

Identity Development's Impact on Peer Supported Recovery Among African American Women

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The emerging trend of peer to peer supported recovery and identity development among African American women in early and middle stage recovery has significant clinical implications. In peer supported recovery, assisting African American women in finding their voice present special challenges in the recovery oriented system of care. This article will explore the importance of identity development among African American women in early and middle stage recovery. The core principles of recovery including genders responsive treatment, empowerment and alumni support within this special population will be discussed.

KEYWORDS African Americans, women, peer-supported recovery, identity development, recovery-oriented system of care

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Introduction

A recovery-oriented system of care approach acknowledges the importance of a person-centered, community-involved recovery process. In communities of color the recognition of addiction as a chronic disorder, such as other chronic primary health disorders has given way to sustaining hope for family members or friends' recovery long after the rest of the world has lost hope (White & Sanders, 2004). As communities of color learn more about the nature and treatment of chronic primary health disorders, that knowledge base can be extended to severe alcohol and other drug problems.

Women of color face unique challenges when entering treatment and embarking on recovery from life threatening addictions. In working with African American women in outpatient counseling for substance use disorders, treatment counselor's consideration of peer to peer recovery support is critical. It has been reported that African Americans are a diverse group who represent 12.3 percent of U.S. population (U.S. Census Bureau, 2001^f as cited in CSAT TIP Series 51, 2009) and nineteen million or more than half of all African Americans are females (U.S. Census Bureau, 2001^d as cited in CSAT TIP Series 51, 2009). There are some major differences in cultural identification, income, education, marital status, occupation, and lifestyle between African American women born in the United States and foreign-born women of African descents (Gray and Littlefield, 2002; NIH, ORWH 1999 as cited in CSAT TIP Series 51, 2009).

The Detroit Recovery Partnership (Johnson, 2008) reported from a survey and focus groups of the recovery community (Trent and Smith, 2002 as cited in Johnson, 2008) the specific strength and needs of a recovery oriented system of care. This recovery community was comprised of 84.8% African-Americans. The findings indicated a need

for treatment programs to include a system of support, including spiritual support that is not available once the treatment experience is over. With short episodes of treatment, the principles of recovery are not fully integrated into the person's value, belief and behavior and that the recovering persons often lack access to life skills training, educational opportunities and work skills training. Lastly, in the recovery oriented system of care the recovering persons often lack financial support, health insurance and employment.

According to Johnson (2008) a recovery oriented system of care identifies and builds upon each individual's assets, strengths, and areas of health. The recovery oriented system of care has competence to support achieving a sense of mastery over the individual's condition while regaining a meaningful, constructive, sense of membership in the broader community. Feelings of insecurity, confusion, uncertainty, and inadequacy are all examples of identity/cultural pain. By addressing self-identity issues in the recovery oriented system of care, African American women can begin to develop new coping skills that enhance their own recovery.

Barriers

Historically, women have identified multiple factors as barriers to entering treatment, to engaging and continuing the utilization of treatment services across the continuum of care, and in maintaining connections with community services and self-help groups that support long term recovery (CSAT TIP Series 51, 2009). The barriers are on several levels, three of which are intrapersonal, interpersonal and sociocultural.

Intrapersonal barriers include health problems, psychological issues, cognitive functioning, motivational status, and treatment readiness. Many African American women are impeded by neglected health while actively using substances and concerns

due to the burdens imposed by health issues (including HIV/AIDS and other infectious disease). Their level of motivation and the degree of treatment readiness may also obstruct treatment commitment due in part by feelings related to previous treatment failures and feelings of guilt and shame (CSAT TIP Series 51, 2009).

Interpersonal barriers may be relational issues including significant relationship, family dynamics and support systems (CSAT TIP Series 51, 2009). In working with African American women in treatment and recovery, childcare has been identified as one of many obstacles to entering and remaining in treatment and at time attendance to mutual support or twelve step recovery meetings (M. C. Henderson, personal communication, April 14, 2006). Furthermore, some African American women may share a social support network in which drug and alcohol use is a central activity. This group of family and friends may see no benefit in offering encouragement for becoming alcohol and drug free.

Sociocultural barriers include cultural difference, the role of stigma, bias and racism; societal attitudes, disparity in health services, and attitudes of healthcare providers toward women. African American women, along with other women are more stigmatized by alcohol and illicit drug use than men, being characterized sometimes as sexually promiscuous and neglectful as mothers. Often there is the fear that admitting a substance use problem will cause them to lose their children (Finkelstein, 1994 as cited in CSAT TIP Series 51, 2009). These fears and stereotypes compound a woman's shame and guilt about substance use and subsequently interfere with help seeking behaviors and tend to perpetuate the mistrust of treatment services.

Finding their voice

When African American women enter treatment and embark on the recovery process many tell stories of direct and indirect effects of historical trauma (including a history of slavery, lynching and racism) (Barnes-Josiah, 2004 as cited in CSAT TIP Series 51, 2009). Narrative (storytelling) in counseling has emerged as a conceptual model with methods for understanding human behaviors (Howard, 1991, Sexton and Whitson, 1999). Many African American women hold the belief of airing dirty laundry in public and problems should be addressed within the family.

In the course of telling the stories of their problems, the clients/African American women provides the therapist with a rough idea of their orientation toward life, their plans, goals, ambitions and some idea of the events and pressures surrounding their particular presenting problems (Howard, 1991, Sexton and Whitson, 1999). In this writer's work with African American women there have been many stories of trauma, less than adequate housing, unemployment, childcare and transportation issues, multi-generational cycles of addiction and incarceration.

Additional challenges voiced by African American women is the disproportion of negative health and social consequences of alcohol and drug use (Boyd, et al, 2006 as cited in CSAT TIP Series 51, 2009). Many describe themselves as "strong Black women", thus viewing addiction or mental illness as weakness or a sign being crazy. In telling their stories African American women are more likely to have their children legally removed from their custody, in part, as a result of societal bias and discrimination (Wallace, 1990 as cited in CSAT TIP Series 51, 2009). African American women are 10 times more likely than Caucasian women to have positive drug screens, which may be directly related to a disproportioned percentage of testing among African American

women (Neuspiel, 1996 as cited in CSAT TIP Series 51, 2009). Subsequently this threat of loss of child custody and legal sanctions for drug use during pregnancy may prevent African American women from obtaining pre-natal care or seeking treatment. A central theme in the addiction stories heard was that of loss of self.

In a recovery oriented system of care many of these barriers for African American women can be removed and the women can find their voices with the implementation of recovery core value. According to Johnson (2008) the recovery core values of a recovery oriented system encompasses all phases of care, the entire system to support recovery, have input at every level, provide recovery-based outcome measures, develop system-wide training of culturally diverse, gender responsive and competent services and a commitment to peer support. Likewise, Brown, Brady, Lent, Wolfert, and Hall (1987) indicates satisfaction with social support is a function of the match between the strength of one's interpersonal needs and the social resources provided to fulfill those needs. Peer to peer recovery support or people who have achieved and sustained recovery from drug and alcohol addiction can be a powerful influence for African American women seeking their own path to recovery (M. C. Henderson, personal communication, July 24, 2010). Conversely, identity development, the adoption of personal behaviors and identification with a group of people with similar characteristics has focused on the psychological importance of developing and maintaining a positive group identity (Cokley, 2005).

Peer to Peer and Identity Development

Peer to peer recovery refers to all individuals who share the experiences of addiction and recovery, either directly or as family members or significant others. A key element

contributing to the value of this is that peer to peer recovery support highlights personal experienced recovery and is based on the mutual relationship (SAMHSA, 2011). In working with African American women in a recovery oriented system of care, peer to peer recovery support involves an individual in early recovery being linked with a person with more successful recovery experience. This allows the service recipient to develop trust, encourage, motivate and support the individual in making informed choices and guided decisions to establish or strengthen her own recovery (SAMHSA, 2011).

By sharing their personal experiences, peers of African American women help build a sense of self-worth, community connectedness, and an improved quality of life. All of these are important factors for helping others sustain recovery from alcohol and drug problems (SAMHSA, 2011). Coupled with identity development peer to peer support can be a powerful enforcer for sustained recovery for African American women. By knowing an African American women's identity perception during the course of treatment and when they embark on the road to recovery this may lead to a better understanding of their psychological and physical behaviors. Sue (2002) posited that persons within an ethnic group should not be assumed to be alike and that the integral parts of an individual's identity are manifest in how she views herself, others of the same minority, others of another minority and the majority individual.

Addiction counselors, recovery coaches and peer specialists will be well served in being familiar with the stages of identity development. The five stages *Conformity, Dissonance, Immersion/Emersion, Internalization and Integrative Awareness* can be an integral parts of a recovery oriented system of care. The identity development process is the movement toward well-being, gaining personal control, and adjusting within society

and cultures. Through this process, the individual comes to increase racial self-acceptance and acceptance of racially difference others (Abrams & Trusty, 2004).

During treatment and recovery from substance use disorder, identity development of some African American women is a continuous process. In this writer's work with African American women there are some who are in the *Conformity stage* -devaluing one's own group, while embracing another's and *Dissonance stage* - a state of confusion regarding one's own racial identity. Additionally, with African American women in middle stages of recovery there are some in the *Immersion/Emersion stage* - embracing one's own culture and *Internalization/Integrative Awareness stage*– valuing one's own culture, empathizing with and seeking to understand others (Helm, 1995).

While African American women process through the stages of identity development, simultaneously they may experience typical stages of recovery. Included in the stages of recovery are awareness and early acknowledgment, exploring recovery and early activity and active recovery and maintenance. Each stage has specific tasks which must be worked through completely before African American women can move on to successfully complete the tasks of the next stage (M. C. Henderson, personal communication, January 31, 2010). In a recovery oriented system of care counselor's knowledge of identity development, stages of recovery and peer to peer support has been shown to be very effective when working with African American women. Counselors and recovery's support members who are recovery informed have lasting impact on the treatment and recovery journey of African American women.

A recent evaluation of gender-specific addiction treatment programs in Illinois found that a significant number of recovering and recovered African American women are

using the Black Church as their primary sobriety-based support structure, but most do so only months after initiating recovery and addressing issues of shame related to their addiction (White, Woll & Webber, 2003). Due to the importance of religion within the lives of many, some individuals may prefer to resolve problems through spirituality, prayer or religious faith.

Intervention strategies

In its state plan for years 2011-2013 the Illinois Department of Human Services/Division of Alcohol and Substance Abuse Women Committee outlined their goals for women treatment services (IDHS/DASA, 2010). These goals are to empower women and their families, help build the resilience of women and facilitate their recovery into wellness. The growing recognition of the need for gender responsive and non-clinical recovery support services has generated a new model for delivering such services. Peer based recovery services have sprouted from the soils of unmet needs and in the current world of addiction treatment these services have bridged the gap between brief professional treatment in an institutional setting and sustainable recovery in a women's natural environment (White, 2006).

Utilizing a strong network of alumni/peer based supporters to assist women in retrieving their pre-addiction identity has shown some momentum. This intervention strategy involves a process of salvaging and fully developing an identity realignment that represents a new or refined definition of who the African American woman is and what her role is in her family and community. In a study conducted by Henderson (2009) on racial identity development and cultural competency among African American and

Latino counseling supervisors and supervisees, the results suggests that identity development is a key variable in the counseling relationship. These findings can be paralleled to addiction counselors, recovery coaches, peer specialists and the African American women involved in addiction treatment and recovery services.

Alumni/peer supported services empowers African American women in their efforts to seek and maintain recovery while assisting them to restore trust and hope.

Alumni/peer supported groups such as the Nicasa's Women of W.O.R.T.H. have sponsored recovery events which includes annual walks for recovery, transformational workshop on various topics of recovery for women and starting a small business in jewelry making and sales. The Women of W.O.R.T.H. is peer based with women in long term recovery who extend a hand and advocate for the women who are still involved in treatment services (M. C. Henderson, personal communication, February 6, 2009). These women utilize the Faces and Voices of Recovery to develop strategies for finding their voices and telling their stories in a manner to advocate without the use of stigma and drug-laced monologue.

The core strategies of the Faces and Voices of Recovery are part of the new recovery advocacy movement. According to White & Taylor (2006) these intervention strategies are recovery representation, recovery needs assessment, recovery education, recovery resource development and recovery celebration. Twelve steps support groups such as Narcotic Anonymous and Alcoholic Anonymous have a long history of recovery/sobriety related events and intervention strategies to reduce the relapse potential and increase the recovery success of its members in their efforts to sustain recovery. Additional intervention strategies may include the use of technology for treatment and recovery.

Technology is impacting the delivery of addiction treatment and recovery services. From web based support groups to telephonic counseling, technology is changing the face of treatment services and in some cases helping to overcome the barriers to treatment. Recovery chat rooms and other web based recovery tools have and will continue to be a successful intervention strategy for communities of color and particularly for African American women.

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