a source of debate for many years and continues even now but being purposeful about creating and maintaining relationships with other recovering addicts is an essential part of the recovery process.

Purple stated that “fellowshipping with others in recovery and ministry creates the framework of our existence and social well-being is nurtured through healthy relationships. She stated that when she was early in recovery, individuals rallied around her to help her get to meetings, go to court with her to fight to get her children back, and her church family supported her through prayer, financial donations, including her in activities to encourage change in her life and placed her on a journey to follow Christ and serve others.” All of the women echoed the sentiment that the importance of recovery and religious fellowship is significant because the peril of addiction is loneliness, seclusion, and disconnectedness can be devastating alone.

## Challenges in Recovery, Ministry, and Mentorship

All of the women shared narratives of how challenges occurred due to strict recovery and religious standards, and how their experiences were influenced by these rules. The subject of anonymity emerged as a challenge in Florida and was a recurring theme with all of the women. The stigma of substance addiction and mental health still exists in the general public and society at large. Disclosing their past addiction, trauma, and psychological issues, not wanting to break their anonymity in society was a protective defense against prejudice, losing careers, standing in their communities, and positions in church organizations. Most of the women asked to speak

candidly off of the audio recorder because of the sensitive nature of trauma experienced with addiction, molestation, and atrocities that were experienced.

Blue stated that "everyone who says that they are a Christian or in recovery are not because there are "wolf in sheep's clothing" in the recovery fellowship as well as in the church. She explained that she had forgave her mother and the assailant but still had trust issues due to the fact that she was given to a supposably Christian man by her mother when she was sixteen years old and because she was so "naive and gullible" she didn't know that she was being groomed for sex with alcohol and drugs." Although she told someone in the church, it was covered up and nothing was ever done to the man. This caused her to not trust the church or anyone else, and it was only through a 12-Step program at a different ministry that she began to realize that the man was not the example of a true Christian. Several women stated that they too were exploited due to their past addiction and were solicited for sexual favors to gain jobs, raises, or promotions by a pastor or minister of the church.

Pink explained that "back when she got clean there were predators in the 12-Step rooms and the church. She said that her spiritual advisor, mentor, and her sponsor warned her that she should be careful breaking her anonymity about her addiction because not everyone would understand or have her best interest at heart. She stated that some of the individuals that had years clean in the program preyed on the "newcomer" and even bought drugs for them to relapse. She also described that recently one of the community pastors that she sought out to help a young man new in recovery propositioned her for sex stating that "he remembered back in the days she was a good trick." There were many examples given by the women, but they all emphatically believe that there are still biases, narrow-mindedness, and prejudice when it comes to addiction, trauma, and mental health issues for recovering women. Red expressed that "it is

hard sometimes to mentor women that are unbelievers due to the fact that they have no clear understanding or concept of Christ, and it is sometimes easier to just be quiet about faith until the mentee grows spiritually." Another challenge that emerged during the interview was the lack of personal self-care while balancing religious commitment, recovery, family, careers, and helping others.

Balancing life and taking care of the psychological health is a challenge but one that is necessary for all of the women. The pressures of a busy life balancing recovery, religious commitments, family, and careers can sometimes make mentoring feel like an exhausting task. Red conveyed that because her age she "has to keep up with her exercise, religious / recovery fellowshipping, emotional and mental wellbeing because she cannot be of help to anyone else if she is off"; she explained that finding the balance is important because it allows her to compartmentalize and prioritize each area, so none go lacking." Pink was very honest and said "that she had to do better in all areas because sometimes it is easy to get lost in recovery mentorship and religious fellowship but oftentimes does not allow for the physical self-care that she needs. Sometimes it gets so busy being of service that you forget to eat, sleep, or take care of the vitally important things until you start deteriorating." All of the women could relate to at one point or another getting "too busy or getting so caught up in religious and recovery activities" that they had to refocus and prioritize self-care.

### Motivation for Continuing Mentorship in Recovery and Ministry

After experiencing the challenges of addiction, trauma, and the psychological lack of self-care the women's answers were parallel to why they continued mentoring. All of the women expressed the necessity to continue their quest for healing, maintain recovery and church fellowship, and be of service through mentorship. Mentorship is a relational process that lights

the path for personal, spiritual, and professional development. Red postulates that "as mentors, we have the chance to support and guide other individuals on their journey, helping them navigate through life's trials, build their confidence, and teaching them to develop and expand their networks in recovery and ministry. She believes that mentorship is a critical aspect of personal and spiritual growth, and just as she was mentored through some exceedingly demanding situations during her journey it would be an injustice not to be there for someone else." Growth through mentorship enhances the lives of both individuals. Yellow posits that "mentoring another woman enables not just networking but the ability to share and learn from each other because there are things that may come up along the journey that needs to be worked on by both individuals." Learning from a mentor and then mentoring, especially early in recovery teaches the skills to interact healthy in social situations. Aqua believes "it helped her to reach out in her career to other Christians; she stated that her mother has dementia, and she was so overwhelmed but when she spoke with one of her Christian coworkers about the situation, after prayer and instruction she was able to take care of her mother better."

## Heuristic Reflection

My experience as a Christian minister, counselor, and recovering addict inspired the research for this study. Listening to the women's narratives during the interviews confirmed beliefs; and as I reflected, I continued to compare my experiences with theirs. Most of the details were relatable regarding addiction, trauma, and the importance of psychological self-care, mentorship, and consistent religious and recovery fellowship. The challenges of anonymity, sharing my faith with women in the 12-Step fellowship, sharing addiction in ministry and society, and maintaining a balance of psychological self-care while helping others were extremely relatable for me and confirmed my theory for the necessary need of healthy

mentorship and self-care. Consistently, I supported their motivation to continue mentoring due to the lack of mentors in the area and the necessity to help others find a holistic path to healing. Hearing all of the stories of the women both confirmed the theory I had as a researcher, and my only objective as a researcher was to gather the facts from the interviews and surveys as an unbiased observer and doing so allowed me to collect findings to corroborate with the research questions.

As a Christian recovering woman, minister, and addiction counselor I see so many individuals that are eager to change their lives but have nowhere to go except back to the unhealthy environments or back to the streets. They soon end up using drugs, not taking their mental health medicine, or ending up in jail or homeless shelters. I see the pain and brokenness daily, and I have learned from failure and success to be a mentor, leader, and advocate for those who have walked the lonely road of addiction. My passion is not just helping people heal from addiction but to teach them to heal their mind, body, and spirit. My change continues as I am mentored and continue to mentor women in recovery and the gospel of Christ despite the challenges. Everyone has brokenness in their lives at one time or another, but they can begin the healing process and learn how to practice healthy lifestyle changes. Oftentimes the use of drugs and alcohol leads an individual into a spiral of addictive lifestyles and an array of unhealthy societal issues such as homelessness, criminal activity, loss of family, social connectivity. Individuals often go into treatment whether it is through a ministry or 12- Step program to help them get back on track after a bout with substance abuse and alcoholism. After going through several phases of treatment they go back into the community and try to remain abstinent while practicing newly learned skills, but then they return to these unhealthy environments without a

support network or mentor to help them they are increasing the chance to slip back into old patterns and behaviors thus relapsing.

I have experienced the horrors, trauma, and the stigma of addiction in society. The day that I made the decision to change my life and stop using drugs I said a prayer of desperation and made a promise, and it was "God please help me to change and not do drugs, I'm tired of this life and I know that you are the only one who can help me change. I promise if you see fit to bring me out of this mess, I will spend the rest of my life being of service and helping others change their life too". Through Christ and the individuals that have mentored, loved me, and shown me how to live, my life has been one of service and purpose. It has been a long road and one step at a time I continue to gain the spiritual and recovery experience, education, and wisdom that I need to fulfill that promise. Lilac stated that “we can only keep what we have by being of service to others as others have been of service to us.” This study further confirms for me that healing spiritually, mentally, emotionally, and physically through God and mentorship is the key to a healthy life. Through this study I have come to understand that while my research focus was on Christian recovering women the study is as important for everyone in society.

## Research Question Responses

**Research Question 1.** RQ 1. How do Christian women describe their recovery experiences and challenges regarding ministry and recovery in Florida? The women stated that coming from another state to recovery fellowship in Florida was a culture shock but because recovery changed their lives in so many ways the dedication to acclimate, be of service, and save lives was worth the slight discomfort. This coincided with the theme of challenges and the motivation for continuing mentorship despite the challenges.

**Research Question 2**. The second research question asked was how do participants describe the religious support and fellowship they receive in recovery? The religious support from like-minded recovery members is paramount for spiritual growth. Although 12-Step programs are spiritual, provide guidance, and camaraderie some 12-Step fellowship members are resistant to talking about Jesus or the Christian faith in recovery. But the consistent theme was that both religious and recovery support was essential and vital to recovery maintenance.

**Research Question 3.** The third research question asked was how do recovering Christian women describe their process of mentoring other women in their careers, ministry, and recovery? A mentor is more than a guide or teacher and their function goes beyond imparting wisdom; it includes empathy, compassion, active listening, and unwavering support through unfamiliar circumstances. These answers provided insight to theme of the necessity of spiritual and recovery guidance for the mentor and mentee.

**Research Question 4.** The fourth research question asked was how does recovery impact Christian women's spiritual, emotional, and physical well-being? The women verbalized that the 12 Steps serve as a guide for surrender, dependence on God, accepting personal responsibility, forgiveness, service to others, and mentorship to those that desire to be free from addiction. The theme of religious guidance and recovery support correlates to the theme of psychological self-care and was prevalent in all of the women’s interviews

**Research Question 5.** The fifth research question asked how do recovering Christian women describe their motivation and techniques for practicing and encouraging psychological and physical self-care? A mentor provides a safe refuge for mentees to learn, explore, grow, and become better human beings in society through their faith and recovery. The themes of

fellowship, self-care, and mentorship provide tools for learning through recovery and religious activities for implementation of spiritual, practical, and daily recovery maintenance.

## Summary

This chapter discussed the findings from Christian recovering women and their perception of how substance addiction, trauma, and psychological issues affected their lives, the importance of psychological self-care, religious and 12-Step fellowship, and the challenges in ministry, recovery, and mentorship. In addition, each woman offered perspectives on why they continue to serve the recovery community and ministry as mentors. Finally, during the interview the women shared individual experiences and perspectives related to the researcher's interview questions and surveys, but also after the audio recording because of the sensitive nature of specific traumatic experiences. The data analysis revealed that the women's lives were affected in similar ways and that there were still prolonged consequences. This study illuminated the impacts of addiction on the spiritual, mental, emotional, physical aspects of their lives, and the impact of mentorship, religious and recovery fellowship, and psychological self-care provided according to their perception.

Furthermore, the perceptions were similar regarding their beliefs on self-care and mentorship in general. The Christian women were different ages, from diverse backgrounds, various stages in their Christian walk, psychological self-care levels, and mentorship processes but had collective experiences. Through the women's reflections during the interview, it revealed the negative impact of addiction, but the positive aspects of faith, fellowship, self-care, and mentorship. These women's lives are actual testimony of service, but we must continue to understand the components related to the effects to help others recover and heal.

# Chapter Five: Conclusion

## Overview

This chapter summarizes the findings supporting the surveys and research questions about Christian recovering women, self-care, and mentorship. The conclusions of this study shed light on the experiences in recovery, ministry, and mentorship among Christian recovering women in Florida and how they practice psychological self-care while mentoring others. The chapter also discusses the results, study implications, delimitations, limitations, and topics for future research. The results from this study can provide insight not only for Christian recovering women but also for men who would like to understand and help individuals grow spiritually and practice healthy lifestyle changes while being of service to others.

## Summary of Findings

This study included nine Christian recovering women from Brevard County, Florida, who shared their experiences as recovering women who gave their lives to Christ and how this religious and recovery fellowship, psychological self-care, and mentorship affected their lives and motivated them to mentor others. The findings answered the five research questions centered on how these women understand the significance and importance of support, social connections, and guidance after the traumas of addiction. Another developed theme was the challenges of anonymity, psychological self-care, and the necessity for religious and spiritual fellowship. Finally, another apparent central theme was the importance of continuing mentorship for each woman on various levels. These results summarized the substance of this phenomenological study as they captured the women's lived experiences.

The first research question examined how Christian women described their recovery experiences in Florida. The women explained their process through the recovery fellowship in

Florida and how it impacted their lives in numerous ways. The women shared the challenges they faced early in recovery, building religious and recovery networks, and how mentorship gave them the tools they needed to maintain abstinence from drugs and learn a new way to live. As the women revealed, their stories about their relationships with spiritual advisors, mentors, sponsors, and mentees were key in discussing how their lives changed after the addiction. The women also discussed how working with sponsors or mentors at the beginning of their recovery journey affected their self-esteem, self-confidence, and determination and enhanced their lives.

The second research question examined the religious support and fellowship in the lives of these recovering women. The relationships and support from other Christians in recovery were presented as the primary source of spiritual growth for women. As recovering women, giving their lives to Christ, learning how to fellowship, and being guided on practicing spiritual principles through the 12 steps of recovery were essential and developed as a predominant theme in the study. Prayer, service, and religious commitment were repeated as the foundation that helped ground the women throughout different life situations. The experience of spiritual wellness was denoted as the vital component because, without a relationship with God, the other components of the recovery process would fail.

The third research question explored the process of mentoring other women in their careers, ministry, and recovery. The women related that mentoring was a two-way relationship and that the process did not just help the mentee but allowed the mentor to continue growing in their recovery. The women expressed that the mentorship process thrived by sharing life situations, listening to hear and not to answer, and supporting the mentee throughout successes and failures. Learning to be of service allowed them to share their faith, experiences, and hope with others in society outside of the church and 12-step fellowships.

The fourth research question investigated was how recovery impacted Christian women's spiritual, emotional, and physical well-being. The women revealed that although the 12-step fellowship was not a religious program, the spiritual principles of willingness, honesty, and open-mindedness played a big part in helping them surrender to God. The fifth research question analyzed recovering Christian women's motivation and techniques for practicing and encouraging psychological and physical self-care. The women postulated that often, the simple tool used to guide others was to practice patience, walk in love, and share their faith and experiences to encourage other women. Interviewing these women provided some understanding of the phenomenon of Christian recovering women and why and how they mentor, serve others, and work toward recovery from addiction.

## Discussion

Investigating the lived experience of Christian recovering women, mentorship, and self-care revealed beneficial data that is linked with the real-world implications in the theoretical and empirical literature reviewed. These implications correlate with four significant themes: a) psychological self-care, b) the benefits of Christian and recovery fellowship, and c) motivation for continuing mentorship. All the themes in this research study highlighted the women's assessment of addiction's seriousness and how it affects the spiritual, physical, mental, and emotional of an individual. This study shows that addiction is traumatic and painful not just for the person with addiction but also for society and it continues to be a source of community devastation as families try to cope and heal from the loss of a loved one. The themes of psychological self-care and mentorship helped to answer the effects of religious and recovery fellowship for their recovery, the motivation for these women to continue mentoring others in early recovery and assisted in answering the research questions for the research study.

Interviewing these women also provides some understanding of this phenomenon as they continue serving and helping individuals work to recover from addiction.

**Addiction Recovery and Religion**

Including religion and spirituality in addiction recovery programs is a topic of discussion in scholarly literature for some time. Alcoholics Anonymous (AA), which is one of the most famous, has been acclaimed for its spiritual elements as well as disparaged for its perceived discriminative Christian framework (Kelly, 2017; 2016). While being criticized for crackpot therapy as well as unscientific intervention, AA and other comparable programs keep a broad spectrum of spiritual understanding throughout their teachings, allowing members to tailor a higher being or power based on their own exact beliefs (Worley, 2020). Christian-oriented recovery programs provide a way to be redeemed through God's mercy. Also, spirituality is accorded great attention. Studies show that religion and spirituality correlate with a positive impact on creating emotional recovery for individuals overcoming drug addiction (Wnuk, 2021).

Dermatis and Galanter (2015) reported that clients who found a link with higher power achieved successful recovery results. Although the transformation framework advocated by faith-based programs may trigger debates on immediate change, empirical indicators still show that implementing this principle can positively influence recovery stories. Christians understand recovery as a process expressed by Bible principles and what transformation is about (Howe, 2019). Although religion has both had good and bad impacts, and the quest for its place in rehabilitation is one of controversy and debate, for many individuals, their religion serves as solid moral support and guidance in their pursuit of rehabilitation.

**Religious Commitment and Support**

Religious organizations and faith-based organizations in the community participate in the battle against drug addiction, and they do this through the power of influence that helps them spread awareness and support (Cicero et al., 2020). These groups take advantage of various methods: social awareness campaigns, community mobilizing activities, and mentoring initiatives to prevent drug misuse, especially among the youth (Cicero et al., 2020). These institutions gain combat capability in this issue by organizing educational efforts and providing preventive programs (UNFPA, 2023). However, they are not only engaged in helping people who are addicted, but they also provide alternatives for rehabilitation and recovery.

Faith-based associations participate in awareness campaigns and provide tangible support and intervention strategies (Neisa, 2022). The community organizations that facilitate psychotherapy, rehab centers, and religious rehabilitation programs are the ones that are essential in availing the essential support that is needed by individuals who are trying to get over a drug addiction (Cross & Lee, 2019). By unifying religious principles and utilizing such support networks, they can successfully provide holistic treatment that seeks to address issues of both physical and spiritual affairs (Neisa, 2022). Additionally, religious devotion has been shown to be associated with several positive mental health outcomes, particularly among women. This demonstrates faith-based methods as being the most effective in building resilience and recovery from substance abuse at personal and communal levels.

**Mentorship**

Mentorship, exemplifying the Christian way of life, comes in handy in the process of drug addiction and trauma recourse. As community members, faith-based organizations can be a source of experienced mentors who could be paired with individuals needing this guidance, thus

creating soul-friendship and commitment. This aligns with their mission of fostering mature disciples (Farkas et al., 2019). These programs give people struggling with substance abuse and trauma both the practical support and the emotional help needed, in addition to the spiritual direction; through mentorship programs, people at an early age and adults are empowered to replace negative habits with positive ones, including faith and resilience. In addition, through mentorship programs, individuals are offered access to a platform that permits them to share experiences, struggles, and victories in the community, building a feeling of togetherness and fellowship.

Professionals, who usually already possess emotional intelligence and coping mechanisms, will mentor the mentees on their recovery roadmap and direction and support them with optimal encouragement and supervision throughout (Bible Hub, 2023). The power of mentorship is not limited to individual transformation but also shapes family life and the surrounding community at every step (Henry et al., 2021). Although the mentors protect the individuals' interests by helping them overcome difficulties and become more resilient, they also shape the community's future. For instance, mentorship programs also provide chances to enhance women in leadership posts within the church, which addresses the disparities and encourages inclusiveness. By facilitating mentoring schemes based on faith and love, communities can design supportive societies that can help in the healing and empowerment process.

**Self-Care**

Self-care here takes the vital role among the characteristics of holistic well-being as a necessary condition for the people who engage in ministry and addiction and trauma recovery. It represents practices that cultivate the mind, body, emotions, and spirit, making it easier for self

and others to care for them well. Examining the contribution of self-care includes surrendering to the notion of self-love and realizing the importance of its role during one's life journey (Hingray et al., 2018). Studies prove that neglecting self-care invokes burnout and adverse health outcomes that hinder one's effectiveness in Ministry and recovery. As opposed to Christian women with good mental well-being, Christian women in recovery should have a greater focus on practicing self-care, which is often additionally challenged by addiction and mental stress.

Self-care practices include diet, sleep, relationships, exercise, spirit contribution, and stress coping. Participation in these activities enhances the capacity to withstand stress, combat stress, and obtain overall well-being in the end, which may lead to a lesser risk of drug abuse or relapse and, simultaneously, ensure better recovery outcomes (Joyce, 2023). Besides, it is also indispensable to provide trauma-informed care in self-care routines for people who have a back story of trauma. This approach focuses on self-compassion and mindfulness and adapts the techniques to counter the trauma exposure so that individuals recover their well-being.

**Trauma and SUD Recovery**

Furthermore, trauma has a catalytic effect on drug abuse and recovery, as can be seen among Christian women. From that, trauma-informed strategies are needed in the process of substance use disorder (SUD) recovery. Addressing the traumatic experiences while building personal treatment behaviours should be good operational capabilities and successful recovery. The literature reflects trauma and its association with SUD coming up prominently in Christian femininity, advocating further studies on the complex relationship between trauma and addiction (Ruglass & Yali, 2019). Among these risks are physical or mental abuse, the passing away of a loved one, and the experience of adverse childhood events, which draw an extraordinarily strong connection between depression and substance use disorders.

In addition, the role of religion, with a strong representation among many Christian women during the diagnosis phase, serves as the stem of their resilience and assists in some coping during treatment and the SUD rehabilitation process (Kitzinger et al., 2023). Religious practices, including prayers, reading of scriptures, and participation in the church, impart comfort and hope for these people now in recovery from financial hardships. Pastoral programs and Church support groups are a safety net for women of faith experiencing pre-SD and double trauma. They maintain these networks by offering emotional support and spiritual help which makes it a conducive environment for healing. Being trauma-informed and developing self-care strategies should be the features of all substance abuse disorder recovery programs. Along with that, the researchers have mentioned such actions setting a foundation for resolving mentally ill patients' issues. Counselors, professionals who have mastered trauma recovery, guide individuals through this journey, equipping them with coping mechanisms that are context-dependent to the traumatic experiences one goes through and religion.

**The Role of Faith in Trauma Recovery and Addiction**

Faith plays a crucial part in trauma recovery and addiction, as well as among Christian women, providing women with a source of strength and light within the healing process (Kitzinger et al., 2023). Christian values offer an understanding of purpose and meaning with a deep bond to a higher being that can bring comfort and joy in tough times (Kline et al., 2022). Spirituality, in the form of faith, prayer, scriptures, and church-related events, often plays a role in the recovery process, giving individuals hope and reassurance amidst the challenges of recovery. Additionally, studies reveal that those who are religiously committed are known to have lower relapse rates, portraying faith-based approaches as trustworthy for trauma and SUD recovery (Kline et al., 2022).

Furthermore, one of the fundamental supports are the mentors, peer groups, and church communities that help Christian women deal with traumatic experiences and addiction. These networks provide practical assistance, emotional comfort, and spiritual healing; thus, a healing environment is fostered. However, trauma-informed care stresses the need for self-care behaviours to be integrated into recovery programs, such as mindfulness, self-compassion, and coping skills (Pars et al., 2023). The implementation of these measures aids people in acquiring the capacity to be resistant and complete the entire process of healing from trauma and addiction.

## Implications

As a result of the literature reviewed, there are several key implications for all stakeholders involved in addiction recovery: religious leaders, therapists, mental health professionals, policymakers, and researchers. Firstly, incorporating spiritual techniques could be a vital consequence, reflecting the significance of ministry groups for giving guidance and support to women in rehabilitation, with a special concentration on church women. Healthcare providers, including psychiatrists, are advised to collaborate with church representatives to develop combined treatment plans that help address the patient's spiritual and psychological needs (Patton et al., 2022). Recognizing trauma as one of the underpinning factors leading to both the emergence and the treatment process illustrates the relevant nature of trauma-informed care. Firstly, clinical psychologists need to emphasize providing a secure and supportive space where the aggrieved is validated and healed, ensuring the availability of the requisite training and assistance materials for practitioners to equip them with the needed skills (Patton et al., 2022). Moreover, recommended self-care activities should be considered as one of the important aspects of preserving general wellness and avoiding burnout among people in recovery and those involved in providing support. Such organizations as schools, associations, and institutions will

be regarded as assets and expected to serve us in various aspects, such as personal, physical, emotional, and spiritual health and welfare. Cultural sensitivity is another crucial dimension of this issue. Hence, employees should be trained to inculcate it to offer culturally inclined customer services to everyone. It is also imperative that decision-makers agree to recognize the factors contributing to a public health problem, such as funding more services, reducing health stigma, and ensuring the availability of patients to evidence-based interventions.

Advocacy boards could work on substance abuse and trauma stigma reduction on the home front (Ruglessness & Yalis, 2019). The policymakers can be encouraged to adopt addiction rehabilitation as a public health program, which is funding for evidence-based interventions, extending mental health services, as well as removing the stigma that comes with the use of substances and the problems that result from hyper-arousal and trauma. Another issue is that policymakers should make addiction recovery a public health issue and should demand more funding for evidence-based interventions, increased access to mental health services, and reduce the stigma associated with addiction and trauma.

This study examined the experiences of Christian recovering women in Brevard County, Florida, and their narratives of their experiences described how they continue serving others while caring for themselves. The opioid epidemic and Fentanyl crisis in not just Florida, but all across the nation and mandates the importance of understanding how Christian recovering women deal with the issues of addiction and recovery maintenance. The data revealed that psychological self-care, religious and recovery fellowship, and mentorship are vital to the continued maintenance for addiction recovery. The findings of this study can benefit religious organization, counselors, addiction policy makers, and society at large in understanding addiction, the importance of religious and recovery fellowship, psychological self-care, and

mentorship for those who are seeking help for addiction and addiction related trauma. The data collected can provide specific strategies that help Christian organizations engage clergy and congregations through training, outreach, and Christian mentorship programs. It can credibly help organizations to develop procedures and provide evidence and researched-based knowledge to be better prepared for individuals with SUD and mental health issues and link individuals with appropriate services that deliver SUD /MH treatment, mentorship programs, and long-term transitional housing to acclimate them back into society. Finally, it can assist lawmakers to put policy in place for all organizations that serve the public to be trained, to assess, and identify individuals for mental health and SUD, including churches, shelters, hospitals, clinics, and mental health organizations.

## Delimitations and Limitations

### Delimitation

The delimitation of the research study included study participants of only women who identified as Christian and had actively engaged in their recovery from issues such as addiction, trauma, or mental health challenges. Neither men nor women from other religions were invited to participate in the current study. The method of recruitment utilized was the snowball sampling design for face-to-face interviews only. The research focused on Christian women 18 years old and older, recovering from addiction, trauma, or mental health challenges who had been in the recovery process for a minimum of 5 years, and had experienced gender, cultural, or bias in society due to their past addiction. The criteria also included only women in ministry and the Health and Human Services field. Geographically, all participants were specifically chosen from Brevard County, Florida and required to meet at a designated site.

**Limitations**

The research study's limitations were due to using snowball sampling for accessibility to participants, time constraints, and a low participant threshold based solely on gender specific criteria. The snowball sampling did allow for women to suggest other women for study participation, but the sample size was insufficient due to scheduling conflicts, accessibility and time allowed at the research study site, and participants ability to attend interviews due to unforeseen life events. The selected study site was not a private facility so being able to provide needed privacy and confidentiality was difficult to maintain for the women's anonymity. There were also instances where some women would cancel interviews and the researcher had to reach out to previous participants to inquire about other women who could fill the interview slots.

The other limitation was that the researcher used limits to the geographical location, years in recovery, years mentoring, and was gender specific. Even though there were limitations, the study did further confirm the unknowns of certain unanswered questions such as, if psychological self-care, religious and recovery fellowship, and mentorship is working for a few, how could it impact other suffering from addiction and addiction related trauma on a larger scale in society? Although there have been past and current studies on SUD and mental health none have provided specific and relevant data on Christian recovering women, how they maintain continued abstinence, what they do when faced with psychological stressors and life situations while serving others in society, and how psychological self-care, religious and recovery fellowship, and mentorship are a vital key to recovery maintenance.

Moreover, restrictions in the study result may arise because of cultural, religious, and socioeconomic differences between different communities. Far from the subject of studies, methodological constraints, including sample sizes, study designs, and data collection

techniques, may affect the reliability and validity of the results (Taherdoost, 2022). The possibility of disproving the religious bias in writings might shift the meaning of observation of results, thus enabling critical analysis and mindful acceptance of other perspectives. Resource issues, such as funding deficiency and lack of access to specialists, may result in difficulties in the face-to-face application of evidence-based practice in real life. Besides privacy, confidentiality, and informed consent, ethics concerns must be handled in a way that suits research and clinical practice as illustrated by Taherdoost (2022). Overcoming these limitations can be done by conducting additional research to overcome these challenges that may increase the knowledge about addiction recovery, which is usually the effect of trauma and faith-based programs that promote overall well-being.

## Recommendations

### Real-World Application

Addiction does not discriminate between religious affiliation, secularism, rich, poor, old, or young but destroys churches, homes, and communities; it crosses cultural barriers and social boundaries and erodes every level of humanity and impacts men, women, and children with negative consequences. Religious organizations are often the first place that addicts encounter help because most ministries feed the homeless, provide baths, clothing, and personals items and forms bonds within the community through outreach. In Romans chapter 12 the church is exhorted to use their gifts to “serve; teach, encourage, give generously, lead with diligence, and show mercy.” As servants of Christ the goal should be to lead individuals so that they can be “transformed by the renewing of their mind” to a holistic lifestyle through the transformation process (Bible Hub, 2024). It is not enough to lead a person to Christ and just send them back

into the world to figure it out on their own, there must be a real-world solution to the addiction problem that is plaguing our existence.

The first recommendation for religious organizations is to train members of their congregation to provide outreach through mentorship, information on spiritual, mental, physical, and emotional self-care, and offer religious fellowship for those that struggle with addiction. Providing recovery through religious organizations can not only help with addiction recovery but also help with the ongoing maintenance healing process through prayer, counselling, support, and activities that guide individuals to a relationship with God. This process entails a long-term design and strategy instituted through Christian recovery, stewardship, development, and training resources that integrate continued mentorship thus developing a faith-based plan for continuous recovery, psychological self-care, and healing.

The next recommendation is that legislators view addiction recovery as a public health solution by partnering with churches, community organizations, and research institutions to allocate funds for more services and research to decrease the stigma of addiction and expand the availability of evidence-based interventions to patients. Religious, research institutions, and community organizations should be provided funding and resources which enables them to provide a detailed approach to addiction recovery that focuses on evidence-based solutions. This would help to allow comprehensive knowledge and access to much needed services to combat the issues and trauma of addiction. Lastly, it is strongly recommended that policymakers propose legislation to support drug use as a public health matter and provide religious and community organizations more resources and funding to incorporate and implement psychological self-care, vocational, technical, mentorship, and economic training programs.

## Future Research Application

### Longitudinal Studies

There is a suggestion for undertaking longitudinal studies that will follow the long-term trajectories of people who are in Christian based addiction recovery or trauma healing programs. Such projects should be executed over a longer time so that apart from the effect on the outcomes, relapse rates and the overall well-being of a person can be examined. Through long-term follow-ups with participants from the beginning to the end of treatment and major life events and transitions, researchers can provide the pieces of the puzzle that shape the nature of recovery and resilience (Harris & Orth, 2020). Prospective studies have proved to be important in identifying the level of efficacy of the interventions, the durability of the treatment effects, and the challenges people face in recovering and sustaining recovery in the face of challenges. These studies also serve as a ground for detecting critical periods where additional support or interventions could be needed to avoid slips in abstinence and promote sustained abstinence.

### Comparative Effectiveness Research

Another type of research that may be needed is comparative effectiveness research (CER), which seeks to demonstrate the relative effectiveness of treatment options for depression and substance use disorders for Christian women through research methods combining different interventions - for example, cognitive therapy for depression, faith-based counselling and peer support programs. With drug-assisted treatment, scientists can identify strategies that work best for this vulnerable population. CER researchers should apply robust methods and models such as RCTs (Randomized Controlled Trials) to reveal the consideration's practice perception and direct experience (Wakeman et al., 2020). Besides, medication prices and cultural appropriateness will also need to be evaluated to identify features other than compliance with treatment. CER could

be the proof point of whether the other treatment options are also efficient in lessening the recurrence of the two issues, such as depression and substance use disorders among Christian women and men.

**Community-Based Participatory Research**

Bring in CBPR (community-based participatory research) by involving Christendom in research approaches. Partnering with churches, religious organizations, and community leaders will provide guidance, strategy, and research for trauma and substance use work. CBPR ways area collectives who are participating in knowledge sharing and liberation. Such a setting avails a platform for researchers to grow knowledge about human factors such as the cultural, social, and spiritual factors that influence the spiritual wellness of women in the church (Fleming et al., 2023). Thus, researchers can collaborate with local practitioners to develop interventions that are locally culturally sensitive and tailored to people's needs. CBPR ensures community control over research findings and helps information in results via routes of communication that are considered reliable. This approach helps build mutual trust, improves sustainability, and strengthens research efforts beyond relevance and impact. Researchers can evolve to have more approved, culture-specific strategies and interventions, utilizing the Church and CBPR community.

**Technology-Based Innovations**

Mobile applications, online forums, and virtual support groups should be tailored to these people's specific needs and preferences. These technology solutions provide on-demand resources, psychoeducational resources, self-care tools, and peer support networks accessible anytime, anywhere with faith-based content integrated into digital services with mindfulness and meditation exercises, scripture readings, prayer guides, mindful Meditations incorporating

elements such as behavioural therapy modules (Sweileh, 2024). Collaborate with technologists, mental health professionals, and religious leaders to ensure these innovations are evidence-based, user-friendly, and culturally relevant. Conduct a feasibility study and pilot trial to assess the acceptability, usefulness, and effectiveness of technology interventions among Christian women. By harnessing the power of technology, researchers can overcome barriers to care, reach underserved populations, and promote holistic recovery in Christian communities.

**Intersectional Research**

Interactive research is also needed to examine the unique experiences of Christian women in recovery from trauma and substance use disorders, considering the intersecting factors of race, ethnicity, socioeconomic status, sexuality, self-interest, and other personalities. Acquisitions, treatment outcomes, and use of personal strength strategies Use qualitative and quantitative methods to analyse how multiple pressures and opportunities intersect (Kline et al., 2022). Collaborate with research teams, including scholars from various disciplines, community organizations, and religious institutions, to ensure that study methodologies are integrated into curriculum, data collection, and research. Engage in participatory research methodologies that empower stakeholders as co-assessors and foreground their voices and experiences in shaping research agendas and policy recommendations. Advocate for interdisciplinary initiatives at fundraising events, academic journals, and research policy committees to promote equity, diversity, and inclusion in research on schizophrenia and substance use disorders. Diversity is encouraged. By adopting an intersecting lens, researchers can uncover the complexity of Christian women's recovery journeys and develop more nuanced interventions that address the needs and identities of those who intersect.

## Summary

The findings of this qualitative research study of Christian recovering women in Florida support past and present literature on the negative impacts of addiction and the importance of practicing psychological self-care and mentorship. The study also helped to understand the practical and beneficial importance of psychological self-care, religious and recovery fellowship, and mentorship as major and essential factors in maintaining continued abstinence from addiction. The findings of this research study based on the experiences of nine Christian recovering women in Brevard County Florida provided sufficient data and answered the research questions. As Christian recovering women battle the opioid and fentanyl crisis in Florida, understanding how they practice self-care and mentorship will help practitioners, churches, and professionals find ways to help addicts heal through the recovery, spiritual, and mentorship process. The study provides current literature and strategies for practical real-world implications, limitations, and recommendations for future research that may enhance mentorship and the lives of individuals seeking to learn tools for spiritual, mental, emotional, and physical healing from addiction.

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## Appendix A

## Consent Document

Title of the Project: Recovering Christian Women Self-care and Mentorship: A Qualitative Study

Principal Investigator: Clara Graves Hopkins-Doctoral Candidate, School of Behavioral Sciences, Liberty University

**Invitation to be Part of a Research Study**

I would like to invite you to join my study. Please take time to read this entire form and ask questions before deciding whether to take part in this research. To participate in the research study, you must identify as a Christian woman, be 18 years old or older, have experienced substance addiction, trauma, and psychological issues, have been in the recovery process for a minimum of 5 years, and have experienced gender, cultural, or bias in society due to their past addiction, trauma, or psychological issues. Additionally, requirements for participation include being a woman who works in a ministry (i.e., pastor, minister, clergy, or volunteer,) or works in the Human Services field (i.e., community peer support program, mental health organization, addiction counseling or recovery facility, or medical organization) with at least 5 years of employment and/or mentorship experience. Taking part in this research project is voluntary.

What is the study about and why is it being done?

The purpose of this qualitative study is to describe Christian women in recovery's experiences serving as a mentor to other addicts in Florida. This heuristic study aims to understand recovering Christian women through their experiences and perspectives, how they function in their various roles as ministers, leaders, and mentors, what they do for psychological and physical self-care and what they do to maintain mental, emotional, spiritual, and physical self-care while mentoring others.

**What will happen if you take part in this study?**

If you agree to be in this study, I will ask you to do the following:

1. The Religious Commitment Inventory (RCI)-20 minutes
2. The Social Support Self-Rating Scale (SSRS)-20 minutes
3. The Interview Questionnaire will be administered to participants. Each interview will be audio recorded, and respondents will be given enough time to reply - 45 minutes.

The total process will last approximately 1 ½ hours. Each survey will be administered on paper at the time of interview, and the interview questions will be audio recorded.

**How could you or others benefit from this study?**

Participants should not expect to receive a direct benefit from taking part in this study.

The study may create awareness in the ministry and society by highlighting lived experiences of recovering Christian women in the ministry who maintain mental, spiritual, and physical self-care while mentoring others. Peer mentorship and community care counselors may find insight and knowledge into the uniqueness of recovering Christian women and how these women mentor and pass the mantle of self-efficacy, sustainability, and competence to other recovering Christian women coming behind them.

**What risks might you experience from being in this study?**

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The psychological or emotional risks are minimal but in case of unexpected triggering or stress the interview will be stopped and the participant will be given the choice of continuing or withdrawing from the study.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

**How will personal information be protected?**

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

• Participant responses will be kept confidential by replacing names with codes (e.g. colors and numbers).

• Interviews will be conducted in a location where others will not easily overhear the conversation.

• Data collected from you may be used in future research studies. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.

• The collected data will be stored in a locked filing cabinet and a password protected computer with only the researcher having access to the password. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.

• Recordings will be stored on a password locked computer for three years and then deleted. The researcher and members of her doctoral committee will have access to these recordings.

**How will you be compensated for being part of the study?**

Participants will not be compensated for participating in this study. The researcher will provide a snack or refreshments (e.g., water, juice, and cookies) for participants during the interview.

**Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

**Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Clara Hopkins. You may ask any questions you have now. If you have questions later, you are encouraged to contact Liberty University 434-592-5530, and our email address is irb@liberty.edu. her at phone number 407-435-4047 and/or email at cgraveshopkins@liberty.edu. You may also contact the researcher's faculty sponsor, Jonathan Sullivan, at jesullivan3@liberty.edu.

**Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations.

The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

**Your Consent**

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

## Appendix B

## Instrumentation Tools

### Religious Commitment Inventory-10 (RCI-10)

Directions: Read each of the following statements. Using the scale to the right, CIRCLE the response that best describes how true each statement is for you.

| Not at all true of me 1 | Somewhat true of me 2 | Moderately true of me 3 | Mostly true of me 4 | Totally true of me 5 |
|---|---|---|---|---|

| | |
|---|---|
| 1. I often read books and magazines about my faith. | 1 2 3 4 5 |
| 2. I make financial contributions to my religious organization. | 1 2 3 4 5 |
| 3. I spend time trying to grow in understanding of my faith. | 1 2 3 4 5 |
| 4. Religion is especially important to me because it answers many questions about the meaning of life. | 1 2 3 4 5 |
| 5. My religious beliefs lie behind my whole approach to life. | 1 2 3 4 5 |
| 6. I enjoy spending time with others of my religious affiliation. | 1 2 3 4 5 |
| 7. Religious beliefs influence all my dealings in life. | 1 2 3 4 5 |
| 8. It is important to me to spend periods of time in private religious thought and reflection. | 1 2 3 4 5 |
| 9. I enjoy working in the activities of my religious affiliation. | 1 2 3 4 5 |
| 10. I keep well informed about my local religious group and have some influence in its decisions. | 1 2 3 4 5 |

(Worthington et al., 2003).

**S1 Rating Scale. Social Support Rating Scale**

**Social Support Rating Scale**

Name: Sex: Age:

Educational Attainments: Occupation: Marital Status:

Date:

**Instructions:** The following questions are designed to measure your support received in society. Depending on the fact, please finish the rating scale in accordance with the specific requirements of each issue. Thank you for your cooperation.

1. How many intimate friends do you have, from whom you can receive support and help? (Exclusive Choice)
   (1) None
   (2) 1~2
   (3) 3~5
   (4) no less than 6
2. Over the past year, you _____ (Exclusive Choice)
   (1) stay away from family, and live alone
   (2) often move the residence, and most of time live together with strangers
   (3) live together with students, colleagues, or friends
   (4) live together with family
3. With your neighbors, you _____ (Exclusive Choice)
   (1) have a speaking acquaintance and never care about each other
   (2) maybe have a little concern when meeting trouble
   (3) are deeply concerned by some of them
   (4) are deeply concerned by most of them
4. With your colleagues, you _____ (Exclusive Choice)
   (1) have a speaking acquaintance and never care about each other
   (2) maybe have a little concern when meeting trouble
   (3) are deeply concerned by some of them

(4) are deeply concerned by most of them

5. Obtain support and help from family members (Draw "√" in the suitable box)

| | None | rarely | normally | full support |
|---|---|---|---|---|
| A. couple | | | | |
| B. parents | | | | |
| C. children | | | | |
| D. siblings | | | | |
| E. others (for example, sister-in-law) | | | | |

6. In the past, when you encounter difficulties, what is the source that you ever received either economic support or practical problem-solving help?
   (1) no source
   (2) the following source (more than one answer is permitted)
      A. spouse
      B. other family members
      C. friends
      D. relatives
      E. colleagues
      F. companies
      G. official or semi-official organizations, such as, parties, leagues, and trade union
      H. unofficial organizations, such as religion, social group and etc.
      I. others _____ (please list)
7. In the past, when you encounter difficulties, what is the source that you ever received comfort and caring?
   (1) no source
   (2) the following source (more than one answer is permitted)
      A. spouse
      B. other family members

C. friends
D. relatives
E. colleagues
F. companies
G. official or semi-official organizations, such as, parties, leagues, and trade union
H. unofficial organizations, such as religion, social group and etc.
I. others _____ (please list)

8. What is the way of talking when you are in trouble? (Exclusive Choice)
   (1) never complain to anyone
   (2) only complain to 1 or 2 persons who have a close relationship with
   (3) will talk to the friend who takes the initiative to inquiry
   (4) take the initiative to talk their own troubles in order to get support and understanding
9. What is the way of seeking help when you are in trouble? (Exclusive Choice)
   (1) just rely on myself, and do not accept the help of others
   (2) rarely ask someone for help
   (3) sometimes ask someone for help
   (4) ask family, friends or organizations for help when facing troubles
10. Organized activities for groups (such as, party and youth league organizations, religious organization, trade union, student union and etc.), you. (Exclusive Choice)
   (1) never attend
   (2) occasionally attend
   (3) often attend
   (4) take the initiative to attend and are active with

Reference: Xiao, S. (1994) The theoretical basis and applications of Social Support Rating Scale (SSRS). *J Clinical Psychiatry, 2*98-100.

# RECOVERING CHRISTIAN WOMEN SELF-CARE AND MENTORSHIP: A QUALITATIVE STUDY

## Interview Questions

1. What inspires you to mentor or help others heal? Please Explain

_____

_____

_____

_____

2. What has been some of the obstacles and barriers experienced as a Christian woman in ministry and recovery? Please Explain

_____

_____

3. How do you balance ministry, family, and a career? Please Explain

_____

_____

_____

_____

4. How important is psychological self-care to you when working with others? Please Explain

_____

_____

5. How does spirituality affect your mental, spiritual, physical, and emotional wellbeing? Please Explain

_____

_____

_____

_____

6. What do you feel helps you maintain your psychological wellbeing while being of service to others? Please Explain

_____

_____

_____

_____

7. How would you describe the process used to mentor or sponsor other women? Please Explain

_____

_____

_____

_____

8. What do you practice revitalizing or rejuvenating yourself? Please Explain

_____

_____

_____

_____

9. Who do you have as a support system in your life (i.e., prayer partner, 12 Step sponsor, spiritual advisor, therapist, or life coach)? Please Explain

_____

_____

_____

10. How do you share with other women about your personal process in life situations or psychological stressors to provide encouragement? Please Explain

_____

## Appendix C

### IRB Approval for Research

Date: 3-16-2024

IRB #: IRB-FY23-24-1196

Title: RECOVERING CHRISTIAN WOMEN SELF-CARE AND MENTORSHIP: A QUALITATIVE STUDY

Creation Date: 1-20-2024

End Date:

Status: Approved

Principal Investigator: Clara Hopkins

Review Board: Research Ethics Office

Sponsor:

Study History

Submission Type Initial  Review Type Limited  Decision Exempt - Limited IRB

Key Study Contacts

| | |
|---|---|
| Member Clara Hopkins | Role Principal Investigator |
| Member Clara Hopkins | Role Primary Contact |
| Member Jonathan Sullivan | Role Co-Principal Investigator |