

**An Interface of the Twelve-Step Theory and
Afrocentric Theory for the Treatment of Substance
Abuse in African Americans**

Cheryl L. Pugh

**A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology**

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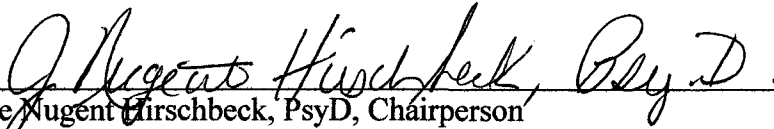
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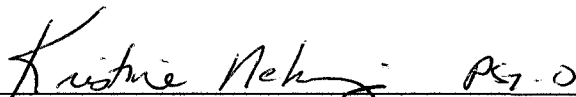
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Abstract

An Interface of the Twelve-Step Theory and Afrocentric Theory for the Treatment of Substance Abuse In African Americans

Cheryl L. Pugh

This dissertation will outline the problem of alcohol and substance abuse among African Americans, coupled with the historic difficulties treating the masses of African Americans needing treatment. These difficulties are due to various barriers: (a) a lack of availability of culturally sensitive substance abuse treatment programs, (b) the high relapse rates of those who at one time sought treatment but did not find it very effective, and (c) treatment obstacles including perceived need, cost, and availability of treatment. The Afrocentric theory will be explained to highlight the unique cultural characteristics of the African American experience, personality, and behavior that need to be brought to the forefront when discussing treatment for this population. In an effort to address the problem of the difficulties treating masses of African Americans for the problem of substance abuse, several traditional theories for the treatment of substance abuse will be delineated, with emphasis on the Twelve-Step theory, given its widely acceptable use in the majority of treatment facilities. In addition, various culturally sensitive treatment approaches for substance abuse in African Americans will be explored to aid in identifying the shortcomings of the traditional approaches of substance abuse treatment and to identify the necessary components of a culturally sensitive treatment approach. The Twelve-Step theory and the Afrocentric theory will be interfaced to explore an alternative for the treatment of substance abuse in African Americans that does take into

consideration cultural factors that are inherent to this population which will likely enable a greater connection to and interest in the treatment process. Generalizability of the concept and implications for future research will also be discussed.

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CHAPTER 1: LITERATURE REVIEW

Historical Development of Substance Abuse Among African Americans

Historically, drug and alcohol use was not considered a significant problem in the African American community. Herd (1985) summarized information pertaining to patterns of alcohol use by African Americans from the late nineteenth century into the early twentieth century. Herd (1985) noted that African Americans of the early nineteenth century were characterized by strong support for the American temperance movement and abstinence was regarded as a means of support for emancipation and equality. In the wake of their continued association with temperance reform, African Americans exhibited comparatively low rates of drunkenness and problems due to drinking (Herd, 1985). These findings were supported by the 1880 U.S. mortality statistics that reported that for alcoholism the rate of deaths per thousand was .7 for African Americans, 6.7 for the Irish, 2.7 for Germans, and 2.5 for Whites (Herd, 1985).

Herd (1985) attributed, from the data examined, that the increase in the use of alcohol by African Americans in the early twentieth century was due to a significant decline in the participation in the temperance movement. The decline in participation was the result of southern prohibition becoming blatantly racist and openly supporting the policies of white supremacy with accusations published in articles that African Americans were liquor crazed, violent, and sexually depraved, according to Herd (1985). The shifts in the prohibition movement coincided with major demographic changes in the African American population. Migration shifted large numbers of African Americans from the rural south to the urban centers of the north. In the cities where African

Americans migrated (New York, Detroit, Chicago, and Cleveland) they quickly became a focus of the nightlife and heavy drinking subculture. African Americans became closely identified with the illegal liquor traffic both as small-time manufacturers and as heavy consumers (Herd, 1985). As free men and women, African Americans also had greater opportunity to purchase and use alcohol (Thurman, Swaim, & Plested, 1995). Thurman et al. (1995) added that clearly these were not the only contributing factors to the increase in drinking behavior among African Americans.

Conceptualization of the Problem

The problem of substance abuse within the African American community must be understood and conceptualized differently from substance abuse within the general population because of the distinctive circumstances of this particular ethnic group, as with any other ethnic group (Moore, 1992; Murphy, 1991; Rouse, Carter, & Rodriguez, 1995; Rowe & Grills, 1993; and Tucker, 1985). Some of the correlates to alcohol and drug use among African Americans have been identified as the stress of coping with poverty, unemployment, discrimination, inadequate housing, and low socioeconomic status (Thurman et al., 1995).

Tucker (1985) emphasized that the dominant theories forwarded to explain drug use were seen as attempts to blame the victim by focusing, for example, on personality deficits, coping deficiencies, and broken homes, instead of addressing the root causes of the conditions that encouraged minority drug use. Although the definitive sources of the abuse patterns remain to be established, it is clear that poverty and discrimination are

cultural elements in the abuse formula (Tucker, 1985). Watts and Wright (1983) agree that not only do individual characteristics affect alcohol abuse, ecological or environmental and sociocultural elements and processes play a significant role in the alcoholism causation process. Therefore, the sociopolitical context becomes the framework of analysis given that many ethnic minorities view drug abuse as an adaptive response to oppressive societal conditions (Tucker, 1985). That is, ultimately it is the peculiar position of ethnic minorities in American society that dictates the need for a separate discussion of minorities and drugs where specialized service delivery is warranted, according to Tucker (1985). Rowe and Grills (1993) surmise that drug abuse treatment and the process of recovery may benefit more from an analysis of the deficiencies in the existing social system and institutions as well as an emphasis on the particular strengths and life-preserving behavior that will ensure the survival of the group, as opposed to looking at weaknesses and deficits in individual African Americans.

Terrell (1993) expounded that because the traditional interventions rarely address the unique array of stressors confronting culturally diverse groups, nor do they take cultural differences into account, effective substance abuse intervention strategies must be sensitive to the specific needs, values, and experiences of ethno culturally diverse clients. As well, traditional interventions are often ineffective with culturally diverse groups. Rowe and Grills (1993) have also found that traditional models of substance abuse treatment have been predicated on Eurocentric values (individuality, uniqueness, difference, competition, individual rights, separateness and independence, survival of the fittest, and control over nature) and the assumption that individuals are capable of

defining, deciding, and determining the course of their individuated and collective lives. Therefore, systemic, cultural-political, or institutional factors are denied validity in explaining the development and maintenance of addictive behaviors (e.g., easy entrance of drugs to African American communities, complicit or neglectful law enforcement, and Euro-American cultural dominance or superiority).

Williams and Gorski (1997) indicates that there are culturally specific warning signs of relapse for African Americans, many of which involve self-esteem issues, while similar to those seen in white addicts, are experienced differently in the black community. Williams and Gorski (1997) also noted that the warning signs take into account a number of cultural pressures unique to African Americans, and fall into categories such as victimization, aggression, acting-out, and holding on. In many cases, Williams and Gorski (1997) add, the societal pressures are intertwined with the black addict's feelings of alienation and low self-esteem. Williams and Gorski (1997) find it imperative that race and the nation's history of racism must be taken into account when treating the African American addict because these factors are central to the Black experience. However, Williams and Gorski (1997) warn that the focus of race and racism should not become the sole focus of treatment due to the potential for the addict to become derailed and lose focus on treatment of the substance misuse.

It is important to note that many earlier studies on substance abuse in ethnic communities focused on negative aspects rather than on resiliency factors, and data were often obtained from sources where minorities were likely to be over represented (e.g., emergency rooms, public treatment facilities), according to Thurman et al. (1995). This

was problematic when comparison studies between Whites and Blacks were done, which led to stereotyping and negative assumptions regarding the nature and extent of alcohol and other drug use among ethnic minorities (Humphreys & Weisner, 2000; Thurman et al., 1995).

There are unique African American socio-cultural influences that are potential protective factors against substance use/abuse, such as the historical relations to African nations, the role of the church and religion, kinship relationships, and the talents for art, dance, music, and athletics (Friedman, Granick, Brainsfield, Kreisher, & Khalsa, 1995). Despite the presence and utility of strong diversionary factors, the reality remains that a more powerful force is able to tear down the integrity and character of a people. According to Baldwin (1981), three conditions have characterized the Black experience in America in the past: social injustice, societal inconsistency, and personal impotence. Those conditions have resulted in two parallel and opposing tendencies: feelings of depreciation on the one hand and a push for transcendence on the other, as expressed in an interest in the spiritual and a tendency for sacrifice and perseverance. The lack of employment opportunities for young Black males with minimal education, and the related inability to satisfy reasonable desires, may induce a social structural strain, which may be one of the most important causal links to substance use/abuse (Friedman et al., 1995).

Prevalence

The abuse and dependence on alcohol and other illicit drugs has been and continues to be an immense problem in the United States (Caetano, 1997; Craig, 1993;

Jenkins-Monroe, 2000; Longshore & Grills, 1998; Pavkov, McGovern, & Geffer, 1993; Trimble, Padilla, & Bell, 1987; Watts & Wright, 1983). Despite the problem of inequity of reports of substance abuse and dependence, substance abuse (including alcohol abuse) is the single major social, economic, and health problem confronting the African American community (Watts & Wright, 1983; Tucker, 1985; Nobles & Goddard, 1989). According to the Substance Abuse and Mental Health Services Administration and the National Household Survey on Drug Abuse, 2000, (SAMHSA, NHSDA, 2000) overall, an estimated 14.5 million Americans aged 12 or older in 2000 were classified with dependence on or abuse of either alcohol or illicit drugs (6.5 % of the total population). In 2000, an estimated 7.1 million Americans (3.2 % of the total population) were dependent on illicit drugs or alcohol.

In 2000, for all persons age 12 and older, African Americans had a higher rate for illicit drug dependence or abuse than whites (2.3 % for African Americans and 1.8 % for Whites) (SAMHSA, NHSDA, 2000). Increasing numbers of African Americans, particularly males, are chemically dependent or involved in drug-related crimes. African American males make up 12% of the U.S. population and 13% of African American males are drug users. However, 55% of convictions for drug-related crimes involve African American males and 61% of those prosecuted for drug offenses in 1994 were people of color. It can be extrapolated, that African Americans disproportionately endure the consequences of crime, along with disease, death, and unnecessary violence, due to the effects of drugs, which is echoed by Nobles and Goddard (1989) who conclude that at all levels of drug abuse among minority populations continue to be disproportionately

worse than other segments of society. Only one-third of the federal anti-drug spending has been devoted to prevention and treatment, whereas two thirds has been devoted to law enforcement as a primary means of problem-solving (Jenkins-Monroe, 2000). Failure to increase treatment access for African American individuals, particularly low-income individuals, assures that we will maintain a two-tiered system of justice, treatment for the wealthy, and incarceration for the poor. Unequivocally, it must be reiterated that drug and alcohol abuse and dependence continues to be a major problem in the United States, especially for African Americans.

Treatment Utilization

According to the NHSDA (2000), an estimated 4.7 million people age 12 or older (2.1 % of the total population) needed treatment for illicit drug abuse, including 4.3 million people classified with illicit drug dependence or abuse. Of those who needed treatment, only 0.8 million people (16 % of the people who needed treatment) received treatment at a specialty facility. An examination of the African American population revealed that 2.5% needed treatment for substance abuse or dependence but only 0.5 % of that population received treatment in a specialty facility. From 1994 to 1999, African American admissions to substance abuse treatment decreased by 15 percent (SAMHSA, Office of Applied Studies, DASIS, 2002). It can be deduced that 84 % of the people who needed treatment for the abuse or dependence on substances did not receive it in 2000. Only 20 % of the African American population of individuals who needed treatment received it and 80 % did not receive treatment.

There is little empirical data to show that treatment specific to an ethnic group would be more successful than traditional approaches. Based on their own clinical observations, however, many specialists in the treatment of minorities believe that specialized treatment is warranted (Gordon, 1993; Moore, 1992; Rowe & Grills, 1993; Sanders, 1993; Terrell, 1993; Thurman et al., 1995).

One study (Longshore, Hsieh, Anglin, and Annon, 1992) of patterns of treatment utilization by ethnic minorities found that African American drug-using arrestees were significantly less likely to receive treatment and were more likely to hold unfavorable views of the treatment process (e.g., “I do not like the type of treatment available” and “I do not like methadone”). The most salient barrier to treatment for African Americans in this study was an unfavorable view of the treatment process. Other barriers to treatment were perceived need for treatment, perceived cost of treatment, and perceived availability of treatment.

Watts and Wright (1983) also identify that another major barrier to treatment of alcoholism among Blacks has historically been the lack of development of culture specific treatment programs for Black alcoholics. Thurman et al. (1995) similarly conclude that treatment strategies need to be individualized so that they address those risk factors that are unique to specific clients. Thurman et al. (1995) add that this uniqueness should be considered across larger groups such as ethnic minorities who vary in their history, experiences, socioeconomic characteristics, values, beliefs, and behaviors.

Culturally Sensitive Intervention Models

Rowe and Grills (1993) have stressed that, as an adverse effect of the drugs on the African American community, considerable attention has been directed toward developing intervention methods that might arrest these distressing trends and empower African Americans to engage in drug-free, non-addictive, and empowering lifestyles. There is an underutilization of mental health services by people of color, a failure to show positive treatment outcome, and premature termination (Sue & Zane, 1987). Inevitably, there is a need to make changes in the provision of services to people of color so that the treatment matches the needs of the client. Rarely do the traditional interventions address the unique array of stressors confronting culturally diverse groups, nor do they take cultural differences into account (Terrell, 1993). It is likely that treatment access by people of color can be increased with the development and utilization of approaches that have been formulated on the theories and experiences specific to their cultural underpinnings and realities (Sue & Zane, 1987). As well, when a therapist can understand the client and appropriately relate to him/her, therapy becomes more meaningful to the client because the therapist is in a better position to assess, understand, and facilitate change in the client (Sue and Zane, 1987). Therefore, unless service delivery to the African American community recognizes and builds on the cultural integrity of their community, it is doomed to fail (Rowe & Grills, 1993).

Nobles and Goddard (1989) emphasized that it is only those programs that are consistent with the traditional cultural orientation and precepts of African American people that have the highest potential for successfully responding to the drug epidemic

with this population. Various culturally sensitive approaches have been postulated for the treatment of drug and alcohol use with the African American population requiring such treatment.

Gordon (1993) strongly believes that a culture-specific approach to substance abuse treatment offers the most effective method for reaching young ethnic minority adults and for enhancing their self- and cultural esteem. The Afrocentric counseling/treatment model relies on the strength of the African and African American cultures. Inherent in the approach to treatment for African Americans, according to Gordon (1993), is a solid foundation of Afrocentric values and principles delineated as the *Nguzo* and *Saba*, Swahili words that mean *principles* and *seven*. The seven principles include *Umoja* (unity); *Kujichagulia* (self-determination); *Ujima* (collective work and responsibility); *Ujamaa* (cooperative economics); *Nia* (purpose); *Kuumba* (creativity); and *Imani* (faith). Gordon (1993) adds that an effective treatment program must integrate these principles and values into the recruitment strategies and other aspects of the treatment program in order to reach the target population and use a culturally specific family systems approach, given that the strongest and most valued institution is the family.

Another approach, which was postulated by Moore (1992), requires that all aspects of clinical intervention must be based on the individual's world view, values, belief system, and behavioral patterns. In doing so, the clinician permits the treatment to be tailored to the specific needs of the individual. The individual's problems and goals should be addressed as he or she sees them and not from the dominant perspective. It is

the dominant perspective that chemical dependency treatment has been built upon. Moore (1992) relates that the chances of misidentifying the problem and thus addressing an inappropriate issue will undoubtedly impede treatment and contribute to feelings of failure and ineffectiveness in the African American client. As well, Moore (1992) emphasizes the importance of culturally sensitive termination and follow-up to assure that the African American client is not being referred to an aftercare program not within his cultural framework or support system. Making a referral that is not culturally sensitive can set the individual up for relapse (Moore, 1992).

Rowe and Grills (1993) offer an alternative conceptualization of culturally sensitive substance abuse treatment that is intended to provide a foundation for the development of a model that would embrace a fresh research direction, an innovative and relevant model of treatment, and a system of intervention that promotes not only the abstinence of but collective growth of clients who exist within the context of a family, neighborhood, and broader community. Within this conceptualization, Rowe and Grills (1993) highlight the need for the central treatment issue to involve empowering African Americans to eliminate any feelings of inferiority to the white race as the result of racism and to embrace African-centered ideas, methods and values in the development of drug abuse treatment and recovery. Other assumptions made by Rowe and Grills (1993) regarding effective drug abuse treatment and recovery for African Americans are as follows: (a) that the abuse and recovery issues must be expanded from an individual affliction to a cultural-political disorder imposed on the African American community as a social control mechanism to maintain Euro-American hegemony; (b) the acquisition of

power (spiritual, personal, familial, communal, institutional, and cultural) emanates from an awareness of the essential interrelatedness of humans with the Supreme Being; (c) an adoption of African-centered precepts to address the totality of the life experiences and development of African Americans; (d) an emphasis of the positive potential of human behavior based on a value system and sense of order committed to the greater good of humankind by refocusing the individual toward the production of life-sustaining activities, not merely the cessation of addictive behaviors; (e) treatment must be long-term and multidimensional in scope which focuses on overall life development including ongoing rituals, traditions, practices, and disciplines that mitigate against the use of alcohol and other drugs; (f) the treatment relationship must be one based on reciprocity, equality, and respect as opposed to being objective, distant, and removed as when one focuses on the positions of the treatment provider and client and not on the respective relationship between the two; and (g) the drug abuse treatment of the individual African American must be viewed as a healing of the African American individual and community.

Common to all of the culturally sensitive approaches summarized are the importance of understanding the African American individual's world view or frame of reference including values and principles that are culture-specific. Secondly, the individual's conceptualization of their substance abuse problem from their experience as opposed to an interpretation or assumption from the dominant culture is paramount. There must also be the inclusion of family and community in the treatment process. Lastly, common to all of the culturally sensitive approaches examined is the importance

of fostering a healthy recovery by performing and providing life-sustaining activities for the benefit of self and a healthier community.

CHAPTER 2: AFROCENTRIC THEORY

African American cultural patterns are different from White cultural patterns and this difference is related to the African heritage. Traditional cultural orientation and precepts of African American people must be delineated to truly understand the African heritage. Sullivan (1993) relates that the African American culture is not monolithic or stagnant; there is diversity, but within the diversity there is cultural unity. African Americans have the common experiences of enslavement, racism and capitalism, which have, at some level, affected us all (Sullivan, 1993).

Myers (1988) offers a poignant explanation of how our conceptual system, that is, the philosophical assumptions and principles on which one's beliefs are based, contributes to dysfunction within the self and ultimately community when it is suboptimal. The conceptual system through which we relate to reality determines the way we perceive, think, feel, and experience the world. The Afrocentric conceptual system assumes that reality is at once spiritual and material (Myers, 1988). Within this spiritual/material ontology, we lose the sense of individualized ego/mind and experience the harmony of the collective identity of being one with the source of all good. Consubstantiation (a sharing of the substance of the whole with each of its parts) is assumed. To achieve oneness, the individual must transcend his or her own beliefs. A deeper appreciation of one's culture and respect for other cultures are the results of optimal thinking. The African concept of extended self is inherent in an Afrocentric conceptual system, which is explained as the self being extended to include all of the ancestors, the yet unborn, all of nature, and the entire community. Goals are achieved

through a process of interconnectedness and interrelatedness of the human and spiritual networks, Ntuology (Myers, 1988). This conceptual system is described as optimal because it is structured toward the achievement of everlasting peace and happiness. Assuming the interrelatedness and interdependence of all things, an optimal conceptual system yields a worldview that is holistic (Myers, 1988). Conflict arises when there is an attempt to apply optimal ideas to a suboptimal conceptual system.

Myers (1988) explains that the suboptimal conceptual system is characterized by the assumption that the nature of reality is principally material and the resources necessary for survival exist only in a finite and limited amount, which then requires aggressing or competing for the limited resources in order to survive. Highest value is placed on their acquisition. If this materialistic perspective is accepted, one's self-worth as a human being becomes fragile and diminished. Self-worth is then equal to what is owned, appearances, what kind of house we live in, what kind of car we drive, and so on. What then happens is that some of what is desired is attained but that is not enough and the cycle continues because more is always desired. One is left feeling insecure, anxious, depressed, and looking outside of oneself for something else to make everything better. Due to resultant insecurity, some have an incessant need to control, dominate, or be better than others. Individualism, competition, and materialism provide criteria for self-definition as a natural consequence of a worldview in which a finite and limited focus orients us toward such disorder that we fight one another to sustain an illusion. The intact suboptimal conceptual system will by its nature, in any culture, lead to hierarchical valuing of material.

The Afrocentric ontology assumes reality is both spiritual and material at once (spiritual/material, extrasensory as can be known through five senses) with highest value on positive interpersonal relationships between women and men (axiology), self knowledge is assumed to be the basis of all knowledge (epistemology), and one knows through symbolic imagery and rhythm. The logic of this conceptual system is diunital (union of opposites) and the process is ntology (all sets are interrelated through human and spiritual networks). The consequent basis for identity and self-worth is intrinsic in being. This conceptual system is structured to yield the achievement of everlasting peace and happiness, and if one values this aim, it is optimal. Not all people acknowledging African descent buy into this view. Rather, it has been identified as a generalized historically characteristic cultural ethos (Phillips, 1990).

Afrocentricity is a liberating ideology that dispels the myths about African Americans and offers a positive strength-focused perspective (Roberts, Jackson, & Carlton-Laney, 2000). It is a way of thinking that empowers African Americans to eliminate any feelings of inferiority to the white race as the result of racism, by way of embracing African-centered ideas, methods and values. Meyers (1988) adds that it is through the process of rediscovering our African heritage that this way of viewing life has been recaptured and consequently termed Afrocentric. It is an understanding of the African American individual's worldview that includes values and principles that are culture-specific (Roberts et al., 2000). It defines African ancestry in terms of their history, spirituality, and African personality; their social, economic, and political organizations; and their community well-being, lifestyles and health, creativity, values

and practices (Roberts et al., 2000). Kambon (1992) defines Afrocentric as utilizing the history, culture, and philosophy of African people, the original people of the planet, as the frame of reference for organizing one's approach to reality-survival and understanding in the world. Kambon (1992) adds that the conceptual framework or orientation to reality stems from values, beliefs, definitions, rituals, customs, and practices that are based on the history, culture, and philosophy of African people.

The values determined to be necessary for the individual, group, and global survival are delineated in the seven principles of the Nguzo Saba which are unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith (Akbar, 1991; Kambon, 1992; Meyers, 1991; Phillips, 1990). These principles are the basis of an African-centered practice. Dr. Maulana Karenga introduced the Nguzo Saba (Seven Principles) in 1965, as a revelation from experiencing the Watts riots, it was determined that African Americans needed to rebuild and strengthen families, communities, and culture, and to empower African Americans to become a self-aware social force in the struggle to control their daily lives (Sullivan, 1993). Sullivan (1993) also explained that Dr. Karenga studied African cultures and found the Nguzo Saba to be their social and moral cement, their foundation and shared orientation.

The Nguzo Saba are best known by way of the African American holiday, Kwanza, also created by Dr. Karenga. It is the only nonreligious, nonheroic, cultural African American holiday, or celebration of cultural reaffirmation, which is celebrated by an estimated 18 million people for seven days from December 26 to January 1 (Sullivan, 1993). Karenga (1989) explains that Kwanza, which means "first fruits of the harvest" in

the African language Kiswahili, is a spiritual, festive and joyous celebration of the oneness and goodness of life, which claims no ties with any religion. It has definite principles, practices and symbols that are geared to the social and spiritual needs of African Americans. The reinforcing gestures are designed to strengthen the collective self-concept as a people, honor the past, critically evaluate the present and personally commit to a fuller, more productive future (Karenga, 1989). Each day is a celebration of one of the Nguzo Saba. According to Karenga (1989), Kwanza provides an opportunity to introduce and reinforce the Aguzo Saba, a time for African Americans to recommit themselves to living with the principles daily.

Karenga (1989) offers an explanation of each of the seven principles of the Nguzo Saba:

1. Umoja (unity) stresses the importance of togetherness for the family and the community, which is reflected in the African proverbs alluding to the whole of the community being made up of all of the individuals within it. It is to strive for and maintain unity in the family, community, nation, and race.

2. Kujichagulia (self-determination) requires that we define our common interests and make decisions that are in the best interest of our family and community. It allows us to define ourselves, name ourselves, and speak for ourselves instead of being defined, named, created for, and spoken for by others.

3. Ujima (collective work and responsibility) reminds us of our obligation to the past, present, and future, and that we have a role to play in the community, society, and the world. As a people, we must build and maintain our own community as well as make

our sisters' and brothers' problems our problems and to solve them together.

4. Ujamaa (cooperative economics) emphasizes our collective economic strength and encourages us to meet common needs through mutual support. It also emphasizes the need to build our own stores, shops, and other businesses and to profit from them together.

5. Nia (purpose) encourages us to look within ourselves and to set personal goals that are beneficial to the community. Implicit in this principle is the need to make our collective vocation the building and developing of our community in order to restore our people to their traditional greatness.

6. Kuumba (creativity) makes use of our creative energies to build and maintain a strong and vibrant community as well as to always do as much as we can, in the way that we can, in order to leave our community more beautiful and beneficial than we inherited it.

7. Imani (faith) focuses on honoring the best of our traditions, draws upon the best in ourselves, and helps us to strive for a higher level of life for humankind, by affirming our self-worth and confidence in our ability to succeed and triumph in righteous struggle. We must believe with all our hearts in our people, our parents, our teachers, our leaders, and the righteousness and victory of our struggle.

Rowe and Grills (1993) offer a compilation of seven fundamental constructs, the Kusudi Saba of African-centered transformative healing, which provides an outline for defining positive, culturally congruent behavior for African American relationships with the self, family, community, and the world at large. The characteristics are:

consciousness, character, conduct, collectivity, competence, caring and creed.

Consciousness refers to an attitude of pride in African-centeredness, which presupposes the centrality of African ideals in any analysis involving African culture and behavior. According to Nobles (1984) consciousness would require African Americans to commit to activities that reflect the image, interests, and intentions for reproducing the best in Africans.

Character translates in to extended self-esteem and reflects the sense of integrity, responsibility, and belonging of the overall cosmogony established among a group of people with a shared psychosocial history. According to Nobles and Goddard (1989), character is revealed through respect, restraint, reciprocity, and righteousness that emerges when African Americans accept and value themselves, not in spite of themselves, but because of themselves.

Conduct refers to the group-disciplined determinism of African-Americans. Based on the assumption that there is a natural order that is absolute and directed by life processes that are affirming and preserving, conduct refers to the ability to step into the stream or flow of that order. It is the capacity to project the past into the present, which assures both identity to the person and continuity to the group. It is the ability to put off short-term wants for longer-term needs and to develop systematic plans for reaching goals. As Nobles and Goddard (1989) suggested, conduct is identified by behavior governed by a sense of purpose, planning, productivity, persistence, and patience.

Collectivity refers to striving to cooperatively coexist with others to maintain a sense of harmony and unity. This fundamental principle among African people can be

characterized by the principle of *belonging*, which has been referred to by others as “oneness” (Myers, 1988; Nobles, 1984; Akbar, 1976). An example of this position is reflected in Nobles (1976) idea of an extended self-concept. One’s self-concept or self-definition is dependent on the fundamental interrelationship with one’s family or people. Thus, one’s individuality extends to include one’s self and group, whereas the definition of people transcends the individual definition of self. Mbiti’s (1970) phrase “I am because we are, because we are, therefore I am,” reflects this collective identity.

Competence reflects an unwillingness to seek or accept less than excellence in one’s endeavors. It is the unmitigated struggle for African Americans to develop self, family, community, and culture to their fullest potentials, intellectually, emotionally, physically, and spiritually. It is not enough to demand excellence from oneself; one must also be willing to hold others accountable.

Caring refers to the need to develop, articulate, and display a compassionate concern for the safety, welfare, and needs of others. Caring also reflects the essential interdependence of African Americans; if one doesn’t care for oneself, the individual then doesn’t care for others. It is especially critical to be able to express and demonstrate tender, kind, and empathic feelings with one’s family and community.

Creed refers to the need to maintain a constant and continuous rapport with the Divine Spirit, which is the eternal, universal, and omnificent force that binds all living things; it is the God force that is omniscient, omnipotent, and omnipresent. Creed refers to a sense of knowing that transcends the boundaries and limitations of the material world. Karenga (1988) conceptualized the word as the means through which the thought

of the heart and mind came into being. The belief that a Supreme Spirit exists, which directs and informs all life, is what ultimately helps to create a sense of belonging and is fundamental to African people.

Thus, the Kusudi Saba, which defines transformative healing, is based on valuing and preserving human life, on affiliation, on collective responsibility, integrity and competence, and on Spirit as the fundamental force in existence (Rowe & Grills, 1993).

CHAPTER 3: TWELVE-STEP THEORY

There is general agreement, though not empirically based, that 12-Step programs are effective for addressing the problem of drug and alcohol abuse and dependence (Rowe & Grills, 1993). The precise definitions of 12-Step theory and its derivative, 12-Step technique of treatment are difficult to achieve (Wallace, 1996). Wallace (1996) explains that the 12-Step approach to the origins, maintenance, and modification of addictive behaviors has for some time constituted an informal biopsychosocialspiritual model of addiction. According to Wallace (1996), although 12-Step talk is the language of laypersons and not that of professional psychologists or other scientists, it involves a rich, comprehensive language with many references to the physical, psychological, social, and spiritual aspects of human beings.

The twelve steps are the foundation of self-help programs to eradicate addictive behaviors founded by Bill Wilson in 1935 in Ohio with Alcoholics Anonymous (AA) (McCrary & Irvine, 1989). AA and other self-help groups have certain characteristics in common including that they are all voluntary and that anyone who expresses the desire to stop drinking or using drugs, etc. may become a member. AA views alcoholism or any other addiction as a physical, mental, and spiritual disease and sees lifelong abstinence as the only viable alternative. AA views alcoholism as a spiritual illness and drinking as a symptom of that illness. The central spiritual defect of alcoholics is described as an excessive preoccupation with self. Drinking is seen as leading to a physical and psychological illness. Treatment of the preoccupation with self is at the core of the 12-Step approach as explained by McCrary and Irvine (1989). The steps are seen as

necessary tools to be used by each AA member in the process of recovery. Each member starts at step one and proceeds sequentially and at his/her pace through the remaining steps (Wallace, 1996). The twelve steps, as devised by Narcotics Anonymous World Services, Inc. (1988), are as follows:

1. We admit that we were powerless over our addiction, that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over to the care of God, as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly ask Him to remove our shortcomings.
8. We made a list of all persons we had harmed, and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them and others.
10. We continued to take personal inventory and when we were wrong promptly admitted it.

11. We sought through prayer and meditation to improve our conscious contact with God, as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as a result of these steps, we tried to carry this message to addicts, and to practice these principles in all our affairs (Narcotics Anonymous World Services, Inc., 1988, p. 17).

Step One

According to McCrady and Irvine (1989), step one is seen as the necessary foundation of the remaining steps, as the AA member admits to complete defeat as far as alcohol was concerned. In the 12-Step theory, the individual need not admit to being powerless in general. All that is required is an admission that one's use of psychoactive chemicals is no longer under one's personal control. The person's chemical use has become uncontrolled or the person's behavior while using chemicals has become uncontrolled (Wallace, 1996). From this view point, people who cannot consistently predict and control when, where, and how much they drink and drug or cannot guarantee their actions once they start to drink or use drugs are perceived as powerless over alcohol or some other chemical. The reason that the individual has impaired control and cannot consistently control his or her chemical use or behavior while drinking or using drugs is that the individual is suffering from a disease not unlike other diseases in which choice, will, and moral conviction do not, for the most part, make much difference (Wallace, 1996).

While in step one, the addict must acknowledge and process several emotional states inherent in the experience of addiction. Denial is a part of the disease that tells the addict that he or she does not have a disease. While in denial, the addict is unable to see the reality of the addiction and ultimately minimizes its effects. The evidence of denial may manifest in blaming others, citing the too-high expectations of others, comparing their addiction with that of another's whose seems to be worse, and giving plausible but untrue reasons for the addict's behavior.

The experiences of despair and isolation occur when the addict hits the bottom and the addiction brings the addict to a place where denial of the problem is no longer possible. During this time, the addict realizes that he or she has been living without hope. The addict also discovers that he or she has become friendless or so completely disconnected that the relationships are a sham. The addict must pass through this place before embarking on the journey of recovery.

Powerlessness is realized when the driving force in the addict's life is beyond control. The addiction is the uncontrollable driving force. The addict cannot moderate or control drug use or other compulsive behaviors, even when they are causing the addict to lose things that mattered the most to him or her. The addict finds him- or herself unable to stop using, even when to continue will surely result in irreparable physical damage. The addict finds him- or herself doing things that he or she would never do if it were not for the addiction. There may have been a period when the addict tried to abstain from use, perhaps with some success, but to find that the untreated addiction eventually takes him or her back to where he or she was before.

Unmanageability is the outward evidence of the powerlessness. Outward unmanageability is often identified by such occurrences as arrests, job losses, and family problems. Others may experience incarceration. Some have never been able to sustain any kind of relationship for more than a few months, whereas others have been cut off from their families and asked never again to contact them. Inner or personal unmanageability is often identified by unhealthy or untrue belief systems about themselves, the world in which they live, and the people in their lives. The addict may believe that he or she is worthless, that the world revolves around him or her, and that it is not really his or her job to take care of him- or herself, instead it is someone else's responsibility. There may be a belief that the responsibilities an average person takes on as a matter of course are just too large of a burden for the addict to bear. The addict may over- or underreact to events in his or her life. Emotional volatility is often one of the most obvious ways in which personal unmanageability is identified.

Surrender is what happens after the addict has accepted the first step as something that is true for him- or herself and that recovery is the solution. Resignation is what is felt when the addict realizes the state of addiction but has not yet accepted recovery as the solution to the problem.

The spiritual principles emphasized in the first step are honesty, open-mindedness, willingness, humility, and acceptance. The practice of the principle of honesty starts with admitting the truth about the addiction and continuing with the practice of honesty on a daily basis. Practicing the principle of open-mindedness mostly involves being ready to believe that there might be another way to live and being willing

to try that way. Demonstrating open-mindedness is evident when the addict does not reject suggestions without having tried them. The principle of willingness can be practiced in a variety of ways including going ahead with the first step even though there is not one hundred percent conviction, going to meetings early and staying late, helping to set up a meeting, or getting another member's phone number and calling them. The principle of humility, which is central to the first step, is most easily identified as an acceptance of the true self, neither worse nor better than the addict believed of him- or herself when they were using. When practicing the principle of acceptance, the addict must do more than merely admit that he or she is an addict; there must be a profound inner change that is underscored by a rising sense of hope and of peace as the addict comes to terms with the addiction and with the recovery. There is no dread of future meeting attendance, sponsor contact, and step work. The addict begins to see recovery as a precious gift and the work connected to it as no more trouble than other routines in life.

Step Two

The second step fills the void that is felt when finishing the first step. It also gives hope for recovery. Step Two is taken when one acknowledges that he or she is not the center of the universe and that there is a power higher than oneself (Wallace, 1996). The addict begins to consider that maybe there is a Power greater than him- or herself, a Power capable of healing the hurt, calming the confusion, and restoring the insanity. NA World Services, Inc. (1988) defines insanity as repeating the same mistakes and expecting different results. It is important to note that the Higher Power referred to in the

second step is not devised out of a religious context but out of a spiritual one. The addict is not asked to believe in a Power greater than him- or herself, but to believe that a Power greater than him- or herself can restore the sanity.

Hope is one aspect of the emotional experience that manifests during step two. Desperation that is predominant upon entering the program is replaced by hope when the realization comes to pass that the other members, who are sharing very similar experiences, are indeed relating to the experience of the new member. The experience of living drug-free is now plausible after hearing the testimonies of the individuals that have become clean and sober.

During this step, an understanding prevails regarding a Higher Power. There is not a concern with theology and religiosity. The fact of the matter is that the drug and alcohol use was a negative power, more powerful than the addict that led the individual down a path of insanity and contributed to behavior that was undesirable. What is necessary is a power that is as equally powerful as the addiction that can combat the negative power. The nature of the power is not as important as the knowledge that it works and can help the addict to stay clean.

The spiritual principles that are emphasized during Step Two are open-mindedness, willingness, faith, trust, and humility. The principle of open-mindedness in this step arises from the understanding that the addict cannot recover alone and that some kind of help is needed. It then continues with being open-minded to believe that help is possible. It does not matter how this Higher Power is going to help, just a belief that it is possible.

Practicing the principle of willingness in Step Two may begin simply by just going to meetings and listening to other recovering addicts share their experiences with this step. Then the addict may begin to apply what is heard to his or her own recovery, with the guidance of the sponsor.

Having a sense of faith is likened to “acting as if,” which simply means living as though there is a belief that what is hoped for will happen. During Step Two, this means living as though there is an expectation to be restored to sanity. Acting as if may manifest in going to meetings regularly and taking direction from the sponsor.

Practicing the principle of trust may require overcoming a sense of fear about the process of being restored to sanity. There may be a fear that there will be more emotional pain experienced during the process of recovery, which is indeed true. However, the pain to be experienced will not be more than one can bear and the addict will not go through the pain alone. If a sense of trust is developed in the process of recovery and in a Power greater than the addict, the addict can walk through the painful times of the recovery. What is waiting on the other side is more than superficial happiness; it will be a fundamental transformation that will make life more satisfying on a deeper level.

Finally, the principle of humility springs from the acknowledgment that there is a Power greater than oneself. It will be necessary to stop relying on one’s own thinking and to begin to ask for help.

Step Three

Step Three involves turning the uncontrollable behavior over to a higher power and turning hope into action. It is significant that this step suggests the addict turn his or her will and life over to the care of the God of his or her understanding. At this point, the addict is allowing someone or something to care for him or her, not to control or conduct life for him or her. The step does not suggest that the addict become a mindless robot with no ability to live his or her life, instead the suggestion is to make a simple decision to change direction, to stop rebelling at the natural and logical flow of events in the course of his or her life, and to stop putting forth so much effort to try to make everything happen as if to be in charge of the world. During this step, the addict is accepting that a Power greater than him- or herself will do a better job of caring for his or her life and will. The addict will ultimately further the spiritual process of recovery by beginning to explore what the understanding of the word God means to him or her as an individual. During this step, the addict has to come to some conclusion about what he or she thinks “God” means. The understanding does not have to be complex and complete. It may be a discovery that he or she is very sure what God is not but not what God is, which is acceptable.

The spiritual principles intrinsic to Step Three are surrender and willingness. Practicing the principle of surrender is easy when things are going smoothly. When things are going smoothly, it more likely to believe that one is still in charge, which does not require much surrender. Indeed, it is imperative that the addict keeps the principle of surrender alive in spirit, even when things are going smoothly. Willingness often comes

in the wake of despair or a struggle for control. It is most often felt immediately following surrender.

There is a spiritual progression from hope to faith to trust in the Third Step. As work begins in step three, the addict carries the sense of hope that was born as the second step was worked. Hope springs from the knowledge that life is full of possibilities, though there are no hard certainties. Lingering doubts fade, as hope becomes faith. Faith propels one forward into action. In this step, faith gives one the capacity to actually make a decision and carry that decision into action. Trust comes into play after faith has been applied. Significant progress has probably been made toward established goals now that there is evidence that through taking positive action the course of life can be influenced.

The principle of commitment is the culmination of the spiritual process of Step Three. Making the decision to “turn it over,” over and over again, even when our decision does not seem to be having any positive effect, is what the step is all about. The spiritual principle of commitment can be practiced by reaffirming the decision to turn it over on a regular basis and by continuing to take action that gives the decision meaning and substance.

Step Four

Step four involves the implementation of extensive introspection and self-evaluative processes. Taking a fearless inventory means going ahead despite any fears, having the courage to take this action no matter what feelings have arisen, having the courage to be honest, having the determination to be thorough, and having the faith to

trust this process and trust the Higher Power to give whatever quality is necessary to walk through the process. Taking a moral inventory is something that can be used to discover one's own individual morality, values, and principles. They do not have to be related in any way to the values and principles of others. While completing the inventory, it is expected that the addict explore resentments, feelings of guilt, shame and fear, relationships, sex, abuse, assets, and secrets.

Step Five

Step Five is seen as a vehicle for allowing the 12-Step member to forgive him or herself in addition to the ability to forgive others. This step is not simply a reading of the inventory created in Step Four. It is the admission that is made to God, as he or she is known by the addict, self, and another human being that brings about the spiritual growth connected with this step. The two things needed for this step are courage and a sense of trust in the process of recovery.

Trust, courage, self-honesty, and commitment are the spiritual principles inherent to this step. Practicing the spiritual principle of trust is essential in order to get through this step. Trust does not come with knowing the sponsor and believing that he or she will not judge the outcome of the inventory, but trusting in the process of recovery. Courage is a principle that is practiced in order to initiate this step. Self-honesty is essential when the exact nature of the wrongs is admitted to self. One must allow him- or herself to experience the nature and human reaction to the subject under discussion, life as an addict. The realizations are painful. Paradoxically in recovery, what begins in pain ends

in joy and serenity. The principle of commitment is demonstrated by the action that is taken in this step.

Step Six

Steps Six and Seven involve the relinquishment of control over, not responsibility for, the character defects uncovered in step four. Step Six is a lifelong process because the addict is opening the heart and mind to the deep internal changes that can only be brought about by the presence of a loving God as the addict knows and understands God. Without internalizing this step, the addict will only wind up owing more amends by repeating the same destructive patterns as before. Preparation for this step was made in Step Three with the surrendering of will and lives to the care of a Power greater than the self because of no longer being able to manage life. Now the addict must surrender all defects of character to a loving God, as the addict understands God because of exhausting the attempts to change without help.

The process is often difficult and painful in that the growing awareness of the defects is hard to bear. The addict is confronted with the character defects either by his or her own insight or by someone who he or she has hurt. When this happens, the addict has to take complete responsibility for his or her actions and behavior: good, bad, or indifferent. The drug use or ignorance can no longer be utilized as an excuse to be irresponsible. With the help of the sponsor, a list of the character defects is written and a focus is placed on how they manifest in the life of the addict. Character defects are

human traits that have been distorted out of proportion by self-centeredness causing enormous pain to the addict and to those around him or her.

Part of the process of becoming entirely ready involves practicing constructive behavior. Given that the addict now recognizes and understands his or her destructive behaviors, there is a willingness to practice constructive behaviors instead. The addict may still be torn between the unprincipled ways of his or her addiction and the character-building principles of recovery, but the resulting shame, regret, and loss of spiritual contentment would far outweigh anything that may be gained by compromising the principles. The spiritual principles then inherent in Step Six are willingness, commitment, and perseverance. Willingness is needed to make a commitment to pursue recovery despite the continued presence of character defects in the addict's life. Perseverance comes when the addict must keep going even when it does not appear that any change has taken place and how hard the process to recovery seems.

Step Seven

Step Seven emphasizes the importance of humility in maintaining sobriety. Humility is defined in spiritual terms, as a reliance on a higher power as the source of power through which shortcomings can be resolved. An attitude of humility is not the same as humiliation, nor is it a denial of good qualities. On the contrary, an attitude of humility is necessary if the addict has a realistic view of him or herself and his or her place in the world. Humility means understanding the addict's role in his or her recovery, appreciating his or her strengths and limitations and having faith in a Power

Greater than the addict. To work the Seventh Step, the addict must step aside so that God as the addict knows God can do the work required in this step. Patience is an essential ingredient of working this step because it takes time to remove all of the shortcomings identified, and not identified. The addict is accustomed to immediate gratification. Having gone through Step Three with the decision to trust the God of the addict's understanding with the addict's life and will, the principle of patience has already been practiced, but what must happen is that the principle of trust must be expanded. When there is complete trust in the God of the addict's understanding, the spiritual life has ceased to be a theory heard about in the meetings, it is now becoming a tangible reality. The God of the addict's understanding has taken him or her from a spiritually unconscious hopeless addict to a spiritually aware recovering addict eager to live. Even though this point has been reached, the damage caused by the addict's shortcomings must be addressed.

Step Eight

The Eighth step calls for a retrospective examination of one's relationships to determine where one has been at fault. To this point, the steps have focused mostly on repairing the addict and his or her relationship with the God of his or her understanding. Beginning with this step, other people are brought into the healing process, the people who have been harmed by the addict's behavior while in his or her addiction. The addict must be familiarized with the meaning of harm in this step, all of the ways in which it is possible to cause harm so that the list can be thorough. Harm does not only come in the

form of stealing money or property or physical and emotional abuse, it is also in the form of neglect, withdrawal, exploitation, manipulation, and humiliation, to name a few.

Subsequent to making the list of all who have been harmed by the addict in his or her addiction, the addict must be willing to make amends.

The spiritual principles focused on in Step Eight are honesty, courage, willingness, and compassion. To practice the principle of honesty in this step, the addict draws on the previous experiences of honesty in the former steps (i.e., admitting the nature of the problem-the addiction, and the solution to the problem-taking a searching and fearless moral inventory of self and extracting the nature of the wrongs from within the fabric of the addict's personality).

Practicing the principle of courage involves putting one's self in the care of God as God is understood by the addict. There has to be a belief that the Higher Power will provide the addict with the fortitude, humility, inner strength, and whatever is needed to get through any amends. Whether there is a need to face someone and there is a fear of the feelings to follow or there is a need to accept the consequences for a crime for which the addict is sought, there must be courage to accept the help of the Higher Power, as the addict understands that Power.

Willingness comes when the addict agrees to make a list and to make amends. Willingness also comes in the form of practicing the other spiritual principles inherent in this step. Developing a compassionate spirit becomes possible at this stage in the recovery. Prior to this step, there was a lot of preoccupation with resentment, blame, and self-pity to think about others. Along with the ability to see him- or herself as an

ordinary human being, the addict begins to see that others are doing the best that they can with their humanness, too. As a result of realizing that others have flaws, the addict begins to feel empathy rather than annoyance or anger because the addict is now more in tune with what can cause one to behave, think, or feel in ways that are less than perfect.

Step Nine

The Ninth Step asks the individual to make every effort to repair the damage that he or she has done to others, which is a concern for making restitution. The addict is now involved in a process that takes him or her from awareness of the wrongs and conflicts caused to a growing freedom from those conflicts and toward the serenity that the addict is seeking. While proceeding through this step, a myriad of emotions may prevail from excitement to ambivalence. Regardless of the potential outcome of the efforts made to make amends, the addict must be willing to follow through.

The spiritual principles of humility, love, and forgiveness are inherent in this step. The humility that is gained in this step has resulted from getting a good look at the damage that was done to others and accepting responsibility for it. The spiritual principle of love is easier to practice once at this step because of the elimination of many of the destructive views and feelings that were held previously. Now there is room in the addict's life for love. As the addict becomes filled with love, he or she is now compelled to share the love by nurturing existing relationships and building new ones by selflessly sharing recovery, time, resources, and themselves with others in need. As the addict experiences being forgiven, the value is seen in extending that to others. This motivates

the addict to practice the spiritual principle of forgiveness as much as possible. Recognizing his or her own humanness gives him or her the capacity to forgive others and not to be as judgmental as he or she has been in the past. It becomes second nature to give others the benefit of the doubt. There is no longer an ongoing suspicion that vile motives and sneaky conspiracies are at play in every situation over which the addict does not have full control. The addict is aware that he or she personally means well, and hence extends that belief to others. When someone does harm the addict at this stage, there is a greater awareness that holding resentments only serves to rob the addict of his or her own peace and serenity, so the tendency is to forgive sooner rather than later.

Step Ten

The Tenth Step encourages the addict to make daily use of the new way of life established in the first nine steps. The addict has become more honest, humble, and concerned about others, less fearful, selfish, and resentful. Even though the changes can be profound, they are not guaranteed to be permanent. Recovery demands vigilance because the addict can always return to what he or she was before working the steps. As an ongoing part of recovery, the addict has to continue to be honest, to have trust and faith, to pay attention to actions and reactions, and to assess how those are working for or against him or her. There has to be an awareness of how the addict's actions affect others, and when the effects are negative or harmful, promptly step forward and take responsibility for the harm caused and for repairing it. Ultimately, the addict has to

continue to take personal inventory and promptly admit any wrongs. This step has the addict to repeat work done in steps four through nine, but in a shorter format.

The spiritual principles focused on in Step Ten are self-discipline, honesty, and integrity. The self-discipline calls on the addict to do certain things regardless of how he or she feels. They must go to meetings regularly, call the sponsor, and work with others because the decision was made to want recovery and those are the actions that will help to assure a continued recovery.

The spiritual principle of honesty originates in Step One and is brought to fruition in Step Ten. The addict previously may have had honest hindsight, able to see true motives long after a situation was over. At this juncture, the addict is now able to be honest with him- or herself about him- or herself while the situation is still occurring.

The spiritual principle of integrity can be complex, but it is the integrity of the addict that commands the ability to practice the other principles. Having integrity is evidenced in knowing which principles need to be practiced in a given situation and in what measure.

Step Eleven

Step Eleven is concerned with the maintenance of sobriety. It asks that the individual avoid selfish requests and focus instead on understanding God's will in every situation. Given that the addict already has a conscious contact with the God of his or her understanding, the task is now to improve that contact. The means by which to do so are simply through prayer or meditation, which are the most effective means of improving

the relationship with the Higher Power, as the Power is understood. Through the strengthening of this relationship, the addict must be assured that the spiritual path is reflective of where he or she is after having gone through a transformation of sorts. It must be emphasized that religiosity is not to be confused with spirituality. Twelve-Step programs are not religious sects. They offer a set of spiritual principles and use a concept referred to as “God,” a “Higher Power,” or a “Power Greater than ourselves” as a path out of active addiction. The spiritual principles and concept of Higher Power can go along with a member’s personal spiritual path that he or she follows outside of the 12-Step program, or those principles and the concept of a Higher Power can serve as a spiritual path all by themselves.

The spiritual principles practiced during the Eleventh Step are commitment, humility, courage, and faith. The addict needs to make a commitment to the practice of regular prayer and meditation. Even if it is initially difficult due to feeling silly or that nothing is happening as a result of it, the commitment must be present to continue despite difficulty or hesitation. Humility at this step is simply needing to acknowledge that the addict does not always know what is best for him or her, which is why asking for knowledge of God’s will is necessary. Courage comes through trying to live according to the Higher Power’s will when there is frequent pressure not to. It also takes courage to walk away from situations that conflict with the spiritual path. The principle of faith will help the addict to practice the principle of courage and live a life with integrity. Basically, the addict must have faith that he or she will be given the power to carry out the Higher Power’s will.

Step Twelve

Step Twelve states the goal of Steps One through Eleven. A spiritual awakening is the result, not an accidental by-product of following the suggestions of the steps. Almost without exception, the addict speaks of feeling free, of feeling more lighthearted more of the time, of caring more about others, and of the ever-increasing ability to step outside of the self and participate fully in life. It is ever so important for the addict to not forget from where he or she came. Carrying the message to another suffering addict keeps the addict grounded in his or her own experience of addiction, but the way the addict lived at that time and the things that motivated him or her, at present seem very bizarre because of now living by the spiritual principles and having a new awareness about how to live life.

Unconditional love, selflessness, and steadfastness are the specific principles attached to this step; though at this step, it is expected that all principles be practiced. Practicing the principle of unconditional love is essential because no one needs love without conditions more than the suffering addict. Nothing is asked of the people to whom the addict is trying to carry the message. The addict simply extends him or herself. The message is carried to help others to find freedom from their addiction and grow as individuals. Carrying the message is not for the addict to serve him or herself. Recognition is not expected for being of service. Selfless service is an expression of the deepest self. Through work in the previous steps, the addict has uncovered a self that cares more about allowing a Higher Power to work through the addict than it cares about recognition and glory. A self has been uncovered that cares more about principles than

the exercise of the individual's personality. Whereas the disease is often expressed in self-centeredness, recovery is expressed beautifully as selfless service. Practicing the principle of steadfastness means that the addict needs to keep on trying to do his or her best. Even if the addict has a setback or has fallen short of his or her expectations, a recommitment to recovery is warranted. Steadfastness keeps a bad morning or a bad day from turning into a pattern that can lead to relapse. This commitment ensures that the addict will keep practicing the principles of the program despite how he or she feels.

CHAPTER 4: PROCEDURE

In an effort to interface the Afrocentric theory with the 12-step theory, comparisons and parallels were drawn at each step in accord with the values, principles and rituals of the Afrocentric theory. A new version of the 12-step theory was postulated as the outcome. Rowe and Grills (1993) identified four elements of the 12-step program that seemed particularly relevant in assisting individuals to overcome substance abuse problems in accord with an Afrocentric framework: (a) the requirement that they confess their addiction to self and others and seek help; (b) the group or collective nature of 12-step programs; (c) the availability of consistent rituals to respond to crises in their lives; and (d) the opportunity for socializing with non-abusers. These elements were incorporated as components of the interfaced version of the 12-step and Afrocentric theories, but are not the extent of the interface of the theories. In addition, the 12-step and Afrocentric theories were expanded upon for greater clarity and definition.

CHAPTER 5: OUTCOME

When the Afrocentric constructs and principles are overlapped with the 12-Steps it may look as follows:

Afrocentric 12 Steps for Healing from Substance Abuse

1. We admit that we were operating at a sub-optimal level of conceptualization and became powerless over our addiction to substances which we utilized to substitute for our spiritual happiness, and that our lives and ultimately families and communities became unmanageable.
2. We recognize the Divine Spirit, which is the eternal, universal, omnipresent, and omnipotent God force that will direct and inform all life and actions therein and bring us to harmony and unity.
3. We recognize that we must maintain a constant and continuous rapport with the Divine Spirit, which is the eternal, universal, omnipresent, and omnipotent God force that will direct and inform all life and actions therein and bring us to harmony and unity.
4. We competently and purposefully made a fearless moral inventory of ourselves to illuminate our character defects that are not beneficial to the well-being and maintenance of our families and community.
5. We collectively admitted to the Divine Spirit, our community and ourselves the exact nature of our wrongs.
6. Through believing that a Supreme Being exists and are in constant and continuous contact with the Supreme Being, we are ready and willing to allow the Supreme

Being to remove our character defects given that the Supreme Being directs and informs all life and the actions therein.

7. We humbly ask the Supreme Being to remove all of our character defects and shortcomings because of our desire to manifest an attitude of pride in our African-centeredness, evidenced in our commitment to activities that reflect the image, interests, and intentions for reproducing the best in African people.
8. We responsibly made a list out of righteousness to and respect for the persons we have harmed and became willing to make amends to all of them for the purpose of strengthening our collectivity and to cooperatively exist with others to maintain a sense of harmony and unity.
9. Out of an obligation to the past, present, and future we purposefully planned and made amends to the people we had harmed to begin to nurture existing relationships and to build new ones for the betterment of our community. We remained patient with those who were not receptive to our efforts and are able to humbly accept their views and feelings.
10. We competently strive to cooperatively exist with others and to maintain a sense of harmony and unity by continuing to take personal inventory in a ritualistic sense and admitting our wrongs because we care and are concerned for the safety, welfare, and needs of others who are a part of our community.
11. We strive to maintain a constant and continuous rapport with the Divine Spirit through ritualistically engaging in prayer and meditation and asking for knowledge from the Divine Spirit and the ability to carry it out.

12. Having had a spiritual awakening as a result of working these steps, through self-determination we will consciously, collectively, responsibly, purposefully, and faithfully continually strive to heal the community by sharing what has been learned, experienced, and processed.

CHAPTER 6: DISCUSSION

The interface of the 12-Step and Afrocentric theories at Step One reveals that the individual has been operating at a suboptimal level of conceptualization given that the individual winds up looking outside of the self for something else to make everything better. Within this conceptual system, there is a belief that one is not alright until some aspect of materialistic happiness (or something other than spiritual happiness) is attained. Once attained, there is a desire to seek more and more, but there is never enough so the cycle is continued and more is always desired. The parallel is the incessant use of chemicals to achieve a level of happiness, which in reality is an illusion, because the outcomes are insecurity, anxiety, and sadness. The admission of powerlessness is in line with the concept of conduct, which is the ability to put off short-term wants for long-term needs and developing a systematic plan for reaching one's goals. Similarly, surrender is what happens after the addict has accepted the first step as something that is true for that individual and that recovery is the solution to the problem.

At Step Two, one acknowledges that he or she is not the center of the universe and that there is a power greater than oneself. From an Afrocentric framework, the concept of creed can be illuminated as parallel ideology in that it requires a need to maintain a constant and continuous rapport with the Divine Spirit, which is the eternal, universal, and omnificent force that binds all living things. It is the God force that is omniscient, omnipotent, and omnipresent. The belief that a Supreme Being exists directs and informs all life is what ultimately helps to create a sense of belonging and is fundamental to African people.

The parallel ideology from an Afrocentric framework at Step Three (turning the uncontrollable behavior over to a higher power and turning hope into action) is the fundamental understanding of African-centered transformative healing. In an effort to maintain one's cultural identity, an individual must ascribe to and demonstrate positive culturally congruent behavior. At this juncture, the addict must relinquish control and make a simple change in direction to allow the natural and logical flow of events to occur.

Consciousness is also inherent in this step in that it would require the African American to commit to activities that reflect the image, interests, and intentions for reproducing the best in Africans. Letting go of the addiction is the action that has resulted from hope.

Step Four, which involves the implementation of extensive introspection and self-evaluative processes, can be likened to the construct of character. Character is revealed when the African American accepts and values oneself, not in spite of oneself, but because of oneself. Implicit in this conceptualization is the acknowledgment of character defects and ultimate relinquishing of them to arrive at the point of demonstration of respect, restraint, reciprocity, and righteousness that one exudes when the individual values him- or herself.

Competence is another construct that parallels the actions of Step Four given that one seeks nothing less than excellence in one's endeavors. Manifesting competence is the unmitigated struggle for African Americans to develop self, family, community, and culture to their fullest potential, intellectually, emotionally, physically, and spiritually.

Undoubtedly, one would have to complete a self-inventory and self-evaluation on an ongoing basis to maintain functioning at this level.

Purpose, which encourages the individual to look within him or herself and to set personal goals that are beneficial to the community, is essentially implying that one must first complete a self-evaluation prior to setting goals that benefit not only the self but the community. Taking a moral inventory is necessary if one is to transcend the self and make decisions affecting the entire community.

The concept paralleling Step Five from an Afrocentric framework is oneness or collectivity where one's self-concept or self-definition is dependent on the fundamental interrelationship with one's family or people. During this step, it is essential to entrust another individual with the task of hearing and processing one's self-inventory for the purpose of assisting the individual with the process of recovery as well as to aid in enabling spiritual growth of the individual. Essential is interrelatedness with another individual and Higher Power to strive to cooperatively exist with others to maintain a sense of harmony and unity.

The Afrocentric framework supports Step Six through creed, which is manifested in the individual entrusting the Divine Spirit to remove all character defects. This indicates that the individual has maintained a continuous rapport with the Divine Spirit. Through believing that the Supreme Being exists, which informs and directs all life, the individual is connected to and has a sense of belonging to the African people. This belief is paramount to African people.

When one is willing to have all character defects removed, as indicated in Step Seven, one is ultimately acknowledging a need to manifest consciousness or an attitude of pride in African-centeredness, which requires the individual to commit to activities that reflect the image, interests, and intentions for reproducing the best in African people.

Making a list of all people harmed by one's drug use and associated behavior, reflects character, which is evidenced by maintaining a sense of responsibility to, respect for, and righteousness to the group to whom the individual belongs: African people. Making a list of harm done to others and taking responsibility is an indication of working toward collectivity or striving to cooperatively coexist with others to maintain a sense of harmony and unity.

Step Nine, when one makes direct amends to people who have been harmed, is a reflection of the principle of conduct, that is identified by behavior governed by a sense of purpose, planning, productivity, persistence, and patience. The addict has the intent to rectify that that has caused wrong or contributed to the malfunction of the family and community at large. The rectification process is broached with purpose, has been thoughtfully planned, and implicitly leads to greater productivity of oneself and the community. As well, this process is embarked upon with patience as it is realized that the persons to whom the addict is making amends may not be completely receptive of the gesture of apology given the lack of trust that ensued from being wronged by the addict's behavior.

As the addict gains humility at this step, there is more room for love given that many of the destructive views and feelings that were held previously have been

eliminated. From an Afrocentric perspective, the sharing of love, nurturing existing relationships and building new ones by selflessly sharing themselves and resources with others who are in need, can be associated with collective work and responsibility. This principle reminds us of our obligation to the past, present, and future (past-wrong doing, present-making amends, and future-fostering and building new relationships for the betterment of the community).

The addict at Step Ten has become more honest, humble, and concerned about others and must continue to do so on an ongoing basis in order to maintain recovery. The occurrences at this step are paralleled to the Afrocentric principle of collectivity, which is a striving to cooperatively exist with others to maintain a sense of harmony and unity. Caring and a compassionate concern for the safety, welfare, and needs of others, are inherent in the behaviors and interactions of the addict with others at this step. Lastly, competence is exuded by the individual at this step, given that he or she is striving for excellence in the self by continuing an ongoing self-inventory.

At Step Eleven, the actions of prayer and meditation are well within the Afrocentric framework in that they are ritualistic and serve the purpose of maintaining a constant and continuous rapport with the Divine Spirit.

Many of the Afrocentric principles and constructs parallel the intent of the Twelfth Step of carrying the message of recovery to other addicts and to practice the principles in all of the affairs of the individual. Unity, which stresses the importance of togetherness for the family and the community, is evident because there is a continual striving for maintenance of unity within the family, community, nation, and race. One of

the goals inherent in the Twelfth Step is to aid in healing the community by sharing what has been learned, experienced, and processed. When one individual can impact another within the community, the concept of individuality becomes obsolete and the concepts of oneness and unity prevail. Ultimately, there is a connection to nature, each other, and the ancestors when the message of recovery is passed on from those who have preceded them.

Given that there is an obligation to help those who have yet to reach a spiritual awakening regarding their recovery from substance misuse, the principles and constructs of consciousness, caring, self-determination, collective work and responsibility, purpose, and faith are evident.

The construct of consciousness requires that the African American commit to activities that reflect the image, interest and intentions for reproducing the best in Africans. During the Twelfth Step, the recovering addict is indeed engaging in activities to bring out the best in another addict by walking him or her through the steps of recovery.

Caring is implicit as the recovering addict displays compassionate concern for the safety, welfare, and needs of the recovering addict. This caring behavior is a reflection of the essential interdependence of Africans, if one does not care for oneself, he or she then does not care for others.

The principle of self-determination requires that common interests be defined and that decisions are made that are in the best interest of the family and community. The recovering addict is undoubtedly interacting with other addicts having the common

interest of recovery at the forefront and ultimately healing the community as the individual is considered a crucial part of the community.

The principle of collective work and responsibility emphasizes the obligation to the past, present, and future and that there is a major role to be played in the community, society, and the world. The role that the recovering addict takes on is to help to heal the addict who has not yet reached a spiritual awakening regarding his or her substance misuse. In doing so, the recovering addict has made his or her brothers' and sisters' problems his or her problem and is attempting to solve the problem together.

The principle of purpose is evident as the recovering addict has to look within him- or herself to set personal goals that are beneficial to the community. When the recovering addict has decided to help another addict through his or her recovery, the decision is made to help to restore the community to its traditional greatness because working with one individual affects an entire community,

Finally, the principle of faith is evident because the recovering addict is drawing upon the best within him- or herself to help another addict to strive for a higher level of life for humankind by affirming his or her self-worth and confidence in the ability to succeed and triumph in the righteous struggle of recovery. Ultimately, there is a belief in the ability to be victorious in the struggle of addiction.

In summary, this document has established the historical development of alcoholism and substance abuse as a problem in the African American community, and that it continues to be a problem that needs to be addressed. It has also been established that the vast majority of substance abusers in the African American community are not

seeking treatment and those who are may not be receiving effective treatment. The solution is likely to be the provision of a more culturally sensitive treatment approach to address the misuse of substances. In an effort to gain more understanding of the necessary components of a culturally relevant treatment approach, various culturally sensitive approaches were explored. The Afrocentric and 12-step theories have provided the foundation from which to work on the task of interfacing the theories to create a more culturally sensitive approach to the treatment of substance abuse in African Americans.

The interfaced model of the 12-step and Afrocentric theories does include the premise of the 12 steps and the values, constructs and principles that have been identified in the literature by researchers and clinicians found to be representative of the necessary components to include in an Afrocentrically-based treatment approach. Common to all of the culturally sensitive approaches summarized are the importance of understanding the African American individual's world view or frame of reference including values and principles that are culture-specific, his or her conceptualization of their substance abuse problem from their experience as opposed to an interpretation or assumption from the dominant culture, the inclusion of family and community in the treatment process, and the importance of fostering a healthy recovery by performing and providing life-sustaining activities for the benefit of self and a healthier community.

Future Research

Given that the literature has revealed that many African Americans do view drugs as an adaptive response to oppressive societal conditions and that there is a unique array

of stressors confronting culturally diverse groups, it would be beneficial and relevant to explore an analysis of the deficiencies in the existing social system that contribute to this phenomenon. With an understanding of the unique stressors and contributing factors, a more holistic approach can be considered as opposed to individualizing the problem and focusing on personal deficiencies as the sole causative factor.

In addition, there is no general theory or empirical data to delineate the effects of racism on African American patterns of drug abuse and recovery. Experiences of racial stress are commonly excluded from either measures of stress or variables examined as possible contributors to the variance observed in patterns of substance use and recovery.

Very importantly, empirical data is needed to begin to establish the utility and effectiveness of traditional substance abuse approaches along with the effectiveness of culturally sensitive treatment approaches. When there are significant findings of the benefits of culturally-specific treatment approaches, more research will be conducted on the African American experience to gain greater insight into the components of African American thought, world view, behaviors, philosophies, emotional, and intellectual functioning to enable greater or more specific development of culturally sensitive treatment approaches. Until the treatment system operates from a broader frame of reference which incorporates an African-centered frame of reference that validates the life experiences, culture, and daily realities of African Americans, low utilization of services, high attrition rates, and negative thinking about substance abuse treatment will continue.

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