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Experiences of Students in Recovery on a Rural College Campus: Social Identity and Stigma

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Abstract

A growing number of college (postsecondary) students are in recovery from addiction to drugs or alcohol. In this article, we discuss the experiences of students returning to a university campus after long-term addiction treatment. We also explore the role of a Collegiate Recovery Program (CRP) in providing support, and in helping the students develop post-addiction identities that will sustain them. To do so, we draw on Goffman's ideas related to stigma, as well as conceptualizations of identity reconstruction as a practiced, lived experience. Students interviewed faced a double bind; they sought to escape the stigmatized identity of "addict," but could not identify as typical students because of their abstinence from alcohol and drugs. The CRP helped them manage the transition to student life, provided a safe haven on campus, and provided an alternate and positive identity: a student in recovery.

Keywords

qualitative research, addiction, undergraduate students, Collegiate Recovery Program

Introduction

The prevalence of substance dependence and abuse among American youth and emerging adults is startling. The 2012 National Survey on Drug Use and Health found that close to one in five (18.9%) of 18- to 25-year-olds met the criteria for substance abuse or dependence in the past year; 6.1% of 12- to 17-year-olds met this criteria (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Rates of seeking and receiving treatment are still lower than desirable (National Institute on Alcohol Abuse and Alcoholism, 2013), but more than 1.1 million 12- to 25-year-olds received substance abuse treatment in 2012, roughly half of treatment occurring within specialty facilities (SAMHSA, 2013). Within this group, a significant proportion will receive treatment and enter active recovery before or during postsecondary education. As a result, though exact numbers are unknown, a significant number of students are navigating their college years in recovery from alcohol or drug addiction (Terrion, 2012).

Students in recovery arrive on college campuses that are often "flooded with alcohol and drugs" and peers who use them, significant risk factors for relapse (Finch & Karakos, 2014; Russell, Cleveland, & Wiebe, 2010). A 2005 study found that 68% of college students reported alcohol use in the last month, and 37% reported using illicit drugs in the

past year (National Center on Addiction and Substance Abuse [CASA], 2007). In response to this challenge, Collegiate Recovery Programs (CRPs) have evolved to provide campus-based support services to college students in recovery. The first CRP was established at Brown University in 1977, and more than 100 higher education institutions and recovery high schools now offer some level of recovery support (Finch & Karakos, 2014). Roughly, two to five new CRP programs emerge each year (Laudet & Humphreys, 2013). CRPs currently vary in the services they offer, but a comprehensive CRP incorporates a range of educational, peer, community, and family supports, utilizing a systems-based model for recovery (Harris, Baker, Kimball, & Shumway, 2008). Example resources include 12-step support groups, counseling services, academic advising, service opportunities, and informational seminars (Harper, 2013).

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As CRPs spread, there is a growing need for research to establish best practices for campus-based recovery services (Smock, Baker, Harris, & D'Sauza, 2011). The growing quantitative and qualitative evidence base is shedding light on the potential that CRPs have to prevent relapse and promote academic success (Cleveland, Harris, Baker, Herbert, & Dean, 2007), but inquiry related to CRPs is still in early stages (Finch & Karakos, 2014) and limited both in scope and context. In addition, there has been a call for additional research into the experience of addiction recovery among students on college campuses (Laudet & Humphreys, 2013).

A range of articles have explored dimensions of the support provided by CRPs, especially at the Center for the Study of Addiction and Recovery (CSAR) at Texas Tech University. A review by Smock et al. (2011) described social support as a key factor in preventing relapse among college students, and a number of studies have been conducted teasing out the importance of different dimensions of social support. Bell et al. (2009) conducted a qualitative study of CSAR students and found that the range of social supports provided by the CRP was seen as integral to students staying in recovery and in school. Casiraghi (2012) found a relationship between aggregate social support components and perceived quality of recovery among students at four CRPs.

Little attention has been given to issues of social identity and stigma among students in recovery, however. Both are important considerations in recovery from addiction. The identity reconstruction that occurs as a part of recovery has been framed differently by different authors. Some focus on the emergence and evolution of new personal narratives (Finch, 2008; McIntosh & McKeganey, 2000; Taieb, Revah-Levy, Moro, & Baubet, 2008). From this vantage point, one's ability to change depends on developing new stories about one's orientation toward life and the world. This perspective is limited by the profoundly social nature of addiction and recovery (T. L. Anderson, 1994; Hughes, 2007). Other studies of identity reconstruction emphasize that it is a social practice, not simply a thought process. Addictions and recoveries are lived out on a daily basis, and through networks of people and places. Moving beyond the addicted self involves leaving behind people, places, and routines and substituting recovery-based ones as an embodied reinvention of self (Hughes, 2007). Those who develop more sober social supports are more likely to remain sober themselves (K. G. Anderson, Ramo, Schulte, Cummins, & Brown, 2007).

Unfortunately, stigma may also be a part of this experience, because although substance use and abuse may be normative in many settings, to be labeled an addict is often stigmatized (Ahern, Stuber, & Galea, 2007; Dean & Poremba, 1983; Luoma et al., 2007). Those in recovery may fear being exposed, or "discredited," to use Erving Goffman's (1963) term, by the revelation that they are not "normal" (p. 4). Even if they are not exposed, their ego identity, or felt sense of identity, may exact this punishment on themselves (T. L.

Anderson, 1994). This is another reason that it is critical to develop a renewed sense of identity in recovery.

Despite the focus on identity reconstruction in the addiction literature, there is little exploration of the topic as it relates to college students in recovery, or the role of CRPs. Terrion (2012) touched briefly on this issue in interviews with students in recovery at Canadian universities. She found that being in school helped give the students a renewed, positive sense of identity, and a heightened sense of their own potential (Terrion, 2012). However, there were no CRPs at the universities involved, and the study did not delve deeply into stigma or issues of social identity. This article explores the social experiences of students in recovery on a rural college campus, especially as they relate to identity reconstruction and experiences of social stigma. It also examines the role of a CRP on campus in helping students to cope with these challenges.

Method

This qualitative in-depth interview study was conducted in cooperation with a CRP at a public university with approximately 20,000 students. The CRP is housed in an accredited School of Public Health and is available to students who have been in recovery from drug or alcohol addiction for at least 6 months. The average time in recovery of a CRP student is 2½ years. CRP students are 24 years of age, on average, older than the average age of the general student population. CRP students take 12 credits of course work, and also work 18 hours a week on- or off-campus. As part of the CRP, students participate in weekly seminars focused on coping skills, receive academic advising, and have access to a range of community-building events (Eisenhart, 2016). The university is located in a rural setting in the southeastern United States. The institutional review board at the university reviewed the study, and all participants provided written informed consent. Researchers conducted in-depth interviews with 17 CRP-participating students. Interviewees were purposefully sampled to select students who varied by gender, age, and academic class to incorporate a range of perspectives. The CRP Director served as a key informant who assisted in identifying potential participants and approaching them about the study. Eight participants were female (47%) and nine were male (53%). Sixteen of the 17 (94%) were undergraduate students and one (6%) was a graduate student. All participants were White. Participants had spent from several months to several years in inpatient treatment programs for addiction, and some had resided, or still resided, in halfway houses close to campus. Interviews were conducted in a private room at the CRP, and interview lengths ranged from 20 to 75 min. Interviews were conducted by Ms. Anderson. Interview guides were used to conduct the interviews. Researchers used the overarching study questions discussed above (What are the social experiences of students in

recovery on campus, especially as they relate to identity and stigma? What role does the CRP play in student coping?) to develop interview questions. Emphasis was placed on developing a mix of questions based on both experiences and perceptions, so students could discuss specific life events and provide narratives around those events, while also sharing the impressions and emotions that accompanied them. The first overarching domain of questions focused on students' experiences (a) with substance use and treatment before coming to campus, (b) with the initial transition to campus life, and (c) with coping skills and resources they used at these times. Example questions include "How did the recovery process start for you?" and "What was your first week on campus like?" The second domain explored experiences with the CRP and the role it played in their coping and identity on campus. Questions were asked about (a) specific CRP services ("What are your impressions of the weekly seminars?") as well as (b) the broader role of the CRP in their campus experience ("How has [the CRP] been a part of your life here on campus?").

Interviews were recorded and transcribed. Content analysis of interview transcripts and field notes was iterative (ongoing during data collection), using the editing approach described by Crabtree and Miller (1999). This approach was selected because it provided a structured way to examine the text data while also providing the ability to work with larger segments of data (up to several paragraphs) as a single analytic unit. This allowed narratives about specific experiences to remain intact during analysis. Transcripts were coded to identify text segments related to each question domain, which were grouped together for analysis by code (Crabtree & Miller, 1999). The research team collaborated to develop the coding schema, and codes were assigned to a minimum of two researchers. Coding discrepancies were resolved through discussion, to enhance dependability. Following the coding process, themes were identified within each domain and expanded using reflexive memo-writing (Birks, Chapman, & Francis, 2008). Dr. Scott took the lead on this portion of the process. Documentation of this process served as a form of confirmability. Themes that emerged from content analysis and memo-writing were triangulated by having all researchers involved in analysis. Themes identified were discussed with select study participants as a form of member checking (Lincoln & Guba, 1985), to see whether the research team's conclusions were credible in the eyes of the students.

Findings

Content analysis generated five themes. The first three relate to the experience of campus life for CRP students. The last two themes relate to the CRP itself and the role it played as a student resource for social support and the reconstruction of identity. These themes are discussed individually in the sections that follow.

Campus Life: Returning to College After Treatment

Students varied in the length of time they spent in inpatient addiction treatment, ranging from several months to several years. Coming back to school was part of a process of re-entering the world of day-to-day living. In most cases, students were grateful for their time in these programs and viewed the experience as life-saving. But for many, the loss of the rigid structures and routines of treatment, with the support networks they had there, made for a challenging transition back into school. "Rudderless," "self-conscious," and "vulnerable" were terms used to describe the transition. The students spoke of the adjustment period in terms of starting from scratch, having to rebuild daily routines, habits, and coping mechanisms. One student described it in this way: "If you're just getting out of treatment . . . you don't know what to do, you don't have the rules to guide you, or any of that kind of stuff. That's just the nature of the beast." A few women interviewed said that they found it especially daunting to relate to men again, because they were isolated from them during treatment:

I'd been in a halfway house with just sober people for so long, and the rules there . . . I couldn't even really talk to boys! And then I come on campus, and it's like, "Oh, my god!" . . . it was really uncomfortable and awkward at first.

This awkwardness extended more generally to the classroom. Most of those interviewed said they were very quiet in classes at the beginning, trying to "get social skills back" and re-learn the art of casual interaction.

Layered upon this was the challenge of remaining sober on a college campus that had the reputation of being a "party school" in the region. As explained by one CRP student, "Students come here because they think it's a party school, especially from these boring-ass country towns . . . [site of university] is a Mecca, you know. They like to pilgrimage here." Alcohol and discussions of it were ubiquitous in class, in dorms, in study groups, walking on campus, and in the student center, according to interview participants. Hearing these exchanges between others was one challenge; being invited to participate posed an even bigger threat to coping. One woman in recovery from alcohol addiction described being invited to a bar by a classmate:

I remember one of my first classes I was in . . . I was still in treatment, and I had a guy ask me to go to a bar . . . I tried to play it cool and stuff, like, "I don't drink or anything like that," but it messed me up, cause it was like my first experience with somebody trying to offer.

Classmates were not the only source of pressure to drink. In some cases, students in recovery reported that professors talked about drinking during class, making the classroom

setting additionally stressful. Here, a student describes a professor's "drinking talk":

I'm almost sure [he] was a drunk, because he mentioned alcohol almost every day in class, and said some things that I would've said back in the day. . . . When teachers, of all people, are talking at length about drinking . . . I don't want to hear about that.

With other students, he could draw clear lines about what he would discuss. His professor's discussion, however, was outside of his control.

Campus Life: Feelings of Exclusion

CRP students described a campus environment where alcohol and other substances seemed to be everywhere. As a result, alcohol consumption and, to a lesser degree, use of drugs like marijuana or Adderall were perceived as "typical" by the CRP students. Many CRP students interviewed reported that "Everybody drinks!" and they were hard-pressed to find anyone who did not adhere to that norm. As one woman expressed, "I think the hardest thing for people in recovery here [is that] I don't know anyone who is not drinking, and I'm not going to go somewhere where people are drinking. It's not smart for my recovery."

Avoiding functions that might serve alcohol effectively excluded CRP students from most social events on campus, according to interview participants.

Some participants, while being committed to recovery, regretted missing out on the "partying," which was seen as part of the college experience, and rite of passage to adulthood in modern American life:

Part of me feels due that college experience. For a lot of us it's a rite of passage, you fly the nest, and you get those years of irresponsibility before it's time to have a career. . . . I'm a young man, you know. I'd like to chase women, and to go to parties and that kind of thing, but unfortunately . . . I can't successfully drink and use drugs, and stuff like that . . . I have a deeper understanding of where my place is, but sometimes I just wish . . .

He takes responsibility for his situation, but regrets the loss of those experiences.

Some CRP students struggled to find their way in to "normal" student life. One woman lamented, "What do I do? What do I do to fit in, and what do I do to have fun? What do I do to be normal, a normal college student?" For most students interviewed, this frustration was most acute during the initial transition period.

Abstinence was not the only characteristic that CRP students perceived as setting them apart from their peers. CRP students tended to be older than their classmates and were likely to be living independently and working outside school, unlike many students on campus. They felt that they were more studious and focused than many of their classmates. All these factors contributed to the sense of differentness. One

man in his mid-20s described how all these issues intertwined in his early days on campus:

When I first came to school here it was really uncomfortable and awkward . . . I was 23 years old, I was in all freshman classes, and it was these kids who had just gotten out of high school . . . they were talking about drinking all the time in class. I'm like this nerd who's like doing all my homework, and they're like "Oh, I got so wasted." . . . I was also living in a halfway house, so I had that fear, like I had "halfway house addict" on my forehead or something.

He was explicit describing his feeling of being stigmatized. Others referred to feeling like "freaks" and "just want[ing] to be normal."

The stigma here is complex. CRP students long to shed the stigmatized identity of "addict" as they transition to life as college students; however, by virtue of their sobriety, they are atypical on campus as well, because they must resist the prevailing norms and cannot take on the identity embraced by their student peers. So, in some sense, they are forced to exchange one stigmatized identity for another, or perhaps to carry them both at the same time.

Some CRP students found psychological strategies for resolving these mental struggles. One strategy for this involved focusing on other groups who were outside the perceived mainstream and finding common cause. For example, one woman related her exclusion to that of students in wheelchairs: "You see people wheeling around in wheelchairs around here. And I mean, some things in life you just don't get. I don't get to drink. It's not a big deal, most of the time." This thinking helped to neutralize her situation and also gave her solidarity with another group of students on campus.

Campus Life: Disclosure

With the burden of non-normative, yet largely hidden, identities came issues of disclosing these identities, or "breaking anonymity." The students interviewed handled this in a range of ways. Some CRP students were very open about the fact they were in recovery, both to students and professors:

Hey, I'm [name] and I'm in recovery. I don't even care I just broke my anonymity! . . . I have not found a single person who has been like "Ewww!" when I told them I was in recovery. If anything they've been like "Wow, that's really cool. Good for you, and you're in school?"

In her case, disclosure had been a positive experience, and people's reactions had helped her frame her identity as different, but not necessarily negative. Being admired for her ability to overcome adversity, to deal with addiction, and go to school at the same time provided a powerful boost. Most CRP students, however, were more equivocal. Some disclosed to professors but not to other students, others told certain classmates as they became acquainted, others were

happy to discuss it on campus, but did not want to speak or advocate beyond. The fear of being judged was powerful for some: “I’m still kind of iffy about all that. I still kind of pick and choose, you know. But I’m twenty-one years old and, and I still am worried about what others think of me.”

The work of managing disclosure, making decisions about whom to tell and when, and bracing for people’s reactions, constitutes an additional strain for CRP students struggling to redefine themselves. Next, we examine the role the CRP on campus played in buffering these struggles and aiding the students in claiming a positive identity, that of a student in recovery.

Role of the CRP: Social Support

In 2008, a CRP was established at the university. The CRP had a staff comprised of a director and a part-time graduate assistant. The director’s office served as a gathering space for the CRP during the day. In the evenings, after public health staff and students departed, 12-step meetings and other CRP events convened in the building’s lobby.

All interview participants were involved with CRP activities. The CRP provided a range of support services. Instrumentally, the CRP served as a gateway for admission to the university for some students. Felony convictions and residence in halfway houses would have served as barriers to enrollment for some; for these students, the CRP director could negotiate behavior contracts and offer other support upon admission. Once on campus, the CRP helped its students with registration, financial aid applications, and navigating the large campus grounds.

Students described the CRP as representing a “safe, comforting” emotional safe space, and CRP peers were a ready-made group of friends. One woman described how all her friends were at the CRP (the Center) and that her sense of community was defined by it:

All my friends are basically in the Center, and the Center kind of brings us together in a way. And it brings like a community-like atmosphere, and it’s just helpful to just even have an office to step into.

Students described the CRP was a safe harbor, a place where their defenses could come down. One student summarized the role of the CRP this way:

Say . . . an 18 year old kid is coming [to campus], and he’s terrified . . . because he wants girls, he wants parties, and I’m—I’m terrified for him. But at least I know he has a place he can come, where he’s not gonna feel like he’s a, he’s a stranger.

The CRP was an important source of social support for interview participants. However, the CRP also provided an important source of support in the process of identity formation, a means of coping with issues of self-redefinition and stigma on campus.

Role of CRP: Identity

CRP students worked to develop self-definitions that supported them. One important piece of this puzzle for many interview participants was embracing the idea of recovery. For many students, recovery had become the cornerstone of their new inner and outer lives. Recovery language was tightly tied up with their experiences in treatment and their ongoing commitment to the 12-step approach. “Working the steps” provided the students interviewed with a scaffolding for coping with stresses, both social and psychological. Recovery was portrayed as a way of being, a lifestyle, or by some, as an identity:

Everything kind of foundationed in recovery for me. . . . I’m just the oddball out of the DT, like . . . It’s more than just a lifestyle for me, being in recovery has become an identity. . . . If you’re gonna quit drinking and doing drugs on this campus, you probably need to drop all your friends. And reinvent yourself.

Creating a recovery-based social world was part of this coping process for most. Recreating yourself with a recovery identity required a recovery-based social circle, activities and hobbies, and places to socialize.

It often required new physical geographies as well. Almost every person interviewed had moved after leaving treatment, often to another state. Only one woman interviewed had been a student at the university before becoming sober, and she struggled to reconcile her pre-treatment and recovery worlds.

I didn’t want to lose the people, just the substances, but that doesn’t work. It took me probably six months to figure that out. . . . It’s a little uncomfortable when I see them around town, because I had to tell them that. “No, I cannot hang out with you. I cannot come see you. I cannot come watch a movie with you.”

Reinventing herself as someone in recovery was a daunting task, when all the reminders of her life before recovery were still around her every day.

The CRP played a critical role for many interview participants by providing recovery-based activities, friends, and social settings. Being involved in this social world created a safe space for the recovery identity to take root and grow, along with ties to 12-step groups through the CRP or in the community. These activities and friends were all campus-based and campus-oriented; in short, they allowed the participants to be students, as well as people in recovery. Through the CRP, then, many found a way to bring together a “recovery identity” and a “student identity.” These two identities coalesced around the very existence of the CRP, physically and conceptually. Through the CRP, they were “students in recovery.”

Claiming this identity, and assuring that it was one viewed positively by the outside world, created work of its own. It was intertwined with the reputation of the CRP, first and

foremost, so the image of the program was seen as paramount to the students individually and collectively. Many spoke of the need to prove themselves and make a name for the CRP, lest people assume they were still “just a bunch of loser addicts.” They were quick to point out that the mean grade point average (GPA) of CRP students was higher than the campus average, that many were on the dean’s and president’s lists, and to describe their broad range of campus and community service projects. It was vital to broadcast these accomplishments to foster the identity of a student in recovery as someone who was bright, hard working, and someone who “gave back” through the CRP.

The image of the CRP was seen as a very important responsibility by students interviewed. For example, some students said they would leave the CRP if their grades faltered. “If I dropped my GPA really low, I’d want to leave [the CRP]. I wouldn’t want to affect [the CRP].” A low GPA would threaten the positive identity that they struggled to cultivate and reinforce the stereotypes that the group served to dispel. Removing oneself was seen as an altruistic gesture; it also suggested that one would not be worthy of the “student in recovery” mantle if she could not perform. Sentiments like this run counter to simple explanations of social support. Students who were struggling might lean more heavily on a group providing social support only. But in this case, the stakes were seen as higher and related to protecting everyone from the pain of stigma.

This sense of responsibility also affected the sense of openness toward new members. Participants shared the idea that the bar for joining the group should be high: “I don’t think it would be fair to just let whoever wants in to come in at any time. I think it would tear the program apart.” This sense of protectiveness was understandable but created the risk of insularity and hostility to new members and added a shadow of tension to a protected space.

On the whole, the CRP provided students in recovery a haven, and an aid in reconstructing positive identities on campus. Most students interviewed had reached a tenuous equilibrium, where life was not easy, but their gratitude to be alive and learning was plentiful. As one young man mused, “It just blows my mind every day when I walk across campus that I am doing this. . . . [Feigns voice of prison guard] “Wake up, [name], it’s time for you to eat. You are still in jail.”

Discussion

In this article, we explore the experiences of students returning to college after treatment for addiction, especially experiences related to identity reconstruction. Findings suggested that their transitions to campus life were often ambivalent. They felt both hopeful and awkward around other students, a finding that was echoed by Finch and Wegman (2012). Feelings of uncertainty about where they fit in, and who they were, were amplified by the campus environment. Some of the challenges they noted were also noted by students

interviewed by Bell et al. (2009). They felt alcohol and some drugs were omnipresent on campus, an idea that is consistent with national data that show substance abuse on campuses to be pervasive (CASA, 2007). This dynamic created a double bind for the students interviewed, as they tried to define recovery identities free of stigma. Sobriety itself was perceived as aberrant in this campus setting. Therefore, a “normal” identity, and the sense of security and belonging that comes with it, was felt to be out of their reach.

The CRP stepped into this space and provided the students support, both instrumental and emotional, to cope with these challenges. The CRP provided a gathering space, social activities, and a group of peers, all valuable elements to the construction of a daily life in recovery. In addition, the CRP was a resource that helped students to establish positive identities, both as individuals and as a collective on campus. As a part of the CRP, students could claim the identity of “student in recovery.” The CRP, in turn, was developing a positive reputation across campus for its service work and its above-average GPA. The CRP provided an alternate identity that was not completely normative, but was positive, and allowed some place to rest, both physically and symbolically.

The success rates of CRP students at this university were not unusual. In a national survey, 90% of CRP students were found to graduate from college, compared with 61% of their peers on campus (Harper, 2013). This survey also confirmed that CRP students were more likely to be older than your typical college student, with a mean age of 25 (Laudet et al., 2013).

These findings suggested that membership in the CRP may be seen as a form of *identity capital*, a term coined by Cote (1997). Sources of identity capital aid in the development of stable, viable identities in emerging adults, in the context of a lack of traditional support structures (Cote & Schwartz, 2002). Cote has argued that all present-day youth face hostile conditions for identity development, as many institutional sources of identity formation have waned. Students in recovery, then, represent a group where the need for identity supports is exaggerated. The CRP is a tangible asset, or scaffold, for successful identity development work. The findings here confirm the findings of other studies that CRPs are important sources of social support, but go further to reflect on their added importance as sources of identity capital. It also adds to Terrion’s (2012) framework of recovery capital, which examines both internal and external resources among students in recovery, and is derived from Putnam’s (2000) idea of social capital. Identity capital reflects the convergence of internal and external resources, rather than making a discrete inventory of the two, to aid students in recovery.

The student population here was predominantly White. This is a limitation, but the lack of diversity is typical of CRPs. Nationally, 85% of CRP students are White (Laudet et al., 2013). Other limitations include the lack of inclusion of students in recovery who were not involved with the CRP,

who were by definition unknown to us, and the lack of inclusion of non-CRP students. This study did not collect detailed demographic information about study participants, or detailed information about participants' time in treatment or type of treatment received. This is a study weakness that should be addressed in future studies. In addition, CRPs differ from campus to campus with regard to the services they offer and the roles they play on campus, so the findings here may not transfer to all CRPs. In addition, this was a rural setting, a state university, and a student body of close to 20,000 students, and the experiences of college students in recovery may vary based on these factors. Further research, qualitative and quantitative, is needed in this area. Quantitative studies are needed to ask whether identity and stigma issues bear on relapse, academic success, or other indicators of well-being in this group. How these issues function on different types of campuses and in the presence of CRPs with different structures are additional unanswered questions.

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