



Sense of Community among College Students in Recovery without Access to a Collegiate Recovery Program

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Abstract

Background: Sense of community has been identified as important for both college students and people in recovery from substance use disorder. Undergraduate students pursuing substance use recovery may face challenges in building community, including prevalent substance use on campus and difficulty finding each other. A small number of campuses have collegiate recovery programs to support students and facilitate community-building. However, most students in recovery lack access to such programming, and little research has explored their experiences.

Methods: This study used thematic analysis to explore how students in recovery without a collegiate recovery program on a Midwestern US campus gained a sense of community. Seventeen participants engaged in semi-structured interviews. We sought to understand where these participants built a sense of community and how they did so.

Results: Participants described mutual aid recovery programs, classes, social media groups, and social justice organizations as places where they found a sense of community. Across these settings, common community-building mechanisms were elucidated. These included feeling welcome in the group, seeing others be their authentic selves and feeling free to do the same, reciprocity, mutual encouragement, and eventually building close relationships.

Conclusion: This study augments the literature about how students in recovery without access to a collegiate recovery program build community. Additionally, while previous work suggests that mutual aid groups are important for these students to build community, this study highlights specific means of doing so and other places where community may be developed. Results can be used by higher education institutions to develop supportive programming for students in recovery, such as all-recovery meetings or recovery-centered activities on campus.



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Introduction

Background

College campuses are challenging environments in which to maintain recovery from substance misuse. About 40% of undergraduate students report alcohol use and 14% report marijuana use in the past two weeks [1]. Stigma against both Substance Use Disorder (SUD) and recovery are common on college campuses [2-6]. For students in recovery, this stigma contributes to exclusion [4-8] and increased relapse risk [8-12].

Being part of groups and communities can be crucial to initiating and maintaining substance use recovery [4,13-15]. Sense of community entails membership in a group of people with perceived similarities, shared emotional connection, and interdependence where members influence one another's outcomes and fulfill each other's needs [16]. Broadly, sense of community is feeling "part of" rather than "apart from." Extant research suggests that sense of community is vital for students in recovery. It promotes initiation and maintenance of recovery [7,17,18], plus inclusion and belonging on campus [5,19].

Collegiate Recovery Programs (CRP) can facilitate a sense of community among students in recovery [2,9,20,21]. CRPs create a structure for students in recovery to meet each other and engage in substance-free social activities [8]. These programs include a physical gathering space that can be a safe haven for members [22]. Many CRPs offer mutual aid group meetings on campus [19,22] and social events, such as barbecues, ski trips, movies, or bowling [19]. CRP activities promote having fun without substances [11,19,23], which many students in recovery have not done since early adolescence [19]. Additionally, some CRPs offer housing specifically for students in recovery. This differs from substance-free housing that may include students abstaining from substance use for religious, health, or other reasons [22,24]. Recovery-friendly housing may help students in recovery establish a sense of belonging on campus [8].

Challenges to Building Sense of Community

Most universities do not have a CRP, without which it may be harder for students in recovery to build a sense of community. These universities typically lack designated gathering spaces and other programmatic elements common to CRPs. Students in recovery comprise only 2% of the undergraduate population [1] and do not always disclose recovery status. So, simply finding one another may be challenging without a CRP. Students in recovery who are not involved in CRPs often report feeling isolated and a lack of community on campus [3,4,25]. They might seek friends on campus with similar interests (e.g., social justice) [3,26] or bond with classmates or housemates who do not use substances [3,25]. Family members or faculty may also provide key support [3,25]. But, students in recovery may equate community with programming that centers recovery [4], thus differentiating community from support gained from people outside of recovery.

Gaps

Research on students in recovery is relatively nascent, with primarily descriptive studies before the 2010s [27]. Over the past decade, studies have explored processes related to being a student in recovery in greater depth. Most recent studies have focused on students attending universities with CRPs [18,21,28,29]. However, there are only 162 CRPs [30] among the 2,679 four-year institutions in the US [31]. Few studies to

date have focused specifically on students in recovery without access to a CRP.

Additionally, there is little knowledge of how students who do not choose abstinence-based recovery build a sense of community. This is because CRPs usually require members to practice abstinence-based recovery [28]. Therefore, existing studies of CRPs have primarily recruited samples of students who choose abstinence. Further research is needed to understand the community-building experiences of students in recovery without a CRP, including those who do not choose abstinence. The goal of the present study was therefore to understand how students in abstinence or non-abstinence-based recovery on an urban, commuter campus, without a collegiate recovery program build a sense of community.

Material and Methods

This study utilized Braun and Clarke's [32] protocol for reflexive thematic analysis. This protocol was selected for its usefulness in identifying, analyzing, and collating themes in the data. It also allows for varying epistemologies and for inductive data analysis, in which themes are linked to the data rather than molded into a predetermined structure or researchers' preconceptions about the topic [32]. As such, a social constructivist perspective was used for this study. This approach contrasts with the positivist perspective on the nature of reality and of how knowledge is gained by recognizing that reality is not objective [33]. Rather, we construct our realities through our interactions with others and the world around us. Therefore, we believe that social constructivism is well-suited to the present study, as there may not be a one-size-fits-all experience and meaning of recovery. The way that recovery is understood will depend on both the participants' stories and the researcher's interpretation of those stories. Moreover, students in recovery might use community-building strategies that vary by campus type, access to recovery programming, and other factors. The social constructivist framework posits that the researcher and participants co-construct reality [33] and considers participants the authorities on their lives. Consequently, it is well-suited to bring varied recovery experiences to the center.

Participants

Participants were undergraduates at an urban, commuter campus in the Midwestern United States. During the Winter 2022 semester, when most of the interviews were conducted, enrollment was 22,941 students (15,330 undergraduates). Demographics included 59% female, 40% male, and 1% unreported gender; 49% White, 15% Black, 13% Asian, 6% Hispanic, 7% Middle Eastern/North African, and 10% another race or two or more races; and ages from young adults to over 65 [34]. Inclusion criteria were 1) current undergraduate enrollment at the university; 2) at least 18 years old; and 3) self-identify as in recovery from substance use. Focusing on undergraduates at one university allowed us to explore how people in a similar environment built a sense of community. There was no upper age limit because students in recovery are commonly older than traditional undergraduate age, i.e., 18-22 years old [35]. Furthermore, individuals may choose from multiple pathways to recovery, not all of which require abstinence.

Recruitment took place through Facebook, a university social media platform, and in partnership with university counseling center staff. Counselors shared recruitment materials with potential participants during their appointments or by email.

We recruited fourteen participants in these ways; we later contacted participants as to their willingness to share study information with people in their networks. Such snowball sampling techniques are commonly used with hidden populations [36], and three additional participants were recruited this way. In total, 17 participants were interviewed. The students ranged in age (18-44, $M = 28.1$, $SD = 6.91$), time in recovery (1.5 months to 8.5 years, $M = 3.80$ years, $SD = 2.63$ years), and majors. Participants identified as female ($n = 11$), male ($n = 5$), and non-binary ($n = 1$). One identified as Native American and White, four as Hispanic, and twelve as White. Finally, 11 were in recovery before enrolling at the university.

Procedure

A semi-structured interview guide was developed based on the research literature, with input from multiple team members. The team included people who identify as being in recovery from substance use issues. Questions were grouped into five sections that collectively comprised a larger study on the experiences of students in recovery at a campus without a CRP. Each participant engaged in one interview, lasting from 22 to 82 minutes ($M = 44.97$, $SD = 18.67$). The PI or the co-PI conducted interviews via Zoom or phone between December 2021 and May 2022. The Wayne State University Institutional Review Board approved all study procedures. With participants' permission, all interviews were audio-recorded. Participants received a \$20 Amazon gift card for their participation. Data for this paper were from one section of the interview guide, focused on community and social connections (see the Appendix for the interview guide). In line with the study's epistemological stance, we sought to understand students' experiences without conveying our assumptions about the processes discussed.

Role of the Researchers

Because our identities can influence the research process, the authors want to share relevant information about our backgrounds. The authors are from various socioeconomic backgrounds, including working-, middle- and upper-middle class. One author identifies as in recovery and has lived experience of going to college as a person in recovery. The first three authors have extensive practice and research experience focused on substance use treatment and recovery, and the fourth author has considerable qualitative research experience. Data were collected by the first author, who is a Black man. Along with him, the second author (a White man) and the third author (a White woman) engaged in coding the data. We believe that the combination of our life and work experiences uniquely prepared us to explore sense of community among college students in recovery by facilitating the creation of a well-rounded interview guide and rapport with research participants. Moreover, our collective experience enabled us to analyze the data from a multitude of perspectives. Still, we presume that these intersecting identities, especially the historically privileged ones, impacted the development of our research questions, along with data collection, coding, and interpretation. For example, our identities may have caused us to be more attentive to some themes than others. To mitigate this issue, we sought to build our knowledge of multiple pathways to recovery and took part in ongoing reflection throughout the research process, inviting each other to explore themes that may not align with our lived experience and/or beliefs.

Data analysis

First, interviews were professionally transcribed and reviewed for accuracy. Transcripts were next imported into Dedoose (Version 9.0.48). Data analysis was then conducted according to Braun and Clarke's [32] protocol. This included first reading transcripts to become immersed in the data and begin to identify patterns across the data set. Next, Dedoose was utilized to generate and apply initial codes to the data. At this stage, codes matched participants' statements closely, in order to allow themes to develop based on participants' experiences instead of the research team's beliefs about the processes being discussed. Next, Microsoft Excel was used to collate data by codes and to sort codes by potential themes. Memos were also written to assist with identifying themes. From there, data grouped under each theme were reviewed to check for fit. Data were then recoded as necessary, and themes were refined until they seemed to match the experiences participants described.

Strategies for Rigor

Various strategies were used to maximize trustworthiness and enhance rigor [36]. As stated, transcripts were reviewed and compared to audio recordings to verify accuracy. Peer debriefing was utilized to regularly share findings and discuss interpretations with other team members. As such, peer debriefing reduced the chances of personal beliefs unduly impacting the analysis by eliciting other views of the data. It also helped to ensure that there was enough data for the identified themes. Additionally, writing detailed memos throughout data collection and analysis created an audit trail. This helped facilitate feedback on the coding process and resulting analytical decisions [36].

Results

Participants discussed several community-building mechanisms. For one, gaining a sense of belonging to a group was valuable. Participants found their groups in mutual aid recovery programs, on social media, at school, or in social justice work. Next, authenticity - both from other people in the group and feeling free to be one's true self - contributed to sense of community. Reciprocity - helping one another - added to sense of community. Additionally, groups featured mutual encouragement to continue pursuing recovery and educational goals. Finally, these experiences of belonging, authenticity, reciprocity, and encouragement led to close relationships. Participants discussed these experiences across settings including mutual aid recovery programs, social media, school, and social justice organizations.

Participants also discussed challenges to the process of building community. While not the focus of the present study, we briefly highlight challenges here to demonstrate that students did not have universally positive community-building experiences. For example, one participant recounted feeling judged at twelve-step meetings because she took medications for mental health and for opioid use disorder. Another felt that he did not "fit the crowd" at meetings because he was "not old, I'm young" and that there was "a lot of judgment" related to his age. Still another participant highlighted how total abstinence from all substances, as called for in twelve-step meetings, was not realistic for every young adult. This participant bemoaned the lack of youth-centered recovery groups focused on overall well-being, versus abstinence specifically. Finally, some participants wanted to connect with other students in recovery but

could not find them. Below, we will focus on themes underlying community-building across settings, to highlight common elements that are important to building community for students in recovery.

Feeling Welcome in a Group

One mechanism for community-building was feeling welcome in a group. Participants spoke about the value of finding and joining a group of like-minded people for their recovery journey. Some participants belonged to a so-called home group through a 12-Step fellowship, others belonged to social media groups or to circles of classmates, and some belonged to groups who engaged in political activism. Regardless of the group format, participants felt like they connected with others who shared similar goals. This sense of being at home allowed participants to make friends quickly. Sometimes, it was initially overwhelming to be embraced by other members, but it also felt good. P7 described such a scenario:

That's the scary part, is you have friends right away. It's terrifying. If you go in and I said it was my first meeting, and then there was 10 people there at the doorway for you after. People welcome you really quickly, and it's overwhelming, but it's wonderful. As long as you accept it a little bit. I think you can connect with people really quickly who understand what you go through and stuff.

Having such a quick and pronounced welcome was overwhelming and also felt wonderful. By accepting this reception, P7 quickly connected with people who understood her experiences.

Feeling welcome in a group rendered demographic differences unimportant to participants and perhaps to other group members. P2 succinctly explained how those differences were irrelevant in her twelve-step groups because members helped each other regardless:

What I find there is that, it doesn't matter race, religion, political view. We all fucking need each other. We all need each other. All that stuff goes out the door because there's this deep understanding that y'all help me, and I help you. It's very mutual.

So, racial, religious, or political differences did not matter because all of the group members needed each other's help and support. Because group members deeply understood that they fulfilled these needs for each other, differences were not a focus of the group.

Some participants explained that to start building community, they connected with others in young people's mutual aid programs. While they met some fellow students in recovery in these programs, these participants indicated that college enrollment was not critical to connecting with other members. Rather, age dictated the desire to participate, because participants were concerned that older meeting attendees would not want to be friends with them. For example, P5 had two years in recovery when she entered college, but "did not have a lot of friends in recovery... because I was under the age of 18." When she arrived on campus, she attended the mutual aid meeting there and learned of a young people's recovery program:

They introduced me to [young people's program]. I got involved in all of that. And I just became completely immersed in that community. So that's where I made all of those friends and they became my bigger supports.

Hence, the campus meeting linked P5 to the recovery program for young people. She then immersed herself in that program and made numerous friends.

Participants also found belonging in groups that were not primarily focused on recovery. As an example of how they forged relationships in social justice work, P10 shared about engaging in racial justice protests during summer 2020. By doing so, they bonded with people who also experienced trauma from police violence. These relationships blossomed into a wider network of friends similarly passionate about social justice:

Honestly, a lot of [my friends] go through trauma. A lot of the people that I've built in my life and I've built the support with were people that I got beat with... There were people that, we would meet at the bar, and then we realized we were at the same protest together, and we're finally sobering up, and everything's hitting us, and we're just talking there together and processing it. It was through that trauma and that pain that I came to find people, and then slowly I was introduced to other people through them, and through just book clubs and direct action and different organizations, eventually I've created a decent enough network of people that I know get it.

When P10 and fellow protestors realized they had all been beat by police, they processed it together. Sharing the traumatic experience and supporting each other after were key to building community. In turn, P10 built a broader network of people who understood their experiences.

Authenticity: "I don't have to fake something"

Being authentic meant that participants did not have to pretend to be someone else. Being around others who embraced participants' identity and experiences helped participants feel comfortable being their true selves. Participants described how seeing others be themselves, and practicing the same authenticity, promoted community in mutual aid groups. Feeling safe to express one's emotions freely was important to authenticity. When other people shared from the heart about their joys or struggles, participants felt closer to them. This also created a safe atmosphere for participants to share at such a deep level. P2 detailed this phenomenon:

Seeing folks cry with the struggles that they're going with, me being able to cry and celebrating joys with people, especially during this time, that's just a gift. Where do you go where you see a room full of men crying and okay with it? Not crying because their life is in shambles, but crying because they graduated school and thought that they would never be able to do it. I think that's really what helps me is I don't have to fake something. I don't have to be anybody that I am besides myself.

So, in P2's mutual aid groups, members freely expressed their struggles and celebrated their joys together. This example also highlights a turnaround: members arrive with their lives in disarray and proceed to achieve milestones they never thought possible. When they share about these processes and the related emotions, others feel able to be their true selves.

Connecting with other students in recovery at school also promoted authentic relationships. Some participants felt that they needed these connections so they could gain recovery-specific support on campus. Conversations drilled down on recovery-specific challenges with which non-recovering students were unfamiliar. P8, for example, mentioned that a typical response when disclosing his recovery to other students was

“hey, that’s great” and there was no further discussion of his recovery. However, when he talked with a friend who had two years in recovery, he felt free to discuss challenges like coping with substance use triggers or balancing recovery with academic priorities.

In some cases, participants felt free to be their authentic selves among their cohort, including talking about their recovery. These conversations had a range of positive outcomes, from feeling supported to other students sharing their own stories of substance use and recovery. For example, P15 stated that “people just are very supportive or have similar stories of low points in their life and how they were able to overcome it.” In this case, sharing his story authentically built connection with certain classmates, helping to build a sense of community.

Reciprocity: “I’ve never felt so understood, in recovery”

Reciprocity entailed mutual fulfillment of needs and support, thereby adding to sense of community. This support manifested in various ways and allowed people to identify with each other even when experiences prior to recovery differed. Participants described how reciprocity thus rendered substance use choices and consequences irrelevant in their groups, such that one member was not judged for experiencing different consequences than another. The concern for helping one another superseded any problems related to previous or current substance use. P7 highlighted how non-judgment and identification were key to reciprocity when she shared:

You can talk to anybody about anything. I’ve never felt so understood, in recovery. There’s all the things of one of the things we say is to relate, not compare. Even though I didn’t get DUIs and stuff, my friend in recovery who has can still relate to me and we can still relate to each other and learn from each other. So, we share our experience and I learn from that.

Being able to talk with any group member about anything suggests a non-judgmental environment. Such an environment is further evidenced by relating to others, rather than comparing. Identification is apparent in that even though they had different consequences, P7 and her friend still related with and learned from one another. Group members helped one another regardless of previous experiences.

Non-abstinent recovery settings also featured non-judgment and identification between group members, highlighting how reciprocity was conducive to community in various settings. In non-abstinent support groups, members were encouraged to share their experiences with substance use to get and give support. Reciprocity prevailed no matter how one wished to address their substance use. Some members sought to limit their use to specific substances, or to simply explore what level of substance use was healthy for them. Thus, they were provided with a group in which they were not judged for wanting to have these experiences. P10 recounted:

And building on that and building those connections to have that support system within people who aren’t going to judge you for that even if you do lapse, you know what I mean? People that, even if you do lapse, you can talk to them about it. People that you feel like you could even go to places like a bar to with, or like a club with. And you know that they’re not going to go on a bender. They’re not going to encourage you to do things that are bad for you. You guys are going to be there for each other and support each other in those types of situations. So you can still have those experiences that are inherent to our youth in

our society without it severely detriming you further.

Thus, P10 found that even if a group member returned to substance use, others remained non-judgmental and welcoming. Similar to P7’s groups, there was a feeling of identification with one another’s experiences. Group members also provided mutual support by ensuring each other’s safety in potentially challenging environments, like bars and clubs. This support was important because in these groups, members sought to have typical young adult experiences without encountering severe harm.

Encouragement: “Just keep going”

Participants augmented their sense of community by sharing their struggles and receiving encouragement to keep moving forward. Participants might feel particularly vulnerable at the start of their recovery, struggling with cravings to use substances that had created problems for them. Encouragement from their community was invaluable to feel that they were not alone in going through this challenging stage of recovery. P12, who entered recovery at the same time as several friends who also attended the university, described:

Three of my friends that were from high school... We just said like we’re not going to do anymore so that helped a lot, knowing that someone’s going through the same stuff as I am. I text them they’re like, I’m getting the craving and they say me too. I don’t know why that helps it just does because you don’t feel as alone.

Thus, it helped P12 to know that those three friends were also committed to recovery and could therefore be a source of encouragement. When cravings struck, P12 texted his friends for support, and they encouraged each other through the cravings.

Schoolwork could also be a struggle, whether from general overload or from specific setbacks such as failing an exam. The latter led to frustration from feeling that one had tried but fallen short. Some participants turned to others in recovery to encourage them through these challenges, which enhanced their sense of community. P2 illustrated:

I failed an exam. I failed an exam yesterday, and I studied my ass off for it. I just reached out to my people. I was like, “Listen, I passed the class, and I got a B+, but I was really frustrated about that process of failing that exam, studying, staying up, studying, and doing that, and taking the action and still failing it.” My people were just like, “Continue mission. Keep moving your feet. Just keep going. You put the action for it.” Then, shared experiences of when they failed an exam. I think just having that community is so important, and that’s where I pull from the most.

When P2 reached out to share her frustration about failing her exam, she received encouragement to keep going and was reminded that she had made the effort. She also learned that others in her recovery group had experienced the same setback. In this way, reaching out and getting encouragement provided P2 with the strength to overcome the setback.

Some participants found that classmates (not necessarily also in recovery) offered encouragement, thereby providing another means to build community. While this encouragement was not necessarily recovery-specific, participants were comfortable informing these classmates that they were in recovery. This helped them feel encouraged to progress in their recovery and everything it entailed, such as pursuing their degree. For in-

stance, P14 shared that “the supportive relationships that I have built, I guess it’s people who know me sober and respect my sobriety” and “everybody knows that I’m in recovery.” She added that during the pandemic, she felt she would be forced to leave school because of uncertainties about her kids’ school closing and reopening. Members of her cohort continuously reached out to offer encouragement, helping P14 feel like she had “another family.” Thus, an extremely challenging experience led to deep connections through which P14 gained encouragement to keep pursuing her goals.

Close Relationships

The other themes coalesced into this one. When participants felt welcome in a group and experienced authenticity, reciprocity, and encouragement (both giving and receiving it), they could develop close relationships with others. The necessity of having these experiences first shows that time was also a key element of building close relationships. Participants additionally emphasized how discernment was central to developing their most important relationships. Discussing what stood out about her community of support, P3 said:

Just words of encouragement. They’re always building me up. And I’m pretty open on my social media, so I’ll post stories involving what I’ve been through, and posts and stuff like that and where I’m at, and that it means a lot to me that I am where I’m at. And just a lot of outpouring of support and encouragement, and a lot of positive feedback. I feel like at this point in my life, I don’t really have that many people who are negatively contributing. I feel like I’m pretty selective with the people I keep close, because it’s important for me to not have that constant negativity or people who make me feel bad when I don’t need that.

This participant felt comfortable to share about herself authentically on her social media channels. She received positive feedback and encouragement when she did so, which was made possible by her discernment in who she kept close. In turn, she could screen out most of the people who were negatively impacting her life.

Some participants formed a circle of close friends within their recovery program. Developing such a circle required being part of the recovery group long enough to keep being around the same people. And similarly to the previous example, developing a close circle required discernment about whom it was safe to be oneself around. P4 explained:

And I think just naturally, some of these relationships grew just by being around the same people, and kind of finding... Over the years, I have found who I’ve connected with the most, and on the deepest level. And just having this kind of a smaller group of women that I have grown to trust, and to have in my life. It definitely didn’t happen overnight.

By joining a recovery group and being around the same people over time, P4 determined who she could trust. In turn, P4 discovered who she connected with most deeply. Therefore, in time, P4 developed a smaller circle of close friends.

Finally, some participants bonded with smaller groups of classmates who shared similar life experiences. Subsequently, they supported and encouraged each other, which led to close friendships. P6 described such an experience with two women who were in several of her classes:

It started off as, hey, we have this and this in common. That’s crazy. And then it turned into, wow, you really helped me with that assignment. Could you... Can I help you with the one that you’re struggling with? And then we all got close.

This statement highlights how P6’s connections with her two classmates sprang from recognizing each other’s commonalities. From there, they built a group that included mutual help and support. Over time, they became close with each other.

Discussion

This study’s purpose was to explore how undergraduate students in recovery on an urban, commuter campus, without a collegiate recovery program, built a sense of community. Seventeen participants were interviewed, and Braun and Clarke’s [32] approach to thematic analysis guided data analysis. While previous studies of students in recovery emphasize mutual aid recovery programs as important to community [17,28,37-39] this study adds to the literature by highlighting specific ways that students build community in mutual aid groups and other settings. To build community, students in recovery connected with people in mutual aid recovery programs, in social media groups, with classmates or other friends at school, and/or in social justice organizations. When people in meetings or other communities of students’ choice present their authentic selves, students may feel comfortable doing the same. Authenticity fosters connections based on shared emotions and experiences. Reciprocity is another important component of building community in mutual aid groups and other places because giving and receiving help strengthens relationships. Group members can identify with a shared experience and help each other without judgment. In mutual aid groups, this might be particularly important because students in recovery are generally younger than most other participants. Encouragement to press forward in recovery and in school further augments sense of community. Ultimately, group belongingness, authenticity, reciprocity, and encouragement enable students in recovery to build close relationships with other people in their communities.

While community-building mechanisms were similar across settings, this study also highlights nuances in how participants built community depending on where they found a group in which they felt welcome. Students who utilized recovery programs highlighted groups’ warmth and feeling safe to share about recovery-specific and other challenges. Those who built community at school typically developed relationships with classmates with whom they found commonalities. Then, helping each other with school-related challenges built trust. A few participants highlighted how relationships with fellow students in recovery offered help with recovery-specific challenges, such as cravings. In social justice organizations, shared worldview and painful experiences promoted feeling welcome in the organization. Processing these experiences together increased trust and ultimately allowed for close relationships to blossom.

Previous work on students in recovery often suggests that CRPs are key to building community and to retention in college [2,4,8,9,17]. The present study demonstrated that students in recovery may develop a sense of community without such programming. At the same time, most participants expressed interest in creating recovery programming on campus. Hence, students in recovery may form community without institutional supports, but they may also be unnecessarily burdened in doing so. Several participants who began recovery pre-college built community in mutual aid groups, so the community-building

potential of CRPs may have greater utility for students who begin recovery after college enrollment.

Implications

Colleges and universities should help students in or seeking recovery to build a sense of community. There are several potential ways to do so.

Students may benefit from having multiple types of recovery meetings available [3,17], as not all in the present study preferred twelve-step programs. Campuses could host “all recovery” meetings, which welcome people in all recovery modalities and are not affiliated with any particular recovery program [40]. These meetings should make it easier to connect with fellow students in recovery and thereby promote a sense of belonging to a group. These meetings might also provide students with the authenticity, reciprocity, and encouragement that those in the present study found key to building community.

Because some participants developed a sense of community at school, universities should capitalize on ways to facilitate this process for students in recovery. Creating study groups consisting of students in recovery and allies could aid students in connecting with a group of like-minded individuals. These groups would then be a source of mutual help with school-related difficulties. Informally, the groups could assist with recovery-related challenges (e.g., through conversations between the members), and offer encouragement through those challenges. These community-building mechanisms could also be cultivated in peer mentoring programs, in which students established in recovery mentor those earlier in recovery or new on campus. Peer mentoring could ease the transition to college for students already in recovery, who may struggle to maintain recovery while initially living away from home [38]. Similarly, it could smoothen the transition into recovery for those who begin it after arriving on campus.

Another option is to implement activities such as movie nights or sports for students in recovery and their allies [4,25]. As with all-recovery meetings, study groups, and peer mentoring, these activities would be conducive to connecting with other students in recovery and thus help with group belongingness. Activities could occur at student unions or similar campus venues, or off-campus if transportation were provided (to mitigate a potential barrier to participation).

Finally, when space considerations and budget allow, campuses should offer collegiate recovery programs [3,4]. Most of the present study’s participants expressed a desire to help develop such a program. This indicates that even with other community-building outlets available, students in recovery may still greatly benefit from a full-fledged recovery community on campus. Those interested in supporting students in recovery might use the results of the present study to advocate for such programming. Since the completion of data collection, the institution where the study took place has developed a collegiate recovery program. This demonstrates how study findings can be successfully utilized to advance the community-building needs of students in recovery.

Limitations and Directions for Future Research

While this study increases understanding of how students in recovery without a CRP built a sense of community, its limitations should also be considered. The racial diversity of the sample was limited. Black students comprise about 15% of

the undergraduate population at the university [34], but there were no Black participants. Prior work on students in recovery noted this as a common gap in the literature [20]. Additional approaches may be needed to recruit participants who may otherwise be hidden [36]. Future researchers might thus engage with groups where Black students may congregate, such as Black Student Unions, and utilize culturally-specific recruitment materials [41]. Snowball sampling would then be a useful strategy. Future studies should also explore ways for students without a CRP to build community that were not revealed by this study. For example, students on other campuses may be utilizing mutual aid programs that are not twelve step-based. They might also be engaging with student or community organizations in different ways to meet their needs. In addition to other settings where students in recovery might build community, future research should also explore potential community-building mechanisms that were not found in this study. Elucidating additional means of building community would add to the breadth of support that higher education institutions can offer to students in recovery.

Future studies should also evaluate sense of community among students in recovery on different types of campuses, in order to develop targeted programming. For example, groups may need to include a virtual participation option on campuses with more commuter students. Or, larger campuses may need to offer study groups and activities in multiple locations on campus to minimize travel burden for students. There are numerous other potential examples of how programming may benefit from being targeted by campus type. Similarly, another question is if participants’ need to build community on campus differs based on when they began recovery. While the present study was not designed to address this issue, there was some indication that participants who began recovery pre-college did not seek community on campus as much as those who began recovery later. Future research could thus address how outreach efforts may need to be targeted to students beginning recovery after enrolling in college, while remaining mindful of the needs of students with established recovery.

Conclusion

College students in recovery have needs and experiences distinct from both other college students and people in recovery who are not in college. The few previous studies of students in recovery without access to a collegiate recovery program found that this group typically went off-campus (e.g., to mutual aid programs) to build a sense of community. This study contributes to the knowledge base by delineating specific mechanisms by which this student population builds a sense of community in those programs. It also highlights how these students can build community in settings other than mutual aid recovery programs, such as in classes, on social media, and in social justice organizations. Future work can further assess differences by campus type, other community-building mechanisms, additional places where students in recovery may build community, and differences by demographic group and/or time in recovery. This study’s findings, and future work based on it, can be utilized to improve services for students in recovery.

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