STUDENTS’ LIVED EXPERIENCES IN COLLEGIATE RECOVERY PROGRAMS
AT THREE LARGE PUBLIC RESEARCH UNIVERSITIES

A Dissertation in
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by
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ABSTRACT

To better understand the various ways that participation in Collegiate Recovery Programs (CRPs) is reflected in the lived experience of students in recovery and the various ways in which they construct and organize their realities, I interviewed 12 students in Substance Use Disorder (SUD) recovery in CRPs at three academically-recognized universities that are also designated to be “party schools” for clues regarding how students in recovery in CRPs make sense of their pasts, their present-day lives, and their futures. I examined their use of narrative, their use of social and cultural discourses, and the shifting subject positions they adopted, co-opted, and disputed in their ongoing identity construction as individuals in recovery. To capture the students’ voices and the contexts in which their meaning-making occurs, I used Seidman’s (2016) three-interview series for in-depth phenomenological interviewing. I tracked students' shifts through the multiple, overlapping, and contradictory discourses they adopted, and I identified three main discursive themes: Recovery discourses were primarily rooted in the discourses of Alcoholics Anonymous. A second set of discourses instilled an imperative to work towards success, driving students to acquire the prolonged, specialized educations and other qualifications necessary to gain a professional career, to redeem their ruinous use of alcohol and other substances, and to take active measures to mitigate against the dreaded prospect of falling out of what Barbara Ehrenreich (1989) calls the professional-managerial class (PMC). In the third set of discourses, students in CRPs defined and claimed social power for their CRP and helped establish various means for students in recovery to be “cool” in college. Using discourses in creative combinations to make sense of their experience and to (re)position themselves, students in CRPs resisted college discourses that invited them to return to active use of alcohol and other substances. The findings expand upon existing research and can be useful in designing curriculum, instruction, and other structures to better support students in recovery in CRPs.
Keywords: Alcohol use, addiction, addiction recovery, Alcoholics Anonymous, alcohol recovery, co-curriculum, college students, collegiate recovery communities, collegiate recovery programs, cool, crystal meth, curriculum and instruction, discourse theory, drug use, fraternities, Greek life, interpretivism, millennial, narrative, Narcotics Anonymous, New Linguistics, phenomenology, positioning theory, prevention, professional-managerial class, recovery, recovery-oriented systems of care, recovery support services, self-authorship, sociocultural theory, student affairs, substance use disorder, wellness
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DEDICATION

This dissertation is dedicated with love to

my wife,
Anne Elrod Whitney,
who has been beside me all the way
Chapter 1: Introduction

Placing the Excessive Use of Alcohol and Other Substances by College Students in Context

Without understanding the lived experience of students in college, there remains only an examination of the social costs of alcohol and drug use, and not an examination of the discourses that make their use so attractive to these individuals. Without such an understanding of how students make meaning in college, and without understanding which discourses and subject positions might provide college students with reasonable alternatives, little social change is likely to occur. Phenomenological interpretive approaches to understanding the use of alcohol and other substances are crucial to make an impact on what has been a nearly intractable social problem on college campuses for decades.

As Nichter et al. (2004) point out, “Research on the social and cultural aspects of treatment, prevention, and research systems provides an important reminder that our social structures and cultural values can dramatically influence the phenomena we attempt to describe, explain, and eventually address” (p. 1939).

In recent decades, postpositivist addiction science has made advances, though these explanations don’t consider context.

Anthropology introduced the experiential model in its approach to addiction science, which “arose out of phenomenology, the study of subjectivities, meaning-centered approaches within medical anthropology, and the questioning of objectivity found in postmodern perspectives” (Singer, 2012, p. 1751).
In short, postpositivist addiction science has created understandings that are yet incomplete:

Patterns of drug effect, use and dependency, as well as the effects of drug policies and interventions, do not obey universal laws, but are shaped by the social and cultural contexts in which they occur and help to produce. We need qualitative research to capture how drug use and addiction is lived and represented according to time and place. (Rhodes & Coomber, 2009, p. 59)

American discourses abound that explain the value of going to college. College is preparation for a career, a time of maturation, and a social environment. As students enter the college culture, they digest discourses about the various social roles that they might play as they "do college." It is essential to understand the ways in which college discourses invite students to use alcohol and other substances. Vander Ven's (2011) *Getting Wasted: Why College Students Drink Too Much and Party So Hard* demonstrated that students have a complicated relationship with alcohol. Often declaring that their binge drinking does much to improve their college experience, they have various means of rationalizing the out-of-control use that underlies the "shit show" (Vander Ven, 2011, p.1) -- what makes binge drinking hazardous and destructive is also a part of its appeal.

The social benefits of heavy drinking in college are well understood. College binge drinking is symbolically linked to the most socially powerful groups within U.S. society, and many studies have found that significant social gains come to those who binge-drink in college. These benefits range from increased popularity and status (Moody et al., 2011; Reifman, Watson, & McCourt, 2006; Rodrigues, 2014), enhanced social and cultural capital (Lee et al., 2010), increased social power (Eagly, Beall, & Sternberg, 2004; Sidanius
& Pratto, 2001), and higher student satisfaction with the college experience (Hsu & Reid, 2012). Binge drinking has symbolic associations with various socially-powerful student groups on campus, including wealthy students, white students, fraternity members, sorority members, and heterosexual students (Hsu & Reid, 2012, Bonilla-Silva, 2013; Ennett et al., 2006; Martin & Nakayama, 2010).

Although the use of alcohol tends to improve one’s social status, another body of literature shows how many of those social benefits disappear when students consume far more than their peers. Various studies have shown that students who seek peer approval by attempting to match their peers’ levels of consumption tend to overestimate both how much their peers drink and the degree to which their peers actually approve of their actions (Borsari & Carey, 2001, 2003; Perkins & Craig, 2012). There is a tipping point at which alcohol use begins to damage the users' social standing. As Rodrigues (2014) explained, “more extreme or problematic alcohol behaviors actually have a social cost” (iii), and his study showed that extreme drinking and obvious drinking problems cost the participants in his study “friend nominations” (p. 61) and reduced their social status within their social networks.

As students progress from social/recreational drinkers/drug users, to problem drinkers/drug users, to addicted drinkers/drug users, they are increasingly discredited by discourses that associate them with members of other socially discredited groups. Students have a choice of whether or not they choose to accept or resist the identity that is commensurate with their shifting status.

Whereas alcohol is linked discursively with the middle class, drug use by college students follows from more socially discrediting discourses that associate street drugs with
lower socioeconomic status, nonwhite racial groups, and criminality (Fox, 1999). Historically, alcohol has enjoyed a higher social status relative to marijuana and especially relative to narcotics, particularly crack cocaine (Fox, 1999; Kulesza, Larimer & Rao, 2013). Lindesmith’s (1940) “Drug Fiend Mythology” outlined how decades of media portrayals have contributed to discourses that link narcotics with violence, poverty, discrimination, and social marginalization in the public imagination (Singer & Page, 2014). Regardless of the taboos, these substances attract plenty of college users.

Part of the appeal of illegal drugs can be found in discourses that romanticize heavy use and addiction. American discourses conceptualize heavy and out-of-control use as a catalyst for creative genius and fame. Legions of famous actors, writers, artists, and musicians have died young, including Janis Joplin, Jack Kerouac, John Belushi, Chris Farley, Kurt Cobain, Chris Kelly, and Amy Winehouse. In 1953, William S. Burroughs wore the gritty realities of his active addiction as something of a badge designating his countercultural credibility in “Junkie: Confessions of an Unredeemed Drug Addict” (2003). Hunter S. Thompson was famously unapologetic about his astounding alcohol and drug consumption, saying, “I hate to advocate drugs, alcohol, violence, or insanity to anyone, but they’ve always worked for me” (Travers, 2008, para. 1).

In certain American discourses, drugs confer countercultural credibility, and their lack of mainstream popularity may be one of their major selling points. Some discourses conceptualize narcotics as a means to realize a more authentic subject position than is made available by mainstream culture. In MacDonald & Boyle’s (1996) Trainspotting, Ewan MacGregor’s character rejects the sterile values underlying capitalism in the 1990s: “Choose life. Choose a job. Choose a career. Choose a family. Choose a fucking big
television,” and ends his soliloquy with: “I chose something else.” The cultural valorization of addicted persons reached a certain zenith in the “Heroin-Chic” fashion trends in the 1990s (Ehrman, 1995; Hickman, 2002; Halnon, 2009). Sometimes socially discredited substances are attractive because they have been conceptualized in popular discourses as gritty, edgy, and sexy, attracting users who may want to claim those qualities for themselves.

Within colleges and universities, students with alcohol and/or other substance use disorders pose a problem to themselves, to their colleges, and to their universities. Universities have extensive health, wellness, and prevention programs in place that are relatively effective at responding to the needs of many of these students.

In the revised criteria for the Diagnostic and Statistic Manual (DSM-V), which dispensed with the DSM-IV term “alcohol abuse,” the level of an SUD’s severity (mild, moderate, or severe) is determined by how many of the following 11 criteria an individual meets -- see Table 1.1.

To adhere to criteria for mild Substance Use Disorders, individuals must meet two of the 11 DSM-V criteria. Most college binge drinkers easily meet criteria for a mild Substance Use Disorder (SUD) based on commonly-occurring consequences of college binge drinking, such as its interference with school (criteria 5), or alcohol-related interpersonal problems with family and friends (criteria 6):
The highest-risk problem drinkers and drug users meet at least six of the 11 DSM-V criteria and present with early-onset, severe SUDs that have an especially persistent and recurring course. These students are best served by conceptualizing their more severe alcohol and/or other substance use disorders as primary, chronic health conditions, which demand integrated approaches, focusing on mustering the resources necessary to...
support long-term abstinent recovery. Many of these students have been progressively sliding through increasingly discrediting subject positions, descending from their status as social drinkers/drug users to their status as problem drinkers/drug users, and finally to students with more severe SUDs. CRPs provide students with the discourses of recovery, thus making a "student in recovery" subject position available to them (Scott et al., 2016).

Collegiate Recovery Programs have been implemented at a small but growing number of colleges and universities. Whereas only a handful of CRPs existed in 2000, there are over 100 CRPs operating in the United States today (ARHE, 2017). The growth of these programs represents an expansion of the continuum of care on college campuses to include dedicated support for students in recovery from SUDs, about whom a small body of research has been written and much remains to be understood.

The decision to study students in Collegiate Recovery Programs stems from the success these programs have demonstrated in preliminary data. In Laudet et al.’s (2015) nationwide survey of students in CRPs, participants in these programs reported an 8-25% annual relapse rate across 29 programs, an especially impressive figure when compared to studies reporting that 66% of patients in young populations (adolescents and emerging adults) relapse within six months of treatment (Cornelius et al., 2003), that 61.1% of adolescents who complete a 28-day treatment program will relapse (Harrison & Hoffman, 1989), and that within a year, most of these young people will be using at the same levels they were before treatment (Spear et al., 1999). Additionally, students in CRPs earn GPAs that are higher than the mean GPA at their host institutions and report higher rates of retention (Cleveland et al., 2007).
It is important to understand the various ways that participation in CRPs is reflected in the lived experience of students in recovery and the various ways in which they construct and organize their realities. The primary means by which students in recovery make sense of their experiences past, present, and future is through narrative. These narratives offer clues as to which social and cultural discourses and subject positions they might be adopting, co-opting, and/or disputing in their ongoing identity construction as individuals in recovery, all while providing the context within which this meaning-making occurs. In order to improve CRPs and other support structures designed to serve such students, and to inform the ongoing work of practitioners and educators who serve students with SUDs on college campuses, it is vital to investigate the lived experience of students recovering from SUDs in college as seen through the perspectives of the students themselves.

To obtain CRP participants’ sense-making of their lived experiences at college, and building upon a small but growing number of phenomenological, interpretive studies (Woodford, 2001; Terrion, 2013, Bell et al., 2009; Scott et al., 2016; Kimball et al., 2017), I interviewed 12 students at three recently-developed CRP programs at three academically-recognized universities that are also designated to be “party schools.” Within these data I looked for patterns in the students use of discourses and the ways in which their identities and subject positions shifted as they moved through various contexts in college. In order to understand participants’ awareness of this shifting, I employed Seidman’s (2006) ethnographic questions about these students’ past, present, and future experiences in active use and in recovery. These patterns deepen our
understanding of students in recovery and should prove useful to CRP curricular designers and others involved in the continuum of care.

My research questions are:

1. How do students in CRPs at large public research universities make sense of their active drinking/substance use and their recovery actions?
2. What social and cultural discourses are apparent in their stories? How did they use discourses, and how did they negotiate between competing discourses?
3. What are the implications of those narratives for providing different types of support structures, and what can we learn from these stories that might inform the ongoing work happening in CRPs?

**The Choice to Focus on Discourses and “Language-in-Use”**

My research questions reflect a decision to seek an understanding of the lived experience of students in recovery as informed by the theoretical frame of New Literacies, defined as “new socially recognized ways of generating, communicating, and negotiating meaningful content through the medium of encoded texts within contexts of participation in Discourses (or, as members of Discourses)” (Lankshear & Knobel, 2006, p. 2). A hallmark of New Literacies is to examine literacy as a social practice (Gee, 2007).

Discourses, or what Gee (1999) calls “language-in-use,” are the essential tools with which all individuals engage in social activity. Discourses organize affiliations with cultures, social groups, and institutions (p.1). According to Gee’s definition:

A Discourse is a socially accepted association among ways of using language and other symbolic expressions of thinking, feeling, believing, valuing, and acting, as
well as using various tools, technologies or props that can be used to identify oneself as a member of a socially meaningful group or “social network,” to signal (that one is playing) a socially meaningful “role,” or to signal that one is filling a social niche in a distinctly recognizable fashion. (Gee, 2008, p. 161)

The main rationale for the decision to focus the above research questions on discourses is their usefulness in capturing identity and identity changes in context:

The “social turn in literacy theory and research” (Gee, 1994) over the last three decades has generated close, in-depth research on the literacy practices of actual people, a move that has turned researchers' and theorists' attentions to the roles of texts and literacy practices as tools or media for constructing, narrating, mediating, enacting, performing, enlisting, or exploring identities” (Moje et al., 2009, p. 416).

Gee (2008) speaks of a “primary Discourse” that “gives us our initial and most enduring sense of self” (p. 156). These primary Discourses are learned in the household during one’s formative years and are the “one[s] we first use to make sense of the world and interact with others” (Gee, 1989, p. 7), before they are influenced by intimates in the home and community. Gee explains that secondary discourses are acquired in more public spheres:

Complex relationships exist between people’s primary Discourses and the secondary ones they are acquiring, as well as among their academic, institutional, and community-based secondary Discourses. These interactions crucially effect what happens to people when they are attempting to acquire new Discourses. (Gee, 2008, p. 158)
When developing research questions designed to study students in recovery, it seemed that a variety of insights could be made by describing the tension between Primary Discourses and secondary discourses. The research questions were designed to explore the various interactions between educational discourses, the discourses of AOD use and misuse, and the discourses of recovery. The acquisition and mastery of discourses is the essential means by which individuals gain recognition as being a part of a culture. My research questions therefore reflect a decision to capture the lived experience of students by analyzing the discourses they choose as they coordinate their changing identities, category memberships, and subject positions.

According to Gee (1990), “a discourse is a sort of ‘identity kit’ which comes complete with the appropriate costume and instructions on how to act, talk, and often write, so as to take on a particular social role that others will recognize” (p. 142). My research questions are an attempt to better understand how students in recovery use university discourses to “pull off” how to “be a college student” (Gee, 1999, p.155) -- how they attempt to get their actions “right” and in “sync” (p. 155) in order to gain recognition by various groups.

I chose to focus on Discourses for their ability to reveal the various perspectives that students in recovery take, as Discourses inform how “social goods” (i.e. what is considered smart, beautiful, successful, etc.) are distributed (Gee, 1999, p. 2):

When we speak or write we always take a particular perspective on what the “world” is like. This involves us in taking perspectives on what is “normal” and not; what is “acceptable” and not; what is “right” and not; what is “real” and not; what is the “way things are” and not; what is the “ways things ought to be” and
not; what is “possible” and not; what “people like us” or “people like them” do and don’t do; and so on and so forth, again through a nearly endless list. But these are all, too, perspectives on how we believe, wish, or act as if potential “social goods” are, or ought to be, distributed. (p. 2)

As this shows, students choose which discourses they use, but also, students are acquired and used by discourses.

According to Gee, “discourses are ideological”:

They crucially involve a set of values and viewpoints about the relationships between people and the distribution of social goods, at the very least about who is an insider and who isn’t, often who is “normal” and who isn’t, and often, too, many other things as well (Gee, 2008, p. 161).

This shows how the discursive representation of those values manipulates status and identity positions, from social user, to problem user, to addicted user.

Along such lines, I formed my research questions in part to better capture the perspectives of students in recovery and to thereby gain an understanding of how they perceive social goods should be distributed both inside and outside their CRPs.

A body of scholarship is concerned with how individuals reform and restory their lives (Maruna & Toch, 2001; Mishler, 2004). Others have explored how students shape their identities as they develop within educational settings (Baxter Magolda et al., 2010; Chickering & Reisser, 1993), and still others have explored students’ discursive positioning within educational settings (Gee, 1989; Collins, 2011a; Collins, 2011b).

By seeing identity as a story we tell ourselves about who we are – a way of representing a version of ourselves that is attempting to be “unitary and consistent”
(Davies & Harré, 1990, p. 50); maintaining a coherent narrative of one’s life is difficult, however, and there is a considerable amount of everyone’s identity that is multiple, contradictory, socially contingent, and performative (Butler, 1997; Holland & Leander, 2004; Moje et al., 2009; Davies & Harré, 1990; Harré & Moghaddam, 2003; McAdams & McLean, 2013). To navigate this chaos, storytellers borrow from the existing stock of cultural discourses (Gee, 1990) and existing narrative structures to sequence the events of their lives into meaningful stories with an intelligible narrative arc. They put their life experiences into sequence and mark developmental milestones, and they consolidate this sense of who they are in the narratives they create for themselves. These narratives provide the main means by which they know themselves, and their stories are also the means by which they represent themselves to others.

A crucial focus of my research questions was to gain a better understanding of how students “story themselves” through narrative. In order to better understand how students “make sense” of their actions, it was crucial to analyze their use of narrative, as narrative is the principal means by which individuals “make sense” of their experiences (Bruner, 1996, 1999, 2003, 2009) by arranging their lives into narrative structures (Polkinghorne, 1988; Moje et al., 2009; Mishler, 2004; McAdams & McLean, 2013).

In a narrative, tellers demonstrate how their narrative self (or selves) are accomplished, showing in rich detail how they read and (re)interpret the world. The production of a discursive self (or selves) involves active assigning and reassigning meaning, distributing and redistributing meaning, and exploring various “emotional commitments” one might make, determining which “category memberships” organize oneself, and exploring how one’s moral system is organized around these various
positions and memberships (Davies & Harré, 1990, p. 47). There is much to be gained by studying how individuals story themselves, how they author storylines, how they narrate their individual subjective histories, and how they monitor and make sense of multiple and often contradictory storylines.

**Positioning Theory**

My research questions were designed to explore how students used narratives to negotiate a “discursive personhood” (Gee, 2008). A “discursive personhood” involves analyzing how people negotiate various social positions. Some of these social positions are occupied by choice, and others are assigned to them (Davies & Harré, 1990). There is a need to better understand the ways in which students in recovery use the strategies that are available to them (storylines, emotional commitments, redistributing meaning), to renegotiate their subjective positioning and reflectively reconcile increasingly “incompatible versions of reality” (p. 45).

There is also a need to understand the process by which students in recovery produce their “social and psychological realities” (p. 45), to examine the ways in which they are socially positioned, and should it be the case that they were assigned awkward and/or socially discrediting social positions, Seidman’s (2006) questions afford me the opportunity to track students’ movement among subject positions, from social user, to problem user, to addicted user, to recovering non-user, while accounting for the messiness and nonlinear processes by which those shifts are made.

Another important line of inquiry is how individuals’ narratives take on various subject positions. One’s storyline is written by coordinating various assessments one makes of oneself within the everchanging context of time and place, for a revolving
menagerie of audiences, with whom we co-author still more storylines (Davies & Harré, 1990). Harré and Moghaddam (2010) explain that positioning theory is useful to explore “how people use words (and discourses of all types) to locate themselves and others” and how “it is with words that we ascribe rights and claim them for ourselves and place duties on others” (p. 3). Positioning has direct moral implications, such as some person or group being located as ‘trusted’ or ‘distrusted’, ‘with us’ or ‘against us’, ‘to be saved’ or ‘to be wiped out’” (Harré & Moghaddam, 2010, p. 2). Holland and Leander (2004) explain how persons and groups are extended invitations to accept various positions offered to them as individuals or as a member of a group; they may choose to accept or resist that positioning:

The social positioning of persons and groups, whether through everyday discourse, spatial arrangement, text, film, or other media, is now considered a primary means by which subjects are produced and subjectivity forms. Power relations, in particular, are thought to shape a person’s self (or a group’s identity) through acts that distinguish and treat the person as gendered, raced, classed, or other sort of subject.... A person or group is “offered” or “afforded” a social position when a powerful body, such as a governmental agency proposes a particular sort of subject, a “felon” say, or a “sexual harasser,” or an “at-risk” student and calls on an individual to occupy the position. Faced with such an offer, the person may either accept the position in whole or part, or try to refuse it (Bourdieu, 1977; Davies & Harré, 1990; Foucault, 1975, 1988; Harré & Van Langenhove, 1991). (p. 127)
In part because identity work occurs in social contexts, maintaining a “Discursive personhood” is a difficult task. Identity is multiple, contradictory, socially contingent, and performat ive (Butler, 1997; Holland & Leander, 2004; Moje et al., 2009; Davies & Harré, 1990; Moghaddam & Harré, 2010). To navigate this chaos, storytellers borrow from the existing stock of cultural discourses (Gee, 1990) and existing narrative structures (McAdams & McLean, 2013) to sequence the events of their lives into meaningful stories with intelligible narrative arcs. I designed the research questions to allow for an examination of how preexisting discourses within the larger culture influence these stories.

Another goal of the research questions was to better understand how students coordinate the various subject positions offered to them as students within a large research university, some of which arise from the enduring, stock discourses that determine the social value of a college education. The research questions are meant to capture how students negotiate their various subject positions as those tasked with “doing college” – specifically, how students negotiate intellectual activity and academic coursework, how they negotiate their subject position as future workers preparing for jobs within the larger economy, and how they gain and maintain their social status within university cultures. As some of these subject positions overlap and some conflict with others, the research questions needed to be designed in such a way that they might explore the processes students undertake as they prioritize certain discourses over others to suit the contexts they occupy as college students.
Summary

An increasing number of researchers in the field of addiction science have been calling for qualitative research that studies the prevention, use, and treatment of alcohol and other substance use problems within their social and cultural contexts (Nichter et al., 2004). Building on a small but growing body of phenomenological, interpretive studies of students in recovery from Substance Use Disorders in college (Woodford, 2001; Terrion, 2013; Bell et al., 2009; Scott et al., 2016; Kimball et al. 2017), I studied the lived experience of 12 students in SUD recovery in Collegiate Recovery Programs at three academically-recognized universities that are also designated to be “party schools,” looking for patterns in their use of discourses and seeking to understand their shifting subject positions. New Literacies provided a theoretical frame to understand the lived experiences of students and the ways in which they negotiate multiple, overlapping, and contradictory discourses about how individuals should “do college” and what kind of students they should be. Analysis of narrative yields clues as to how students in CRPs do identity work and the ways in which they use discourses to fill socially-meaningful roles. These narratives offer clues as to which social and cultural discourses and subject positions students might be adopting, co-opting, and disputing in their ongoing identity construction as individuals in recovery, all while providing the context within which this meaning-making occurs. I designed research questions to explore how students make sense of their active drinking/substance use and their recoveries in the hopes of deepening the understandings of students in recovery in CRPs that may prove useful to CRP curricular designers and others involved in the continuum of care.
Chapter 2: Literature Review

Several fields have studied the lived experience of addiction in its social and cultural contexts, some have studied the narrative features of the stories that A.A. members tell, and some shed insight into the age-related concerns in approaches to AOD use problems in emerging adult populations.

Much is known about the demographic makeup and daily actions of students in CRPs, and a small body of studies has captured their lived experience, though only one (Scott et al. 2016) ventured into a discussion of how students may have used discourses, although the authors never made the connection to discourses explicit. Research has revealed much about the demographics and daily decision-making of students in recovery, but less about how these students make sense or their experiences across time. We have not heard enough of the recover’s voices and stories of their awareness of their somewhat liquid identities within the social structures of their environments, and therein lies an opportunity to address the various gaps in the research.

Addiction Research Traditions that Inform the Study of Lived Experience in Context

Addiction research is highly interdisciplinary. A partial list of fields in the natural sciences with a considerable interest in understanding alcohol and other substance use problems includes neurophysiology, neurobiology, genetics, genomics, health informatics, biochemistry, psychopharmacology, pharmaceutical sciences, neuropharmacology, and biomedicine. A partial list of fields in the social sciences/health care fields includes psychology, psychiatry, secondary education, higher education, developmental studies, social work, sociology, anthropology, criminology, medicine,
health messaging, narratology, and nursing. Studied together, these many fields have produced a body of knowledge surrounding alcohol and other substance use disorders whose scope and breadth is mindboggling.

There is a need to summarize the more general understandings that have been gained about the study of addiction within their social and cultural contexts. Two traditions in particular have made contributions that are especially useful for understanding the social aspects of addiction. Anthropology contributed a major body of knowledge and has made an especially rich qualitative contribution to understanding addiction science, with its “eclectic methods and an interpretive explanatory style” that is “suited to the study of social phenomena” (Rubinstein, 1984). The other body of knowledge was gained through life history research and narratology. By studying the stories that A.A. members tell, researchers in narratology and life history revealed the way in which alcoholism and recovery is conceptualized by A.A. members and the process by which members come to reorganize their lives by consuming, producing, and revising their personal stories.

Anthropological sociological contributions to the literature of addiction include the cultural model, whose examination of drinking patterns around the world created a discourse about whether or not alcohol use and drunkenness was inherently disruptive and which examined whether or not the social and health problems attributed to alcohol use in societies such as the United States were universally experienced by alcohol-using cultures around the world (Singer, 2012, p. 1748). Anthropological researchers then took up the lifestyle model, in which drug and/or alcoholic use was seen as a “life-style or a distinctive subcultural tradition” (Singer, 2012, p. 1749), creating a body of work on street drug use.
that “emphasized that the lived worlds and social identities of drug users have considerable social order and socially-constructed purpose and meaning,” (p. 1750) a view which has drawn criticism for having “ignored the wider social context that fosters drug use and addiction” (p. 1750). This led to the critical medical anthropology model, which considered drug use “within the context of macrolevel structures (significant economic inequalities, institutions of social control), social processes and dominant institutions (such as corporate activities, the dominant media, and forces of discrimination), and relations of power (e.g. social classes, unequal relations among nations, and the development of underdevelopment) (p. 1750). The field then explored the social production of suffering or “the immediate personal experience of broad human problems caused by the exercise of political and economic power” (p. 1751) and considered the extent to which use could be considered self-medication, or how addictive processes feed the experience of “inequality as it is lived by people who must endure its consequences” (p. 1751), and whereby drug use problems are explained in terms of structural inequalities that create a vicious cycle of suffering, for which drug use provides temporary relief, though in time drug use compounds the suffering, necessitating the further use of drugs (Singer, 2012). Another contribution from anthropology is the discourse of drug syndemics, which considers the “adverse interactions of diseases with each other and with punishing social conditions” (p. 1751), especially the interplay of drug use, violence, mental health, HIV/ AIDS, health problems relating to tobacco and alcohol use to “promote disease aggregation in a population and the reduction in immune competency and bodily capacity to resist and overcome disease” (p. 1751). Singer (2012) details how the experiential model arose out
of phenomenology and medical anthropology and includes “a focus on drug therapies and the subjective experiences of being in treatment” (p. 1751).

Thanks to a tradition of studying the stories told by A.A. members, a great deal is known about the role of narrative in A.A. recovery. As the overwhelming majority of students in recovery in Collegiate Recovery Programs (including all 12 in participants in this study) are members of A.A. or N.A., it is important to review the body of scholarship that has investigated the relationship between narrative and the identity development of individuals in A.A. and other mutual-aid groups (Trice & Roman, 1970; Thune, 1977; Whitley, 1977; Peele, 1984; Hänninen & Koski-Jännes, 1999; Weegman & Piwowoz-Hwort, 2009; McIntosh & McKeaganey, 2000; Strobbe & Kurtz, 2012; Holland, 1988; Humphreys, 2000; Lederman & Menegatos, 2011).

Studying A.A. stories has led to understandings of various ways that narrative helps form the social structure of A.A. (Swora, 2002, Pollner & Stein, 1996; Humphreys, 2000). Humphreys (2000) expanded the range of stories in A.A. past that of personal histories, showing that A.A. stories serve various “vital functions, such as justifying community traditions, recruiting newcomers, and promoting a sense of wonder in A.A.” (p. 504).

When A.A. members narrate themselves, they take into consideration the existing stock of story structures to make sense of their experience. Hänninen and Koski-Jännes (1999) found that there was a pattern in A.A. stories that was utterly predictable. The A.A. story is one of “excessive drinking,” followed by “isolation,” followed by “hitting bottom,” leading to experimentation (search for solution), followed by “joining A.A.,” which leads to “recovery and ‘decent life,” followed by “gratitude” (p. 1840). They saw
the cultural story model to be that of the “prodigal son returns home;” the explanation
behind the narrative is “disease;” the cure is “growing humble, identifying with other
alcoholics, finding one’s place in the community;” the moral assessment of themselves is
“not guilty but the victim of disease” (p 1840). In A.A. narratives, the “Evil” one faces is
“individual hubris” and the force for “Good” is “communion” with others (p. 1840).
Hänninen and Koski-Jännes (1999) found that narratives told by individuals in A.A.
recovery were directly derived “blindly” from A.A. discourses and its “pre-existing
narrative model” (p. 1847).

Thune (1977) and Holland (1998) described how A.A. members take up new
discourses as they are made available to them, how they accept and reject categories, and
how they come to create an alcoholic self. They show how cultural models of stories
work to produce epistemological changes in A.A. members. In addition, A.A. narratives
allow members to signal to other members that one has mastered the conventions around
which membership and status are organized within A.A. Members are rewarded or
corrected depending on the extent to which their storylines come to resemble the A.A.
story form. Learning to tell one’s story is a way of adapting to an A.A. selfhood, a way
of temporally sequencing one’s life history, and a way of showing that one means to
follow A.A.’s traditions and ideology. This A.A. selfhood is, crucially, a nondrinking
self; the discursive act of learning to see one’s life in terms of an A.A. story is to accept a
social and psychological reality that makes a nondrinking self desirable, and which, on
the other hand, discursively disallows socially and psychologically any storyline or
subject position that involves a return to drinking.
A number of different researchers show the way in which members, by conforming to A.A. story structures, come to make epistemological changes that are helpful in the long term. Thune’s (1977) phenomenological study of members of Alcoholics Anonymous found that A.A. members improved their self-concept by telling stories reorganized by “radical detemporalization” (p. 72) that shaped the “nature, meaning and experience of these constructions of the self” (p. 75). In Thune’s (1977) analysis, the typical A.A. story tells of a progression in which the member tries to control a drinking problem which steadily gets worse, after which the member takes up “initially rejected A.A. precepts and presumptions” (p. 80) and stops drinking. They then describe their present program of abstinence and “place considerable stress on the doubtful state of their present abstinence and the temptations facing them” (p. 80). Many then claim to have experienced vast changes in their outlook on themselves and their world, with A.A.’s help. Thune (1977) saw A.A. stories as providing the model for how to analyze one’s past in light of the present.

Thune (1977) described how A.A. helps members temporally redefine their condition in ways that differ considerably from temporal conceptions of alcoholism held by society. This both creates hope for the active drinker that a non-drinking alcoholism is attainable and reminds those who are abstinent to remain alert to the constant danger of returning to active drinking:

[A.A.] members learn that the only meaningful organization of their personal alcoholic experience is a radical detemporalization of it, and with it, of alcoholism. In this way it is possible for them to lose any illusion of temporal contrast between normalcy and alcoholism and to realize that for them drinking and nondrinking are
merely two different ways of living within an over-all alcoholic being. What is crucial is that that the difference between the drinking and nondrinking alcoholic has become a logical, not a temporal distinction. (p. 82)

This differs from the “temporalized view of alcohol” often held by drinking alcoholics who “can visualize a progression from normalcy to alcoholism, and perhaps back again” (p. 82). Thune (1977) sees the means by which an individual attains control over his or her alcoholism as the process of listening to other stories and learning to tell a narrative that “recognizes no (temporal) progression, and also no regression, because the categories as they have been redefined exist only as logically but not temporally related units” (p. 82):

The life histories, in which the distinction is so frequently presented, represent a temporalization of this logical distinction. However, the underlying message to be communicated must always be, on the one hand, that even the nondrinking member is always an alcoholic, and in fact is always potentially a drinking alcoholic, and that, on the other, the active alcoholic may always attain an abstinent alcoholic condition. The great danger for the abstinent alcoholic is that he may temporalize this logical distinction once again, assume he is cured, and resume drinking. Real possibility appears to the active alcoholic once he recognizes that within himself is the logical possibility of a nondrinking alcoholism. Clearly the definition and structural relation of these terms, as A.A. has redefined them, embodies and identifies a set of possibilities and dangers which a conventional conceptualization necessarily excludes. (1977, pp. 82-83)
Similarly, Holland (1998) shows how within the cultural world of Alcoholics Anonymous, announcing that one’s drinking is alcoholic is announcing that one’s self is irreversibly alcoholic – simultaneously assigning one's active alcoholic self to the past. More than anything else, telling one’s story is a way of demonstrating to the group that one is no longer an active alcoholic, one is making a concerted effort at not drinking, and one is taking up the behaviors of a member of the group, “becoming alcoholics, not by drinking, but rather by learning how not to drink” (Holland, 1998, p. 4). As Holland (1998) mentions, the A.A. identity “requires a behavior – not drinking – that is a negation of the behavior that originally qualified one for membership” (pp. 75-76). “The A.A. story serves to attach what has now become understood as a negative behavior – attributes of the active alcoholic – but demonstrates that these are in the past” (pp. 75-76). In other words, the A.A. story demonstrates to others that one is not drinking and that one is continuously making an effort to not drink.

Coming to understand one’s self as alcoholic requires an identity change, or of “self-understanding in the world” (Holland, 1998, p. 70), which is then articulated to the group in stories:

Telling A.A. stories is a way of demonstrating that one has mastered, or at least has begun to gain facility with, the appropriate understandings. Telling an appropriate story is thus a means of gaining some validation from listeners for one’s A.A. identity. But telling is an active process. It is a process of construction. Using the A.A. model and applying it to her own life, the drinker comes to understand better how and why she is an alcoholic. She locates herself within the figured way of A.A.. The stories are used in what is simultaneously a social and cognitive and
affective, personal process. In the process of identity formation, the A.A. member undergoes a kind of reorientation in her self-understandings, a detachment from identities subsisting in other figured worlds, followed by the reconstitution – a process not only of learning but also of valuation, indeed elevation – of an identity predicated within A.A.s world. She accomplishes this transition primarily by reinterpretting her life as an A.A. story. (p. 72)

Thune (1977) and Holland (1998) thus show several ways in which the A.A. personal story works to develop and sustain alcoholic selves. The A.A. story is a tool for new self-understandings, a way of distancing oneself from other (active drinking) identities, and a means of being reconstituted into an “elevated” identity. Holland (1998) shows how by learning to tell one’s life story as an A.A. story, one enacts and signals a change in cognition and affect. It also signals a willingness to participate in the social world of A.A. and to master the stories modeled by that culture (though the process of transformation is experienced as personal). This serves as an example of how narrative analysis of temporal sequences reveals important clues as to practices A.A. members employ in epistemologically reconstituting themselves – namely, by adapting their stories to better fit other stories modeled in A.A.’s cultural world.

Addiction science is largely concerned with studying drug effects, drug use dependency, interventions, and drug policy, with the bulk of resources committed to the study of the neurobiology of addiction, the development of addiction interventions, and an assessment of the outcomes of those interventions. A new subfield of addiction science is concerned with understanding recovery processes, and thus it is necessary to review how recovery has been building a body of knowledge of what resources can be
assembled that will help individuals sustain remission from chronic health conditions by sustaining major lifestyle changes. The lived experience of students in recovery speaks directly to this subfield.

A major innovation in the conceptualization and treatment of addiction has emerged under the banner of Recovery-oriented Systems of Care (ROSC) in an attempt to reorient a field in keeping with a reconceptualization of severe alcohol and drug dependency as sharing “many of the defining characteristics of chronic primary illnesses e.g. 2 diabetes mellitus, hypertension, and asthma” (White, 2015, p. 1), especially the way in which individuals suffering from these illnesses often require ongoing support following acute care to follow their treatment plans, and where health outcomes are often a matter of the patient’s ability to sustain behavioral changes in the long-term.

The field of behavioral health contributed the Continuum of Care model and its emphases on health promotion, prevention, treatment, and recovery in the treatment of addictions.

This new conceptual model has impacted the participants in this study, as many universities have sought to expand their existing continuum of care beyond health wellness and prevention and treatment to include dedicated ongoing recovery supports, and one way to accomplish that is by providing Collegiate Recovery Programs to offer students long-term, ongoing support.

For a dispensation of the relationship between students in CRPs and alcohol and substance use, see Figure 2-1.
Figure 2-1 Relationships of CRP Students to Alcohol and Substance Use

Emerging Adulthood in Addiction Literatures

The term “emerging adulthood” was invented by Arnett (2000) to describe the longer, transition to adulthood experienced by 18 to 25-year-olds in recent decades. As emerging adults increasingly delay marriage and parenthood and pursue needed education and training deep into their twenties, Arnett (2005) argues that this transitional
period has extended so long that it requires its own separate designation within the life course: “The subjective status of emerging adults as being between adolescence and adulthood could mean that they feel that, because they are no longer adolescents, they are capable of deciding for themselves whether or not to use substances,” writes Arnett (2005), “But if they also feel that they are not yet adults, they may not feel committed to adult standards of behavior and an adult level of responsibility” (p. 246). Bergman et al. (2016) call emerging adulthood “the age of feeling in-between” (p. 270). Emerging adulthood is characterized by new experiences, reduced supervision, residential instability, and semi-autonomy from parents; for most adults, this period comprises their lifetime peak for various high-risk behaviors, including heavy drinking and drug using behaviors (p. 235).

Addiction science is primarily focused on “age-specific biopsychosocial idiosyncrasies” (Brandon et al., 2016, p. 270) surrounding health policy, assessment and treatment of emerging adults. Researchers using “identity status” modeling (Schwartz, 2005; Arnett, 2005) found a link between substance use and identity confusion (Berzonsky & Kuk, 2000). Emerging adults using substances scored high on personality characteristic assessments in the areas of pleasure-seeking, sensation-seeking, and experience-seeking (Arnett, 1994; Zuckerman, 1994; Pandina, Labouvie, & White, 1986; Arnett, 2004).

In neuroscience, studies of emerging adults’ brains using magnetic resonance imaging (MRI) found that emerging adults with early substance use problems had less total gray matter volume that their control counterparts (Weiland et al., 2014). Other neuroscientific research has determined that emerging adults’ prefrontal cortexes develop
more slowly than their subcortical limbic brain regions and that this “dissymmetry” may be responsible for disinhibition, impaired planning, and suboptimal higher-order thinking skills “well into the third decade of life” (Bergman, 2016, p. 271).

**Long-term Studies of Addiction in the Life Course and “Maturing Out”**

The alcohol and drug-using patterns in emerging adults are overstated by some and minimized by others. A large number of emerging adults meeting criteria for an SUD (particularly criteria for mild and moderate SUDs) will mature out of their use, and others will not. This distinction is important for several reasons.

Many have argued that the number of emerging adults meeting criteria for an alcohol use disorder is “implausibly high” (Wakefield & Schmitz, 2014, pp. 1-2), especially since many meeting DSM criteria for an AUD show high and rapid remission rates. Others have identified factors that contribute to the overdiagnosis of AUD (Wakefield & Schmitz, 2014; Boness, Lane, & Sher, 2016). Given that much college social activity is pathological when measured against DSM diagnostic criteria, it is important to understand that many who meet criteria for an SUD may remit from symptoms without support of any sort. Many have come to regard a mild SUD diagnosis as a “pro-drome, or early symptom” (Robinson & Adinoff, 2016, pp. 15-16). There is no doubt that many emerging adults who meet DSM criteria for an AUD are passing through a life phase, and most will be able to greatly reduce their alcohol and drug using behavior, often without recourse to any treatment whatsoever:

About one third of persons meeting dependence criteria at some point in their life have a relatively brief course of heavy drinking during late adolescence and early adulthood (Moss, Chen, & Yi, 2007). Most of these persons fully recover as they
mature into adults, and 40 percent eventually become stable low-risk drinkers (Dawson et al. 2005; Dawson et al. 2006). Almost none of these persons receives treatment (Moss, Chen, & Yi, 2007) and physicians are most likely to encounter them only if they present with acute trauma. Another 40 percent of persons meeting these criteria develop dependence mid-life, and are more likely to have a family history of alcohol dependence, and anxiety or depression (Moss, Chen & Yi, 2007). This group also has relatively mild alcohol dependence (i.e., meeting three to four dependence criteria). Most continue to function reasonably well and eventually remit after a few years. This group is likely to present to a primary care physician and have excellent prognosis for full recovery, including nonabstinent recovery (i.e., engaging only in low-risk drinking and not meeting any criteria for an alcohol use disorder) (Dawson et al., 2005; Dawson et al., 2006). (Willenbring, Massey, & Gardner, 2018, p. 49)

As Nichter et al. (2004) explain, drug use peaks during emerging adulthood, and is “temporally and contextually limited” (p. 1946) and “changes in drug use are often guided along socially influenced, culturally specific pathways” (p. 1945). What is appropriate at one age is not appropriate at another, as dictated by “cultural expectations regarding the normative developmental cycle” (p. 1945). As individuals grow older, and their social and cultural context changes, they learn to function to meet the demands of a new life phase as they reach “socially important turning points” such as marriage and the birth of children, that require changes to fall into “socially congruent roles and behaviors” (p. 1945). This reorientation of individuals “norms, values and goals” (p. 1945) cause many to moderate of stop their drug use in process of “maturing out”: 
While this time-out period is often characterized by drug use, it is also a temporally and contextually limited occurrence for most individuals, a conclusion borne out by multiple long-term studies, who consistently report significant declines in self-reported alcohol and drug use behaviors across the lifecycle (Bachman et al., 2002; Jessor et al., 1991; Schulenberg et al., 1996). (Nichter et al., 2004, p. 1946).

In seeking to understand how emerging adults rationalize risky behavior, a body of qualitative research helps describe the wide array of factors that influence heavy alcohol and other drug use behaviors in emerging adults, such as their social context, their social positioning, their personal agency, and so forth. What emerges is a more agentive, more nuanced, and more complicated picture of emerging adults’ motivations and decision-making that underlies the statistical record of their engagement in (and/or desistance from) unhealthy behaviors.

As Nichter et al. (2004) point out, qualitative research considers the degree to which risky behaviors balance out with “conditions associated with their social age, including a strong physical body that can withstand a certain degree of abuse, more ample opportunities for physical exercise to compensate for unhealthy behaviors, the presence of a disposable income, and an overall social environment relatively lacking in stress and responsibilities” (p. 1946).

Nichter et al. (2004) show that interventions need to understand the interplay of culture in the “age-related judgment processes” (pp. 1946-1947) of young people and how it is that “risk behaviors are not necessarily viewed as inherently damaging, reproachable, or even unhealthy, but only became evaluated in these terms in specific
contexts that are directly related to social factors and cultural expectations” (pp. 1946-1947):

Youth tend to frame their thinking about substance use in terms of social gain in a context where harm appears distant and one’s ability to regulate or be able to stop use is often overestimated. Cultivated risk taking is exciting, enables one to feel alive, experience a sense of agency and freedom, and in some cases master fear (Lupton & Tulloch, 2002).

This collective body of knowledge helps greatly to understand how individuals of certain ages make decisions: “Put simply, the social value of certain risk activities often overrides knowledge of the disease processes and negative outcomes associated with these behaviors (cf., Laurier et al., 2000; Nichter et al., 1997; Pavis et al., 1998)” (p. 1946).

**Early-Onset Severe Dependence with a Chronic and Recurrent Course in Emerging Adults**

Although many emerging adults engaged in heavy use of alcohol and or other drugs “spontaneously remit,” it is essential to not paint all students as “merely going through a phase.” Many journal articles fail to mention that many emerging adults’ alcohol and drug problems will not spontaneously remit, large numbers of emerging adults will not eventually mature out of their SUD, and significant numbers of emerging adults may never recover. A body of literature describes an early-onset, higher-need population:

Only about one third of persons who meet dependence criteria at some point have early-onset, severe alcohol dependence (i.e., meeting five to seven dependence criteria), which is characterized by a strong family history of alcohol dependence,
antisocial behavior, significant disability, and a chronic or recurrent course (Moss, Chen & Yi, 2007). This is the group most prominent in public discourse. Most patients in treatment programs and members of Alcoholics Anonymous fall into this group (Dawson et al., 2005, Fein & Landman, 2005) Although many persons with recurrent dependence eventually make a full recovery, most will have at least occasional relapses, and some will never achieve full recovery. (Willenbring, Massey, & Gardner 2009, p. 49)

It is vitally important to address the chronic problems experienced by this group of emerging adults and to establish the fact that many emerging adults’ drug and alcohol use problems continue in their disabling effects deep into their lifetimes (Brown & Ramo, 2006; Dennis et al., 2005), and some may never experience full recovery in the remaining course of their lives.

**Studies on Emerging Adults in Recovery**

Kelly, Stout and Slaymaker (2013) investigated the effects of 12-step involvement on emerging adults in the year following treatment and found that “participation is independently associated with better substance outcomes” and that “certain aspects of involvement, in particular, may help explain the beneficial aspects of attending 12-step organizations” (p. 155), which contributes to a small body of research on emerging adults and 12-step participation:

Available research suggests emerging adults attend less often and discontinue [12-step participation] sooner than older adults, but similar to older adults, attendance is associated with better outcomes. One 12-month study compared emerging adults (18–25 years; n = 98) to older adults (26 years+; n = 922) and found emerging
adults were less likely to attend A.A., and those who did, attended about half as many meetings and had lower affiliation and declined more quickly in the frequency and intensity of attendance over time (Mason and Luckey, 2003). A 7-year follow-up of a community/treatment sample of emerging adults with problem drinking/dependence (n = 265) who were part of a larger cohort, found A.A. attendance was one of the few positive predictors of salutary alcohol changes (Delucchi et al., 2008) and an 8-year follow-up of adolescents across the transition to emerging adulthood found significant A.A./N.A.-related recovery benefits (Kelly et al., 2008). (Kelly, Stout, & Slaymaker, 2013, p. 152)

Most phenomenological studies of emerging adults in recovery concentrate on identity formation (Arnett, 2005; Rodriguez & Smith, 2014; Shinebourne & Smith, 2009), and yet, according to Elswick (2017), “the research has not been able to account for the particular barriers and facilitators to recovery in emerging adulthood” (7).

Werner-Wilson’s (2017) phenomenological study of emerging adults in recovery found that emerging adults reported a family ultimatum (getting “cut-off”) as the experience that caused them to initiate their recovery and experienced considerable instability and difficulty following treatment. They struggled to reconcile their active-using identities with their recovery identities. They reported having been inspired by younger role models with whom they could identify. Rodriguez and Smith (2014)’s interpretive phenomenological study of 19-21-year-olds in N.A. recovery revealed a population that struggled with ambivalence in early recovery, i.e. they were not sure they fully wanted to be in recovery and yet did not fully identify with the people they met in N.A. They reported a sense of belonging, developed a new social network, and new practices of self-
care, such as writing and praying. They also reported an increased sense of authenticity and came to embrace an “addict identity” (p. 480).

**Studies on Alcohol and Drug Use by College Students**

Kilmer, Kronce and Larimer (2014) provide a history of college student drinking research since the 1940s. Beginning in the 1970s with the establishment of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), excessive alcohol use came to be seen as a public health issue that would be best responded to with prevention and intervention strategies. Early efforts to understand college student drinking gave way to college prevention and intervention efforts to curb high-risk drinking. Marlatt and Rosenow (1981) showed that college students’ beliefs about the rewards that come with drinking alcohol (decreased inhibition, fitting in) were less a physiological effect produced by alcohol and more of a perceived effect engendered by the expectancies themselves. This expectancies research led to a breakthrough in which students could be helped to reduce their drinking behavior by better understanding that the benefits they attributed to alcohol use were not in many instances effects produced by alcohol. Social norming campaigns arose out of Perkins and Berkowitz’s (1986) research showing that students overestimate how much their peers drink and increase their drinking in keeping with this mistaken perception. This finding created an entire college industry dedicated to “reeducation and social norms mass marketing” (Kilmer, Kronce, & Larimer, 2014, p. 29) campaigns; at the same time, harm-reduction became the guiding philosophy on college campuses, in which, for the first time, college students “were encouraged to set their own goals as regards to drinking” (p. 29).
In 1994, Wechsler published his landmark study, and his report on binge-drinking in college helped colleges recognize widespread heavy drinking behavior on college campuses. A body of evidence was growing in support of the use of a six-session Alcohol Skills Training Program in conjunction with a one-hour brief motivational interview (BMI). The Brief Alcohol Screening and Intervention for College Students (BASICS) was developed to help high-risk drinkers reduce alcohol use and negative consequences, which was later confirmed by Baer et al. (2001) and Marlatt et al. (1998) to bring about “significant reductions in consumption and consequences among students who has received BASICS” (Kilmer, Kronce, & Larimer, 2014, p. 30).

The current environment on college campuses seeks to implement programs meeting standards for Evidenced-Based Practice (EBP), an interdisciplinary approach in medicine, allied health fields, and education to assemble the best research evidence available for a clinical practice, in consultation with an individual who uses his/her clinical expertise in matching the clients’ needs to a potential intervention, while also taking in to consideration the clients’ preferences and values (Spring, 2007; Lilienfeld et al., 2013). Approaches having the highest level of scientific support according to the NIAAA involve correcting normative perception, motivational enhancement, and alcohol-specific skill building (Kilmer, Cronce & Larimer, 2014).

Another body of literature is qualitative, as is the case with Vander Ven’s (2011) phenomenological study of drinking culture, “Getting Wasted: Why College Students Drink Too Much and Party Too Hard” which considers how heavy drinking’s costs are best viewed within the context of students’ perceptions of heavy drinking’s social benefits and explains how many students find “getting wasted” more desirable than any proposed
alternatives. Heavy-drinking students explained how this behavior delivers many of the rewards that they seek, providing seemingly limitless possibilities for fun, adventure, confidence, laughter, sex, absurdity, and so forth. Vander Ven (2011) also explains how negative consequences that go with heavy college drinking are all part of the “shit show” – students help one another become accustomed to the damage that is inevitably inflicted as part of the social production of madcap hilarity; in the aftermath, college drinking friends help reinforce college students’ decisions to persist in drinking in the face of grave personal crises.

Other phenomenological studies run counter to the findings that excessive alcohol use leads to academic impairment by showing how many students remain high-achieving, prioritizing academics and maintaining high GPAs, after which they cut loose by drinking large quantities of alcohol (Bachenheimer, 2014). Students balanced academic striving with other self-determined goals. Alcohol helped them remain socially competitive, and thus they pursued academic and social success in tandem: “It’s like can I be as successful [socially] as I can be academically?” one student in Bachenheimer’s (2014) study asked. “Can I be the coolest I can possibly be?” (p. 235).

Qualitative contributions to the literature on excessive college drinking thus provide a rich context for understanding college drinking that helps place the problem within the context of the subjective lived experience of the drinkers themselves, which helps inform understandings of the social and cultural context of problem AOD use.

**College Students in Recovery: Two Phenomenological Studies**

There exist two phenomenological studies of the lived experience of college students in recovery from substance use disorders, though because the participants were
not supported by a CRP, these studies are helpful but distinct from Collegiate Recovery Program literatures.

Woodford’s (2001) dissertation used a phenomenological frame and grounded theory to explore how (n=3) students in recovery transitioned into college, employing Seidman’s (1998) three-interview series. He was able to show, in the students’ own words, how students struggle to make the transition to the high-risk collegiate environment, how they benefit from a sense that the administration of the host institution is responsive to their needs and values them, and how they relied heavily on A.A. for support (particularly on-campus A.A. meetings). The students received a great deal of support from A.A. sponsors, struggled to balance the demands of coursework and the demands of their recovery programs, and displayed intellectual curiosity beyond the scope of the work required to earn a diploma. All possessed an ethic of doing service for others, and all described having had a “spiritual awakening” (p.231) as a result of working the 12 steps of A.A.

Another interpretive phenomenological study was performed by Terrion (2013), who studied 14 students in recovery in Ottawa, Canada who were attending a college or university, utilizing semi-structured interviewing. She found that these students were able to mobilize personal recovery capital, including physical capital, and reported finding a way to manage and to not withdraw early in spite of their most often reported source of stress: financial insecurity. They were able to mobilize human capital (changes in values and beliefs, self-esteem, self-efficacy, and interpersonal communication). They had clearly-defined goals, focused on graduation and attainment, experienced changes in identity, and became involved in a new way of life (volunteering,
service) which seemed to reflect and continuously foster a new epistemology of meaning. They also mobilized family/social recovery capital. Since the average age of participants was around 30 years, they had difficulty relating with other students who they perceived as much younger, and many of the older students had difficulty establishing relationships with other students. The younger students in the study achieved more relationships, and actively sought out academic high-achievers (or “nerds”) with whom to associate. They chiefly formed relationships with housemates, friends or sponsors from A.A., non-using friends from before treatment, and sometimes with their families and treatment providers (p. 16). Relationships with supportive and interested professors were important to them. Community recovery capital was highly variable, with some students feeling that their institution was supportive and others feeling “vulnerable” and “marginalized” (p. 17), particularly within institutions in which alcohol use was a core component of most social activities.

**What We Know about CRP Participants**

Using a variety of survey methods, researchers have identified the demographic and dispositional characteristics of students in Collegiate Recovery Programs.

Major studies (Cleveland et al., 2007; Laudet et al., 2015) report that students in CRPs are older than the mean age of college students at their universities, that the majority of students were male, and that CRP students were over 90% white.

Studies report that students in CRPs report high levels of polydrug use, and only a small number of students who reported having used alcohol only (Laudet et al., 2015; Cleveland et al., 2007). Laudet et al. (2015) reported that students in CRPs had using
careers lasting seven years on average. Most had been to treatment, and their average age of first admission was 20.6 years.

Cleveland et al. (2010) were able to show that students at Texas Tech’s CRP maintained abstinence at rates that far exceed that of the typical emerging adult post-treatment (only a 4.4% within semester relapse rate). This is echoed in Laudet et al.’s (2015) nationwide survey (n=486) which showed that students in 43 CRPs nationwide had an annual relapse rate of between 0 and 25% with a mean relapse rate of 8%. Laudet et al. (2015) found that the average reported length of abstinence from alcohol was just over 2.6 years, and the average length of abstinence from drugs was just over 2.9 years.

Cleveland et al. (2010) was able to show that students at Texas Tech’s CRP achieved higher-than-average GPAs—a finding echoed by Laudet et al.’s (2015) nationwide survey.

Various studies reported that students in CRP have high rates of 12-step participation (Laudet et al., 2015; Bell et al., 2009; Cleveland et al., 2010).

Laudet et al. (2015) reported that students in CRPs have high rates of co-occurring mental health disorders and reported significant rates of co-occurring process disorders, including eating disorders, self-harm behaviors, and compulsive sexual behaviors. These students have also been shown to use tobacco products at rates that greatly exceed the national rate for their age group (Laudet et al., 2015; Cleveland et al., 2010).

Cleveland et al. (2007) reported that 43% of students claimed that their families paid for all of their educational/ living expenses and observed that most students’ parents
had the wherewithal to afford substance abuse counseling and treatment (and often long-term inpatient treatment).

A range of studies show that students in CRPs use various social supports to mitigate against the relapse risks they encounter in their collegiate environments (Cleveland & Groenendyk, 2010; Cleveland, Wiebe, & Wiersma, 2010; Casiraghi & Mulsow, 2010).

**Phenomenological Research on Students Participating in Collegiate Recovery Programs**

Four phenomenological studies of the lived experience of students in recovery have emerged in recent years. They make a contribution to understandings of the identity construction of students in recovery, the role of academics in students’ lives, the struggles they faced, the aspects of their programs they found most helpful, various beliefs that CRP students hold, and some features of their CRPs’ social organization.

These studies provide a foundation for exploring various aspects of the identity construction of students in recovery. Bell et al. (2009) identified two main recovery identities of students in CRPs in her study – the first was “characterized by stability” (p. 440) and the other was characterized by “exploration” (p. 440), which was reflected in discrepancies between how one group of students in recovery conceptualized friendships, academics, and recovery relative to the other group. Academics were highly valued and comprised a major source of group identity in the CRP; students in the study placed great emphasis on academic achievement. Scott et al. (2016) found that “a low GPA would threaten the positive identity that they struggled to cultivate and reinforce the stereotypes that the group served to dispel” (p. 6).
Scott et al. (2016) reported that students in recovery faced a “double bind” in which “they sought to escape the stigmatized identity of “addict,” but could not identify as typical students because of their abstinence from alcohol and drugs” (p. 1), foregrounding the role of stigma and identity as considerations in recovery from addictions. Through their CRP they found “an alternate and positive identity: a student in recovery” (p. 1). This “student in recovery identity,” they argued, is a form of social capital (Putnam, 2000) / identity capital (Cote, 1997) / recovery capital (Terrion, 1997). By employing Cote’s (1997) construct of recovery capital, in which “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” (p. 6), Scott et al. (2016) implied that students’ identity capital was constituted discursively, and related to the subject positions that college students occupy, providing they implied the role of than opening for future researchers to identify the discursive origins of the discourses they use and subject positions these discourses make available.

The phenomenological studies also provided a foundation for understanding the role of academics in the lives of students in CRPs. Scott et al. (2016) found that academics were highly valued and comprised a major source of group identity in the CRP; students in the study placed great emphasis on academic achievement. Scott et al. (2016) found that “a low GPA would threaten the positive identity that they struggled to cultivate and reinforce the stereotypes that the group served to dispel” (p. 6). Students in Washburn’s (2016) study described having found success in their recovery and academics and credited the Centre for the Study of Addiction and Recovery (CSAR)’s academic support as being one of the most supportive elements of their program.
Washburn (2016) identified that students sometimes displayed hostility towards students who lacked a commitment to their academic work. Bell et al. (2009) found that students sometimes struggled to balance recovery and academics and thought it important to prioritize their recoveries over their academic work.

Students in these phenomenological studies revealed various struggles that they faced. Washburn (2016) found that students were sometimes overconfident and discovered that sustaining recovery could be surprisingly difficult in college. Scott et al. (2016) claimed that students in CRPS struggle with disclosing their stigmatized status as students in recovery. Students in Bell et al.’s (2009) study reported that they felt limited socially, found living in the residence halls challenging, and struggled to balance recovery and academics.

Students in these phenomenological studies identified various forms of support that are useful in understanding CRP programming and curricula as it is lived by the students themselves. Students in Bell et al.’s (2009a) study credited their campus CRP as having made college possible for them, citing the recovery community there as the principal means by which they received support, in contrast to the outside non-recovering community. They also credited on-campus 12-step meetings, the academic support provided by the CRP, and the physical location (as a place to hang out) as being the most supportive elements. Washburn (2016) reported that students benefitted from role models within their CRP.

Lastly, these phenomenological studies identified various beliefs held by students in CRPs. Bell et al. (2006) found that students at Texas Tech’s CRP conceived of recovery as a transformative process (that occurs both within a person as well as in the
relationships with others and the world as a whole). Both Washburn (2016) and Kimball et al. (2017) showed how students in recovery found purpose and hope through a future-oriented perspective, and Kimball et al. (2017) identified spirituality as playing an important role in many students’ recoveries. Students in Washburn’s (2016) study described progressing from a “negative, failure-assumptive view of self towards a more positive, capable-assumptive view of self” (p. 289).

Phenomenological studies provide insight into the social values within CRPs. Scott et al. (2016) reported that students in recovery show protectiveness that can sometimes be manifested in hostility and insularity, especially towards those students who they deem as lacking in commitment to their recovery programs and academic work. Similar findings were reported in Washburn’s (2016) study, in which students in a CRP with an application process wanted staff to be more selective and to exclude members whose commitment to recovery or academics was lacking. Similar cultural tensions were discovered by Washburn (2016), who found that A.A. helped students in CRPs develop a commitment to recovery, but that A.A. could invalidate some students’ short-using careers and clean records as lacking the grittiness necessary to establish credibility in A.A. social circles.

**Summary**

The understandings gained by existing research provide a foundation for this study. Calls for more phenomenological studies in addiction science inform its methods. Addiction science’s interdisciplinary knowledge contributed various theoretical models and a body of narrative research revealing various ways that A.A. members’ recoveries are accomplished through the telling of stories. Research on young people has created
various understandings about age-related concerns in considering heavy drinking and
drug use patterns in emerging adults. Yet another body of research details the problem
that college students who use AODs excessively pose to themselves, to their universities,
and to society.

Research on students in CRPs provides the foundational understandings that
inform my study. A body of survey research has revealed the demographic and
dispositional characteristics of students in CRPs. The body of phenomenological studies
helped to explain various aspects of the lived experience of students in recovery in
context. Together, studies on students in recovery in CRPs have revealed much about
these students’ demographics and daily decision making, but less about how these
students make sense of their experiences across time, and we have not heard enough of
the recovers’ voices and stories of their awareness of their somewhat liquid identities
within the social structures of their environments. Considerable gaps in knowledge
remain to be filled.

Remaining Gaps in the Literature

As detailed in Chapter 1, calls for more phenomenological research in addiction
science inform the methodology of this study. The literatures reviewed in this chapter
reveal numerous gaps in knowledge.

The body of research studying A.A. members’ storytelling provides no insight
into how students in CRPs narrate themselves, and there is a need to study the sense-
making of A.A. members using methods of data collection that allow the researcher to
gain access to their lived experience beyond the prepackaged story forms that members
learn to tell. There is a need for research that disrupts stock A.A. storylines to identify
the various social and cultural discourses that might differ from A.A. stories in their content, identity, power, and agency.

A body of survey research has revealed the demographic and dispositional characteristics of students in CRPs. The body of phenomenological studies has helped to explain various aspects of the lived experience of students in recovery in context, but these studies have not examined the students’ shifting discourses in their identity construction, nor has research explored the subject positions these discourses make available to students in recovery.

What no study of students in CRPs has done is to study participants’ identity shifts within the context of the dominant discourses of going to college, and To employ such a gaze would provide insight into how students with severe substance use disorders sustain recovery and thrive in an environment in which they would otherwise be uncomfortably positioned socially.

More research is needed to learn about how students in recovery make sense of their recovery actions in the context of college and its social worlds. Such findings could help those in CRPs develop support structures more responsive to students’ needs and move the field of collegiate recovery forward.
Chapter 3: Methods

Chapter 1 established the need for qualitative research that studies alcohol and other substance use problems within their social and cultural contexts (Nichter et al., 2004; Rhodes & Coomber, 2010). Chapter 2 established that much remains to be known about how students make sense of their experiences across time, and there is a need for research that captures recovering students’ points of view and their lived experiences within the social structures of their environments.

Building upon a small but growing body of phenomenological, interpretive studies of students in recovery from Substance Use Disorders in college (Woodford, 2001; Terrion, 2013; Bell et al., 2009; Scott et al., 2016; Kimball et al. 2017), I designed my research questions to explore how students make sense of their active substance use and their recoveries in the hopes of gaining deepened understandings of students in recovery in CRPs that might prove useful to CRP curricular designers and others involved in the continuum of care. I recruited and interviewed 12 students in SUD recovery in Collegiate Recovery Programs at three universities that are highly ranked academically which also have been designated top “party schools.” To best capture the patterns in their use of discourses and track their shifting subject positions, I employed Seidman’s (2006) three-interview series, employing his structure for in-depth phenomenological interviewing to track their sense-making across time and in the hope of disrupting the narratives they might have prepackaged through repeated tellings in A.A. and N.A.

I performed thematic analysis of interview transcripts supplemented by analysis of students’ narratives. New literacies provided a theoretical frame to understand the
lived experience of students, the multiple, overlapping, and contradictory discourses they employed, which offered these students clues as to how they should “do college” and the sorts of students they should be. I employed analysis of narrative to show how students in CRPs construct their identities in context, revealing the processes by which students adopted, co-opted, and disputed social and cultural discourses to fill socially meaningful roles as individuals in recovery.

**Context**

**The Context of Three Collegiate Recovery Programs**

I chose three universities from a list of six CRPs that met selection criteria in 2016/2017, at the time the study was conducted. All three universities had over 30,000+ students, and all were public research universities that had established midsized Collegiate Recovery Programs between 2011 and 2013 that conformed to the “Standards and Recommendations” (Boyd-Austin, 2013) articulated by the Association in Higher Education (A.R.H.E.):

1. Each of the three universities CRPs have a dedicated space in which to meet.
2. Each of the three universities CRPs have a staffperson employed by the university.
3. Each of the three universities CRPs have a peer-support community.
4. Each of the three universities CRPs offer a range of programming to support the students in recovery who participate in their programs.
5. Each of the three universities use abstinence as the main standard by which they defined recovery (though all were open to multiple pathways).

The six universities meeting these criteria were:
• The University of Colorado at Boulder
• The University of Georgia, Athens
• The University of North Carolina at Chapel Hill
• The Pennsylvania State University, University Park
• The Ohio State University, Columbus
• The University of Michigan, Ann Arbor

I was most familiar with Penn State and CU Boulder, as I am employed by the first, and I earned my B.A. from the second. I selected the University of Michigan because I served on the board of the Association of Recovery in Higher Education with Matt Statman, the CRP Program Manager, and I thus knew the program shared similar characteristics to those of Penn State and CU Boulder. Had I unlimited time and resources, I would have liked to include the other three universities on the list.

Part of the rationale for studying these universities is to better understand a context in which almost no research has been published. Nearly all the research in the field of collegiate recovery has been accomplished at Rutgers, Texas Tech, and Augsburg University, at CRPs founded in 1983, 1986, and 1997 that each serve over 100 participants.

Penn State University Park, The University of Colorado at Boulder, and The University of Michigan at Ann Arbor launched Collegiate Recovery Programs in 2011, 2012, and 2013, respectively.

Although Collegiate Recovery Programs often share many traits in common, it is crucial to understand that CRPs vary in accordance with the student populations they serve.
The rationale for a multi-site study of Collegiate Recovery Programs was in part an effort to examine the extent to which the lived experiences of students in recovery at one university’s CRP might be similar or different from the lived experiences of students at another university’s CRP, to see which understandings might be single-site specific, versus explanations that might be commonly shared by multiple contexts.

Second, the multi-site study preserves the confidentiality of the participants better than the confidentiality of participants would have been preserved at a single site – because of this, I was able to be more specific about the contexts in which the students went to school by naming the three host institutions, instead of substituting the name of the university with a generic name. I was thus able to name the University of Michigan, the University of Colorado, and Penn State, instead of their much less satisfactory generic substitute names (i.e. Midwestern Public State University, Western Public State University, and Eastern Public State University).

At the time of the study, all three universities had over 30,000+ students, all were public research universities that had established midsized Collegiate Recovery Programs between 2011 and 2013, and all conformed to the seven “Standards and Recommendations” articulated by the Association in Higher Education (2018).

All met A.R.H.E.’s first Standard that “CRPs embrace abstinence-based recovery as the standard of our field” (para. 3). Ultimately, these programs supported major lifestyle changes involving desistance from alcohol and other drugs entirely. In all three programs, students with co-occurring mental disorders were encouraged to take any medications for which they have prescriptions as directed. These programs have welcomed participation on a limited basis from students on medication-assisted therapies
(MAT) for Opioid Use Disorders (i.e. Suboxone, methadone), and all three allowed students on MAT to participate in select activities.

   All three recommended students stabilize in their recoveries before participating, and all three extended offers of membership after a certain set period of time. Students at the CUCRC become “CORE members” after achieving 90 days of abstinent recovery, and students at the Penn State CRC could apply for membership after 90 days of abstinent recovery. The UMCRP strongly recommended an undefined “period of time” to stabilize in one’s recovery before returning to school and signing a membership agreement.

   A.R.H.E.’s second Standard is that “CRPs are housed within an Institution of Higher Education that confers academic degrees (e.g., associates, bachelors, masters, and/or doctorate degrees) (para.4). All three institutions met this requirement.

   A.R.H.E.’s third Standard is that “CRPs are non-profit entities” (para.5). All three of the programs are part of their host institutions, and all three institutions are nonprofit universities.

   A.R.H.E.’s fourth Standard is that “CRPs have paid, qualified, ethical, and dedicated professionals who support students in recovery” (para. 6). The Penn State CRC is staffed by a faculty member who serves half of his joint appointment as Program Coordinator, joined by a halftime Asst. Program Coordinator, a recovery house Program Assistant, and additional part-time student positions. The University of Michigan is hosted by a fulltime Program Manager and a part-time student position, and the University of Colorado is staffed by a full time Program Manager, as well as a part-time student position.
A.R.H.E.’s fifth Standard is that “CRPs provide a variety of recovery support services to assist students in maintaining and protecting their recovery” (para. 7). Penn State’s CRC offered four weekly peer-run recovery-support discussion groups (called “Seminars’) in the 2016/2017 school year, hosted a weekly lunch, and provided other recovery-supportive programming, including check-ins for support and accountability with program staff. In order to abide by the Penn State CRC membership agreement, students are expected to attend at least one of these weekly discussion groups, and some voluntarily attend several, depending on what their schedule allows. The University of Michigan offers their CRP discussion-based group once weekly and recovery support and accountability through regular one-on-one check-ins with the Program Manager. The CUCRC provides discussion groups, and weekly one-on-one check-ins with the Program Manager.

None of the three programs claim to be clinical treatment programs and instead categorize themselves as offering a range of recovery support services. All three provide discussion groups geared towards topics relevant to supporting the college student in recovery. All three CRPs offer connections to resources for academic wellness and other support services. They all advocate for students to the best of their ability in admissions and student conduct. They all support transitions into campus and opportunities to be of service. They all sponsor social events, group trips, and informal social opportunities multiple times a month.

All three expect their students to be actively working in recovery programs and have developed semi-formal agreements specifying various requirements. Although all three are open to alternatives to 12-step programs, well over 90% of the students in these
programs attend Alcoholics Anonymous and Narcotics Anonymous meetings, and the great majority of those who attend A.A. and N.A. also actively work the 12-steps.

Some differences in recovery-protective programming exist between the three programs: In 2017, the Penn State CRC provided more discussion groups, and offered less regular one-on-one support to students than do the UMCRP and the CUCRC. The Penn State CRC and the CUCRC both offer dedicated recovery housing for some of their students, and the University of Michigan does not currently (as of 2017). In 2017, the CUCRC is more explicit than are the UMCRP and the Penn State CRC in offering support for process addictions. The UMCRP and Penn State CRC both feature affiliated student organizations, called Lions for Recovery and Students for Recovery, respectively, and the CUCRC instead advertises affiliations with various student organizations and other recovery-supportive organizations, such as Phoenix Multisport.

A.R.H.E.’s sixth standard states that “CRPs have within them a collegiate recovery community with students in recovery from their alcohol and/or other substance use disorders as the primary focus” (para. 8). These programs each had approximately 25 participants in abstinent recovery from substance use disorders.

A.R.H.E.’s seventh recommendation is “CRPs do best with a dedicated physical space for students in recovery to gather and offer peer support to one another” (para. 9). The Penn State CRC features a meeting space and adjoining office in a central location in the heart of campus, the UMCRP has a student lounge and two staff offices located in the University of Michigan’s health center, and the CUCRC has their center in the University Memorial Center, a student hub in the center of campus. These drop-in centers provide a space on campus for students in recovery, literally and symbolically.
The Context of the Three Universities in the Study

Penn State, the University of Michigan, and The University of Colorado at Boulder are consistently ranked in the top 50 public universities in the world. In 2018, U.S. News and World Report ranked the University of Michigan, Penn State, and the University of Colorado as the 26th, 52nd, and 90th best colleges in the United States, respectively (U.S. News, 2018), and in 2018 Niche.com named the three universities as the 22nd, 8th, and 26th biggest party schools in the nation, respectively.

In admissions, U.S. News (2018) ranked Michigan as “Most Selective,” and Penn State University Park and the University of Colorado at Boulder as “More Selective.” Figures provided by collegedata.com showed that in 2015, the range of the median 50% SAT scores at Penn State and Boulder in Math were 560-670 and 530-640 respectively; Michigan’s range was 100 points higher at 660-770. The median 50% SAT Score in Critical Reading in 2015 were nearly the same for Penn State and The University of Colorado at 530-630 and 530-640, and again, Michigan’s range was 100 points higher at 630-730. The average GPA of students accepted at Penn State and Boulder were nearly identical at 3.60 and 3.62, whereas the average GPA of students accepted to the University of Michigan in 2015 was a 3.83.

Penn State has the largest population of the three universities, with 40,742 and 6,565 graduate students, for a combined total of 47,307. The University of Michigan is second biggest with 28,312 undergraduates and 15,339 graduate students for a combined total of 43,651. The University of Colorado is the smallest of the three, with 27,010 undergraduate students and 5,765 graduate students, for a combined total of 32,755 students.
According to Forbes.com, in 2017, 56% of students at the University of Colorado are male, 54% of students at Penn State are male, and 52% of students at the University of Michigan are male. 69% of students at the University of Colorado at Boulder, 65.1% of students at Penn State, and 56.2% of students at the University of Michigan identify as white.

According to collegeboard.org (2018), 17% of students at CU Boulder, 16% of students at Penn State, University Park, and 15% of students at the University of Michigan, Ann Arbor received an income-based federal Pell grant intended for low-income students, compared to 32% of students at all universities in 2016/2017 nationally.

In 2017, Boulder’s population was 103,166, but the city feels bigger because of its proximity to Denver. According to bouldercoloradousa.com (2017), Boulder is located in the high desert 5340 feet above sea level and is pushed up rather dramatically against the foothills of the Rocky Mountains. Boulder has moderate temperatures (in January, Boulder’s coldest month, the average daytime high is 45 degrees). Boulder is sunny an average of 300 days a year, with an annual snowfall of 89 inches. Boulder has become considerably more expensive in recent years; a tech boom has brought high-paying jobs into the area, and Colorado has attracted wealthier individuals from other regions in the U.S. to relocate, especially from California, since they can sell a house in California and get more for their money in Colorado. For these reasons, Boulder is a far more expensive town in which to live than either Ann Arbor or State College.

Ann Arbor’s population in the 2017 census was 121,477 (census.gov), but the city feels bigger because of its proximity to Detroit. Although nearby Detroit’s industrial decline is severe and ongoing, a Detroit Free Press article from July 2016 describes how
venture capital is surging in life science, technology, medical devices, and media industries in Ann Arbor; some believe that Ann Arbor is poised for outsized growth, if not a boom (Gallagher, 2016).

University Park is often referred to as being in the “Centre Region” with a population of 92,180 in 2013, and many of these Centre Region communities included in that number carry a State College, PA address even though they are not part of the Borough of State College. Unlike Boulder and the University of Michigan, University Park has no large city nearby, and sits in a valley surrounded by the northern tip of the Appalachian Range. Outside of State College, Centre County is mostly rural. Various efforts to map U.S. cultural regions represent Centre County as a cultural crossroads, where Midwestern and Appalachian cultures and values intersect in a thin band; this region is sandwiched between northern East Coast values and mid-Atlantic values (Wilson, 2013; Allison, 2016). It is considered very expensive to live in State College relative to other towns in the county, and the economy that the university supports makes Centre County an island of growth relative to surrounding rural counties. Student housing in State College is still considered costly, but it is more affordable than housing in Ann Arbor, and a bargain relative to the soaring rental prices in Boulder.

At the University of Michigan, 24% of women and 17% of men are involved in sororities and fraternities, versus 19% of women and 17% of men at Penn State and 25% of women and 12% of men at CU Boulder (collegedata.com, 2018). At Penn State, only fraternities have their own off-campus houses, and these occupy much of the downtown State College real estate, whereas at the University of Michigan and the University of
Colorado, sumptuous houses have been built for both fraternities and sororities. All three universities have houses in prime locations within easy walking distance to campus.

At each of the three universities in the last ten years, rule violations have caused their university’s administrations to expel multiple chapters, and all three universities have been cracking down on alcohol-related hazing, alcohol-related accidents, and alcohol poisonings, particularly when they result in student deaths. Periodically, each university threatens action that might call for an end to Greek life at their campus, but the political power and the net contribution of those in the Greek system is considerable. A cyclical pattern has emerged in which a national scandal involving Greek life breaks in the news, the university initiates a response and a crackdown, and some fraternity chapters are permanently eliminated. All three universities’ administrations have to this point stopped short of calling for a total ban on all Greek life despite the public pressure that has been mounting in light of multiple cycles of student deaths.

All three universities have Division 1-A football programs that play in Power Five conferences. Both Penn State and Michigan are in the Big 10 athletic conference, and CU Boulder plays in the Big 12. All three universities’ programs were ranked in the top 10 in the Football Bowl Subdivision (FBS) in 2016. Michigan, Penn State, and Colorado have 11, 2, and 1 National Championship(s), respectively. All three universities have football stadiums that speak to the importance of these programs to their universities. The University of Michigan’s stadium, known as the “Big House,” has a capacity of 107,601, and Penn State’s Beaver Stadium has a capacity of 106,572 – the two are the largest stadiums by seating capacity in the United States. CU Boulder’s Folsom Field has a seating capacity of 53,750, which arguably speaks to a slightly less fanatical cultural
emphasis on football than might exist at the University of Michigan and Penn State. A body of research has found a clear connection between alcohol consumption and high-risk drinking behavior and alcohol-related fan behavior on college football game days (Merlo et al., 2010, Glassman et al., 2007).

The legality of marijuana differs across the three universities. With the passing of Amendment 64 in 2012, adults aged 21 and older in Colorado can legally purchase marijuana. Boulder has a long countercultural history and dozens of both recreational marijuana stores and medical dispensaries have been established in Boulder. Ann Arbor, Michigan has enacted lenient laws on marijuana possession, and a 1972 city council ordinance and a 1974 voter referendum made possession of small amounts of the substance a civil infraction carrying a fine, with first-time possession infractions remaining $25. In State College, a 2016 ordinance made the possession of under 30 grams or less of marijuana a citation rather than a criminal misdemeanor charge. The citation for possession is $250, and the citation is $350 for smoking, though on the University Park campus, the state law continues to apply and is charged as a misdemeanor (new.psu.edu, 2018). Drug use features prominently in Boulder’s culture, in contrast with Ann Arbor and State College.

Because they are larger cities, more weekly 12-step meetings are available in Boulder and Ann Arbor than are in State College.

The Context of A.A.

All 12 participants in this study were in 12-step recovery programs. 11 attended A.A., and one attended N.A., a program that is based on a modified version of A.A.’s 12 steps. Laudet et al.’s (2015) National Survey reported that 93.3% of students had
attended A.A. or N.A. in their lifetime, and of those students, 99.3% had been to a meeting in the past year and 89.8% had been to a meeting in the past month.

The many variants of A.A., such as Narcotics Anonymous, Cocaine Anonymous, etc. adapt the 12-steps laid out in the original text, entitled *Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism* (1939). Members attend A.A. meetings and are encouraged to meet regularly with a sponsor, a more experienced member who offers guidance and takes them through the 12-steps. The cornerstone of the 12–steps is the admission of powerlessness over alcohol – members come to see themselves as suffering from alcoholism, which A.A. conceptualizes as two phenomena working in tandem – a mental obsession coupled with a physical compulsion. The inability of the alcoholic to control the quantities used is explained as the action of a physical compulsion or abnormal reaction that makes the sufferer unable to control how much of a substance they use, once they have ingested even the smallest amount of that substance.

A.A. members come to accept A.A.’s conceptions of alcoholism primarily through their identification with other A.A. members’ personal stories, who “qualify” by relating how they lost control both of their ability to use in moderation (the physical compulsion) as well as their inability to keep away from alcohol for long, even when they possess the strongest possible desire to do so (the mental obsession). A.A. describes the entire futility of ever regaining the ability to moderate one’s use, and, since the ability to use alcohol with moderation is all but impossible; the A.A. members’ primary strategy for addressing the problem is centered on “staying quit.” A.A.’s primary text, referred to most commonly as the “Big Book,” sets about illustrating to the new member that his/her
strongest desire to remain quit without the help of an A.A. program is likely to fail. Prospective A.A. members come to accept that without steady, ongoing involvement in A.A., they are likely to resume use, which would in turn set the whole compulsive cycle in motion again. In A.A.’s description of alcoholism, the mental obsession hijacks the memory and intellect and renders the individual at certain times powerless to resist – as A.A. puts it, “Our sound reasoning failed to hold us in check. The insane idea won out” (Alcoholics Anonymous, 1939, p. 37).

The 12-steps ask members to surrender their will and commit to seeking a spiritual solution in order to bring about the changes necessary to accomplish a lasting reprieve from alcoholism (Steps 1-3). Members take a personal inventory of their resentments, fears, and sexual histories (Step 4) and then share this inventory with another person (Step 5). Having identified a list of defects of character that block them from having relationships with others and from expanding their spiritual life, members pray, asking for those defects to be removed (Steps 6 and 7). Next, members create a list of all the persons they have harmed and set out to make amends to them all (Steps 8 and 9). Step 10 is devoted to continuing to take daily inventory, Step 11 instructs members to continue to seek conscious contact with a power greater than themselves. By Step 12, it is expected that the Steps will have brought about a spiritual awakening, and the member is then responsible for carrying the A.A. message to other members.

This is of course a brief synopsis of the 12-steps and a reduction of a complex and highly personal process. A great deal of variation exists in how one goes about what participants in the study often refer to as working an A.A. program.
Position Statement

No research is entirely free from personal bias. Seidman (2006) explains that “interviewers are part of the interviewing picture. They ask questions, respond to the participant, and at times even share their own experiences. Moreover, interviewers work with the material, select form it, interpret, describe, and analyze it” (p. 23). Seidman (2006) believes that rather than apologizing and trying to develop controls to protect against the interviewers’ influence, that those working in this mode “recognize and affirm the role of the instrument, the human interviewer” (p. 23). Seidman (2006) mentions that it is necessary to acknowledge the interaction between interviewer and participant to “affirm its possibilities” as well as “to minimize the distortion that can occur because of their role in the interview” (p. 23).

I positioned myself as an insider/expert relative to my students. All knew me as the Program Coordinator of Penn State’s CRP. I needed to take special care in interviewing students in Penn State’s CRP, and I needed to be careful to acknowledge my role and to mitigate against those personal biases I might have as a researcher.

I began my current period of long-term recovery from SUDs on November 1st, 2001, when I was a sophomore at the University of Colorado at Boulder. By attending outpatient treatment and actively working a 12-step program, and by attending meetings and participating with other students in 12-stop recovery on campus, I found that my relationship with myself, my college, and my town had become transformed, and that I was happier than I had been when I was in active use; I no longer missed using alcohol and other drugs. I credit 12-step recovery with providing the means to avoid further disaster and providing a springboard for a purposeful and meaningful life. I credit 12-
step recovery groups for much of the success I’ve enjoyed in recovery, especially the
student community (30+ active students) in the Tuesday, Thursday, and Friday meetings
that met on CU Boulder’s campus (known as the Campus Group).

I have remained active in 12-step recovery for the past 26 years. 17 years after I
graduated from CU Boulder, I joined the faculty at Penn State as an Instructor of
Education, and a few years after that I was approached by another faculty member who
wanted to gauge my interest in championing a Collegiate Recovery program at Penn
State. I was sponsoring a number of Penn State students in 12-step recovery, and I
witnessed for myself a handful of Penn State students who did not have the advantages I
had had at the University of Colorado. In 2010, Penn State students pursued recovery in
an environment where almost no student recovery culture existed, except for a handful of
students that were loosely affiliated and rather transient, and no 12-step meeting had yet
been established on campus. I helped start the Penn State CRP in large part to try to
develop a recovery environment so that other students could have the positive experience
that I had in recovery in college.

By serving on the board of the Association of Recovery in Higher Education, I
have witnessed the exponential growth of CRPs across the country. I have found
Collegiate Recovery Programs to be inspirational. The successes I’ve witnessed inspired
me to create new knowledge in the fledgling field of Collegiate Recovery Research, and
this study is my very best attempt to understand these programs and the students that
participate in them.

I am no impartial observer, and I have no pretense that I have rid the investigator
bias from the study; I need to foreground this study by acknowledging that I am hoping to
add to the field of recovery, which has shown tremendous promise but lacks a large research base. I took numerous active measures to ensure that I was reflecting my respondents’ thoughts and reactions, and not my own.

Some ways in which I attempted to mitigate against my personal biases around 12-step recovery involved making an unsparing assay of the disease model, of A.A., and of spiritual solutions. I went in search of scientific certainties around 12-step recovery that do not exist, and which for various reasons will probably never exist.

I have sought to fully understand a broader conception of what recovery entails. In the process I confronted a large body of research that challenges all of my preconceptions about addiction and recovery. I contended with scientific evidence that problematizes some of the foundational concepts upon which A.A.’s conception of alcoholism is based. Recent exploration of addiction and its “social, psychological, cultural, political, legal, and environmental” (Fraser, 2017, p. 131) contexts made me doubt everything I knew about addiction and spun me around in a game of ontological pin-the-tail-on-the-donkey.

I attempted to mitigate against my personal and professional biases towards the Penn State CRC, to the degree that it is possible for me to not hold biases towards a program I helped found and in which I am (partially) employed. One way I mitigate this is to include two other universities CRPs in my study, so that the picture that emerges of any single CRP -- good, bad, or indifferent -- has been reported alongside what was learned – good, bad, or indifferent -- from students in peer institutions.

For these reasons, I believe I was able to maintain a high level of objectivity in interviewing students, even though I knew each of the four participants at Penn State
rather well already. I followed Seidman’s (2006) advice and counseled the participants to speak not so much to me, but to the interested public that they hoped to educate about their experience through their participation.

**Participants**

**Selection of Participants**

The participants were selected to best match for the aims of my study. Seeking participants that could help me understand how students make meaning of their alcohol use and recovery, I contacted site directors and asked that they each select four participants using selective criterion sampling (Sandelowski, 1995). My selection criteria were sufficient to gain understandings of students’ sense-making in context. All participants needed to have participated in their respective CRPs for 90 days before the first interview, and during that time they needed to be in continuous abstinent recovery.

The choice for such broad criteria followed from my primary concern, which was to make observations linking patterns in students’ lived experiences within the context of their CRPs to see which linkages hold up across additional cases to form a qualitative explanation. As this was not an experimental design, I recruited a range of participants whose diversity would likely confound any effort to isolate variables, including male and female participants, white and nonwhite participants, undergraduate and graduate students, alcohol-only users and polydrug users.

The University of Michigan Collegiate Recovery Program and University of Colorado Collegiate Recovery Center site directors each selected four volunteers from their respective programs who met the criteria, and I selected four volunteers from the
Penn State CRC who met the criteria. Students signed a consent form prior to the first interview, which they were asked to renew before each audio-recorded interview.

Given the time commitment asked of students, remuneration to participants was made in the form of a code for a $60 Amazon gift card.

**An Overview of the 12 Participants**

The following is a description of the 12 participants in the study (for an overview of the participants, see table 3-1).

“Emma,” a white female freshman, was 20 at the time she was interviewed. She had been in continuous abstinent recovery for one year and eight months. Emma started drinking alcohol at 13 and using drugs at 14. Her use quickly turned problematic. She became a daily marijuana smoker and a blackout drinker. She sometimes disappeared for entire weekends and couldn’t be reached on the phone. Her parents suspected she was suicidal and spoke frequently of sending her to therapeutic boarding schools. She suffered from debilitating anxiety and panic attacks. Her parents sent her to treatment her second semester of her senior year, but she initially saw no need for recovery. After six months in treatment, she became convinced she had a problem. After a short relapse following treatment, she returned to work an A.A. program, and she has been in abstinent recovery since then. She was attracted to the music program at her university, and her mother learned of her university’s CRP while searching the web. At the time she was interviewed she was in her second semester of participation.

“Allison,” a white female Junior, was 21 at the time she was interviewed. She had been in continuous abstinent recovery for just over eight months. Allison had been a top student in high school, and she had her first drink in her college dorm room at the age
of 18. She had always felt “awkward and weird,” and after drinking alcohol she felt “funny and gorgeous … It was like a switch just flipped in my brain,” and “from right

**Table 3-1: Overview of Participants**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Identifies as</th>
<th>Identifies as</th>
<th>Length of abstinence recovery at time of interview</th>
<th>Entered as</th>
<th># of semesters at CRP (including current semester in progress)</th>
<th>Class standing</th>
<th>Substance of choice</th>
<th>Co-occurring mental health disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emma</td>
<td>20</td>
<td>F</td>
<td>White</td>
<td>1.67 years</td>
<td>Freshman</td>
<td>2 Freshman</td>
<td>Freshman</td>
<td>1.Alcohol 2.Marijuana</td>
<td>Anxiety, depression, ADHD</td>
</tr>
<tr>
<td>Allison</td>
<td>21</td>
<td>F</td>
<td>White</td>
<td>.67 years</td>
<td>Freshman</td>
<td>2 Junior</td>
<td>1.Alcohol 2.Marijuana</td>
<td>Anxiety, Depression</td>
<td></td>
</tr>
<tr>
<td>Helena</td>
<td>22</td>
<td>F</td>
<td>White</td>
<td>2.42 years</td>
<td>Freshman</td>
<td>4 Senior</td>
<td>1.Crystal Meth 2.Marijuana</td>
<td>Not any</td>
<td></td>
</tr>
<tr>
<td>Dan</td>
<td>24</td>
<td>M</td>
<td>Hispanic/Puerto Rican</td>
<td>3.08 years</td>
<td>Freshman</td>
<td>6 Senior</td>
<td>1.Marijuana 2.Alcohol</td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Lauren</td>
<td>24</td>
<td>F</td>
<td>White</td>
<td>1.83 years</td>
<td>Junior, transferred in recovery</td>
<td>2 Junior</td>
<td>1.Alcohol 2.Marijuana</td>
<td>Depression Bi-polar depression Eating disorder</td>
<td></td>
</tr>
<tr>
<td>Samantha</td>
<td>23</td>
<td>F</td>
<td>White</td>
<td>1.17 years</td>
<td>Freshman</td>
<td>3 Senior</td>
<td>1.Alcohol 2.No 2nd</td>
<td>Anxiety, depression, eating disorder</td>
<td></td>
</tr>
<tr>
<td>Heather</td>
<td>25</td>
<td>F</td>
<td>White</td>
<td>2.58 years</td>
<td>Sophomore transfer</td>
<td>5 Graduate student (with B.A. from same institution)</td>
<td>1.Prescription opioid pain meds 2.Heroin</td>
<td>Not any</td>
<td></td>
</tr>
<tr>
<td>Charlotte</td>
<td>25</td>
<td>F</td>
<td>White</td>
<td>2.08 years</td>
<td>Freshman</td>
<td>5 Graduate student (with B.A. from same institution)</td>
<td>1. Stimulants (Adderall) 2. Alcohol</td>
<td>Depression anxiety</td>
<td></td>
</tr>
<tr>
<td>Austin</td>
<td>22</td>
<td>M</td>
<td>White</td>
<td>.24 years</td>
<td>Freshman</td>
<td>1 Sophomore</td>
<td>1.Stimulant medication 2.Alcohol</td>
<td>Depression ADHD</td>
<td></td>
</tr>
<tr>
<td>Jed</td>
<td>24</td>
<td>M</td>
<td>White</td>
<td>2.08 years</td>
<td>Sophomore transfer student</td>
<td>4 Senior</td>
<td>1.Heroin 2.Prescription opiate pain meds</td>
<td>Not any</td>
<td></td>
</tr>
<tr>
<td>Clifford</td>
<td>25</td>
<td>M</td>
<td>White</td>
<td>2.83 years</td>
<td>Junior, transferred in recovery</td>
<td>4 Senior</td>
<td>1.Heroin 2.Benzos/Xanax</td>
<td>Not any</td>
<td></td>
</tr>
<tr>
<td>Mark</td>
<td>29</td>
<td>M</td>
<td>Egyptian/American</td>
<td>1.25 years</td>
<td>Graduate student</td>
<td>2 Graduate Student</td>
<td>1.Heroin 2.Marijuana</td>
<td>Not any</td>
<td></td>
</tr>
</tbody>
</table>
then, I was obsessed with it.” She stockpiled massive quantities of hard alcohol and regularly put away a fifth, drinking mostly alone, isolated in her dorm room. She was arrested for DUI and had her license suspended. She began drinking during the day, carrying around a thermos of vodka. During this time, she ventured out only to go to class, and her academic performance was excellent. Her behavior became erratic, and she was let go from her summer job as a bank teller. Lonely, miserable, and frustrated, she called her mother and explained how her drinking had spiraled out of control. Her mother found the CRP by searching the web and got her in touch with the staffperson at her CRP. Allison was reluctant to disenroll to attend treatment but became convinced when another student in recovery who had been in a similar position convinced her to go. Allison spent six months in treatment. When she was released, she had a three-day drinking binge, followed by more intensive inpatient treatment, followed by outpatient treatment. She returned to her university and was in her second semester of participation in her CRP at the time she was interviewed.

“Helena,” a white female Senior, was 22 at the time she was interviewed. She had 2.42 years of continuous abstinent recovery time and was in her 4th semester participating in her CRP. She had very little experience drinking or using other substances in high school. She was attracted to an older man who used crystal meth. When she started using with him, she “became addicted immediately.” She began attending her current university, progressing to using meth intravenously with her boyfriend. After he was arrested and jailed, she disclosed her addiction to her parents. She detoxed in a psychiatric hospital, experiencing “meth psychosis.” She made a second attempt at college, living in an apartment near campus. She intended to limit her
substance use to marijuana only. She returned to using meth, and she began outpatient treatment. She began to attend N.A. meetings at that time, but worked a program “on her own terms, without getting a sponsor or working the steps,” and she continued to use meth and lied about it. One day, while smoking crystal meth, she realized in a moment of clarity that she was an addict. She took a medical withdrawal and worked the 12 steps of Narcotics Anonymous with a sponsor while attending classes at a nearby community college. She was introduced to the center upon her return to her current university, but she was reluctant to participate initially. After a few semesters, she warmed up to the students in her CRP and began to participate regularly her senior year.

“Dan” a Puerto Rican male Senior, was 24 when he was interviewed. He had three years and one month of continuous abstinent recovery time and was in his sixth semester of participation in his CRP. Dan first smoked marijuana in high school. His involvement in soccer initially kept his marijuana use in check, but after the season ended his use became constant. His parents became concerned and suggested he see a counselor. He joined the Division 1 soccer team at his current university and continued to smoke marijuana in spite of regular random drug screening. His Spring semester, he failed two classes, which made him academically ineligible to play. Soon afterwards, he quit the soccer team. He spiraled into a full-blown identity crisis, and for the next two years he was unable to maintain any academic focus or set any priorities, and his drinking progressed. He was arrested after taking Molly, and soon after he was charged with underage drinking. He was arrested a third time while high on hallucinogens and was psychiatrically hospitalized. He dropped out of college, had very little coursework completed even though he had been going to college for almost four years, and he was
ashamed of how far he had fallen since his freshman year. For months he was miserable and socially isolated. Dan’s brother had been in recovery and encouraged him to attend A.A. That marked the beginning of Dan’s period of abstinent recovery. At an A.A. meeting, he was invited to participate in the CRP, where he met another student who was also a former teammate on the soccer team. He made a plan to return to his university with the help of his university’s CRP. He switched majors, rented an apartment with other students in recovery, and became heavily involved in his CRP.

“Lauren,” a white female student, was 24 at the time she was interviewed. She had 1.83 years of continuous abstinent recovery and was in her second semester of involvement in her CRP. Lauren had been a straight-A student and a National Merit Scholar and grew up in the town in which her university was located. She started to drink the summer before her senior year, and she blacked out every time she drank. She came clean to her mother, who sent her to a counselor, and the counselor recommended she attend treatment. She did a 30-day stay, was diagnosed with alcoholism, and stayed free of alcohol her senior year of high school. That summer she returned to drinking, was arrested, attended treatment a second time, and attended an alcohol and drug free summer camp. She was admitted to a prestigious private college and, even though she was in drug-and-alcohol-free housing, she began to drink all day. She needed alcohol to wake up in the mornings and her hands began to tremble. By the end of the semester, she had disenrolled and returned home to her parents. Living at home, she began drinking hand sanitizer. Her parents told her to move out. She sublet an apartment in the college town in which her current university is located and cycled in and out of a nearby psychiatric hospital, holding six different jobs that year. She returned to treatment for three months,
drank soon after, was hospitalized, then accumulated a year and a half of abstinent recovery. She moved to a large city, residing in a sober-living house and worked an A.A. program with a sponsor. She was working and felt “adequate,” but a co-occurring eating disorder became “super active” during this time. She experienced several more episodes in which she would attend A.A. every day, work a job, and live in a sober house. At some point she would drink, detox, and start the cycle all over again. In her last hospitalization she had broken with reality and had full-blown delirium tremens. The doctors debated back and forth about whether she would ever recover her brain function, and some believed she had developed a “wet brain” and was close to death. Following this experience, she moved into a sober living house, but this time she enrolled in some community college classes and performed well. Her parents invited her to return home, and she attended A.A. and made friends with students at the local university’s CRP. She gained confidence that she could succeed with the help of a CRP. She transferred to her university and became heavily involved.

“Samantha,” a white female Senior, was 23 at the time she was interviewed. She had been in abstinent recovery for 1.17 years and was in her second semester of participation in her university’s CRP. Samantha had chosen her university in part because it was a party school, and in part because multiple generations of family members had attended and were nearly fanatical in their devotion to the university. She would complete her academic coursework and then drink large quantities of alcohol at home before hitting the bars. She practiced “drunkorexia,” in which she took nearly all her calories in the form of alcohol. This culminated in her hospitalization with a .378 BAC – it became clear at that time that she was severely malnourished and underweight.
She attended treatment, but had hoped to continue drinking in college, and planned to sort out her drinking problem after she had graduated. She returned to school with the support of an outpatient treatment center; she also attended some A.A. meetings and checked out the CRP for one week. She drank several more times before reaching out to the members of the CRP. She became involved in the CRP and committed to recovery in A.A., and that marked the beginning of her current period in abstinent recovery.

“Heather,” a white female graduate student in the fifth, graduate year of an integrated undergraduate/graduate degree program, was 25 at the time she was interviewed. She had accumulated two years and seven months of continuous abstinent recovery and was in her fifth semester of participation in her CRP. Heather had been a responsible, type-A student in high school. She attended her first university on the Varsity diving team, had a bad experience, and transferred to a large public university in her home state, where she could continue her diving career. She injured her back while diving and was prescribed prescription opioid pain medication. No longer diving, and in an identity crisis, her use progressed, and she failed several classes. She stole from her grandmother to pay for pain pills, and she totaled a car driving 75 miles per hour while high on opioid pain medication. Her parents performed an intervention and dragged her to rehab against her will. She completed treatment and lived for the remainder of the year in the town where the treatment center was located. After six months, she returned to use, and progressed to using heroin. She returned to treatment but got high on day 31 of the treatment center’s extended care program. Her parents sent her to treatment in another state. In extended care treatment after that program, she learned about the CRP at
the large public research university in that state. She transferred and became involved in the CRP and attends A.A. regularly.

Charlotte, a white female graduate student (who had done her undergraduate education at the same university), was 25 at the time she was interviewed. She had 2.08 years in abstinent recovery and was in her fifth semester of participation in her CRP. She began using alcohol and other substances in 8th grade, was a self-described partier in high school, but was academically driven nevertheless. Charlotte went to college and discovered Adderall. Initially, she thought, “this is better than anything in the whole world.” She worked in a lab with other academically driven but hard-partying scientists, and her use progressed rapidly. She also experienced depression, anxiety, and panic attacks. She went to South America for 40 days to get away from drugs, but when she returned, her use was even worse than before. She investigated the CRP in her senior year but was not ready to stop. Charlotte saw various therapists and attended one A.A. meeting but kept drinking and using other drugs heavily. After she alienated her friend group at the laboratory, she made a commitment to A.A., and acting on another student’s advice, she began to participate in the CRP at her university. She decided to pursue a graduate degree at her university and became active in A.A. and actively involved in her CRP.

“Austin,” a white male Sophomore, was 22 at the time he was interviewed. He had been abstinent for 92 days before he was interviewed, and he was in his second semester of participation in his university’s CRP. Austin was prescribed stimulant medication for ADHD in high school, and soon his alcohol and other substance use became problematic. In his second semester of his senior year, he was sent to treatment
for nine months, during which time he was introduced to A.A. He began his freshman year and struggled to fit in. He rushed a fraternity, but his drinking behavior was so embarrassing that he abandoned his bid within a week. He got involved with a group of “misfits,” but they were more awkward socially than he was. He found a girlfriend and started using Vyvanse and Dexedrine. That summer, he began to experiment with heroin and crystal meth. Fall semester of his sophomore year, he attended classes for two weeks, crashed a car, after which he attended several A.A. meetings and became involved in the CRP at his university for less than a week. He used heavily for the remainder of that year, and re-enrolled in classes that summer only to disenroll shortly thereafter. The following year and into the following fall, he worked as a delivery driver. After a fiasco in which he was caught stealing Ritalin from a friend, and having seen a news report of the success a student was having that he had met during his week of involvement in the CRP, he made an emotional commitment to return to the CRP with the intention of being actively involved and working a solid program in A.A.

“Jed,” a white Senior, was 24 at the time he was interviewed. He had 2.08 years of abstinent recovery and was in his fourth semester of involvement in his CRP. Jed grew up in a rural town. His mother used alcohol, marijuana, and crystal meth regularly. He was gifted athletically. He injured his shoulder playing high school football and was prescribed Oxycontin. His ambition to play football frustrated, he developed an opioid use disorder. He nearly dropped out of high school, and he had to take summer classes in order to get his diploma. A surgeon repaired his shoulder and his situation improved for a time. He detoxed off opiates and enrolled in Junior college and was a star on the baseball team. He earned a 3.7 GPA which enabled him to transfer to his current
university. Upon arrival, “the floodgates broke open,” as he described it. After a year using alcohol, Xanax, and cocaine, his GPA fell to a 1.9. He began taking Ketamine regularly, and he discovered heroin, which cost pennies on the dollar compared to Oxycontin. The next fall, he tried going to classes, but instead spent much of his time using heroin intravenously. At Thanksgiving, he tried to detox himself and considered suicide. Over the holiday break he spent $8500 in just under two weeks using heroin and crystal meth. He detoxed in a treatment center out of state, and then attended outpatient treatment in combination with sober living while working a job for the next 18 months. He petitioned the university to readmit him, and he returned with a commitment to his CRP and A.A. recovery, determined to redeem himself and be a positive role model.

“Cliffton,” a white male Senior, was 25 at the time he was interviewed. He had 2.83 years in abstinent recovery, and he was in his fourth semester of participation in his CRP. Cliffton was raised in a “very privileged” household in which alcohol was used heavily. He started drinking in 7th grade, and soon experimented with Adderall, which he considers his first addiction. In his Junior year at boarding school, he discovered cocaine. At his first university, he joined a fraternity, and his consumption of alcohol and other substances quickly exceeded his $2500 monthly allowance (not including rent or car payment). He invented stories in order to convince his father to send him even more money. His freshman year, after he had gotten kicked out of the dorms, his father tested Cliffton's urine, and Cliffton tested positive for benzos, marijuana, opioids, and ecstasy. By his Junior year, his use of Xanax and opioid pain medication had spiraled out of control, and he began using heroin intravenously. Cliffton lived at home the following year and continued using opioids. His father was upset about his grades, but Cliffton
reassured him that a mistake had been made on his transcript that would soon be sorted, and he re-enrolled. He was arrested with 1000 bars of Xanax, and received a felony conviction, but his father’s lawyer helped him have the charges reduced. He used heroin intravenously for another nine months. Cliffton called his father, who drove him to treatment. After several days, he was transferred to a prestigious treatment center across the country, where he put together 100 days, and then relapsed. He lived in long-term sober living in another state and drank periodically before transferring to be part of the CRP at his current university. He worked an A.A. program, was actively involved in his CRP and was in sober living. When an old friend visited, he used Xanax and an opioid pain medication and overdosed. Four shots of Narcan were required to revive him. He had difficulty renewing his enthusiasm for A.A. and sank into depression. He got by for several months by participating in his CRP, until Spring Break, when he drank several beers and was arrested for a DUI. That arrest marked the beginning of his current period of recovery, for which he credits a rigorous A.A. program and active participation in his CRP for his success.

“Mark,” an Egyptian-American in a Master’s-level graduate program, was 29 at the time he was interviewed. He had 1.25 years in abstinent recovery and was in his second semester of participation in his CRP. Mark used marijuana heavily in high school, and then attended a large public university for his undergraduate years. He felt socially awkward and began to use prescription opioid pain medication. He struggled academically and was suspended from his university twice. He stole a doctor’s prescription pad and began forging prescriptions for pain medications. He was arrested, convicted, and spent nearly three years in prison. When he returned to college, he was
taking Suboxone and drinking alcohol, and he began to associate with people in abstinent recovery. He enjoyed academic and social success for a semester on this regimen, until his use progressed. He moved to Massachusetts to complete an internship, and there he began to use heroin intravenously. His parents performed an intervention. He went to treatment and sober living, and put together 14 months of abstinent recovery, during which time he attended A.A. regularly and worked the 12-steps. He was encouraged to return to school by watching the success of other students he had known who had succeeded with the support of a CRP. He applied to a graduate program and was accepted. He attends A.A. regularly, is an active participant in his CRP, and he considers himself a “recovery advocate” who is engaged in enacting pro-recovery legislation and reducing the stigma associated with SUDs.

**Procedures**

Seidman’s (2006) structure for in-depth, phenomenological interviewing follows theoretically from phenomenological assumptions and arises out of the life-history interviewing methodology. I interviewed each student three separate times, asking mostly open-ended questions. According to Seidman (2006), the interviewer’s “major task is to build on and explore their participants’ responses to those questions” (p. 15). According to Seidman (2006), the three-interview structure helps make behavior “meaningful and understandable” by helping place that behavior “in the context of their lives and the lives of those around them” (pp. 16-17). Further bolstering the argument for three separate tellings comes from Eliot Mishler (2004), who warned that life stories are not unitary and represented in a singular storyline, but are often “twice-, thrice- indeed endlessly retold tales” (p. 102). According to Mishler (2004) “retellings are often quite
different from each other; that is, we story our lives differently depending on the occasion, audience, and reason for the telling” (p. 103). To Mishler (2004) the central question is, “What confidence can we place in one story of a life event as the basis for statements about an individual’s identity, if we cannot factor in—or partial out—the effects of the specific context in which it was told?” (p. 103). A key component of the rationale for multiple tellings is that they help capture “multiple, partial identities that might be in tension with each other” (p. 103).

There is a tradition of interview-based data collection in research on addiction and recovery, but two studies in particular are useful as models. My method of data collection was most closely in line with Woodford’s (2001) dissertation, Recovering College Students’ Perspectives: Investigating the Phenomena of Recovery from Substance Abuse Among Undergraduate Students, which used Seidman’s (2006) interview protocol.

**Data Collection**

I traveled to Boulder and Ann Arbor to conduct the first of the three interviews with the eight participants at those two sites. With each of the 12 participants, only the first interview was conducted in person, and each of the next two were conducted by video conference using the Skype or Facetime platforms. Rather than conduct all three interviews of the Penn State students in person, I elected instead to keep data collection procedures as parallel as possible at each site. At Penn State, just as I had at the University of Colorado and Michigan, I performed the first interview in person, and the second and third interview remotely via Skype or Facetime.
As recommended by Seidman’s (2006) protocol, the second interviews were all scheduled 3-7 days after the first, and the third interviews were all 3-7 days after the second. All interviews, whether in-person interviews or by video conference, were audio recorded.

In the first interview, I asked the students to tell a story that is based on events that have happened “up to the present time” (Seidman, 2006, p. 17). My initial question asked them how they came to be participants in their CRPs, which, as Mishler (2004) explains, helps them place their participation more in the context of their lives. After this “Longform telling,” in keeping with Seidman’s (2006) advice, I asked them to elaborate, eliciting further details. I asked the students “to reconstruct their early experiences in their families, in school, with friends, with their neighborhood, and at work” (p. 17).

In the second interview, I focused on the present-day lived experience of being a student in recovery in a CRP. As Seidman (2006) suggests, I attempted to avoid asking their opinions directly, but rather to describe what they do and the details of the experiences, upon which they sometimes formed opinions. I asked the students to talk about their relationships with other students in various contexts in which they find themselves, any faculty/staff in their lives, how they relate with their housemates, their parents, with the school, with their schoolwork, with various recovery groups in which they participate, etc., asking them to describe their lived experience and the many things that happen in their present day lives; the interviewer’s job first and foremost is to “elicit details” (p. 18).

In the third interview, I asked students “to reflect on the meaning of their experience” (p. 18). They were asked such questions as, “how do you understand the role
recovery has played in your life? What sense does it make for you?” Crucially, students are asked, “how do you see yourself going into the future?” (18):

Making sense or making meaning requires that the participants look at how the factors in their lives interacted to bring them to their present situation. It also requires that they look at their present experience in detail and within the context in which it occurs. The combination of exploring the past to clarify the events that led participants to where they are now, and describing the concrete details of their present experience, establishes conditions for reflecting upon what they are doing in their lives. The third interview can only be productive if the foundation has been established in the first two. (Seidman, 2006, pp. 18-19)

I attempted to be faithful to the structure of these three tellings -- Seidman (2006) mentions that the interviewer needs to “maintain a delicate balance between providing enough openness for the participants to tell their stories and enough focus to allow the interview structure to work” (p. 20). The 90-minute end point set a time limit for the open-ended structure while helping the participants feel that they were being taken seriously, and the four days to one week between each interview was in keeping with Seidman’s (2006) rationale that 4-7 days of separation serves as a “check against idiosyncratic days and internal inconsistency” (24). For a complete interview guide, see Appendix A.

Data Analysis

Data Organization

The digital audio recordings were uploaded to Rev.com (an online transcription service operating under a confidentiality agreement) for transcription. The typescripts
were created verbatim, including use of “um,” “uh,” “like,” and “you know.” These raw transcripts were then stripped of all identifying information, such as reference to a specific university, or the names of friends, which were replaced with a generic descriptor (name of staffperson, name of university), and the participants were assigned pseudonyms. The verbatim language in the transcripts was left intact. These transformed transcripts were uploaded into NVivo.

**Process of Analysis**

In analyzing the data I collected, I wanted to capture the lived experience of students in CRPs, and I wanted to know how they storied themselves in narrative. For these reasons, I employed two methods of data analysis in tandem. The first involved analysis of narrative, and the second was paradigmatic, identifying the themes that are present in the data across cases. I accomplished this with the help of qualitative data analysis software (NVivo for Mac) to help organize, store, and retrieve data in the over 50 hours of interview transcripts.

Polkinghorne (1995) made the distinction between narrative analysis and analysis of narrative. The primary task of my analysis of narrative involved creating “descriptions of themes that hold across the stories or in taxonomies of types of stories, characters, and settings” (Polkinghorne, 1995).

I first created an overview of the data, with a breakdown of the participants’ demographics and other relevant features. This allowed me to see the relationship of the participants to one another and to create a chart for easy reference. Sometimes the interviews were in storied form, and other times less so.
For my own reference, I completed extensive case studies for each of the participants. I began by analyzing their narratives in response to the first question asked in the first interview in the three-interview series:

Interviewer: In today’s interview, we will focus on the past. With that in mind, can you tell me how you came to be a student in recovery supported by your university’s CRP, and start anywhere you like in your past, but in your telling, can you please bring us up to the present day?

I analyzed how their ensuing narratives functioned as a means of “making sense” (Bruner, 1986, 1991) of their experience. I first noted the degree to which the longform tellings conformed to A.A. story structures. I noted the times in their life histories the various participants selected as starting points and the overall length of these initial tellings. I analyzed the temporal sequencing (i.e. noting if events were in a chronological sequence or whether they were disorganized). I noted any inconsistencies in their narrative accounts, and I noted instances in which the teller employed multiple and/or contradictory storylines. I also noted the larger cultural discourses that informed their stories, naming these various discourses by theme (i.e. “party culture,” “success/achievement discourses,” etc.). Throughout the ensuing analysis, I continuously analyzed the various ways the participants made sense of their active using and recovery actions in storied forms, and I added still more discursive categories as I proceeded.

In order to gain an initial sense of their discursive positioning, I coded for various identities, creating a list of themes across cases, such as “recovery identity,” “good-student identity,” and “active-using identity.” I coded the transcripts looking for category memberships, such as “ex-convict,” “student in recovery,” “A.A. member,” and
“loner/isolated/alienated.” I coded the transcripts organizing their subject positions into themes, such as “ex-partier,” “misfit,” “addict,” “alcoholic,” and “cool kid.” I analyzed the emotional commitments were evident in their transcripts (creating themes such as “relationships with old friends,” “attitudes toward Greek life,” and “belief in abstinent recovery.”

I analyzed the moral systems behind the students’ emotional commitments. When students identified various individuals or groups that they felt in their worldview to be behaving in acceptable and “right” ways, I coded those statements by theme, such as “leaders in CRP,” “model CRP students,” and “hard-working students.” When students were critical of the actions of other individuals or groups, I coded those statements into still more themes, such as “negative role models in CRP,” “people not working a program,” “criticisms of Greek life,” and “pushback on partiers.”

In the final stages of analysis, I returned to the nodes in NVivo and analyzed the prevailing patterns in various themes. Some of these caused me to rethink the original list of themes I had created. Even late into analysis, I created new themes, broke some overcrowded themes into subthemes, and I reclassified some themes into subthemes of a larger theme. Whenever I created a new theme, I made an additional pass at the 36 transcripts as a check on my new understanding of the operant concept.

A final remaining task in analysis was to search for how the major discursive patterns and storylines played out across all 12 participants. In the end, I discovered three main storylines that seemed to provide a comprehensive explanation of how students make sense of their active drinking and their recovery actions that were social
and cultural discourses that enabled them to negotiate competing discourses as persons in recovery:

1. the student in recovery narrative/identity/discourse/subject position/moral system
2. The American Dream narrative/identity/discourse/subject position/moral system
3. the “cool,” “ex-partier” narrative/identity/discourse/subject position/moral system

I back through the transcripts once more, and coded transcripts to better understand the discourses, identities, emotional commitments, subject positioning, and moral systems associated with each.

I later revised The American Dream narrative/identity/discourse/subject position/moral system to the professional-managerial class (PMC) success/fear of falling narrative/identity/discourse/subject position/moral system as a more fitting explanation of the socioeconomic forces at work in the stories told by the students in the study.

**Trustworthiness**

Whittemore, Chase and Randle (2001) created a set of primary and secondary criteria for making assessments of the validity in qualitative research (see Table 3-1: Assessment of Primary and Secondary Criteria of Validity, reproduced from “Pearls, Piths and Provocation Validity in Qualitative Research,” p. 534). The following describes how I met each of these criteria.

The results of this study met criteria for *credibility* in that the “results of the research reflect the experience of participants or the context in a believable way” (2001, p. 534). I feel confident that the participants voices were captured and that sufficient
context was described to provide a qualitative explanation that reproduces the perspectives of the participants faithfully.

*Table 3-2 Assessment of Primary and Secondary Criteria of Validity*

(Whittemore, Chase, & Randle, 2001, p. 534)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>Primary criteria</td>
<td></td>
</tr>
<tr>
<td>Credibility</td>
<td>Do the results of the research reflect the experience of participants or the context in a believable way?</td>
</tr>
<tr>
<td>Authenticity</td>
<td>Does a representation of the emic perspective exhibit awareness to the subtle differences in the voices of all participants?</td>
</tr>
<tr>
<td>Criticality</td>
<td>Does the research process demonstrate evidence of critical appraisal?</td>
</tr>
<tr>
<td>Integrity</td>
<td>Does the research reflect recursive and repetitive checks of validity as well as a humble presentation of findings?</td>
</tr>
<tr>
<td>Secondary criteria</td>
<td></td>
</tr>
<tr>
<td>Explicitness</td>
<td>Have methodological decisions, interpretations, and investigator biases been addressed?</td>
</tr>
<tr>
<td>Vividness</td>
<td>Have thick and faithful descriptions been portrayed with artfulness and clarity?</td>
</tr>
<tr>
<td>Creativity</td>
<td>Have imaginative ways of organizing, presenting, and analyzing data been incorporated?</td>
</tr>
<tr>
<td>Thoroughness</td>
<td>Do the findings convincingly address the questions posed through completeness and saturation?</td>
</tr>
<tr>
<td>Congruence</td>
<td>Are the process and the findings congruent? Do all the themes fit together? Do findings fit into a context outside the study situation?</td>
</tr>
<tr>
<td>Sensitivity</td>
<td>Has the investigation been implemented in ways that are sensitive to the nature of human, cultural, and social contexts?</td>
</tr>
</tbody>
</table>

The results of this study met criteria for *authenticity* in that “a representation of the emic perspective” was able to “exhibit awareness to the subtle differences in the voices of all participants” (p. 534). For example, at one point, I was able to show a single student as having a perspective that differs from that of the other 11, and I was also able to show certain perspectives that were held in common by a subgroup of participants –
the female students. Where a distinct perspective was evident that differed from the others, I was careful to present that position.

The results of this study met criteria for criticality in that “the research process” was able to “demonstrate evidence of critical appraisal” (p. 534). For instance, I have acknowledged various limitations in my study, I examined my own biases as a researcher, and I was forthcoming in acknowledging that various weaknesses in my study exist, as exist in any study design. In analysis, where the evidence did not lend itself to a clear explanation, I weighed various hypotheses, and I explored various cases that contradicted aspects of my major findings.

The results of this study met criteria for integrity in that “the research” reflects “recursive and repetitive checks of validity” as well as humble presentation of findings” (Whittemore, Chase & Randle, 2001, p. 534). The findings I report are rooted in careful analysis of themes, and I followed painstaking procedures, searching and doubling back in a recursive process. Working back and forth between the discourses evident in the transcripts, the subject positions those made available, and the narrative storylines they employed, I examined the extent to which each theme as a qualitative explanation was able to “fulfill its own validation of claims” (Polkinghorne, 2007, p. 475).

My results met criteria for explicitness in that “methodological decisions, interpretations, and investigator biases” (Whittemore, Chase, & Randle, 2001, p. 534) were addressed. I was careful to present the rationale for my methodology. In those cases where students were reporting a phenomenon whose meaning remained unclear, I presented various interpretations and admitted that a single interpretation was not
supported. I considered alternative explanations, explained ambiguities, and included negative instances of the phenomena I described.

My descriptions met criteria for *vividness*, as I employed “thick and faithful descriptions” with “artfulness and clarity” (Whittemore, Chase, & Randle, 2001, p. 534). Above all, I sought to illuminate the subtleties and hidden meanings in the students’ perspectives and to place that description into a context that would communicate that precise phenomenon to a reader who is largely unfamiliar with the social worlds of CRPs and of recovery.

My analysis met criteria for *creativity* in that I found “imaginative ways of organizing, presenting, and analyzing data” (Whittemore, Chase, & Randle, 2001, p. 534). For instance, I employed the use of concept maps to orient the reader into the complementary and overlapping aspects of the three major themes evident in my findings. Also, I used a recursive process in which I alternated repeatedly from narratological analyses to more traditional phenomenological analyses of themes across cases.

My analysis met criteria for *thoroughness* in that the findings were able to “convincingly address the questions posed through completeness and saturation” (Whittemore, Chase, & Randle, 2001, p. 534). Urquhart (2013) defines saturation as “the point in coding when you find that no new codes occur in the data. There are mounting instances of the same codes, but no new ones” (p. 134). I found abundant evidence to support my three main themes, and no fourth, fifth, and sixth themes were forthcoming. I gathered sufficient evidence to describe three themes that emerged in interviews with a particular group of students across three similar contexts, though I am reluctant to say
that gathering more data in this investigation would reveal no new claims, as that would be to make a “predictive claim” about “data yet to be collected” (Saunders et al., 2018, p. 1903), an assumption to which I am philosophically opposed.

My research processes and findings meet criteria for congruence in that “the themes fit together” and “fit into a context outside the study situation” (Whittemore, Chase, & Randle, 2001, p. 534). The three themes in my study complement one another and were readily apparent across participants. It is highly likely that present-day students in CRPs in large public research universities would identity with the descriptions of their social context and would see the major findings as operant in their own meaning making to some degree. I made an effort to ensure the internal validity by presenting my findings using “thick description” (Geertz, 1973, p. 310), providing enough contextual information surrounding the themes to have “transferability” (Lincoln and Guba, 1985, p. 45), providing descriptions that allow the reader to make determinations regarding what aspects of findings might transfer to other students with similar characteristics in similar contexts.

Lastly, this investigation met criteria for sensitivity in that it was implemented in ways that are sensitive to the nature of the human, cultural, and social contexts of the participants. I included multivocal perspectives and voices, and the research benefitted the participants, their CRPs, and added knowledge to the field of recovery research, though the interview process made a significant demand on the students’ time in the short-term – time which it quickly became evident that was in very short supply. Above all, I made sure to treat the students with dignity and respect, and to ensure that my findings expressed their points of view faithfully.
Funding Sources

Life of Purpose Treatment LLC (an academically-oriented treatment center based in Florida with a commitment to supporting research in the field of Collegiate Recovery Research) awarded me a $10,000 Charitable Grant to cover the costs of the study (transcription, software, recording devices, and gift cards).

Summary

As this study was concerned with the lived experience of students in recovery and the various ways they storied themselves through narrative, I employed a phenomenological methodology together with analysis of students’ narratives. I selected three sites that met the following criteria: all were large public research universities with over 35,000 students, all had CRPs that were founded between 2011 and 2013, all had peer-support communities that were midsized (according to A.R.H.E.’s definition of between 15-45 students), and all three CRPs followed the seven standards and recommendations outlined by A.R.H.E. Using selective criteria sampling, four students were recruited from each of the three sites who 1) were in abstinent recovery and 2) had participated in their respective CRPs for 90 days. I employed Seidman’s (2006) structure for in-depth phenomenological interviews, interviewing each participant for 90 minutes in three separate tellings, with the first interview occurring in person, and the second and third interviews by videoconference. Using NVivo for Mac, I created, added, renamed and split the thematic nodes in a recursive process involving dozens of passes through the transcribed interviews. I used Moustakas’ (1994) “horizontalizing” technique, making assessments of the significant statements made in common by the participants. In a parallel process, I analyzed the narratological features of their stories, searching for
“descriptions of themes that hold across the stories or in taxonomies of types of stories, characters, and settings,” (Polkinghorne, 1995, p. 12) paying particular attention to how these students in recovery used discourses in their narratives of lived experience, alternating between narratological analysis and thematic nodes. I took various steps to mitigate my personal biases and my position as an insider/expert within the worlds of collegiate recovery.
Chapter 4: Results

I listened to 12 students from recently-created CRP programs at three large academically-ranked public universities that are also highly ranked as party schools as they responded to Seidman’s (2006) qualitative research questions about their past, present and future understandings of their AOD use problems and recoveries. In total, I collected 54 hours of recordings that I listened to and read multiple times in order to develop an understanding of how those 12 made sense of their experiences.

Throughout this process, I was attentive to the ways they narrated their continuous negotiations of their identities within their collegiate environments, both within and outside of their CRPs. I was surprised how similar participants’ stories were across settings. After several types of readings in multiple passes through the transcripts, I identified three secondary discourses that participants used to describe their thoughts and feelings about their experiences of use, problem use, and recovery.

Gee (2008) defines a Discourse as “a type of ‘identity kit’” (p. 142) in which individuals use language, thinking, valuing, and acting to identify themselves and to gain social recognition. Secondary discourses are acquired from social institutions beyond the Primary Discourses acquired from one’s family during one’s formative years. Students described the various shifts they made as they negotiated multiple, overlapping, and conflictual discourses to establish their social positions within college and its social worlds.
I will show how much of students’ sense-making involved their adoption of three
sets of discourses (see Figure 4-1), though it is important to understand that discourses
were not presented in any set sequence, and the students interlaced them as they
responded to the questions.

Figure 4-1 Overview of the Three-Part Identity of CRP Students

I organize this next chapter by first separating these three discourses for clarity
and to explore them in greater depth. I wanted to make clear how participants spoke,
what they believed, and which values they held. Next, I show how these discourses
complemented and contradicted one another within specific contexts. This last section
affords me the opportunity to show how these students fit within the findings of other
researchers. In chapter five, I will explain how my understanding of their discursive practices extend those results.

**Part I: Recovery Identity**

A.A. discourses overwhelmingly informed students’ recovery identities (see Figure 4-2), and their stories mostly followed narrative story structures by which A.A. identities are accomplished (Trice & Roman, 1977; Thune, 1977; Whitley, 1977; Peele, 1984; Diamond, 2000; Hanninen & Koski-Jannes, 1999; Weegman & Piwowoz-Hwort, 2009; McIntosh & McKeganey, 2000; Holland, 1988; Humpreys, 2000).

*Figure 4-2 Detail of Part I in Relationship to Parts II and III*

Coming to see one’s identity within A.A.’s social world is experienced by the teller as a personal and agentive process, though of course the stories of A.A. have a social function, and creating an A.A. identity announces to other members that one has mastered the appropriate group understandings (Holland, 1998). This explains how, on the one hand, students tell stories in which they are the actors using their agency to choose recovery discourses, while A.A. discourses acquire them; social worlds require
individuals to progressively reorient their identity be in line with the discourses in use by the group.

As students become immersed in A.A. culture, they reinterpret their lives as an A.A. story. Dan summarized the intensive social interactions with other members that steadily reinforce such A.A. discourses:

We spend a lot of time during the week focused on recovery, whether it's for me, or I'm working with somebody else, going to meetings. And it just like reinforces it.

These discourses become part of who these students are. The 12 students in this study identified as either alcoholics, addicts, or alcoholic/addicts in 12-step meetings, and taking on this identity is highly public. At A.A. and N.A. groups members introduce themselves, as, “I’m X, I’m an alcoholic.” As some have explained, an A.A. identity is both personal and public, and A.A. members learn to fit their lives into the recognizable storied forms of A.A., and in the process, they internalize the discourses and make (healthful) changes in epistemology that reflect the belief system of A.A. (Thune, 1977; Holland, 1998). A.A. members come to accept that they must make abstinence their lifetime goal, and that any return to use would meet with disaster. For students, there was no viable way to be an alcoholic except as a nondrinker, and they accepted that they would never regain the ability to use alcohol (and other substances) safely. Unlike the identity of “college student,” a recovery identity is lifelong.

Cliffton described his belief that alcoholism was irreversible:

Alcoholics just can’t use alcohol and drugs. It’s just out of the question, and they can’t just like grow out of it. I think that if I pick up a drink or a drug, I have a
very high chance of dying, whereas some of my crazy friends that have kind of matured out of it don’t have the slightest chance of dying if they pick up a beer or do a lot of cocaine if it’s offered to them. It’s not something they seek out. The addict seeks substances out, and it’s a foreign concept to me because I just know that I can’t do it. Seeing people mature out of it just means to me that they’re not true alcoholics.

Jed believed that to accept an alcoholic/addict identity was not difficult considering his personal experience. He dismissed the idea that his alcohol and other use was a “passing phase.” He described how he saw little reason to believe that he would fare any better should he return to active use:

For me, once you start sticking needles in your arm, man, it really stops becoming a phase and starts really becoming a life-and-death situation. Once you get real close to overdosing a couple times, and once you're in that period of not eating for multiple days, the idea that this is just a phase that I will grow out of seemingly becomes a lot less and less.

Helena showed how the belief that “once an alcoholic/addict, always an alcoholic addict” had become a core belief. She told of how she had “fired” her N.A. sponsee after her sponsee had told her that she was no longer an addict.

I think we all have to make the decision for ourselves if we're addicts or alcoholics or not, and maybe that takes longer for some people than others. I know I recently let go of a sponsee who decided one day she wasn't an addict anymore, and if I was going to be the judge of that? She's totally an addict. My
opinion was that she was just full of justification, rationale. It was just bullshit.

She was full of crap.

In “firing” her sponsee, Helena showed her belief that no addict in recovery can later return to use and claim to no longer be an addict. For Helena, to suggest otherwise is a “justification,” a “rationale,” and “bullshit,” reflecting Helena’s change in epistemology through what Thune (1977) calls the “radical de-temporalization” (p. 82) of personal alcoholic experience in which “drinking and nondrinking are merely two different ways of living within an over-all alcoholic being” (p. 82), and where the only constructive way to be an alcoholic/addict is as a nondrinker/drug-user. For an addict in N.A. to declare that he or she has a viable means of making a return to active use is impossible in Helena’s eyes, based on the logic of the temporal distinction by which she marks her identity into the “before”—those negative attributes of active addiction—and the “after” – in which every effort is made to ensure that the active-using self remains forever in the past. For Helena, the only allowable narrative for the addict is one that allows “no regression” (Thune, 1977, pp. 5-6). Her reasons for firing the sponsee include that recovery is for people who are trying to learn how to live in abstinent recovery. When Helena’s sponsee declared herself “cured,” she effectively announced that her sponsee had aligned herself with “bullshit” active using discourses in which her addiction could somehow be reversible, which to Helena is an impossibility. Her sponsee fell out of line with N.A. discourse, and thus Helena’s saw little value in continuing to sponsor her. To Helena, her sponsee is enacting a discourse that announces that she is no longer making a continuous effort to not use drugs. As a sponsor, Helena has the right to set the terms to which her sponsees must comply, and her sponsee had previously volunteered to work
N.A. through Helena’s guidance. Helena determined that her sponsee had rescinded on the terms of their deal, so Helena ended the relationship.

Helena’s reaction to the other member shows that certain aspects of 12-step discourses are non-negotiable and shows how students in recovery monitor whether or not other members are willing to master the discourses that are deemed essential for lasting abstinent recovery. Holland (1998) claims that one function of the A.A. story is to show that one has mastered learning how to tell one’s story as an A.A. story. The students in CRPs police other members and are themselves policed by other members. A.A. (and N.A.) discourses are constructed through ongoing membership in groups, in 12-step work between sponsors and sponsees, in other social venues in recovery, and by announcing that they are alcoholics in A.A. (or addicts in N.A.), they declare an identity and the shared epistemology that makes the alcoholic identity a permanent one.

**A.A. Storylines: Narrating Excessive Use**

The students showed their mastery of A.A. discourses by telling their stories of excessive use. The students emphasized their extensive personal experience with alcoholism and/or addiction, and they invoke these stories regularly to help them explain the meanings they are making of their actions.

The first thing students usually do is explain the various ways in which they fell in love with alcohol and/or other substances. Allison describes having a “switch flipped” in her first drinking experience, and reorienting her entire life around alcohol very suddenly:

Once I was buzzed and I was drinking, I just felt funny and gorgeous and just all this stuff. I don't know, it was like a switch just flipped in my brain, and then it
was just like from right on then, I was obsessed with it. I know some people in A.A. share their stories like it took a long time, you know what I mean? It was very gradual. But mine was very much right then, after I took that drink, I knew that that was what I wanted to do for the rest of my life. I was wondering, how on earth did I live eighteen years without this? I remember that. So that was when the obsession began, and I was just absolutely obsessed with it.

Heather described her first experience with OxyContin as akin to falling in love and being reborn into a better version of herself:

I remember telling my best friend, "This is great. I feel like I'm still myself, just a better version of myself." When I look back, it was love at first sight. Suddenly, that feeling of not being okay was not there. Suddenly, I was me and I was happy being me, which is something I hadn't felt in a while.

The most common feature of their stories were horror stories of dramatic events (i.e. car crashes, being revived with Narcan from an overdose, psychiatric hospitalizations for meth psychosis) that explained how their joining A.A. (or N.A.) was a logical next step.

Samantha told the story of constant blackout drinking:

I peed the bed all the time and I knew that was because I was so drunk that I didn't have that control. It just shut down. The alcohol shut it down. I've learned about blacking out and how it totally shuts down your prefrontal cortex, your reasoning and that was me like every night.

Allison recounted her heavy use:
For drinking, we had to have at least two fifths, you know what I mean? I guess for normal people, one fifth could go for three or four people. Or more. I can't imagine that. I was so aware of how much was in the bottle, I always would make sure that I would get as many drinks as I could in before the other person. I was just hyper, hyper aware.

Lauren described her heavy drinking:

The time when I was down in [state in the U.S.] and I went on a bender for, I don't know, a week or something, and when I got sober, when I went to the hospital I was in full blown delirium tremens. I was 21 at that time and just in full blown delirium tremens.

As 11 of the 12 participants were polydrug users, much of their descriptions of excessive use involved substances other than alcohol:

I do blame a lot of my drug use on being accepted into that fraternity because that's where I was introduced to Xanax bars and painkillers and then eventually heroin. My dad would pay my tuition, pay for my textbooks. He would give me my allowance. He would pay for my rent and then I would manipulate him. My allowance was $2,500 a month not including rent. That $2,500 went to drugs and eventually that $2,500 needed to increase because the amount of drugs I was doing were increasing.

Jed also described heavy polydrug use:

In the course of five or six days in [state in the U.S.] I had spent three to four grand on hotels, on insane amounts of heroin, cocaine. I tried crack for the first time, I tried methamphetamine for the first time, all within that week.
The Problem with “Hitting Bottom” Narratively

The problem students faced in narrating the turning point in their stories was that dramatic turning points were almost never immediately followed by joining A.A., though sometimes the students’ stories made it seem as though they had. The students struggled tremendously to make the worst of their stories into a story of “hitting rock bottom.”

Sometimes students tended to emphasize their lowest moments as a means of convincing themselves that they qualified as alcoholics, in case they had any remaining doubts. Dan sometimes had trouble locating enough serious events in his story to convince him that he had alcoholism. There was one month in which he was arrested and psychiatrically hospitalized as a consequence of heavy AOD use, though this month had come years before he first joined A.A.:

But yeah you know, there is that kind of whispering reservation in the back corner of your mind like, dude maybe you didn't have that. Maybe it was just a small little thing, that one month 'cause the rest of them weren't that bad, you know.

Another reason to emphasize the most dramatic moments in their story is that being able to show evidence of a descent into hell is a form of social currency in A.A.

Allison worried her use history was not sufficiently gritty to qualify her in the eyes of other A.A. members. She knew that her story raised doubts, especially in older members. Allison felt pressure in A.A. to be “hardcore” in A.A. meetings. She described how her A.A. sponsor had a long history of narcotics use, had been to prison, and had lost her driver’s license for eight years. Allison, by contrast, had been a heavy drinker for two years:
I was not in prison. I was not homeless. I still was on decent terms with my family. Stuff like that. I guess I get worried that my story is, I do not know, I cannot ... Okay at meetings, I feel like I do not have much wisdom to share if that make sense. I do not know. I think maybe my story did not get bad enough to ... I do believe that I am an alcoholic. It is not like I question that any more. It is like my story was not bad enough to like ... I do not know how to explain it.

Unpacking the various narrative moves she makes shows that, though she has accepted her own alcoholism, she feels anxious that her narrative “did not get bad enough” to be recognized as sufficiently qualifying in the eyes of fellow A.A. members. Her speech is halting at various points as she gives an account of how people are responding to her and thinking she doesn’t have a problem at all, and this cuts deep, because in part it revives her own insecurities that she might not qualify as an alcoholic. It causes her distress to lack a storied version of herself that unquestionably qualifies as alcoholism in other’ members eyes, and the skepticism her story arouses invalidates her lived experience.

It is helpful to review Allison’s story: She started with the typical “clean-liver” resume. She grew up in a conservative Christian home. She did no drinking whatsoever in high school, and she arrived at college and struggled to make even a single friend. She was introduced to alcohol in her dorm, fell in love with the effect, and became a mostly solitary drinker in her dorm room, regularly putting away over a fifth of hard alcohol in a single sitting while studying, emerging to attend classes and go to work, after which she would resume studying and drinking again. Because of erratic behavior, she lost her summer job as a bank clerk, and she was arrested for Driving Under the Influence. She
made multiple attempts to control her drinking that ended in blackouts. It took her most of an entire year to stabilize in recovery, during which time she disenrolled and went to rehab, quickly relapsed, and returned to rehab again, before returning to school with the support of the CRP at her university.

Reading the rooms of A.A., she interprets the various discursive clues that make A.A. more comfortable place for the “hard-core” member and that may disqualify Allison’s experience as a young person in A.A.: “I guess it is really weird the thought of wanting to be in the in-crowd in an A.A. meeting,” she remarked. In many mainstream social worlds that she occupies, she worries that her severe SUD and membership in A.A. is too gritty and socially discrediting. She occupies an uncomfortable position in multiple contexts. Her story was too gritty for some, and insufficiently gritty in A.A.

A similar difficulty was present in the stories of students who misused prescription stimulants, as these substances are used safely, and are even often prescribed to children to treat ADHD. Charlotte mentioned her discomfort with disclosing Adderall as her drug of choice to people in recovery circles, especially since people in A.A. are sometimes prescribed Adderall for their co-occurring ADHD, and many treat the use of Adderall as “no big deal.”

It’s been hard in terms of being a person in recovery -- I haven't met a ton of people who are addicted to Adderall. I just felt like it was something that all of my friends did and I felt so stupid that I got addicted. I'm like, "Who the fuck gets addicted to Adderall?" Even though yeah, it's an amphetamine, we know that it's very addictive, I just felt like I was the lamest person. And also, who gets addicted
to a drug that you just sit there and rename your computer files and grind your teeth? That's so lame.

As a participant with a particularly “hardcore” story, Mark is on the other side of that A.A. discourse:

Sometimes I'm hesitant to disclose too much about my story, because I don't want to make it sound like I'm bragging about it, you know, because it can come across like that like, "Oh. I spent three years in prison, and shot heroin in like four different countries. I've been arrested for multiple felonies and been suspended from school. Look at me now. Look at me now." I try and talk about it without making it seem all about me, me, me, I guess, which is hard sometimes to talk about that without sounding egotistical and narcissistic. Yeah. Sometimes I'm kind of hesitant to disclose too much, and then sometimes I do judge other people, and that's my own character flaw. I'll hear someone's story, and my ego or whatever it'll be like, "They don't even sound like an alcoholic. They've been through nothing."

Besides confirming that A.A. members do discredit stories that “don’t even sound…alcoholic,” Mark makes the point that a story can “disclose too much” and come off as “bragging.” In the inverted world of A.A., his story needs to be told strategically for risk of coming off as conceited.

Most of the students described social drinking, but two described active using careers characterized by isolation and social alienation. Allison, who was a (mostly) solitary drinker, described drinking alone:
What had happened was I had been really lonely. I'd been lonely for three years, let's be honest. But it was really starting to get bad, and I really was like, okay, I'll try to find solutions outside of drinking. I was like okay, maybe if I stop drinking this will be better. It wasn't that. I was like, "What can I do to make things better and still drink?" So I was like, "Maybe I need like a pet. I need a pet, that's what I need. Because I don't want to be so lonely."

The second student to mention isolation foregrounded it in his story immediately: I developed a drug and drinking problem when I was in high school. Let me think. I was living with my grandparents at the time, and I mean, at first I was just drinking alcohol and smoking weed, and then eventually I went to a psychiatrist and I got prescribed Vyvanse for ADHD. I immediately became hooked on it. Almost as soon as I started taking it, I took double the dosage I was supposed to be taking. Really, just from there, I think my personal and social relationships, they just started going downhill as a result of taking them. I really started to become more and more isolated from my peers.

In the first interview in the series, they rushed forward from a story of out-of-control use to the next part of the story, in which they joined A.A. It became apparent later that those aspects of their stories that the students had rushed past were crucial details that contributed tremendously towards a fuller understanding of how students in recovery make sense of their lived experience.

Evidence from later in the interviews revealed that students severely compressed the information they might have revealed about what aspects of their lived experiences led them to join A.A., and they often compressed the timelines by which events occurred
in service of the narrative conventions and internal logic of the A.A. story. This helped create an effect that “joining A.A.” was a consequence of the most dramatic events that had occurred in their stories, when it was not.

**A.A. Storylines: Joining A.A. (or N.A.)**

Joining A.A. and N.A. was invariably a much messier and nonlinear process than their stories initially suggested.

In Helena’s initial story, she told a story of joining N.A. that emphasizes how one can attend A.A./N.A. meetings without joining A.A./N.A. The distinction is in the emotional commitment she makes to the program, and she listed various ways in which this commitment is evidenced in her recovery actions, by her practicing the principles of the program, namely rigorous honesty, accountability, and a commitment to entire abstinence from all substances:

I just one day, I had a meth pipe back in my hands that I had made with somebody. I really realized, "Oh shit, maybe I'm an addict." Wasn't really a secret anymore. That was a huge turning point. It was just this, I had all this exposure to what recovery could give me and what specifically N.A. could give me. I finally realized that I didn't have to continue to do what I was doing and I went to a meeting that night. It was a Monday night. I got my white key tag and haven't used ever since.

10 of the 12 participants in this study experienced at least one return to active use after their first attempt at A.A./N.A. recovery. Because A.A. members are taught to show accountability, they typically explain their relapse(s) as a reluctance to commit to the rigors of the A.A./N.A. programs. Some students described a progression in levels of
commitment to A.A., beginning with a period in which they attended some A.A. meetings (while sometimes continuing to use one or more substances), followed by a period in which they attended A.A. with the goal of remaining abstinent, followed by a time in which they attended A.A. meetings and worked A.A.’s 12 steps.

The narratives were especially messy when the student had an especially chronic and recurrent SUD and a long history of relapse. These students had repeatedly flipflopped, committing to one discourse, then reversing course, and back again, in or a process Travisano (1970) calls alternation. Lauren’s story was also distinct in that she had been to treatment ten times, and following each treatment episode she attended A.A. meetings daily. Joining A.A. does not explain Lauren’s current success, since she has joined A.A. so many times before. Since Lauren made a commitment to recovery, then it follows from A.A. logic that she should have succeeded in her recovery, and yet she did not. For her, joining A.A. was part of her routine – remaining in A.A. was another matter. In her narrative, after describing her first four treatment episodes, she compressed the next five by describing a cycle in which she goes to treatment, is released into a sober living arrangement, attends A.A. and gets a job, and after a period of time she drinks again, and shortly thereafter she returns and detoxes in treatment.

Clifford struggled to make sense of his four relapses. In each episode, he attends A.A., relapses, met with relapse, and goes back to A.A. No consequence, not even imminent death by respiratory arrest is enough to drive him back to A.A. a final time. A.A. storylines are intended to make joining A.A. a turning point, but for chronic relapsing students, they show a pattern where joining A.A. repeatedly ends in relapse. As Clifford struggled to make his story fit the A.A. story form, it fit awkwardly, and he
appeared aware of how his story had a weak internal logic and narrative “arc” that probably wasn’t a very convincing demonstration that he had consigned his active use to the past. To show how dramatic crises forced him into A.A., he told the story of the time he overdosed on a combination of Xanax and prescription pain medications, and four doses of Narcan were required to revive him. He rushes through an account of the fourth relapse and DUI, and later it becomes clear that there was another relapse he had omitted, prior to enrolling in his current university. The relapses weaken the credibility of any ensuing triumph in his narrative, which could be a possible motive for his glossing over features in his story that might weaken the overall effect of his narrative.

After repeated relapses, Lauren and Clifford account for the number of times they have “joined A.A.,” only to relapse and rejoin A.A. Joining A.A. is a necessary part of the A.A. story structure, but it does not delineate a “before” and an “after” very well with students who have repeatedly relapsed, and it is particularly difficult for students to narrate the part of their story when they were “going in and out of A.A.”

Hitting bottom is a narrative convention, and had I only collected a single story in a single session I would have been left with the mistaken impression that they jumped into A.A. A role exit occurs when one abandons one identity for another.

Role exits describe those moments in time in which one shifts multiple aspects of one’s identity and social role for another identity and social role (Biddle, 1979) in a shift to a new "universe of discourse" (Mead, 1934, p. 89) and its "meaning systems" (Berger, 1963, p. 61). This shift in discourses is akin to a religious conversion. Travisano (1970) says one undergoes a “radical reorganization of identity, meaning, life” (p. 594). Heirich
(1977) describes conversion as a process “of changing a sense of root reality” (pp. 674-75).

Nearly every variant of students’ stories described the lived experience of 1) initially avoiding a commitment to recovery, 2) running out of solutions, and 3) following a prolonged existential crisis.

Emma summarized the crisis that leads students to choose recovery over the use of alcohol and other substances:

I think that people in ... who identify as alcoholic or addicts have felt that they're inside ... that they are either going to die or wanted to die while they were drinking or using, and had a crisis -- a crisis of who they are -- that their drinking necessitated internal work on themselves and that without that internal work, they would go back to drinking and misery.

The students’ stories explored their experiences with how futile life was for them in this period in which they struggled to make a commitment to recovery. This struggle is where the most crucial meaning-making is accomplished, but their period of stagnation was difficult to narrate, as what had been happening was exhausting introspection, and they were in a period in which they were stuck, with no idea how to move forward. In recounting this period, most seem to treat the episode as almost too long and boring to make a good story.

The students struggle to commit to A.A. because of the tremendous work it takes to reject the discourses that invite them to use alcohol and other drugs in favor of new “situated actions and vocabularies of motives” (Mills, 1940, p. 904). Granfield and
Cloud (1999) claimed that abandoning AOD use for recovery involves nothing less than for the user to experience a “collapsed sense of self” (p.70).

Dan had quit his Division 1 soccer team, was psychiatrically hospitalized after a drug and alcohol infused binge, and yet he made his role exit many months later, when he had dropped out of school, was using marijuana and alcohol heavily, and working a retail job he hated. His girlfriend had graduated and was living overseas. Dan described feeling profoundly dejected in the period before his role exit:

I ended up getting really, really depressed and I remember it being just such a tough time. I didn't want to see anybody because I was really, really embarrassed what had happened. I was really ashamed. I was really scared, like I had said before, and I didn't necessarily know what to do at that point because looking back on, like I said, the wreckage of the past and all that, I didn't have anything to show for the school that I had been in for the past four years. I didn't know what I wanted to do. I wasn't in a major that I cared nothing at all about. I was really worried about what people thought about me. I turned back to drugs, I think, for me to kind of get away from all this and I remember it just not having the effect that it used to. It wasn't fun anymore. I would do it, and when the high would wear off or my drunk would wear off, I'd feel even more depressed than when I started. That cycle was awful so I tried to stop smoking and it was at this point that I picked up drinking regularly and so I realized there was really this desire to want to get away from it all because I knew that that was a root cause of all this stuff but I couldn't. That feeling of hopelessness was, thinking back on it, it was extremely vivid. I would have anxiety and stuff like that. I was on depressive
medication and I had to do outpatient procedures when I got out of there. I hated all of it. I hated the way that all of it made me feel. It made me feel lethargic and it wasn't part of me. That time period -- it changed dramatically. I'm an extremely social person and, like I said, I didn't want to see anybody and my parents picked up on that stuff. It was really, really a tough time.

In this long and painful process, Dan alternates between continuing to drink and smoke marijuana, but he is also looking to make a change. As a result of being hospitalized, of having a brother in 12-step recovery, and seeing an AOD counselor, he eventually went with his brother to A.A.

Heather had totaled her mother’s car going 75 miles per hour while high on prescription pain medication and went to rehab. She returned to use and progressed to using heroin. Her role exit came much later, when her family forced her into rehab after months of using heroin.

Heather resisted the stigma-free narrative that is popular in popular opioid addiction discourses of the person who is overprescribed pain medication for an injury and spirals into using heroin on the street. She chose instead a narrative where prescription pain medication gave her relief from a prolonged existential crisis.

Even before her injury and use of prescription pain medication, Heather had felt anxious and uncomfortable. With her ambition to dive at the collegiate level frustrated, her feeling of being lost only increased. Her existential crisis involved spiraling when “all of [her self-esteem and confidence was gone” in the terms of the extended metaphor of self as laid out in the Pixar animated movie Inside Out:
Heather: I felt like forever I had been the diver. That was something that identified me and made me feel worthy. I was an accomplished diver, and everyone knew that I was a good diver. When that was gone, I really just felt lost. I couldn't see it at the time, but I had plenty of other things to assume as my identity, but in the moment, that was all I could see. Have you seen the movie *Inside Out*?

Interviewer: Yes.

Heather: What I pictured was like diving was like my only island. I was just disconnected from the other ones. That one was gone, and in place of it came addiction island. That just took over. I had trouble at the time connecting to anything else that I had been a part of. That's how I like to view my addiction -- it's that island took over. Somebody ... Heroin was in the control room, and it had locked away all my emotions and was controlling everything. All my other islands were falling apart, but I wasn't in control, and I wasn't at a point where I could do anything about it.

After her parents sent her to rehab for the second time, she accepted that she would need to work an A.A. program and would benefit from attending a university with a CRP. Heather described her lived experience struggling with a loss of identity, alienation, and frustration. The various means of coping that she tried, and lastly, her coming to accept that an emotional commitment to recovery was the best solution, and she reported that A.A. and her CRP, sustained that emotional commitment.

Mark had been to prison for nearly three years (for stealing a doctor’s prescription pad and writing opioid pain medication prescriptions for himself), and yet his role exit
came much later, after he progressed to using heroin intravenously, and his family made an intervention.

In his narrative, Mark tells his story as a struggle to fit in – everywhere. Even family dinners were awkward, and he struggled to “get through” them. The alienation he experienced as an undergraduate at his previous university was especially profound, and the university felt exclusive. He felt discriminated against, especially in the context of his former university, a large public university in the deep south. I was “that brown guy – that half-Egyptian,” he remembers feeling. He moved from group to group, never feeling comfortable at college or at home. He remembers several situations in which other students were more socially successful than he was and deliberately excluded him:

I saw [a female student he was hoping to become more serious with] at [a college football game] with her boyfriend and she completely ignored me, when normally she was my best friend there. I remember feeling really down about that and then I called my friend XXXX and XXXX who usually smoked [marijuana] with me to see if they wanted to smoke when we got back to the dorms. We were at the game and they ignored my calls. And then I walked back to the dorm and I see them with some friends from high school and they all sneered at me kind of like, "yeah, we got your calls, but we don't want to talk to you." And I remember how that made me feel that day. So I went up to my dorm room and...

Later, he claimed that he had found more social acceptance in the nearly three years he spent in prison than he had in college. Returning to college, he felt comfortable in ordinary social situations for the first time in college during a period in which he was taking Suboxone as part of a Medication-Assisted Treatment program for his Opioid Use
Disorder (though he was drinking alcohol on the side). He was not able to maintain the treatment plan long-term. He relapsed on prescription pain medication and progressed to using heroin intravenously.

For some chronic relapsing students, joining A.A. did not mark the end of the struggle. After experiencing delirium tremens in her last detox from alcohol, at a point when doctors were debating whether she had “wet brain,” Lauren headed back to A.A., but this time she went back to school and took community college classes. Her story involves the same sort of prolonged despair that Dan had described, trying to overcome the shame of dropping out of college and moving back home by isolating herself socially:

What happened then was I started drinking hand sanitizer because I had drunk myself into this hole of not wanting to see people. When I came back to (her college town) I didn't want to party. I didn't want to see my old friends. I didn't want people to know I had dropped out of school. I didn't want them to know I was back living with my parents.

Eventually she despaired of ever breaking the cycle in which she worked a low-paying job, attended A.A. daily, and put together weeks or months, only to relapse and return to treatment to start the whole cycle over again. Her alienation and loneliness were profound, and often tinged with anxiety and panic – in addiction and recovery, she engaged in “high-risk sexual behavior,” and an eating disorder wreaked havoc with her health. She gave up on college. “I didn’t have any ambition or purpose,” she explained. She threw herself into A.A., but was ultimately hospitalized ten times, and this participation in A.A. along provides an incomplete explanation for her current success in
recovery. When she returned to school and resumed investing in her future again, her recovery was somehow different than it had been the other times:

I was reintegrated into the [the college town in which her university is located] community and no one shunned me. No one was like, "Oh, it's Lauren. She's back for now, but she'll be gone in a couple weeks." People were really loving and hopeful for me. By that summer I guess, I don't know who suggested it, I had started hanging out with some of the guys from the [CRP at her university] who were already my friends because I had lived here before, and gone to meetings here a lot and stuff. I had gotten back in with those guys. Coming to A.A. meetings on campus and hanging out with people from [her CRP], and coming to [a CRP celebration] and stuff, it was just really cool to watch people really doing collegiate life on a campus of a major university and doing it well. I started thinking I could probably do that, too.

Helena spent all her time with an older man who supplied her with crystal meth, until he was arrested – it is at that moment, when she was utterly alone and lacking a crystal meth connection, that she reached out to her parents for help, and was psychiatrically hospitalized for meth-induced psychosis.

In her narrative, however, the turning point comes months later after a period in which she had been smoking marijuana, going to meetings in her Intensive Outpatient Program, and waiting for her boyfriend to be released to jail. She started smoking crystal meth again, and suddenly accepted that she could no longer avoid making a commitment to recovery.
Continued to use throughout the summer of 2014, got a sponsor, didn't work the steps, didn't do any of that. Then my clean date is September 8th, 2014. I just one day, I had a meth pipe back in my hands that I had made with somebody. I really realized, "Oh shit, maybe I'm an addict."

Helena's story underlines how students can participate on the periphery of a 12-step program for a long period of time without making the necessary shift from active-using discourses to discourses of recovery. In the period in which students are caught between discourses they are “parallel problem-solving” (Lofland & Stark, 1965).

Allison was arrested for a high-Blood Alcohol Content (BAC) Driving Under the Influence (DUI). She began recovery, however, after a prolonged period in which she was extreme period of social alienation. After a night and a morning in which she had consumed nearly a half-gallon of hard alcohol, she took an Uber to a pet store to buy a guinea pig:

But it was really starting to get bad, and I really was like, okay, I'll try to find solutions outside of drinking. I was like, "Okay, maybe if I stop drinking this will be better." It wasn't that. I was like, "What can I do to make things better and still drink?"

The refrain in students’ stories of “what can I do to make things better but still drink?” epitomizes the way in which the discourses that invited her to find a solution to her drinking problem are discursively knotted together with using discourses that invited her to drink. Treatment and its discourses appear to have helped, but active-using discourses were hard for them to completely disrupt. Even after she withdrew and spent “months and months and months” in treatment, she relapsed shortly thereafter, and that was the
last time she drank. It took months for her to make the shift over to the new set of discourses, and even then, she initially believed that she could find a solution in which she could “still drink.”

Austin flipped a car on the highway while drunk, and yet his bottom came two years later. In his narrative, Austin came to college and struggled tremendously to fit in from the beginning. He rushed a fraternity, but his drinking behavior was so embarrassing that he abandoned his bid within a week. He tried to distinguish himself in his liberal arts classes and managed to alienate everyone. He hung out with a group of “misfits,” but they were even more socially awkward than he was. He decided to switch to a STEM major to be part of a “known” socially-prestigious group on campus. No matter what he did, he ended up socially isolated, in some sort of personal crisis, and feeling it necessary to disenroll from school. He lost his girlfriend, and his social and academic ambitions were badly frustrated:

Then eventually that summer, after breaking up with my girlfriend at the time, and also just losing some more relationships, I started drinking heavily every day, and taking uppers every day. Around this time period I didn't leave my apartment for months. I just drank every day. Eventually, I did that all throughout that summer. Then into that next school year, I didn't enroll in classes. Oh, I was also taking classes during that summer as well, but I ended up failing all of them because I stopped going. Then the next school year, I thought that college wasn't for me, so I got a job working at [a fast food restaurant] in town as a delivery driver. There, that job, my using kept progressing. I was just drinking and working all the time.
Having dropped out of college, and removed from college for over a year, Austin felt totally disconnected from his university. He couldn’t name too many people who still liked him. In the meantime, Austin had considerable prior experience with treatment and A.A. recovery. He had originally met the staffperson at his CRP, and he had even participated in the CRP as his university for just under one week. Prior to his return to his CRP, he was inspired by an article about a successful student he had met during his prior week in the CRP:

I read [student who participated in the CRP at his university]'s story on there. I realized that the program worked. That's when I decided to come in. I realized that the only reason it worked, because I remembered that [student who participated in the CRP at his university] was like, he was the all-star, he came in all the time. He was the number one [CRP member] all around, and that the program would work if I worked it correctly.

In part inspired by the success of the CRP student he read about, and in a prolonged state of dejection, Austin emerged to make a deep commitment in both the CRP at his university and A.A.

Allison’s loneliness and despair caused her to reach out to her mother. Allison’s mother contacted the Director of her CRP, and on the CRP Director’s advice, Allison withdrew and attended treatment. Her emotional commitment to recovery came after she had spent “months and months and months” in treatment, relapsed by drinking alcohol, and she discovered her alienation once again. That marks the point where she made an emotional commitment to recovery. Once classes began, she found support for that
emotional commitment; even better, she found social success at college for the first time in college as a member of her CRP.

Samantha had tried to manage her drinking by alternating bars regularly so that few people had a full picture of what her drinking looked like. She managed the calories that accompanied so much drinking through “drunkorexia” – taking nearly all her calories from alcohol. Her severe crisis occurred when she fell down a flight of stairs and was admitted to the hospital with a .378 Blood Alcohol Content (BAC); she was also dangerously underweight. Even then, she resisted her parents’ plan to send her to rehab. Only later, in her relapse, did she face the extreme demoralization that caused her role exit. She had always redoubled her efforts to find belonging by partying harder and harder at her university, but by the time she became involved in the CRP at her university she had few remaining friends and was profoundly disillusioned: “I remember just thinking like, "God, help me. I don't want to keep doing this. This is not how I want to live my life." I think that following Saturday, so I went out on a Friday and that Saturday morning, I remember texting the [CRP] group being like, "Hey, I need help, guys. Can somebody help me?"”

Samantha was initiated into the discourses of A.A. and collegiate recovery. She had attended the CRP at her university briefly after being released from treatment, but she was ambivalent in this parallel problem-solving period: “Do I really want to be sober? I do, but I don’t want to,” she remembers thinking. She returned to use, and after a series of blackouts, she reached out to a student she had met at the CRP, made an emotional commitment to the CRP, and worked an A.A. program; the following semester she lived in the recovery housing at her university. “Do I really want to be sober? I do,
but I don't want to” captures perfectly the futility of having one foot in one discourse, and the other foot in another.

Charlotte had a long history of heavy alcohol and drug use, along with a history of panic attacks. Her use of stimulants helped her to find social acceptance with other hard-partying students in a neuroscience lab, but things spiraled out of control, leading her to become socially alienated from the one group in which she had any remaining social standing at her university:

Then, finally what happened, I ended up really alienating all these people who I was close with like my party crew in the lab, ’cause I ... From different relationship stuff, I kinda pinned everyone against each other and against me. I made a big mess. Eventually, my little party crew, it was just a mess. The pill use was so out of control (so we did addiction research, ironically). We would always drink at the lab, ’cause it was right near where the bars were, so we'd pregame there. We could go there after hours, so that was super fun.

Charlotte’s story is full of instances in which various people suggest she try A.A. Only after her drinking in the neuroscience lab alienated her from the partiers in her lab did she seek out recovery for the first time. After several more months in which she alternated between drinking and attending A.A., she became convinced that an emotional commitment to recovery was required. Ever since she combined participation in A.A. with participation in her CRP, she has been successful in her recovery, and feels connected to a social group again.

Charlotte’s role exit was helped along by another student in her CRP. That student convinced Charlotte to participate:
I got sober finally in February, so I went to a woman's retreat. That's where I met [Student at her CRP]. I don't know if you've met [student at her CRP]. She was the one who was like ... I had other people kinda mention CRP to me, but I didn't really understand what it was. I wasn't a student at the time, too, so I didn't know if I could come. I got back from the retreat. [Student at her CRP] was very persistent about me coming, so I started going to CRP. It ended up being so helpful. I don't think I would've gotten sober if it weren't for CRP, because I had about three months sober when I got here, but I wasn't in treatment or anything.

Jed was the only participant that had never heard of A.A. or N.A. when he found recovery. His story differed from the others because he had no competing recovery discourses and thus no period of active use in which he was negotiating with recovery discourses in his parallel problem-solving. Jed burned through $9000 in eight days smoking crack and shooting heroin and crystal meth, after which he went to detox, long term treatment, and sober living, during which time he made an emotional commitment to recovery, and later this commitment was augmented by his participation in A.A. and his CRP.

Jed’s narrative reveals a prolonged existential crisis marked by confusion and frustration. Jed lost interest in academics, and nearly failed out of college. He was rapidly exhausting what was left of a college fund on drug binges. He was using heroin intravenously, and sometimes could find little reason to live:

I considered suicide, I was considering, I don't know. To look back on that period, it was like real six months, seven months, of heavy use. I started out smoking
heroin and then by October I was intravenously using. Quit jobs, quite going to
class altogether. Made it to October.

Even this period can be considered parallel problem-solving. Jed tried to quit
heroin on his own by drinking, but that was so painful that he again seriously considered
suicide. He was struck by the meaninglessness of most of his friendships. His athletic
ambitions were also frustrated; injuries had sidelined potential college careers in football
and baseball. He got his shoulder repaired, and he had once put together a decent set of
grades in junior college, but though he exercised considerable energy trying to get back
on his feet, he kept returning to a new low point, and his use only escalated over any
considerable period of time. On the urging of his family, he headed to a detox and long-
term sober living, before returning with the help of the CRP.

What these students’ accounts of their role exits tended to have in common is that
most came after extensive exposure to A.A. and/or N.A. (10 of 12). Nearly all attended
inpatient treatment or were psychiatrically hospitalized (11 of 12), though acute care
treatment was not a requirement of a role exit: fewer than half (five of 12) began their
current period of abstinence by attending inpatient treatment. In their stories, 10 of 12
experienced at least one return to active use after their first attempt at abstinent recovery.

**Aligning Themselves with the Group**

Role exits – those points in their story when they abandon their active using
discourses and identity and come to adopt an A.A. identity was often helped along by
members of A.A., N.A. and CRPs who played a timely and influential role in that
process.
Lauren observed that students who disbanded from their prior social networks did well, and students who remained connected fared poorly, observing that women who remained connected had a particularly difficult time deepening their emotional commitment to recovery. Lauren explained that women tend to relate with one another in ways that were more “interdependent, deeper, and closer” than men. She observed that men have an increased ability to “disband” from their social networks. She noticed that many of the women in the CRP who were successful in recovery lacked these close-knit relationships outside the CRP, and she found it strange that another CRP member still had strong loyalties to her sorority sisters, even though those groups are often at cross-purposes, and this members’ continued participation in her sorority felt to Lauren to be “a not all-in thing.”

Allison mentioned that her social isolation gave her an advantage in recovery:

Okay, so I think being in recovery now, my being completely isolated was kind of a blessing. Because the program, a lot of the time, the people are like, ‘the only thing you have to change is everything. You have to change all of your friends.’ And I didn't have a group of friends that were like huge partiers.

**Cliffton: A Case Study in the Consolidation of Two Competing Identities**

Gordon (1974) described the phenomenon of an identity in which an individual combined two contradictory worldviews as *consolidation*. Cliffton was an exception to the other students in that he retained a dual identity in which he attempted to commit fully to recovery and to someday live in a social world that endangered his prospects of long-term recovery. Cliffton’s narrative demonstrates what happens when the teller’s
identity contains overlapping and conflictual storylines within two contexts which are at cross purposes to one another.

One part of Cliffton’s dual identity was rooted in the traditions of his upbringing and family wealth, his four years in boarding school, and his involvement in a prestigious fraternity at his former university. Any future in which he mostly avoided his old friends and old situations was unthinkable to him. He planned to make a life among his old friends and raise his family in moneyed, exclusive social worlds in which he was well known and socially accepted.

The efforts that Cliffton made in working a recovery program was equal in many respects to other students who were deeply emotionally committed. He was dedicated to recovery routines and was actively involved in A.A. and his CRP. Even though he credits recovery with life changes, increased spirituality, and long-term desistance from the use of alcohol and other drugs, he retained his former identity and affiliated with old friends.

Cliffton made the distinction between “normal relationships” and “A.A. relationships.” From various context clues, it became clear that he identified more with the person he was within the social worlds of his old friends. “I just know all of my older friends better,” he explained. “I've known them for longer, kind of grew up with them. They all care about me a lot. It's just a normal relationship versus an A.A. relationship.”

His explanation of going to a wedding for a friend from boarding school illustrates the strong bonds he feels with these old friends and the way his old friends factor into his self-concept and his vision for the future:
I'm going to one of my boarding school roommate's wedding in April. I mean, I was one of my fraternity brother's pallbearers at his funeral. I mean, it's been a very ... Those four years at boarding school and the two years, or I guess three and a half years at [his previous university], they were years just where I formed really good relationships just with people that were not in the right spot at that time that have since, you know, matured and became more of a person, and more grateful and more responsible and more, I guess just grown up is the word I'm looking for. Not going back to them would, I mean it would be really tough. It would be possible because traveling, going to see them, I mean, I would definitely be doing that, going to their weddings and things like that. I mean, ultimately I wouldn't be going back to [his home] just for friendships. It would be for family and that's just where I was born and raised. That's where I kind of see myself living, see myself living and raising a family when I'm at that point.

Cliffton’s challenge was to tell a story in which he could remain dedicated to recovery, while making a life for himself among old friends from his past who use alcohol and other drugs heavily.

From one set of discourses, rejoining his friends is safe, and he is at his funniest when he is with them, laughing the hours away, and life is a lighthearted, comical romp. When seeing the world through the lens of recovery discourses, he acknowledges that the social world is rife with addiction and suffering. The inconsistencies in his narrative reflect the ways in which he is positioned between social worlds. This leaves him in a bind in which he hopes to change and yet not to change:
I'm making this effort for myself and so that I can live a model for my friends that are suffering, for my mom who's an alcoholic and just *so they can see me change and just see my life change but not me change, necessarily, as a person* (emphasis mine).

The tension between two discourses caused Clifford to become confused as to which set of discourses should inform the story he was telling, so he sometimes decided to use both sets of discourses indiscriminately. As a consequence, he told confusing stories, in which he was telling two versions of a story – the first version would be the sort of narrative one might expect form a student in recovery, and the other version swooped in to contradict crucial aspects of the narrative he had only minutes before told.

At no time did I think Clifford was intentionally being dishonest for the purpose of deceiving me. On the contrary, his equal investment in two contradictory discourses simultaneously made it virtually impossible for him to remain steadfast, loyal, and committed to his family and old friends without ignoring the obvious risks. This self-deception was related to the competing vision he had of his own future, and how incompatible this version was with A.A. discursively. He had learned to revise his past in such a way that his return to active use was impossible, but he had to minimize his old friends’ use as a passing phase they would conveniently drop soon after graduating from college.

For example, he offered a half dozen self-contradictory descriptions of his old friends. He first described them as safe and responsible to associate with, and downplayed the extent of their drinking and drug use, and thus the threat they posed to his recovery:
Yes, I'm going to get more spiritual. Yes, I'm going to not drink and everything, however, I'm still going to be the same [Cliffton]. I'm still going to be funny and hang out with old friends and stuff like that. My old friends, they're out of college. They don't do coke anymore. They have real jobs. They drink. They don't eat Xanax bars and then go to class and do all of that. They're “normies,” as we say.

This characterization that his friends “don’t do coke anymore” was directly contradicted by other stories he told soon after. Several minutes after saying his friends didn’t use cocaine, he mentions that an old friend from his boarding school days was living a few miles away from him, and that she dealt cocaine: “My friends drink, but when they start pulling out cocaine then I'm like, ‘Fuck this, I'm out of here,’” he explained.

Later, more stories confirmed cocaine use within his circle of old friends, two of whom had moved to his college town:

We had known each other for years. Probably five years. They were both very huge party animals and they don't understand that you know, me not drinking meant that I couldn't do other drugs too. They would always be, "I know you don't drink, but like can you do this cocaine or this acid?" I'm like, "No, no, I can't do that." They just didn't grasp that concept. Those were my only two non-sober friends out in [the state in which his university is located], but when I see other people ... They're also pretty crazy. I mean, they like to have good time and they haven't focused on their future as much as I have or as much as a lot of my other friends have. They didn't finish college and stuff like that. They're just out here for a geographic change and parties pretty much. I'm out here on a completely
different schedule, to stay sober and graduate with my college degree. I'll rarely see them, but when I do, and rarely for me, is probably once every two weeks or something.

In addition, he mentioned that prior to his DUI, he hung out 3-4 times a week with the old friend who dealt cocaine. That summer he was going to move to [a large U.S. city] in the hopes of finding a job. He was concerned that he would have too many friends there from his active using life. “I'll ask my girlfriend, who lives in [the large U.S. city], I'll ask her how much cocaine she tends to see on a regular weekend, and she says it's pretty prevalent,” he explained. “On that last weekend, two of her friends got kicked out of a bar for doing coke in the bathroom.”

It is clear that his old life does sometimes intimidate him: “My brother was talking about moving to [the city where his previous university is located], and that’s just one place I’ll be able to visit for one night and then after that, I’m like, ‘Alright, I gotta go.’”

Another contradictory narrative involves his mother; after having explained that his mother was a “functional alcoholic” in the first interview, he declared in the second interview that “I’m the only alcoholic/addict in the family that I know of as of now.” Which version is true has considerable bearing on the risk his family members pose to his recovery once he returns home.

Yet another contradiction occurs in which Cliffton claims that his old friends know him well and respect his recovery, and they go out of their way to not drink around him or to remove alcohol from the premises, and he doesn’t want the fuss: “It's definitely important for me for others to know that I am changing my life and I'm not trying to get
them to change their life,” he explained. This is contradicted by another story in which various people pressure him to take the drink: “I'll just walk in to somebody's house and there's always one kid like, ‘Come on man, one beer’s not going to do anything,’” he explained, “I'm just like, ‘Yeah it is. I don't know why the fuck you would start saying anything. Just butt out. I don't know what if anything it has to do with you.’ Usually there's just one of those guys.”

His second strategy to reconcile his contradictory storylines was to concede that his old friends do in fact drink and use drugs heavily, but that over time they had become safer and would only grow safer still. Despite their heavy use of cocaine and other substances, he insisted they had matured somewhat since graduation and were settling down:

My friends are year or so older than me. They've been out of college longer than I've been ... Basically me getting out of college at this time puts me at a good level of them, because they've gotten all their new money and their job jitters and able to support themselves. They've gotten all those feelings and like party feelings out and now they're settling in and like, "Okay, I'm almost 27 or 28, what do I do next? Am I going to keep partying and save enough money, or is it time for me to propose to my girlfriend, or is it time for me to start saving up money and try to get this raise? Or yada yada yada." I think I am catching them at a spot, a place in their life where they want to become more mature.

A third way in which he reconciled the social world of his old friends was to concede that they might use alcohol and/ or other substances heavily, so hanging out with them puts him
in a position to be of service to them, and they will benefit from being helped by him to pursue recovery:

I think it's good that I live by example and by what I've been taught in A.A. for my friends back in [his former state] and my boarding school friends from [in a region of the U.S.]. Just live by example and just know that if they have a problem then I'm one of the people that they can call and pick up the phone and say, "Hey man, I know you've been doing this shit and I think I have a problem." That's what I'm waiting for. I know that's going to happen eventually. I just want to be one of those people. It actually has happened. It's happened to one of my best friends that was in my fraternity at [his previous public university] and I helped him get sober. He's sober now.

The case study of Cliffton in this study is the exception that proves the rule. None of the other eleven participants retained a connection to their active using pasts to the extent that he had, and by doing so, they opened themselves the opportunity to make deeper changes in epistemology and deeper transformations than they would have been had they not broken with their previous active-using identities, and their narratives were more unitary and consistent. Cliffton had a very difficult time reconciling the powerful set of discourses that made being a partier so attractive within the social worlds he occupies in another part of the country, as these competed with and contradicted the recovery discourses that also featured heavily in his everyday life.

Cliffton’s story also demonstrates that students in CRPs are not required to sever all links to the past, but A.A. discourses counsel members to “stay away from old people, places, and things,” and the students often report having broken off from their past social
groups. The practice makes sense, especially when one sees how much cognitive dissonance is required in order to sustain discourses that fundamentally conflict with recovery discourses.

**How Discourses Continue to Invite Students to Use AODs**

Another aspect of lived experience that was not captured in their initial tellings was the way in which discourses continued to operate in the background, which students sometimes indulged out of a sense of morbid fascination.

Charlotte spoke of a behavior in which she compulsively surfed druggy websites, reasoning that she is drawn to them the way animals’ brains are drawn to cues that predict certain rewards:

From the research I did there's a very real like neural correlate of being drawn to cues that tell us drug is available, so that could be having your drug dealer's number still in your phone. I'll try not to like waste too much time on this, but like you can do all these studies where like they have animals, they have a cue that predicts drug, and the cue itself is even just as motivating as like the drug, like that's the motivating part like that's the sober animal to engage in drug taking and for drug seeking is the association to this cue, and they've done these studies where they've got these animals hooked on cocaine. They just show they have to work really hard to get the cocaine, so that's like spin a wheel a million times it's a pain in the ass, but then they change it so that they have to work really hard, and they'll just get the light that signals the cocaine. They don't even get the cocaine, but they'll still work really hard just to get that light. I think to me my experience is that light is telling them drug might be available if I get close to this light
there's a part of me that feels like it's still a possibility to get drugs like it's telling your brain drug is available. It doesn't even make sense, and if you look back like evolutionarily they think it has like implications for like it helped me would have been like we would have been the fittest in like a really low resource community because we would be so drawn to cues that are telling us there's food, and everyone would be like whatever, and we'd be like throwing balls to the wall to get that food because we would see these cues. I'm not doing a good job of explaining, but there's some really interesting animal models of these cues, and how they work for us.

She mentioned that a recovery program makes her less susceptible to this animalistic pursuit of cues and helps ward off “acting on her addict mind.”

Okay, I know if I'm working a good program when like I do less of that. I still can find pleasure, but I do it in very different ... I can tell when I'm acting on my addict mind. I can have a good time acting on my addict mind even without picking up, or like it feels good, and you don't go on these druggy websites, and it kind of feels good, or entertaining, but then when I'm having a good time in like a way that I'm not activating my addict brain I think like when I'm at a really beautiful walk I feel really good, but it's like I can tell I'm totally not in that part of my head that's like, oh, I'm trying to get my kicks. Do you know what I mean?

Mark said that he, too, sometimes has a compulsion that sends him to websites that provide information about the best places to buy heroin. These websites provide instructions as to which streets to go to, people they should talk to, and so on. He usually limits himself to web searches, but sometimes his “fascination with quote-on-quote
‘hoods’” gets the better of him, and he’ll find himself taking a “spin around the block.” He is captivated by the aesthetics of these neighborhoods, and Baltimore in particular. “I was fascinated with how rundown, and dangerous looking, and deserted, and desolate that neighborhood was,” he explained.

Similar to Mark’s attraction to street corner drug markets in Baltimore, aesthetic factors sometimes triggered cravings, revealing various ways in which active-using discourses communicate through visual rhetoric. Charlotte described an experience in which she was tempted to drink craft beer at a trendy brewery. She went there late after a long day of work, which was once prime drinking time for her. The cups were distinctive. “It was like these weird almost goblets.” The seasonal craft beer featured pumpkin motifs with “cool labels.” She found herself thinking of the beer as not something she would turn to because she had a drinking problem, but rather something she would order “for the taste and the artistry.” She describes this weakness for situations in which drinking was presented as “sophisticated.”

The Future Orientations of Students in Recovery

As the students in this study were all young, it should come as no surprise that narratives were unusually future-oriented relative to the features of stories told by older A.A. members (see Figure 4-3). The 12 students in this study ranged in ages from 20-29 (with a mean age of 23.7 / median age of 23); the average age of A.A. members is 50 years old (A.A.W.S, 2014) and the average age of N.A. members is 48 years old.
Because the students in this study were younger than is typical in A.A. and A.A., they were more future-oriented than is typical of the members in those fellowships. These students are young enough that their narrative arc extends past the present and becomes part speculation. The students are still new enough in recovery and still young enough that they conceptualize themselves as works-in-progress and as people whose full moment of triumph is not yet at hand.

An A.A. slogan is “it works if you work it.” In Jed’s version, he says, “I want to show other people it will work.” The difference is, he is not sure that someone with his profile -- someone young, who was as far down the scale as he was -- could someday become an unqualified success.
Students tracked the distance between the future they might have had if they had not found recovery and had continued to actively use substances, versus other, much brighter futures that have become available in recovery. By speculating on these future trajectories, they increased the redemptive value of their life stories. Since a greater number of redemptive sequences in a story is associated with health and well-being (McAdams & McLean, 2013), students use the distance between various life trajectories to find a story of their own redemption, for which they can feel grateful recipients of a recovery that constitutes no less than a windfall-in-the-making, and a gift that keeps on giving. Students in recovery are thus able to augment their achievements by envisioning a still greater “Zenith of triumph” (Trice & Roman, 1970, p. 543) that lies in wait for them.

Students sometimes conceptualized recovery as a form of self-care in which the dividends of their efforts would pay off in the future. As the participants were young and future-oriented, they often thought of their work as an investment in the person they hoped to become. Allison conceptualized this future self as someone she supported through her actions in the present day:

It’s like future Allison is another person that I want to take care of, you know what I mean? It’s like why wouldn’t you do this for future Allison? A lot of these readings, like seven hours’ worth of work in one night? No. You don’t do it like that. I remember … I still haven’t done this for future Allison, but I keep packing my own food. I eat packed lunches, right? Yeah, I’m just like why can’t you take 15 minutes, probably less, out of your night to pack future Allison lunch for tomorrow?
Charlotte also spoke of how she aspired to have enough success as a student in recovery that she hopes to someday be a sort of living testimonial to the efficacy of the organizations that supported her in her recovery:

I want to show other people it will work, so that they’ll utilize it as a resource, so it will gain more attraction, so it will grow, proliferate, but I think I also feel that because it has to work because these are the only things I have. Like that’s how I felt about A.A. -- like I have to defend it, and I have to believe in it because I have no other option, and [her CRP] has been, also, so instrumental in my recovery that it’s another thing that I’m like, "This has to work," so I want to show that to people, and I want it to work for me, I guess.

By conceptualizing this future-self lying in wait, she creates a future-self, and everything she does helps make this future-self less a speculative fantasy and more of a reality.

**Summary of Part I**

Students come to adopt a recovery identity by shifting from discourses that invite them to use alcohol and other drugs to A.A. discourses. Before making their role exits from an active using identity, they engaged in parallel problem-solving, slowly shifting between active using and recovery discourses in a prolonged period of misery. The students who had a history of chronic relapse had committed to recovery discourses, then repeatedly reversed course and committed to active using discourses, and back and forth again in a process of alternation. One struggled to consolidate his former active using identity with his recovery identity, resulting in dissonance. Most students eventually abandoned their old identities and made a role exit, which allowed them to align themselves with the group and helped them make more transformative changes in
epistemology. Even so, the discourses that invited them to return to use could sometimes lurk in the background.

**Part II: Professional-managerial Class Success Discourses**

In *Fear of Falling: The Inner Life of the Middle Class* (1989), Barbara Ehrenreich described the professional-managerial class (PMC): the salaried middle classes, distinguished from other social classes by their training and education, typically business qualifications and university degrees, and by their tendency to enjoy higher than average incomes. The students in this study adopted PMC success discourses hoping to achieve professional careers.

Figure 4-4: Relationship of Part II to Parts I and III

Unlike the capitalist ruling class, the PMC "consists of people whose elevated status depends on their education rather than on owning … whose work is often concerned with the management and reproduction of society and its members. Doctors, lawyers, professors, engineers, teachers, nurses, social workers, and middle-level managers in the business world are the archetypal members of the PMC" (Ehrenreich,
Richard Florida's (2002) notion of a "creative class" consisting of those whose jobs involve creating new ideas, technology, and content and that require that people engage in "complex problem solving that involves a great deal of independent judgment and requires high levels of education" (p. 8) also describes the PMC.

As Barbara Ehrenreich (1989) pointed out, membership in the PMC cannot be easily passed to the next generation. A class that counts on high levels of education to mark their elite status set a trap for their own children. The professional managerial class lives with a constant “fear of falling” from its place of privilege in society. In a 2013 update to that work, Barbara and John Ehrenreich wrote:

The prolonged, expensive, and specialized education required for professional employment had always been a challenge to PMC families—as well, of course, as an often-insuperable barrier to the working class. (para. 18)

For various reasons, the children of the PMC are “success projects” (Rosenblatt, 2013). Having been given the opportunity to succeed, these students nevertheless need to accomplish a great deal if they are to become members of the PMC themselves.

Rosenblatt (2013) calls this the PMC “imperative to succeed” (p. 604). Members of the PMC justify their hard work with a discourse that requires them to “stick it out” (p. 604) and the need to “stay competitive” (p. 604).

When I first analyzed the many statements in which students announced their drive for success, I was temporarily drawn to an explanation that they had an old-fashioned commitment to the American dream – though it is important to mention, students never used the term “American dream.” The American dream is a central American discourse, with its promise of social mobility and its "gospel of self-help"
(Cullen, 2004, p. 10). The explanation that students had folded their 12-step recovery programs together with a project to recover the American Dream into one single all-purpose recovery project had fatal flaws, however, as the students in this study had parents in the professional-managerial class. I needed some way of describing how students had adopted a success discourse that was akin to the search for social mobility described by the American dream, but that could explain how these students were not attempting upward mobility at all, but were instead doing everything they felt was necessary to ensure that they could once again be on track to gain professional middle-class careers on par with those of their parents. John and Barbara Ehrenreich's extensive writings on the professional-managerial class supplied that explanation, especially when combined with a scholarship describing a lack of economic opportunities and various other “structural shifts” responsible for the increasing inability of 18-32 year old millennials to become independent from the support of their parents -- what Carnevale, Hanson, and Gulish (2013) call a “failure to launch” (p.1).

Many of the students expressed fears that they had lost ground because of their substance use disorders and worried they had damaged their socioeconomic prospects. PMC discourses and their success imperatives explained their fear of failing to attain the high levels of education necessary to gain a professional career, and a deeper fear that they would fall out of the professional-managerial class of their parents.

PMC parents have long worried that their children will fail if not given every advantage they can provide. 11 of 12 students in this study were from the PMC, and these 11 were especially worried that they could face reduced prospects relative to their parents – they had all developed substance use disorders that put their bid for a career in
the PMC at risk. As Helena put it, she was going backwards, and needed to reverse that course and make advances socioeconomically:

Part of my program is advancement of myself, because for so long I was going backwards. I was also setup and born into a white middle class family where that was expected of me, and it was almost as if my using was just a road bump in what I was supposed to be doing anyways, which was becoming financially sustained and independent.

As Rosenblatt wrote in his “Stuff the Professional-Managerial Class Likes: "Distinction" for an Egalitarian Elite” (2013), parents have attempted to help their children acquire the high levels of educations and high degrees of skill necessary for their children's entry into the PMC:

Probably the most important structural fact helping to shape the consciousness and behavior of members of the PMC is their situation with regard to social reproduction: because their work requires long periods of education and high degrees of skill, they cannot pass their class status on to their children in any straightforward way (which the rich can do by providing money and the poor can do by not providing money). All they can do is do their best to ensure that their children have the opportunity for such education and the personal qualities needed to take advantage of it ... Increasingly in recent decades, the efforts to prepare children to succeed in this competition have intensified and become the subject of both folk wisdom and various industries focused around things like tutoring, test preparation, and general "enrichment"- ratcheting up the standards
for everyone even as the pool of potential applicants has grown... (pps. 598-599, emphasis mine)

The problem posed to the 11 participants in this study from the PMC was not that they lacked the opportunity to attend a four-year college, but that these students had for a time developed personal qualities that made it difficult for them to take advantage of it. Having developed chronic health conditions, they calculated that, even after a period of recovery, their past use of alcohol and other drugs could still prove ruinous.

The students were anxious not to appear the products of white PMC privilege, but the fact remains that PMC parents have done their utmost to give their children advantages in their upbringings that make it more likely that they would find success. Entry in the PMC has gotten more difficult, especially since 2008 (Carnevale, Hanson & Gulish, 2013). Parents can’t do all the work necessary for children to succeed, and the children of the PMC have to acquire extensive educational credentials, specialized skills, and dispositions in order to win out over the many others that are also competing for careers in the PMC.

Cliffton was a member of the 1%. His father owned a prosperous business and extensive property and wealth, and thus Cliffton was not, and had never been, middle class. The other 11 had parents from the PMC and were PMC success projects. They all had at least one parent in a PMC job. Most of those 11 students could be classified as upper middle class, with household incomes in excess of $122,000 in 2018 (Frankenfeld, 2018). Of those 11, Samantha was the only student who felt her parents struggled financially. Her father worked in construction and her mother was a nurse – she therefore stood both inside and outside the PMC, identifying as “blue collar” and “middle-class,”
alternately. Samantha noted enough class differences between her parents and the parents of other upper-middle class PMC students to make her feel insecure about her parents’ social class. Samantha noted that her sister (who also attended her university) had also had felt less moneyed than other students when she was a student, and her sister had also noted differences in the social class of the students and their approaches to college, but that her sister had nonetheless achieved a career in the PMC:

My mom's a nurse and my dad's in construction, so they're very blue collar, and so my sister struggled living with these girls that came from a lot of money, but it was just different. It wasn't as ... People are more, I think, academically focused. My sisters’ friends all have really ... They're lawyers and doctors and they have these really good jobs and my sister has a good job. She's a recruiter for [a corporate bank] in [a major U.S city]. It's just like, it's just such a weird system. Like social class and it's like something that I think, we grow up a certain way and so we're pretty blind to it, and we don't think it's as important. At least like I think as middle-class people we kind of think like, "Oh, it's not really that big of a deal," or whatever. But I remember like living there and being around people who were just like, who had just been raised so differently from me and I remember being like ashamed of what I came from and not wanting people to know.

They were also millennials, complete with the anxieties increasingly associated with their generation. 34% of millennials aged 25 to 29 had at least a bachelor’s degree in 2016 (Graf, 2017) though this level of education does not ensure their prospects of finding quality, high paying careers: A report by Burning Glass and the Strada Institute (2018) report that 43% of recent college graduates are underemployed (working in a job
that does not require a bachelor’s or higher) in their first job after college – two thirds of this group remains underemployed after five years, and half are still underemployed after ten years. In 2016, 41% of men aged 25-34 had incomes of less than 30,000 a year.

The argument that college leads to a good career has long been a major selling point for higher education, and this argument, though less valid today than it once was, is still valid; writing for Brookings, Greenstone and Looney (2012) write, “It may seem intuitive that more educated people earn more, yet the extent to which this is true is striking” (para. 2). 85% of college students reported that their main reason for going to college was to have a successful career, according to a UCLA survey (Eagen et al., 2015).

For numerous reasons, competition for jobs has multiplied (Langenfeld, 2017). Since the 2008 economic crisis, most new jobs are low-paying service jobs in retail trade, leisure and hospitality (Seeking Alpha, 2017). For multiple reasons, therefore, a college degree provides much less of a guarantee of a successful launch then it did before the Great Recession. An increasing number of college graduates are not able to find jobs that cover basic bills, much less cover large student loan payments.

In a 2013b update to their 30-year long career tracking the PMC, Barbara and John Ehrenreich wrote "The Real Story Behind the Crash and Burn of America's Managerial Class: How the Rise and Fall of the Professional-managerial Class has Impacted the Last Hundred Years.” They explained that the PMC, which was once ascendant as a social class, growing from 1% of all employment in 1930 to over 34% of all employment in 2006 (p.4), has been in freefall in recent decades and now largely "lies in ruins" (p. 10)
In another followup piece, Barbara and John Ehrenreich (2013a) wrote “Death of a Yuppie Dream: The Rise and Fall of the Professional-managerial Class”:

Higher degrees and licenses are no longer a guaranty of PMC status. Hence the iconic figure of the Occupy Wall Street movement: the college graduate with tens of thousands of dollars in student loan debts and a job paying about $10 an hour, or no job at all (p.10).

Professional-managerial Class "Success Projects"

Rosenblatt (2013) describes how issues of social replication and the struggle of PMC parents to ensure the class standing of their children is a "success project," part of a “the centrality of ‘success’ to PMC approaches to life” (p. 598). A major part of PMC child-rearing involves “things like teaching children to defer present gratification to achieve future success and instilling acceptable career ambitions” (pps. 599-600). PMC parents are horrified by the prospect that their own children will become a part of “a lost generation unable to emerge from adolescence into a purposeful adult life” (p. 600).

PMC discourses command the children of PMC parents to work hard and to exercise self-control (Rosenblatt, 2013, Ortner, 2006). As Fletcher (2008) puts it, To maintain PMC status, therefore, an individual must be willing to work diligently for many years without substantial remuneration to attain the advanced education necessary to enter the professional occupations consistent with class status. The particular habitus by which class members are socialized is thus specifically designed to instill this orientation. Ehrenreich (1989, p. 84) observes, for example, “The challenge of [professional] middle-class childraising—almost the entire point of it, in fact—is to inculcate . . . the deferred-gratification
pattern.” In short, PMC habitus appears to emphasize the following qualities: (a) self-reliance; (b) self-discipline; (c) deferral of gratification; (d) a quest for continual progress; (e) self-actualization; (f) willingness to face risk; (g) willingness to per-severe through emotional and physical hardship; (h) an orientation toward tastes removed from economic necessity; (i) asceticism; and (j) experiential accumulation (p. 318).

The problem is that this discourse doesn’t specify when a “success project” can responsibly stop working and when, if ever, it is acceptable for a “success project” to cut loose. The habitus that Fletcher (2008) describes is a recipe for workaholism and perfectionism and a hypercompetitive culture in which members keep upping the ante.

**How Hard Work and Self-denial became Cardinal Virtues in the PMC**

London, in his (1993) review of Ehrenreich's (1989) *Fear of Falling: The Inner Life of the Middle Class*, observed that:

Ehrenreich believes the rise of professionalism was, and remains, perhaps the greatest of all generators of middle-class insecurity. The creation of "the professions" was designed as much to keep people out as to let them in, with each generation forced to fight for admission to the club. Unlike the truly wealthy who could guarantee that their children would also be wealthy, a lawyer could not guarantee that his or her child would be a lawyer, or even wind up a member of the professional class. Through professionalization, Ehrenreich points out, the middle class sought to gain purchase in an increasingly uncertain world. But they soon learned that the barriers erected to exclude intruders from other classes also stood in the way of the youth of the middle class. The barriers ensured that only
the hardworking and the self-denying would make it — and not even all of them (London, 1993, para. 5).

The sort of alcohol-and-drug-fueled hedonism that all 12 of the participants in this study described at length violates the moral code behind PMC success discourses. In recovery, the students’ in this study adopted PMC discourses with a vengeance, restoring their bids for PMC careers, and in doing so came to display what Ehrenreich (1989) called a "fear of hedonism" (pps. 261-262) which caused them to reject "hedonistic, impulsive, self-indulgent" (Ehrenreich, 1989, p. 52) aspects of themselves.

It makes sense that the students in this study would conflate their disease with poverty, as they often saw one as leading to the other. Adopting the discourses of the PMC was a strategy to literalize the distance between themselves and their disease by putting distance between themselves and any uncomfortable social positioning that had resulted from their hedonism. In abstinence and hard work, they are not just resisting poverty, therefore; they are resisting becoming positioned as candidates for “poor culture” in the context of PMC discourses.

CRPs: Where 12-step recovery meets the discourses of the professional-managerial class

In addition to constructing their self-narratives in accordance with the storylines and subject positions made available to them in A.A., all 12 participants borrowed from PMC narratives of what constitutes a successful life. Behind the participants' narratives is the recovery-specific hope that one can work him or herself towards a satisfactory ending: one that reconciles recovery goals with his or her goals as pre-professional American strivers. A.A. recovery provides the model for their recovering selves, but
students in this study utilized various stock American stories of how one builds one’s life into success.

The students in this study hoped to accomplish various successes that would prove convincing both within and beyond the social worlds of addiction recovery. The narratives told by the college students in this study are informed by the master myth by which success in the United States follows largely from one’s success in school, followed by graduation and the establishment of a professional career and a high standard of living. Recovery is an essential component of their plans, and each included recovery in their vision for the future, but they hoped to achieve the most broadly-held societal standards of success in addition to the status they hoped to achieve in 12-step social worlds.

Involvement in their CRPs provides the bridge between their identities as students and pre-professionals on the one hand, and as persons in long-term recovery on the other. A particularly healthful consequence of this is that success in one was seen to feed the other; they advanced through their lives telling stories in which an education was made possible by recovery, and their recoveries were certified and their gains consolidated through their educational progress.

McAdams and McLean (1993) in their life history research find that stories are often influenced by the available stock of cultural narratives that tell one how to be a proper member of a certain culture, but that they often impose a set of expectations that are difficult to meet:

Once certain stories get embedded into the culture, they become master narratives—blueprints for people to follow when structuring their own stories, for better or
worse. One such blueprint is your standard “go to school, graduate, get a job, get married, have kids.” That can be a helpful script in that it gives children sense of the arc of a life, and shows them examples of tentpole events that could happen. But the downsides of standard narratives have been well-documented—they stigmatize anyone who doesn't follow them to a T, and provide unrealistic expectations of happiness for those who do. (Beck, 2015, p. 8)

The students in this study were largely middle-class “millennials,” the generation defined by Howe and Strauss in 2000 as being born between 1977 and 2000. They are a group for whom a professional career in the PMC seems especially precarious. Their destiny is interwoven with “unease about the forces of deregulation, globalization and technological acceleration that are transforming everyone’s lives” (Tolentino, 2017, para.16). Millennials are the subject of multiple conflicting discourses. Multiple critics bemoan millennials’ supposed lack of a work ethic, and other discourses present millennials as perpetually working, and even though many face rising costs, large student debt burdens, stagnant wage increases, and zero fringe benefits, they often have trouble establishing their careers. Millennials often report experiencing underemployment, being exploited in unpaid internships, and scrambling as contractual laborers in the gig economy (a term coined in 2009 to describe the increasingly common practice of working several part-time jobs).

Many millennials struggle to come up with down payments to purchase homes (Passy, 2017). A 2017 report from the National Association of Realtors shows that students are burdened with student debt, which causes them to put off buying a home because they feel too financially insecure, and 52% have a debt-to-income ratio that is
too high to qualify for a mortgage (NAR, 2017). Twenge (2006) characterized millennials as having come of age inside “an economic squeeze created by underemployment and rising costs” (p.10)

Many millennials face a future with lower lifetime earnings and lower investment returns. A McKinsey and Company report forecast 4.0 to 6.5% returns in the stock market vs. 7-10% over the past 50 years. 61% of millennials said they couldn’t afford to contribute to a retirement account (NAR, 2017).

27 percent of millennials have student loan debt, and the average amount is $25,000. 72% of millennials surveyed by the National Association of Realtors said student debt impacts their decision of whether to take a vacation, 65% said debt influences their decision of whether to purchase a car, and 64% said student debt influences whether to continue with education (Passy, 2017; NAR, 2017).

In her analysis of Harris’ (2017) “Kids These Days: Human Capital and the Making of Millennials” Tolentino (2017) notes the effect that economic anxiety has in encouraging a constant state of work:

Over the last decade, anxiety has overtaken depression as the most common reason college students seek counseling services,” the [New York] Times Magazine noted in October. Anxiety, Harris argues, isn’t just an unfortunate by-product of an era when wages are low and job security is scarce. It’s useful: a constant state of adrenalized agitation can make it hard to stop working and encourage you to think of other aspects of your life -- health, leisure, online interaction -- as work (para. 15)
It is worthwhile to consider that the work ethic that is nearly constantly foregrounded in the accounts of these students in recovery may have various features in common with popular cultural discourses.

The students in this program adhere very closely to American master narratives, and they are anxious that they will be left behind or disqualified if they stumble on the road to success. Young as they are, nearly all of the participants perceived themselves as behind schedule, and nearly all had been delayed for a semester or more for reasons relating to their SUDs. Several had criminal records, and one went to prison. Several of the students in this study believed they had reason to fear that they might experience difficulty achieving high-level societal standards of success. These students were thus in recovery not only from their SUDs, but from the various ways they have fallen short in the competition to achieve wealth and status as popularly mythologized in America.

Students were anxious about losing ground and becoming uncompetitive, in keeping with Ehrenreich’s (1989) assessment that the professional-managerial class feared falling out of their social class. This fear of disqualification caused students to compulsively monitor their surroundings and to use comparisons with others in order to calculate their social standing. Perfectionism played a role here as well, as students often measured themselves against the idealized conception of their themselves and the trajectory they might have been on had they done everything perfectly; their failures seem glaring when measured against this standard.

Students in recovery are especially terrified of losing ground to other students their own age, and they often judge themselves harshly for having gone off-schedule. Charlotte mentioned that it was easier for her to ignore undergraduate parties now that
she was in graduate school, though comparisons had greater emotional and psychological impact when she judged herself against others her own age. The concern for her now was whether or not she was losing ground to the urban professionals she saw on social media that are her own age.

Ironically, several of the students initially balked at the idea of medically withdrawing from college in order to attend inpatient treatment. This sometimes bumps up, once again, with perfectionism: students are often terrified of anything that happens to them as students that becomes a matter of public record. Second, they often have very rigid ideas that college needs to be completed on schedule and are terrified to disrupt that schedule, even if it means getting the help they require. Allison described how she had been convinced to go to treatment by another student after the director of her CRP put her in contact with another student who had been faced with the same choice and was glad that she had withdrawn to attend treatment. Allison described fearing that to fall behind was to face disqualification from a successful life:

Interviewer: So can you talk a little bit about your terror of taking a semester off?

Allison: I think the biggest thing, and I still struggle with this, is the feeling that I'm running out of time. I think that's like a big struggle that I have with everything in my life, I'm just worried that I'm not gonna have enough time. All my friends are on the right track, I didn't really know anyone that wasn't, hadn't taken any semesters off. I just had this weird feeling, I was like, "Oh my gosh, if I take a semester off, I'm never gonna go back, and I'm never gonna finish college, and I'm never gonna get a good job, I'm gonna be in poverty!" This was how exactly, from right here to there, all
of a sudden, predicted how I would be living fifty years from now. I am very much, and I probably wouldn't admit to this, but I'm very much that person. I don't like change.

Allison also expressed the sentiment another way, revealing a commonly-held belief across participants: little can be seen as consequential except for the mistakes that become a matter of public record and compromise one’s future career chances and attendant socioeconomic status. They see rewards as in scarce supply and instantly unavailable to anyone who stumbles. “The idealized version of myself is perfect,” she said. “But I also feel like I'm just in competition with the world. It's not healthy”:

I was very much the perfectionist. It was not like I did not care what was happening. But I had one goal and I was working towards that, but I had none of my shit together in any other area of my life I think is what happened. So I just assumed that since this is what I place my value on having a good career and this kind of stuff. I really felt like nothing else really mattered, as I long as I had the GPA to be successful in the future. I guess I did not want to feel like I was ruining my chances in the future. That was why when I got my DUI, even though it did not stop me from drinking, it did stop me in my tracks for a second. It was like oh my god, my drinking just got in the way of my future. I know I have made probably a bigger deal of it than I should, but when I first got arrested I thought I had ruined my entire chance of any kind of career.

In recovery, Allison is learning that setbacks were not as disqualifying as she had once thought, but even in recovery, she still feels the pressure of PMC success
discourses, and her actions showed the various ways she maximized to the extent possible her full potential in every area of her life.

Students’ narratives describe two things they were hoping to achieve in order to realign their story with U.S. success narratives – where they found it possible to get back on schedule and achieve success (as they understand that schedule to be prefigured in the larger U.S. cultural imagination), they worked until they could see concrete evidence of their atonement, restoration, and redemption as citizens – the longer the record of certifiable achievements they could produce to this effect, the better. Where their redemption remained in doubt, they told a story of how they are working towards said redemption and would shortly produce a record of various actions they have taken in good faith.

**Lauren’s Story: A Case Study of AUD’s and SUD’s Impact on Social Mobility**

Lauren described a period of active use in which her circumstances looked so bleak that she foreclosed on the possibility of ever returning to finish college; her financial hardship became a fixed feature in her life. What is different this time around is that the promise of education restored her to a renewed belief in the possibility of social mobility in recovery. Lauren’s story illustrates how an Alcohol Use Disorder can wreak havoc on professional career prospects. Her alcohol use disorder was especially severe (as evidenced by delirium tremens, and a medical diagnosis of imminent death or “wet brain”), especially persistent, and recurring (she attended treatment ten times). She was caught in a pattern in which she attended treatment, followed afterwards by sober living, working a low-paying job, and attending A.A. Each time she managed to put together several weeks or months of continuous time in abstinent recovery, only to relapse and set
the cycle in motion again. This pattern demoralized her to such an extent that she no longer believed that the cycle would ever be broken, causing her to foreclose on her college education entirely.

To an outside observer, it seems logical that someone with her background would complete her college education. She comes from an upper-middle class family of college graduates. She had been a National Merit Scholar in high school, had been active in student government, and had once gained admission to a prestigious private college.

Lauren became confident that her life would not unfold according to that preordained trajectory, for in her past she had become convinced that she would live and work with the working-class women with whom she had interacted with on a daily basis in sober living for years. She describes a time in which she was in sober living and serving food at Denny’s, and her parents’ reaction to her suggestion that she was going to make a career as a waitress there:

At the restaurant that I worked at and a lot of the women there were career servers and I remember thinking like, "I could do this. I could totally do this." And I remember the first time I talked to my parents about it, they were just like, "Of course that's not what you're going to do. Of course you're not going to wait tables the rest of your life. That's not who you are. That's not you reaching your potential. No, you'll do this for another year or however long it takes you to get back up on your feet, but after that you'll go back to school and you'll have a career. Like, this isn't who you are."

At the heart of Lauren’s story is a how SUDs derailed her path towards a professional career in the PMC, profoundly disrupting her future prospects and
confounding multiple predictors of success. She had such a long history of self-sabotage that she became reluctant to build her future prospects. Lauren became convinced that she would never complete her education and needed to permanently adjust to working a career that didn’t require a college degree:

I had this evidence supporting the idea that I was going to stay in a cycle of self-destructing after whatever period of time. I didn't really have a set amount of time, I didn't know what the cap was but it was like, "Okay. Well, whatever I build during this period of time I will break." With that knowledge there's really not much motivation to build a lot of stuff. In fact, it makes the most sense to stay put and not do a whole lot, not really try to grow. Because not only am I going to break whatever I build, but I might not even be able to build it in the first place. Why would I try if I'm going to fail? Why would I try if I'm going to succeed and then mess it all up?

Lauren initially disrupted this pattern through an act of faith; by taking (and paying for) classes, she was “investing in herself in a future-oriented way.” Lauren found stable recovery and came to participate in a CRP, and now is assuming a life trajectory that is more in line with what her parents might have expected for her, but in her lived experience she discovered that, for her, whether she ends up in the PMC or not has everything to do with whether she can sustain recovery in the long term, or whether she resumes using, after which all bets are off.

In the period of her life in which she longer believed in a more successful future, she had seen a future in which recovery could be exchanged for relapse, and relapse for
recovery, and there seemed to be little permanence to either. As she found success in college, however, she began to believe that her progress could be sustained:

I feel like it was always easy for me, easier at least, for me to talk myself into like none of it really mattering and I'd kind of give in to that really delusional kind of just, the self-talk of like, "Well, none of it really matters anyway and like if this is sobriety, so what?" You know? I don't know. I have a lot more going on in my life today.

Lauren recalls feeling that she could abandon and replace every feature of her life within days, which made her recovery seem more tenuous and caused her to devalue it:

There was definitely a feeling that I can point out now because my life is completely different. There was kind of a sense of not having anything to lose. And that's a lie. Like, that is always a lie when that's the argument, but it's easy to point to like, "Okay, well here I am. I'm like back in a sober house and I have a job that I could get an equivalent job in ten minutes the same way I got this one, and I have a group of friends in A.A. that I just made, and I know how to make the same exact group of friends somewhere else. And I have like a little bit of my parents’ trust back, but like, how many times has that been the case before?" And so like, all the things that I have, like there's no real ... Like in that moment it's pretty easy to trick myself into thinking like, "So what? So what if I lose everything that I have? Because I haven't really, like I really don't have a whole lot going on."

In Lauren’s story, continued work towards a career in the PMC allows her to build upon her successes, and the increased traction she feels in college helps her see
more clearly the value of what recovery has enabled her to accomplish. Her recovery became more stable when she paired it with other worthwhile purposes than it had been when recovery had been her singular purpose. Her success began with success in a few community college classes, and she has added to that record since then. These successes motivated her to continue to build upon her increasingly full life and growing accomplishments.

**CRPs, PLM Success Discourses, and Work**

The most obvious sign of PMC class dynamics in the students’ stories is their insistence that progress requires a tremendous amount of ongoing work. As Allison put it, “I do 100% all the time when I'm trying to do something.” They also are sure to make it understood that their various successes did not come easily; the word *work* appears 527 times in the transcripts of the nearly 45 hours of interviews, or 44 times per participant. A rather extreme example is this excerpt from Charlotte (with the word *work* italicized for emphasis):

> It's just people not realizing how fucking hard we *work* to do this, like how hard we *work*, and how much we hang onto each other, and how invested we are in this, and how, I mean, this is braggy, but like how profound the *work* we're doing is. I think it *works* well because it's 12-step based, but mostly just like how profound this group of people, and I'm sure it's not specific to just [her university], but like my experience in this Collegiate Recovery is just how profound these people are the things that we do every single day in this environment I think that's just kind of underestimated, or under recognized, I think. Just how amazing like all my peers in CRP are like the things they've .... I don't know, I just want to go on like gushing
right now just about the things they've overcome are just profound, and they are just such profound stories that become beautiful triumphs rather than what could have just become a tragedy, except for the Collegiate Recovery Program.

Dan echoed a similar sentiment about how respect in recovery is earned through hard work:

The success that I saw people having wasn't just given to them. They had to work towards it and I thought that things were just going to kind of come as they did, kind of like grandiose thinking. I think that's really characteristic of alcoholics and addicts in general is just like, "Yeah, I thought it was just going to come easily. I'll have some great idea or something like that," you know what I mean?

Samantha found hard-work signified that a member was worthy of respect:

I respect [another student in her CRP], because you just know when somebody has good intentions and they’re on the right path and they work a program.

Dan commented that hard work is the means by which leadership is earned in his CRP:

Just a lot of the other people in the [recovery house at his university] work really hard. So it's good. And being in a leadership role that I kind of adopted into after my first year at the [his CRP], it made me want to ... Lead by action, you know?

Mark acknowledged, “As I continued to stay sober and work a program and do well in school, I felt more and more like I'm a part of this community. Like I belonged here, possibly even in the long run.”

Rosenblatt (2013) describes how issues of social replication and the struggle of PMC parents to ensure the class standing of their children is a "success project,” part of a “the centrality of ‘success’ to PMC approaches to life” (p. 598). A major part of PMC
child-rearing involves “things like teaching children to defer present gratification to achieve future success and instilling acceptable career ambitions” (pps. 599-600). PMC parents are horrified by the prospect that their own children will become a part of “a lost generation unable to emerge from adolescence into a purposeful adult life” (p. 600).

It should come as no surprise that the discourses of the PMC overlap with the discourses of recovery (i.e. self-discipline, deferral of gratification, quest for continual progress, self-actualization, willingness to face risk, willingness to persevere through emotional and physical hardship and asceticism) and sometimes conflict (self-reliance is discouraged, for instance). In other words, recovery discourses overlap with what Fletcher (2008) describes as the PMC imperative engage in a program of continuous and efficient self-improvement:

As Ehrenreich (1989) observes, self-discipline, self-reliance, and deferral of gratification are all required to compel one to endure the deprivation necessary to attain long-term success (see also Bourdieu, 1984). For the PMC, this success is defined not through the achievement of any particular goal but rather through the process of goal achievement itself, compelling continual progress from achievement to achievement throughout one’s lifetime. Lareau (2003) thus characterizes the PMC as oriented toward “concerted cultivation,” which Stempel (2005) paraphrases as “the disposition to view one’s self as a project to be continuously improved and developed” (p. 415) Similarly, Lamont (1992) notes a PMC emphasis on “self-actualization,” the imperative to be “fully-engaged” in life by spending one’s time pursuing activities that “improve” oneself (p. 318).
The students in this study tended to place an enormous emphasis on how hard they worked, which Fletcher (2008) details is a known means by which members of the PMC attempt to dispel anxiety and remain restless for the success of an imagined future:

But in the middle class there is another anxiety: a fear of inner weakness, of growing soft, of failing to strive, of losing discipline and will. Thus, “[a]n individual who is not ‘working,’ in this narrow sense of performing a specified routine for a stated time with a set product or result, is almost sure to suffer pervasive feelings of guilt” (Wilson, 1981, p. 283). The imperative to use one’s time efficiently to facilitate continual progress tends to produce a certain restlessness as well. Moreover, a quest for continuous progress contains an inherent critique of the present as inferior to some imagined future when greater prosperity has been achieved, necessitating what Horkheimer and Adorno (1998) call “the sacrifice of the present moment to the future” (p. 51). All of this tends to result in what Rush (1991, p. 230) describes as the “usual American median state of being in which you are in perpetual anxiety about the next thing that’s supposed to transpire in your lifespan, to the point that you can barely enjoy the thing you’ve just done or the plateau you’ve reached. (p. 321-322)

**PMC Discourses and Idleness Aversion**

Students liked to stay busy and felt uncomfortable when they were idle. A sentiment typical among participants was voiced by Dan:

I like working towards things because when I'm idle, I do notice some old tendencies and old thoughts. So, when I keep myself busy and I'm working towards things, good things happen.
Helena learned to structure her days when she was a newcomer in N.A. Even with over two years in N.A., she remains in a nearly constant state of productivity and structure:

When I got clean, I had to have a job, had to have structure. I needed a systematic thing to do every day, because I was so addicted to drugs that it would have been impossible I think for me to sit at home and do nothing between meetings every day.

Cliffton expressed a similar sentiment:

One of the things for me is just staying busy is one of the most important things that helps me stay sober. There's nothing more depressing or just lazy than sitting on your butt the whole day watching TV or doing anything like that. I mean, there's so much more you can be doing.

A Work Ethic Modeled and Communicated by CRP Members and Staffpersons

Students come to love hard work in a process of indoctrination, forming a virtuous cycle in which hard work is showcased, which motivates students to work hard, after which they themselves can again showcase that work, and so on. Meeting regularly and sharing stories, other students in the CRP share stories of balancing recovery, academics, work, and more. Their positive efforts are affirmed by the group, forming a positive feedback loop that both drives and rewards hard work. The cultural value of hard work is so strong and so immediately rewarded, that students are motivated to push through in anticipation of the future opportunity they will have to showcase their efforts, should they persevere.
Austin described how he was inspired by another student in his CRP to give recovery another try, but he did so with the understanding that to find success and earn the trust of the CRP’s other members, he would need to work hard and remain highly involved:

On Facebook I read [a student who participated in his University’s CRP and had graduated]’s story on there. I realized that the program worked. That’s when I decided to come in. I realized that the only reason it … would work is if I worked it correctly. There are people who come in who work good A.A. programs and good [CRP] programs. We notice. We can see. It's very abundantly clear. The people who are more trusted and trustworthy, are the people who are the most involved.

Jed describes how he made a conscious decision to cast himself as a role model:

If you want to project that you're just here to party, you can find that. If you want to project that you're here to work and get an education and be a role model in your community, you're going to get that.

Jed partly learned his work ethic from other CRP members:

I work hard, and a lot of that work ethic is fostered through the center, through the support of those people, of my fellow students, of my community that I take a great deal of pride in, and the love that I have there… especially the students that I'm tapped in with in the center, that I check in on weekly, make sure they're doing the deal and kicking butt. They're all embodying that same work ethic man. It's like literally, I can't think of a single person that doesn't show up to the center that isn't working just as hard as I am, which is this incredible motivation. It's like,
if my friend over here can read this terrible textbook for four hours, man, what's my excuse?

Here Jed takes it upon himself to “check in on” other members at his center to “make sure they’re doing the deal and kicking butt.” They, in turn, inspire him when his resolve is flagging.

Jed was so invested in his leadership role that he described how, even though his life becomes so packed with obligations that he sometimes feels overwhelmed, he is motivated to overcome these challenges and to show other students what they, too, can overcome in recovery:

I feel like quite a bit of students don't have to work 25, 30 hours a week just to try to make everything work out. Not to say that they have an easier plight, but I feel like I got it pretty rough right now, but it only adds to the potential success story that I will tell. There's two ways you could look at it, you know? It can be the, "Woe is me. This is shitty, my life sucks" mentality, which I fully believe that you're just going to spiral back into, relapse, or some other bullshit with that. Or you can think about it like, man, I get to work. I get to showcase myself. I get to showcase my work ethic to others and be a model and be a role model in the center. That you can deliver yourself in one of two ways, you know?

Jed reveals clues as to how students in recovery use narrative to give their work meaning. Jed casts himself in a constantly unfolding story, playing the tireless hero and recovery champion. When things get tough, as when he goes to work, he draws inspiration from himself through self-objectification, standing alongside those others who are also regarding his outstanding performance and admiring his work ethic. He
overcomes his feelings of self-pity by reconceptualizing work as an opportunity to “showcase” his virtues, his values, and the contribution he makes.

What is important is that the difference between Jed, and, say, another nondrinking college student who works 25 hours a week, is that he is showing up for work as a person formerly addicted to heroin who once was convinced that he had no social value whatsoever. His life in recovery imbues the ordinary with the extraordinary in a constantly unfolding narrative of redemption. He overcomes difficulties for the purpose of having a story to tell about having overcome those difficulties. His daily lived experience is a serial drama, and each day is a hero’s micro-journey.

Crucially, the CRP provides the audience that makes Jed’s daily journey worthwhile. In the above account, he draws inspiration from the mere anticipation of the inspiration others might draw from him: “the success story that I will tell.” Each day he confronts a massive workload, but by casting himself as a recovery champion, he inspires himself and the other members of the CRP on to feats and victories of their own.

Much as Jed imagined his co-workers admiring his work ethic, Helena reflected on being a role model and a top student. She also utilized a subject position that was part self-awareness, and part self-objectification, in which she is able to imagine how others might see her, and, by doing so, she recognized her virtues and the value she brought to the university.

Just practicing my 12th-step every day gets me ahead at this university. I really think that's what they see. They see hard work, huge dedication, sensitivity to other people, especially children. I think that's a lot of it. Then even outside of the School of Ed., I have another job in a lab. They see in me hard work,
perseverance, and just pedagogy in general. The metacognition I use just as a student, trying to learn -- they see that and they admire that. I mean I owe this all to getting clean. I have it pretty good since I've been back, but it hasn't been without some really hard work.

Helena conceptualized her academic outperformance as a form of service rooted in N.A.’s 12th step, which is worded “Having had a spiritual awakening we tried to carry this message to other addicts.” Her conceptualization of the hard work and dedication she puts into her scholarship as “carrying the message” helps infuse her work with deeper meaning. Her productivity – whether through recovery actions or academic actions – serves a greater purpose.

One major difference between Helena and the many other straight-A students at her university is that Helena’s successes are the successes of a college student who was formerly addicted to crystal meth. Every victory she achieves in life is not just a victory for her personally, but a victory for everyone in recovery from addictions. She is a role model as a student, but within the larger context in which she serves as a role model for recovery itself and all its redemptive and transformative power.

**CRPs: A Social Hierarchy Organized around Work Ethic**

Nearly all the students named a system in which students’ status was contingent on their strong work ethic and commitment to the CRP. In this system they articulated what it meant to be a role model in the CRP, they disparaged the slackers, and they articulated what made negative role models a threat from within. It was clear that to gain recognition in a CRP, you had to be willing to work hard.
Lauren presented status as a function of the degree to which a student demonstrates fidelity to recovery ideals:

The people who ... I think the model (CRP) member, like the ideal student is kind of like the person who gets over and throws themselves into the (CRP). I think the ideal development of a (CRP) member is a person like [student in her CRP], who gets over, is super-desperate, is willing to go to any lengths, gets really linked into A.A., and gets a sponsor, and starts doing work, and spends all of his time at the (CRP), and wants to get to know everyone, wants to do everything that comes up. Wants to spend all his time with other people in the (CRP), asks a lot of questions, and I think that's a person who's positioned to kind of ... That's clearly his foundation in the center of his life, and he's building his education plan up around that and he's easing into it.

Helena had particularly high standards of what recovery should look like and found very few of the members of her CRP meeting those standards. To her, working a program meant actively working the steps with a sponsor by doing “stepwork”:

A lot of people in the (CRP) don't work a 12-step program. I guess I can't speak to if I think they'll stay clean. If they're anything like me, and how I'm addicted, and how I'm an addict, and they don't do anything, there's no way.

Emma also described the CRP as communicating high expectations:

Everybody wants to be there and everybody wants to work a good program. They want to go above and beyond on their program and so it gives you a really great place to find people. You can even model your life around it if you’re struggling about how many meetings to get to as a college student.
Samantha regarded one student as lacking the necessary work ethic and commitment to sustain recovery long-term:

No. I don't see long-term for him. I think I see him staying sober for maybe till he graduates, but I don't see him long-term. He has come around, but somebody like [CRP student] who never even ... He doesn't work the steps and he still goes out to bars and just doesn't drink. He's screwed I think.

Her estimation of his social status is proportional to his substandard work ethic and his ambivalence. His going out to bars shows his divided affiliations between recovery culture and drinking culture, which further marginalizes him in Samantha’s eyes.

**Being Self-Supporting in College Was Valued over Privilege in CRPs**

Within CRPs, students of privilege are frequently regarded with bitterness, suspicion and resentment by other CRP members. This caused some students to feel pressure to work a job in order to counter the socially discrediting aspects of their privilege. Rather than risking the negative assessments of other members of their ingroup, some CRP students from more privileged backgrounds took jobs. Emma described how she didn’t need a job, but got one anyway:

I don't really need to get a job. My parents pay my bills. I have all the stuff given to me. I work really hard and I try really hard to not appear privileged or feel like I'm taking everything for granted.

Working a job in order to disguise privilege and leisure time may also reinforce the larger societal shift away from conceptualizing social status as having abundant leisure time, to one in which “busyness” signifies status.
Many of the leaders in CRPs worked jobs out of the need to earn money. Others believed that keeping a job in college was necessary to adequately prepare for the future. To Allison, not having a job in college represented a failure to develop oneself in full:

So, yeah, most people that I know have jobs here. I don’t know, it is not that I do not respect people who do not have jobs or that I do not. I just think that they are not getting introduced to the world as well as they could be. If that makes sense.

Helena was critical of students in her CRP who didn’t have to work a job and yet were performing worse academically than she was, even though she was fully supporting herself:

I think a lot of it for the girls here on campus, or in the center specifically, has been they have a lot of privilege and not seemingly a lot of hard work. For me in my head, maybe I'm wrong, but if I had someone there to pay my bills, and feed me, and clothe me, my grades which are already straight As, I should expect that I'm doing really well in school. For me if school is all I have to worry about, and if school is all [CRP student] has to worry about it, why doesn't [CRP student] have straight As?

Much of Helena's contempt has to do with other females' work ethics, and their level of effort is a main criterion by which she measured social status in her CRP.

**The Lived Experience of Balancing Academics and Recovery**

All the participants in the study described a schedule that incorporates recovery actions into an already busy academic/ work schedule.

Cliffton describes his schedule:
On Monday, Wednesdays, Fridays I just picked up an internship down in [nearby city], so that will start this weekend, or I mean this next Monday. Looking forward to that. That will consume most of my day on Mondays, Wednesdays, Fridays professionally. Then I'll keep doing my schoolwork. On top of that I have a men's home group which is on Sunday nights and I helped start a meeting on campus on Wednesday mornings, which is a book study and I go to a Tuesday night men's meeting and then those are the three meetings that I'll go to for sure every week. Then sometimes I'll go to more than three, I hit up at least three meetings a week. I work with my sponsor, I see him before my Sunday night meeting. That's where we met and he's the first guy that I've worked the entire program with, like all twelve steps.

Jed summarized his life:

I work. I mean, I'm in class Monday through Friday and I work from Friday, Saturday and Sunday and usually another day in that week. I tell people this, like I have no days off. I don't take days off in the sense that ... I might not work a paid job seven days a week, but I'm either in class or working every single day of the week, and most days, both.

Helena also described her extraordinary schedule:

There’s never … The weeks kind of blend together. There’s not much opportunity for rest or for days off. Monday through Friday, I am in class. I’m taking five classes, 16 credit hours, and all those classes meet either Monday through Friday on some of those days. On Thursdays, since I’m a pre-service teacher, I do go to a high school either down in [nearby city] or one up in [nearby city] to observe, and
that's where I do my own educational research at those schools, so there’s a pretty hefty time commitment during the week for that. I also attend at least three N.A. meetings, typically Sundays, Tuesdays and Wednesdays. I do service work at one of those meetings. I work.

Emma described a schedule that has far more obligations than she can possibly meet in her waking hours:

I think I'm making steps towards goals, just practicing hard work for something I care about. I think it also occupies time that could be otherwise used for perhaps less productive and may be destructive things. Honestly, I've overbooked this semester. This is insane. This is the first time I've really been able to sit this entire week.

Lauren mentioned that it is typical for students to struggle when balancing the demands of recovery, school, working a job, and so forth, but that recovery must remain a priority:

I know people who get crazy overwhelmed, and so they say they don't have time to go to meetings, or they have to skip seminar and stuff, and I just think that's really backwards. I just think I make time for meetings, I make time for my sponsees, I make time for my sponsor, I make time for therapy. I don't let my program slide. That's the reason I can handle everything in my life. I 100% believe that. I believe that if I didn't regularly attend meetings and seminar and touch base with people in recovery and do all of my recovery work, I think that I would get really stressed out about school.
Emma described the necessity of putting at least five hours a week into her recovery program.

It’s really not that much time. Especially five hours, that's nothing. Why I think that's wrong? Because I think that sobriety and recovery it's a disease of the mind as well as the body and the body ... this sort of diseased thinking is just a part of who I am. It's something that I ... it takes continual work for me to be healthy and to be happy.

Samantha spoke of how “we get our work done and then we go to meetings and we work with our sponsors.”

Helena described her understanding of academic success:

It's a science to be successful in a place like this, and in classes, especially in the big lecture ones. So much of it is about showing up and doing the work, and for me it was like, oh if I actually do what my professor asks me to do and outlines in the syllabus, then I'll probably be successful in this class.

**Smoking Marijuana and Dropping Out: Dan as a Case Study in Compromised Ambition**

Dan provided considerable insight into his lived experience of having his ambition compromised by a Marijuana Use Disorder:

It just kind of slowly chopped away at ambition. At my work ethic, at my desire to like do anything I care about or the things I was passionate about. Which was sad, you know? Cause I could definitely see a correlation between like how much I was smoking and how well I was doing in like school, soccer, friends, trust and
stuff like that. I just didn't care when I was smoking. There was a huge component of me just being like, fuck it, like a lot of the time.

Dan mentioned that he was able to accomplish in recovery what he hadn’t been able to accomplish in his years of active use:

For yeah, like three and a half years later, so I had nothing to show for it cause I never really like ... I always thought something was going to be given to me and it wasn't. It's such a positive reinforcement for like what I've been doing. You know, it's like, 'Look at what you've been able to accomplish.' It's a really good feeling of succeeding at college, you know. Cause I put in a lot of work and you don't get the ... It's a delayed gratification of 30 weeks right? But like ... Or 15 weeks, but it's worth it. I don't know. It feels good.

In short, although marijuana has low toxicity compared to many other substances, it damaged Dan’s drive to make the most of himself. Marijuana seems an effective antidote to the discourses of the PMC. Having undermined his drive for success, the opportunity costs Dan paid for excessive marijuana use were profound. He began college with a bright outlook as a student athlete, but when smoking marijuana, he stopped caring about any of it, and within three years he was no longer a student or an athlete, and he had very little to show for his years in college. In recovery, Dan finds tremendous satisfaction in having his drive for success restored.

Career Goals, Purpose, and Vocation

Heather expressed her satisfaction as a student in recovery that was not present in her recovery when she was in treatment centers, extended care and sober living facilities. She described that recovery in that environment “feels like it isn't leading anywhere,” in
contrast with her sense of herself as she approaches graduation. “Right now I have something to work towards. That's a sense of fulfillment.”

Students in CRPs future-oriented narratives are contingent on their continuing recovery actions and their academic achievements. Consider the extraordinary success of the Physician’s Health Program (PHP), which manages the care of addicted physicians. In Dupont et al.’s 2009 study, 78% of 900 physicians in that program were able to remain in abstinent-recovery (having no urine/breath/saliva/hair and blood screens test positive for substances) throughout the full five-years of the study. Of the 22% who had one detected instance of alcohol or other substance use, only 26% had a repeat positive test in that five-year period. Partly this is due to the implementation of a wide-range of Recovery-Oriented Systems of Care (ROSC), but a major reason for Physicians to sustain participation is that they are coerced into doing so in order to have their licenses to practice medicine restored to them.

Unlike M.D.s who once held a license to practice medicine, students in recovery have not yet established prestigious careers in the PMC, but that doesn’t mean that they don’t feel they have a prestigious career to lose. Because so much of their academic work is pre-professional, the careers that lie in wait for them become increasingly tangible the more they work for them. Students in CRPs hear from other members of how they have found careers or graduate programs after graduation, which affirms the career goals and other life purposes of those students who remain, motivating them and helping to renew their commitment to both their recovery programs and their academic coursework.
Summary of Part II

Students in recovery who participate in CRPs adopted the discourses of the professional managerial class. These discourses emphasize the students’ need to maximize their potential and achieve success by working hard, attending college, and dedicating themselves to their academics. They became top students. The students organized their CRPs around the degree to which members were willing to work hard in every area of their life, and students were wary of those students who slacked off. Students are motivated by the social recognition they gain, their successes in the near term, and the “Zenith of triumph” (Trice & Roman, 1970, p. 543) that awaits them in their future careers. Sometimes their success is couched in terms of the overall project of their recovery programs, as a form of service, or “carrying the message” of what is possible in recovery with the help of A.A. and N.A., but much of their work ethic reflected aspects of the professional-managerial class discourses they had adopted.

Part III: “Cool” Discourses and “Cool” Subject Positions

Students use “cool” discourses to augment the “student in recovery” subject position that is afforded them in CRPs. These discourses help them to make their nondrinking, non-using subject position “cool.” The students made regular use of the word “cool,” and its multiple meanings made it a versatile tool with a dozen uses. Students were “cool” by means of the relative distinction between themselves and the “lame” students, especially the “clean-living” students that never once in their lives felt a desire to take a drink. By retaining their sense that they are “still cool,” they retain their feeling of having social power and laid claim to a more comfortable social position within their universities’ cultural worlds. An important component of this discourse is
that the students in the CRP are generous in recognizing that other students’ need to be feel “cool” even if the student was never recognizably cool, and even if students’ heavy use was socially discrediting. By helping one another feel “cool,” the students retained an active partier discourse as nondrinkers, and they chose to see themselves as ex-partiers, and the masters of two worlds.

Of course, “cool” has no fixed meaning (Kerner and Pressman, 2007; Dar-Nimrod et al., 2012). As an all-purpose aesthetic with its own symbology, “cool” has strategic value within a peer context. “Cool” requires the recognition of others. As Warren and Campbell (2014) note, coolness is similar to socially constructed traits, like popularity and status (Hollander, 1958); objects and people are cool only to the extent that others consider them cool” (p. 544).

Consumer researchers have discovered that there is considerable agreement among peers about what is “cool”:

Despite the subjective nature of coolness, consumers have little difficulty recognizing coolness when they see it (Belk et al. 2010; Leland 2004). Moreover, coolness ranges on a continuum, and consumers with similar backgrounds and interests tend to agree on what is more and less cool within a particular social context (Leland 2004). (p. 544)

Historically "cool" is the provenance of marginalized figures in society. The most widespread meaning of the word in common usage comes from African American vernacular (Thompson, 1974), and originally referred to the ironic detachment that allowed African Americans to distance themselves rather than confront authority. As Warren and Campbell (2014) note, “coolness” is about being appropriately autonomous,
bucking norms perceived to be illegitimate, though without violating norms perceived to be legitimate:

Consumers perceive cultural objects, including brands and people, to be cool when they infer that the object is autonomous (i.e., pursues its own motivations irrespective of the norms and expectations of others) in an appropriate way. Consumers infer that a brand (or person) is autonomous when its behaviors diverge from the norm. Autonomy seems appropriate, and thus leads to perceptions of coolness, when a divergent behavior is perceived to be at least as effective or valuable as the normative behavior, it diverges from a norm that is not considered legitimate, and divergence is bounded rather than extreme (p. 543).

Other theories of what constitutes cool abound:

Some argue that people (and brands) become cool by mimicking the behavior of other cool people (Gladwell 1997) or by conforming to the norms, standards, and ideals of a particular subculture or clique (Danesi 1994; O’Donnell and Wardlow 2000; Thornton 1996). Others argue that a rebellious attitude (Pountain and Robins 2000), nonconformity (Frank 1997; Heath and Potter 2004), individualism (Hebdige and Potter 2008), defiance (MacAdams 2001), or an unwillingness to follow trends (Connor 1995) leads to perceptions of coolness. Still others point to factors like sexual permissiveness, hedonism, and detachment as potential antecedents (Bird and Tapp 2008; Connor 1995; Leland 2004). (p. 544)

The explanation that drinking on television made alcohol use an acceptable norm to break might have contributed to making the college partier into a "cool" figure on college campuses. Danesi (1994) sees “cool” as having developed into a “social persona
within a cultural context which allows and encourages its maintenance and evolution” (x). To Danesi, it is no accident that youth culture arose out of “the growing dependence upon the media for information and recreation that emerged during the 1950s.” In his critique of large public research universities, Sperber observed that party culture went mainstream on college campuses with the launch of televised college football, setting in motion a paradigm of a “powerful synergy between big-time college sports and contemporary student life” (xii).

The importance of “cool” to students in CRPs

Students in recovery occupy an awkward social position in the university. The new subject position they occupy – that of the student in recovery – is rare and irregular, and thus a conceptual enigma in college discourses. Not even the students in recovery are quite sure what to make of their status, and it remains unclear how they are being received, which is both a threat and an opportunity.

To the students, their preoccupation with whether they are “still cool” or not is of crucial importance (see Figure 4-5).

![Figure 4-5: Relationship of Part III to Parts I and II](image-url)
Dan demonstrated a common point of view expressed by students in this study. He struggled in making a choice between continuing to accept the discourses that invited him to adopt recovery on the one hand, and the discourses that make him “uncool” as a nondrinker on the other. Concerns with “coolness” are so paramount that he sometimes felt tempted to return to use in order solely to reclaim his sense of being “cool”:

And then, kind of the whole thing ... "Is it worth it for me to go back to active use if that makes me cool?" You know, and all these trade-offs. It was this whole calculation of ... And, "If going to recovery makes me less cool, is that worth it?"

And all that stuff. That was huge...

Later, Dan mentioned that his “cool” status had been important to him in high school and that his AOD use progressed as he tried to attain “the status of being cool in high school.”

Helena mentioned that one reason she had used was that she “wanted to be cool and have fun.”

Dan also mentioned how in his first year in recovery he did not feel “cool”:

All this stuff that happened within the first year of sobriety. Yeah, it tests whether I feel like I'm a cool person or not because my answer to them would have been no. I didn't find it cool to go to class and not be part of the team conversations about having sex with girls and drinking and stuff.

Dan faulted a student in his CRP who went to bars and drinking parties a lot as “playing the cool card”:

He tries to play this cool card all the time, you know, like this frat-bro mentality of wanting to live that college lifestyle.
Various iterations of “cool” were peppered throughout the students’ transcripts, usually referring to some way in which the students claimed to be “cool,” even though they were no longer using alcohol and other drugs. Helena mentioned that “[other students] think I’m experienced and edgy, and cool.” Samantha described a conversation with a friend:

I was having this impromptu conversation with this girl, [name of friend], and she’s like, “When people ask me,” she’s like, “I don’t really want to say I never drink because they’ll think I’m a prude,” and she’s like, “I don’t drink, but I’m cool.”

Another time Samantha said, “There's this group of students that are doing what I'm doing and it's cool.” When asked what she thought of the CRP members, Heather answered, “I think we’re cool.”

Emma wrote about how “it’s cool to be like, “oh I was out until four in the morning and then I only got like three hours of sleep and I didn’t eat. Oh my God.” Throughout the interviews, she repeatedly mentioned “feeling cool.” At one point, she said, “Cool is really important.” At another point, she imagined people were looking at her and thinking, “She was really cool -- but then she found recovery.” Later, she remarked, “It’s cool, in recovery, to be in that culture of recovery.”

Allison remembers thinking “I’m so cool.” She explained, “So much of what makes me feel cool is I'm doing what everyone else my age is doing.” Another time she mentioned that “I feel like my drug of choice wasn't cool, or is not badass enough.”
College Discourses – What Makes Using Alcohol and Other Substances “Cool” and “Uncool”

The origins of discourses regarding which substances are “cool” and which are “not cool” has to do with the social status of the substances themselves, and discourses symbolically linking various groups of people to their use. College binge drinking is symbolically linked to the most socially powerful groups within society, and many studies have found that significant social gains come to those who binge-drink in college. These benefits range from increased popularity and status (Moody et al., 2011; Reifman, Watson, & McCourt, 2006; Rodrigues, 2014), enhanced social and cultural capital (Lee, Geisner, Patrick, & Neighbors, 2010), increased social power (Ridgeway & Bourg, 2004; Sidanius & Pratto, 1999), and higher student satisfaction with one’s college experience (Hsu, 2012). Binge drinking has symbolic associations with various socially-powerful student groups on campus, including wealthy students, white students, fraternity members, sorority members, and heterosexual students (Hsu, 2012, Bonillasilva, 2003; Ennett et al., 2006; Martin, Treego, & Nakayama, 2010). In this study, Charlotte made a commentary of sorts when she jokingly characterized the party scene at her university: “Everyone’s pretentious and filthy rich and into Greek life, and I don’t have a place.”

Austin mentioned that a member of his CRP regularly went to bars and fraternity parties, and though the habit is discouraged, he could understand the appeal: “I can see why it'd be attractive to go out, because there's good looking people who go out and party, and stuff like that. It'd be cool to hang out with that kind of crowd,” Austin reflected. Austin had rushed a fraternity as a freshman: “I wanted the popularity that came with it, and also the large friend group that came with it.” His drinking was so
problematic that he dropped his bid out of sheer embarrassment at his own behavior, showing how social benefit of binge drinking can disappear when students consume far more than their peers.

Cliffton’s story confirms Rodrigues’ (2015) finding that “more extreme or problematic alcohol behaviors actually have a social cost” (iii). Cliffton explained that many drugs were regularly used by the members of fraternity, including marijuana, cocaine, prescription opioid pain medications, and Xanax, but his fraternity brothers drew the line with crack and heroin:

For me, it was sticking a needle in my arm. For one of my friends, he never thought he was going to smoke crack. He did. There’s definitely a stigma. It’s just like, once you do that, once you go find out about it, you’re done. My friends -- they had heard rumors or something -- but I was shooting up heroin with one of my friends, a fellow fraternity brother, and I was like, “No, that’s fucking bullshit.” They lifted up my sleeve and were like, “Dude, are you fucking serious? Get out,” and just kicked me out of their house. I was just like, “Damn, so that’s how it’s going to be. That sucks,” but I didn’t really care. That’s how sick I was.

Students recounted how, as their use got worse, their use was no longer bolstering a “cool” subject position. Austin and Cliffton’s experiences show how students are disqualified from “cool” subject positions by other active using partiers. The rationale for naming Austin and Cliffton social failures because of how they drank and used drugs comes from their use of narratives which determine which drugs are “cool” to use and which are not, and discourses that require one to maintain a certain degree of control over drinking behavior. The students in this study had often lost the ability to leverage their
drinking and drug using behaviors. Their problem is that the discourses that made their alcohol and other drug use cool later clashed with discourses that made their extreme use and behavior grossly outside of acceptable norms, and thus “uncool.”

**Issues with Disclosure**

The main issue students faced when struggling to disclose their status as students in recovery from substance use disorder/s was how to make the choice between the various discrediting subject positions that nondrinkers are limited to in the context of college drinking culture.

The students help one another feel “cool,” but outside of the CRP, they can never be sure if the individual’s understanding of addiction is informed by those discourses that revile at the moral disgrace of the “addict” and the “alcoholic,” or whether they understand addiction through the discourses that admire and valorizes addictions, or some combination of both.

There is overwhelming evidence that stigmatizing discourses abound toward individuals with SUDs (Keyes et al., 2010; Brener et al., 2017; Gilchrist et al., 2011). Many clinicians (especially clinicians with little training or exposure to individuals with substance use disorders) were found to hold negative views towards individuals with SUDs, and such clinicians were wary of individuals with SUDs and characterized them as unusually unmotivated to change, as violent, and as manipulative (van Boeckel, 2012). A body of evidence has shown that people with Substance Use Disorders are more stigmatized than individuals with other mental health disorders (Barry et al., 2014) and that people see those with Substance Use Disorders as “more to blame” for having
developed their condition than people with other mental health disorders, such as schizophrenia (Crisp et al., 2000).

The students in this study faced this stigma mainly when struggling with how to disclose their status as students in recovery. Allison described having worried about what it might mean to disclose her AUD; she told a date that she was in recovery, and thought, “There must be so many things that must be going through his mind right now, like, “what is my past?” I have been arrested before, all this stuff.” She didn’t want people “to feel uncomfortable,” or “to not ask her out anywhere,” or to think that she was “weak” or “sick.”

Emma hated being repeatedly asked to explain her reasons for not drinking:

Some people will be like, "Why?" I'm like, "Because I don't want to drink."

They're like, "I know, but why? Is there a reason?" I'm like, "It's a personal reason." They're like, "What's the personal reason?" You're like, "Oh, my God."

She said, “a lot of people press it.” Sometimes Emma has answered, “It’s a medical issue.” Even more irritating to her was that she wasn’t even sure that they even really cared why she wasn’t drinking: “The thing is, I don't feel people are actually looking or actually interested in why.” She has used a red solo cup as a type of camouflage at drinking parties. “I’m being offered weed and alcohol all the time,” she said.

When Charlotte was asked why she wasn’t drinking, she responded with various strategies. Her answer to these offers was:

"Oh, I'm good. I'm good right now. I'm okay. No, thanks." If people really push it I think I just say, "No, I'm good," and kind of laugh about it. I'm trying to think of
a time when I had to actually tell people I didn't drink. Yeah. Sometimes if I tell people I don't drink I say, "I don't drink anymore," often times, or I hint at that. Sometimes I just say, "I don't drink."

Mark was matter-of-fact about his recovery: “If they're that concerned with what the reason is or whether I drink or not, if that's that big of a deal to them, then I don't need them in my life I guess.” Lauren said, any time she hopes to make an actual friend, in order to never be in the position where someone might later reject her if they were to discover her recovery, she says. “I’ll lead with [disclosing my recovering status].”

Lauren ventured a profile of the type of person that might “dig” into her reasons for not drinking:

Usually people who are really curious are really curious for a reason. I think a lot of the time, the people who are like, who really want to know like, "What do you mean you don't drink? Why don't you drink? What's your deal?" Sometimes those people are the ones who have a reason to be curious, whether it's because they're questioning their own drinking or they've been around people who drink in ways that are problematic. I think sometimes those are the people who are going to do more digging.

The situation is uncomfortable when the person pressing for information has an unusually loaded attitude surrounding the issue around these students’ not drinking. A known self-protective strategy used by members of stigmatized group involves attributing negative feedback to “the prejudiced attitudes of others towards their group” (Crocker & Major, 1989, p. 612).
How “Cool” is Crystal Meth? The Case Study of Helena

Students were sometimes attracted to the countercultural credibility that came with drug use. Dan, who identified as Puerto Rican, but “ethnically all over the place,” mentioned that he had been drawn to marijuana in large part because it allowed him to feel “cool” and increased his social status within a subculture of black high school students:

[Being Puerto Rican] is different because you fit into that street crowd of marijuana smokers and stuff like that in high school and you’re cool, right? There is something around being black and having that culture and being able to say the N-word freely and shit. You know what I mean? I don't know. There's this thing, right?

In Helena’s story, crystal meth meanings and its social value shifted wildly in her account, beginning from her attraction to crystal meth, her reasons for initial using, and throughout her lived experience of addiction and recovery. In various ways, crystal meth delivered many of benefits she had hoped, and Helena claims enduring value in her lived experience of crystal meth addiction which helps counteract internalized stigma and discrediting external discourses about crystal meth addicts that exist even within recovery circles.

Consider Helena’s account of the circumstances surrounding her first use of crystal meth while having an affair with the father of the children she was babysitting:

I was their babysitter of these two little boys, who were like three and one. This family I had gone to school with -- one of their nieces I think, and when she left, I became the babysitter and began using meth with the father and husband in this
family. I came back (and he had some issues) and I knew the people who had
drugs, and so naively I went and obtained meth and then used it with him, like I
had used anything else that I was trying. Pretty much became addicted
immediately. I mean it made me feel sexy, I'd always had a complex with men. I
was a tomboy and I didn't really date boys, and always had an interest in older
men. Beginning this affair with drugs, meth in particular, and this older man,
seemed appealing at the time.

To provide context, she had only begun to experiment with alcohol and marijuana
shortly before, which could be considered typical, but then she suddenly made the very
atypical jump to using crystal meth, which she acquired with the expectations that the
substance would confer various benefits upon her. Although she knew the cultural
discourses around the dangers of meth, she wanted to experience the dangers of mature
adulthood herself and become a fully-realized, sexual, adult woman:

At the time my hero was anything that was “edgy,” because I think I'd always done
everything I was supposed to do. It made me feel so good at first to use meth, in
particular, and have a bunch of sex and feel so spiritual and open minded, until it
started really hurting my brain and my body and wasn't so fun anymore.

Crystal meth delivered on many of its promises, along with unwanted disastrous
consequences. Meth provided the vehicle she used to put herself on more adult footing,
helped her explore her sexuality with older adults, and it put an end to her childish
inexperience and naïveté.

Eventually, her use of crystal meth led her to hospitalization for meth-induced
psychosis, caused her to disenroll from college multiple times, left her buried in credit
card debt, and alienated her from her family for several years. Later, she felt that her former addiction to crystal meth was socially discrediting even within recovery circles: “It was easier to tell someone around here [at her CRP] that I had a problem with alcohol than to tell them I had a problem with shooting meth with strange men in nasty hotel rooms.” She had to overcome larger societal discourses of crystal meth addiction as being a drug from which one never recovers, and the absence of crystal meth users in any discourses about college or that featuring meth users going on to experience life success of any sort:

Meth addicts, at least the ones I know, or knew, didn't usually get clean, nor did they come to a four-year university like this and excel in academics. I felt like I was really, like I said, deconstructing that idea that people have about the hopeless drug addict, or alcoholic.

In further comments about crystal meth, she confirmed that assessments of the crystal meth user as “the lowest kind of addict scum ever” were pretty much on the mark. “God, meth is just like living like an animal. It's gross,” she added.

Sometimes this internalized stigma caused her to feel disqualified to voice her needs:

The struggles in that forum [college classes] has been, “how do I advocate and find my voice when it comes to working with other people, telling the professors what I need?” I mean that has been the biggest struggle. That's tied up in the, “oh wait, I've got to remember I'm the meth addict here, so maybe I don't actually deserve a voice,” or you know there's that kind of complex.
Later, having established a track record of successes as a student in recovery, she expresses no regrets:

If I could do it all over again, I would do nothing different. I am so grateful for all of the experiences I had, as nasty and scary and harmful as they were. Ultimately, it has … I try not to go as far as, “Meth has been good for me,” but just experiencing active addiction has been good for me.

Helena’s case shows creative ways she has found ways to shift socially discrediting discourses about meth use to claim the beneficial aspects of meth use. She acknowledges that her meth use was itself an extreme risk, but that’s better than not taking any risks at all. Meth caused her to be hospitalized for meth-induced psychosis, but on the other hand, she sees that period as a period of tremendous growth in which she had growth experiences and developed relational and sexual competence. Lastly, she did meth because she thought it would help make her feel “cool,” and to a certain degree, the “edgy” meth discourse has helped her stake a claim to a “cool” identity. This underlines the paradoxical way in which students juxtapose discourses of recovery and discourses that make active use “cool.” Even though she is in recovery from an addiction to meth, she still lays claim to various aspects of countercultural discourses that make meth use seem “cool.”

**How “Cool” or “Uncool” is it to be a Nondrinking “Clean-Living” Student in College?**

Nearly all students expressed that all roads to "cool” require one to pass through drugs and alcohol. A major complicating factor in the discourses of students in recovery is that alcohol and drugs provided them with access to peer groups and “cool” identities,
and the students sought to retain the status benefits that come with binge-drinking, but as ex-partiers who no longer use alcohol and other drugs. Their recovery actions cause them to resemble the nondrinking “clean-living” on their campus, and this makes a nondrinking, “clean-living” subject position available to them, which they reject, resoundingly.

Here they are uncomfortably positioned between, on the one hand, the discrediting stigmas of addiction and recovery, and the stigmas that come with their potential misclassification as being the sort of students that never used alcohol and other substances at all.

To put things in perspective, a large group of students on campus don’t drink, or drink minimal amounts. On a major biannual student drinking survey administered in Spring 2017, 20.9% of Penn State University Park students reported that they “never tried or don’t currently drink,” and 30.4% reported themselves to be “light drinkers” (studentaffairs.psu, 2017). A major goal of social norming campaigns is to help students realize that non-drinking and light-drinking identities are not unusual at public universities; in fact, the data suggests that slightly more than half of all students place themselves in those non-drinking and light-drinking categories (Wechsler & Weuthrich, 2002). These nondrinking and light drinking students are referred to here as the “clean-livers,” as opposed to the terms “normie,” a term the participants commonly used. The rest are "muggles," employing Rowling’s (1997) term for those who are in the non-wizarding world in Harry Potter novels, which students in recovery also sometimes refer to “clean-living” students, but often signifies those who manage to keep their binge-drinking and substance use within normative parameters.
Jed mentioned that his girlfriend was a “muggle.” He uses the terms “muggle” and “normie,” though he likes the term “muggle” better.

She's a muggle man, in every sense. When I say that, I mean that she's normal in most regards. She'll drink maybe, and when I say drink, I literally mean she'll have a glass of wine like once every other month. It's not really, it's definitely not a part of her life as much as it was mine.

Allison mentioned that she had two friends who “were normies.” Clifford described his friends who had once used drugs heavily as having matured into “normies”:

My old friends, they're out of college. They don't do coke anymore. They have real jobs. They drink. They don't eat Xanax bars and then go to class and do all of that. They're “normies,” as we say.

"Muggle" was most commonly used in the Harry Potter novels to describe a drab population of non-magical, ordinary denizens of England. As a word, Muggle signifies an elite status and equates recovery with a wizarding community, which does much to help boost a discourse and makes recovery a cooler status than it might otherwise be if they used a different terminology.

Vander Ven (2011) describes this clean-living population as “abstainers,” but problematically, he goes on to lump students who attend on-campus A.A. meetings and the students who participate in Rutgers’ CRP (which he calls a “recovery dorm”) into the same category as “clean-livers.” This goes to show how even highly-trained anthropologists and sociologists, attuned as they are to the subtleties and variations that inform subjective experience in context, repeatedly fail to identify the many glaring distinctions between a “clean-liver” and a student in recovery.
Vander Ven (2011) does identify the population that students mean by the term “clean-liver.” These students, he found, “dislike intoxication and all that is entails” (p. 155), and have certain general characteristics:

More generally, recent scholarship on abstainers shows that those who refrain from drinking in college are likely than alcohol users to be male, to have negative attitudes towards alcohol use, to have abstained from alcohol use prior to entering college, to be unaffiliated with Greek organizations, to be nonathletes, to be nonsmokers and non-marijuana users, to have a mother who abstains, and to be active members of a religious group (Huang, DeJong, Towvim, & Schneider, 2008). (Vander Ven, 2011, p. 155)

Vander Ven (2011) explains that anti-alcohol sentiments exist in a broad range of religious groups, and gives accounts of students from various youth ministries who do not drink in compliance with scriptural passages condemning alcohol use as immoral.

In order to explain the difference between a student who attends A.A., a student in a CRP, and a “clean liver,” one has to parse how students from each of these groups can do things that to some eyes appear identical, but are in fact, are worlds apart in their meanings.

The first area in which these students are alike is that neither drinks alcohol nor uses other drugs. Here it is important to point out that many differences exist between a student who is an ex-problem drinker and drug user who is not drinking versus a student who has never used alcohol or other substances.

Consider first the differing social meanings between the nondrinking actions of these groups. For one, the ex-problem drinker or drug user claims lived experience of
what it means to be socially initiated to alcohol and drug use, what it means to share in various social benefits attending the use of alcohol and other drugs. These students have often sought after, achieved, maintained, and even lost various alcohol-and-drug-using subject positions. Most have lived experience of having participated in drug using subcultures and countercultures. All are sexually experienced. Nearly all felt for some period of time in which they were using alcohol and other drugs, that they were “cool.”

These students also have lived experience of the socially-discrediting aspects of severe alcohol and other substance use disorders. Nearly all have a history of defying their parents’ expectations of them. Many have watched as opportunities slipped away because of their addictions. They have had labels such as “junkie,” “patient,” “inmate,” and “dropout” ascribed to them and sometimes occupied these discrediting social positions for long periods of time.

Far from those that “hate intoxication and all it entails,” students in recovery have lived experience of a love affair with intoxication but are convinced from personal experience that if they so much as dabble, that all bets are off, and compulsive use will follow.

There are massive differences between abstinence as practiced by students in recovery and abstinence practiced by students because they don’t like the taste, or because they object for religious reasons. Recovery isn’t a choice any of the students made glibly; it is almost always taken up in desperate circumstances. A short list of such lived experiences demonstrates a long catalog of severe consequences and recurrent involuntary patterns of the students in recovery and their active use of alcohol and other substances: Lauren’s alcoholism led her to treatment ten times, to delirium tremens, and
a diagnosis of the end stages of alcoholism. Mark’s heroin addiction led to a prison sentence of more than two years, Jed burnt through $8500 in eight days smoking crack and shooting heroin and crystal meth, and Cliffton overdosed and needed four doses of Narcan to be revived. Helena was psychiatrically hospitalized for meth-induced psychosis, Heather totaled her car hitting a stone wall at 75 miles per hour while high on prescription pain medication. Nearly all have been psychiatrically hospitalized or experienced treatment, and most have experienced painful detoxification from alcohol or other narcotics.

Consider how Helena claims crystal meth addiction gives her multiple advantages over clean-living students:

If I had never done those hard drugs, I probably wouldn’t have experienced the sexual things that I did. Part of me thinks my experiences really were the starting point for some serious growth, so wouldn’t that be awesome if the clean-living kids got that, too? Then, I have to remember that not everybody gets to come back from what I did. Most of us would die, so I don’t pass any judgment on those kids that … The goody-two-shoes kind of saying comes into my mind, but they’re doing … Especially the religious ones, the ones with faith…

What is interesting here are the ways in which Helena claims that drug use has acted as a propellant for her personal growth in recovery, and she imagines that “clean-living” students lack this advantage. She has taken everything she ever conceptualized about crystal meth before she started using it, and she incorporated those qualities into her self-concept in recovery. Crystal meth was edgy and sexy to her once, and she originally used meth in order to have the edgy and sexy experiences the substance
promised. Years later, as a person in recovery, she claims those edgy and sexy qualities for herself, and wears them as a badge of honor.

Nearly all the students I interviewed felt that the students in the CRP were cooler than the kids who never drank or used alcohol. Heather explained that she could tell right away at a nondrinking event which students are the ex-partiers versus which students had never partied. She describes them as “sheltered,” their demeanor “reserved,” whereas the ex-partiers are “open, kind of inappropriate and vulgar sometimes – just not reserved at all.”

Charlotte also explained how she judged the clean-livers:

Those are the kind of people that I felt like I couldn't connect with. I feel like the sober people I connect with now, they weren't always sober. There's much less judgment now from me for people that chose to be sober [from the beginning]. I think that I can really respect it now, but I don't get it. I don't relate to it. It always seems so wholesome, childish. It seemed uncool, I guess.

The “childish”-ness that Charlotte observes follows a pattern in which students show disgust for “clean-livers’’ conformity and general lack of autonomy. As students in recovery contend with spirituality, they find little of value in religion as uncritically received by their mothers. Students in recovery almost never have a foreclosed identity (Marcia, 1966), and none had religious views that were a direct continuation of their childhood religions.

Samantha captured the way in which students conceptualize their adversity as having conferred benefits upon them that are not typical in the student population. “Due to adversity, I think I’m more aware of what’s going on around me in the world and other
things and I feel like other people haven’t experienced what I have, like the basic [name of her university] people,” Samantha explained. “They’re kind of in this little shell right now.”

Helena takes this worldly-wise experience and inverts traditional discourses that would place chastity and restraint before promiscuity and recklessness. To Helena, her risk-taking, experience, and sexual competence have come to win out over the clean-living students’ identity foreclosures, innocence, and sexual naiveté. Her faith, meanwhile, was not received from her parents, but from her need to overcome an addiction to crystal meth, which in her view has put her on a path to a more authentic, more deeply realized spirituality than that of the “clean-livers.”

Charlotte also underlined the important underlying discourse behind much of the discourse within the CRP, and that is that being a “clean-liver” is “uncool,” while they are “cool.” Various literatures on students in CRPs identify the “double bind” (Scott et al. 2016) and the difficulty of CRPs students face in having been caught between the stigma of their addiction and the awkwardness in which they are positioned in recovery. Scott et al. (2016) showed how “Student in Recovery” is the identity that students in their study settled upon, and the students in this study have revealed several means by which that identity is accomplished. The students in this study made a convincing case that an important way in which a student in recovery identity is accomplished is that students help one another conceptualize recovery as “cool,” and another is by purposefully distancing themselves away from the “uncool,” nondrinking “clean-livers.”
Lauren described the reaction she sometimes received from others when she told them she didn’t drink, which caused her to be mistaken for someone who doesn’t like to have fun:

I know sometimes the reaction is like, "Oh, that must be boring." Sometimes what I'll get is, "Oh, I'm sorry." When I say I don't drink people are like, "Oh, I'm sorry." Like, "You probably don't have any fun." It's like, "Oh, no. Having fun is very important to me." If having fun weren't important to me, I don't think I would have drunk myself into alcoholism. Why do you think it was so appealing to me? It wasn't initially appealing to me because it shut off my feelings. It was appealing to me because I wanted to have the time of my life all the time. That's why I liked to do any drugs that were put in front of my face and drink to excess on a Wednesday morning. Because that was when I felt alive.

The bind that students find themselves can be described in situations of disclosure is that there are a very limited number of explanations for why a student in college might not drink, and all of them are potentially socially discrediting, but some more than others. In self-disclosure, tellingly, students often preferred to disclose their addictions rather than to be mistaken for a “clean-liver”:

Interviewer: What would it mean to you if people were thinking, "Oh, she's somebody who almost never drinks or uses drugs and has never drank and used drugs?"

Charlotte: On one hand, there's a little bit of being worried that they'd think I was lame. That doesn't bother me as much anymore, but I think there is a part of me that wants them to know that I had that experience, I had that
struggle. I think just by saying, "I don't drink," but knowing that that person used to drink, there's obviously a whole experience that happened to cause that conclusion, to make that decision not to drink. I think in telling people, "I don't drink anymore," it gives them that information that I've been through some shit.

In other words, to reveal a history of problematic drinking may be uncomfortable, but the alternative could possibly mean being profiled as a “clean-liver,” which is an even more repellent prospect. Allison described feeling that her nondrinking status could make others thing that she was “awful to be around” like her nondrinking sister. “If I tell people I do not drink, they will be like eww,” she feared. “I did not want people to not invite me out anywhere…I did not want people to feel uncomfortable around me.”

Lauren mentioned that she didn’t dislike religious students or “clean-livers”, but they would never have served as a suitable peer group for her:

I just think in general I think probably if [the CRP at her university] didn't exist on campus, my people would be the people that I know from A.A. meetings. I would probably not make an effort to connect with other people or try to seek them out, because I would rather be connecting with people in recovery than anyone else.

Mark described coming to admire the “clean-living” students after several years in recovery. “Sometimes I will judge someone if they're super straight-edge and they've never done anything, but if I really take the time to think about it and get to know that person, then that person usually ends up being cool.”
Students used discourses to reject the “clean-living” subject positions and to create a new subject position in which they could occupy a “cool” subject position as part of a 12-step program and/or a CRP. 11 of the 12 participants had a higher assessment of students in recovery than they had of clean-living students. Of the 12 participants, only Austin seemed to feel that clean-living students had much of anything to offer to students such as themselves, and Austin alone was perfectly fine with being mistaken as a clean-living student. “I kind of want to date some of the girls,” he admitted.

**What is “Cool” and “Uncool” about being a student in 12-Step Recovery?**

Whether 12-step recovery can be considered “cool” or not depends in large part upon the various discourses are taken up at any given historical moment. Any number of discourses could determine how the A.A. “brand” has fared discursively in recent years. The larger cultural discourses of A.A. were absent from their narratives. Recovery discourse are not an automatic feature of their lives. Most had needed treatment and/or a fortunate turn of events (i.e. a brother in recovery) to learn about A.A.

Jed had never heard of A.A. before he went to meetings in treatment:

Jed: I didn't know what A.A. or N.A. was until I went to my very first meeting in recovery.

Interviewer: Even though there's an A.A. meeting on every single TV show and everything?

Jed: Oh, yeah, somehow (laughing). I pride myself on my situational awareness. I pride myself on being able to know things that other people don't know, but that was one thing in my life that was so over my head.
Now looking back, I'll see an episode of *Friends* or *Seinfeld* or something else. I'm like (laughing), "Okay, that makes a lot of sense."

Students made no mention of any media portrayals of A.A. and had little knowledge of any scientific controversies surrounding A.A. They never referred to a single famous figure in recovery, “cool” or otherwise, living or fictional.

Instead, students were concerned with their social status within A.A. and the different ways that they felt validated and invalidated, “cool” and “uncool” in A.A. meetings, and whether they thought the other A.A. members were “cool” or not. On only one occasion, Emma mentioned how she expected the A.A. member to resemble an evangelical Christian, but instead found the members were surprisingly “cool” in the way they dressed and acted. Mark commented that the spiritual/religious approach of the 12-steps was counter to the agnostic and atheistic temperaments of many on college campuses. Mark reasoned that students might feel uncomfortable talking about the spiritual aspects of their programs in college because such beliefs are often stigmatized:

I think religion, especially in the more liberal university campuses is looked down upon a lot. And because God or a higher power, associated with religion, that can be stigmatizing itself, but that comes with misconception between spirituality and religion. What the differences are. It's very rare that you do find a younger person who's in the middle of their academics at school that believes in God, or has some sort of higher power.

Emma described how she had pictured an A.A. member as a form of “extreme evangelist Christian” before she got into recovery. She thought of recovery as a surrender to a religious life characterized by “stagnation,” until she went to a meeting:
[People in recovery] are going to have such limited lives and they are going to be saying that they are happy, but they are not actually happy because they are not taking any risks. Then I remember going to my first A.A. meeting, it was a young people's meeting. We're going, and I was like, "Oh my God. I would never guess that any of these people are sober.” …. I never thought that recovery could be cool.

What’s important here is the ways that various social cues communicate whether one is “cool” or “uncool” to other members, and A.A. members retain the aesthetic of active fashion, hairstyles, behaviors and other components of an identity toolkit of one well-versed in the ways of active drinking and drug use. Thus, we see A.A. members take on “cool” identities and seek to have that “cool” identity recognized. This has the dual purpose of attracting other members, especially newcomers. When Emma mentions that the people at her first A.A. meeting didn’t “look sober,” that was high praise. She was expecting an “extreme evangelical Christian” as she puts it --and she was happy to learn that one could join A.A. and still “be cool.”

**Summary of Part III: “Cool” Discourses**

Issues of “cool” were important to the students in this study, and they used the term frequently. The meanings of “cool” are not fixed but socially negotiated. Students in recovery occupied an awkward social position in their respective universities. The new subject position they occupied by participating in a CRP provided them with a relatively unknown social status within the larger cultural world of their universities. Addiction and recovery are sometimes stigmatized and sometimes valorized in social discourses. When students disclose their status as students in recovery from SUDs, these
individuals worry that they are being positioned within discourses in college and the larger society that devalue persons in SUD recovery. Students in recovery positioned themselves as “cool” in part because they are proud of the wherewithal they have acquired as a byproduct of their extensive experience with alcohol and other drugs and chose to retain those facets of their active-using identity as nondrinkers and non-users. Students used “ex-partier” discourses to make their nondrinking, non-using subject positions as students in recovery “cool,” which also helped distance them from the “uncool,” “clean-living” students discursively. A major way in which students facilitated the adoption of a student in recovery identity was by helping one another feel “cool.”

**Chapter Four Summary**

In analyzing students’ transcripts, I identified three main social and cultural discourses. Recovery discourses were based largely on discourses they learned in A.A. and N.A. recovery. Students adopted the success discourses of the professional-managerial class (PMC), which invited them to pursue academic excellence and to work hard to keep from falling out of the PMC. The final set of discourses, “cool discourses,” helped students to feel socially powerful and “cool,” even though they no longer used alcohol and other substances in college. Having largely answered my second research question, I will show in Chapter 5 how students made sense of both their active drinking and substance use recovery actions and provide further explanation of how students negotiated between multiple and contradictory discourses.
Chapter 5: How CRP Participants Make Sense of Their Recovery Experience

Chapter Four established that students used three discourses to narrate their understandings of their experiences with substance use and recovery. In this chapter, I address my first research question: How do students make sense of their active drinking/substance use and their recovery actions? An important dimension of students’ experience is that they are the product of multiple discourses, and their understanding of themselves shifts according to the contexts in which they find themselves. Helena articulated this fact most clearly through the language of her teacher-education program. Helena had taken coursework that made her conversant on sociocultural theory, where she was well aware that the world around her required constant reinterpretation of her circumstances and her position within them. She described that the various roles she inhabited comprised a range of discursive selves that interacted with the world in complex ways as she moved through various environments:

The way I speak and think about myself, and experience the world, it's -- just the parallels between teaching literacy as a teacher, and then just being a literate person -- it’s been blowing my mind. I almost wish I could just share with my teacher like, “Yeah, you don’t even understand how relevant this is to my life, and the language and the discourse, and how it changes based on where I am.”

Helena’s experience foregrounds that as students take on multiple discourses, context plays a significant role in shifting understanding of themselves. A major feature of the discourses in their lives is that students actively shuffled among their primary and
secondary discourses, rearranging them in various combinations, searching for the most advantageous position that the discourses afforded them in each successive context in which they found themselves. In their CRPs, the students in recovery were finally able to configure the discourses in such a way that every aspect of their identity was affirmed. When they gathered together they were reminded that 1) they are young people in recovery in a group of other young people in recovery, 2) that they are members of a group that is also working hard to achieve success (i.e. through academic performance) as part of a larger, holistic recovery progress and part of a professional-managerial class (PMC) success project, and 3) that they are members of a recovery group that is “cool,” and that they themselves are also “cool,” even though they no longer drink or use substances. Their CRPs were the context in which their multiple and contradictory identities made the most sense.

Outside their CRPs, various aspects of the contexts in which they find themselves positioned them awkwardly. The students used combinations of the three main discourses outlined earlier in this chapter to resist their awkward social positioning, to bolster threats to their identity, and to sublimate and neutralize discourses that were hostile to their purposes as students in recovery in college.

**Recovery as a Source of Academic Support**

The students in this study were committed to academic excellence. Within the context of these three academically-recognized universities, when the party discourse became muted, the message of professional managerial discourses -- that academic success leads to economic success – were amplified. Academics became the primary
indicator of whether students were “winning” competitions for economic and social status.

All the students were pushing back against PMC discourses that determined who belongs in college and who does not, who is a “real” college student, and who is a “fraud,” who is wanted, and who is an “imposter.” The students in recovery in this study reported feeling that their active alcohol and other drug use positioned them on the wrong side of these discourses much of the time: A “real” college student in a four-year institution took four years, and nearly all of them had experienced academic disruption. To students in recovery, “real” college students keep their behavior within normative parameters of self-denial and did not develop addictions. Because their status as students in SUD recovery is invisible much of the time, they were able to be accepted as “real” college students some of the time (i.e. in such contexts as their classes), though they worried their secret, disqualifying identity would be revealed in time:

Lauren expressed a feeling that her addictions made her a “fraud”:

That was the other thing: I thought I was going to stick out somehow. People were going to look at me and be like, "That girl's a fraud. She shouldn't be here. She is older than us. She took time off of college. She is an addict, an alcoholic. She doesn't belong here."

Helena expressed how in the context of the student body, she also felt like “an imposter,” but that she had assembled a track record that helped her transform feelings of self-doubt, inadequacy, and shame into high self-esteem and self-efficacy in not only academics, but in multiple areas of adult functioning. By gaining recognition as an Honors student, by earning a prestigious fellowship, by being asked to on leadership task
forces, and so on, she began to feel that she had earned her right to be in college, but only as long as her secret was safe. The burden of her invisible, stigmatized condition remained, however, and she believed that her top performance as a student and citizen of her university would be forfeited if her addiction were ever made known:

I almost feel like an imposter. I don’t often think about this, but I did have kind of a complex around it early in recovery. Now, I take so much pride in my ability to identify with so many people. Sometimes, it’s hard to be a recovering addict, especially on days where I want to use, or things aren’t too hot, in sit in a meeting of researchers who work with kids, or sit in a board meeting with the dean of undergraduate education while deep down inside I’m like, “I’m a recovering drug addict, but here I am as a representative of all the undergrads in arts and sciences.” Sometimes I feel like I don’t belong, but I have so much value in all these communities; if only they knew, kind of a thing.

For the student in recovery, college can invalidate their identities. Although they can gain recognition for their academic success, they often feel that they cannot reconcile their identity as persons in SUD recovery with their identity as high-achieving college students.

Emma described the contrast between being a member of her CRP and the young people’s groups she had been a member of in her home, which demonstrates that recovery itself does not create automatic relief from one’s social positioning, as there are A.A. contexts in which they sometimes feel more alienated than they do in their classes in college:
Their like ex-gang members, they're like in prison, and with pit bulls that are huge. Then you come to the university, it's very academically challenging and you're not going to see a guy in A.A. with a face tattoo and two pit bulls.

Their CRPs provide a place where they are known to other members as being in recovery, and therefore they can speak of their academic successes with other students and receive the full recognition of membership, full validation for their purposes, and can inhabit the identity that is often missing in various contexts. At various points in any given week they can return to a known group of students in recovery to which they belong, which provides relief for the cumulative burden of having to go through college life as “frauds” and “imposters” so much of the time. As high-performing students who conceal a stigmatized, secret condition much of the time, their respective CRPs are the locations where the multiple and contradictory aspects of their identity come together to make the most sense. What makes them awkwardly positioned out of their CRP is reinterpreted as a secret weapon within the CRP. For example, Dan described feeling that the students in his recovery dorm were a secret society, and that the dorm felt like a home for exceptional mutant youth with superpowers, “like the X-men house or something.”

In their CRP, the students in recovery assembled together to affirm that 1) they are young people in recovery in a group of other young people in recovery, 2) that they are members of a group in which academic performance is considered a dimension of a larger, holistic recovery process and success project, and 3) that this person that they are in recovery is still “cool,” even as a nondrinker and non-user. The students in CRPs modeled the kind of status that the participants in this study found inspiring, and
collectively they formed a high-status group. By engaging in discourses that emphasized the need to make extraordinary academic effort, they reinforced that a major way of being recognized as “doing” recovery in a CRP involves showing one’s pursuit of academic excellence.

When students come to feel comfortable in their recovery programs and they perform well academically, they experience a sense that they belong. Mark described how he has resolved many of his feelings of social alienation and become comfortable as a student in his CRP:

I'm just a lot more comfortable with ... I feel more a part of it then when I did when I got here. When I got here, I'd walk into meetings and even CRP and class and feel very awkward, or unfamiliar. Like I didn't belong, but as I continued to stay sober and work a program and do well in school, I felt more and more like I'm a part of this community. Like I belong here, possibly even, in the long run ...

All 12 “certified” their progress by telling a story of the academic progress they made and the habits and dispositions that made them stand above the crowd as top performers in their academic courses. They pointed to high grades and various accolades they received from their professors. Two of the participants had earned large grants to cover the costs of tuition. Positive feedback from faculty was especially useful as proof of how far they’d come and how much their attitudes towards their own educations had improved. Such feedback and accolades become stories that they can tell others at their CRP.

Helena reported a powerful sense of self-efficacy that she’s gained as a student in recovery in which she felt equal to any of challenges that might come her way. “I’m very
optimistic at this point in my life, despite my own character defects and struggles,” she said. “I don’t know that there’s anything I could think of that I wouldn’t be able to do.” She is sure to credit N.A. for the bulk of her success and her CRP for her success at the university: “My whole entire life is indebted to N.A. specifically, but a lot of my experience at (her university) is due to the support I got from (staffperson at her CRP), especially in the recovery center.” Because she is self-supporting, she feels expert at negotiating the challenges of adulthood: “In terms of adulting, I can do anything from insurance claims to bill payments to the legal system. I have proven my ability to interact with everybody.” She was able to dig herself out of credit card debt, paying off maxed-out credit cards without any assistance from her family. She also paid for her lawyer and all her legal fees and refused financial assistance from her boyfriend.

All 12 participants were experiencing high levels of success academically, and all were highly driven to succeed. Many had developed close working relationships with professors and reported having distinguished themselves above other students in their classes and their colleges. Nearly all had developed academic practices that they had never experienced prior to recovery. This helped offset the ways they felt awkward in their classes at being older than the traditional student, and even gave them a sense of superiority over the more traditional students in their classes. Many faulted the attitudes of the students around them as immature, whiny, entitled, and unfair to their instructors.

All students reported a struggle to balance education and recovery, though all reported that they were also making recovery the priority. Allison spoke of the paradox where, in spite of the time required to get to meetings on an almost daily basis, she was more productive during those times when she made it to more meetings. As recovery
actions seemingly claimed hours of the week that could have been used to study, recovery actions seemed counterproductive, but her recovery actions actually enabled her to function academically at a higher level:

I was just stressed out because I didn’t think I could handle meetings and school, which is actually totally not the truth. I feel better if I have a lot of meetings … It’s like I knew it was going to be a job to stay sober in school. I guess actually seeing those things outlined, like the suggestion from the CRP thing, I was like, “Holy shit! I can’t do this. I’m not going to have time for school.” I don't know. I attribute this to my higher power. For some reason, I just sat down and I did the work. I soon started to arrive to these things, like first of all, five to 10 hours, 10, 20 hours, I sometimes work at my job more than that a week. It’s not that much, if you think about it, because it’s just like a little few things. I’ve noticed a lot of the stuff that I do is stuff that improves my quality of life as it is anyway. I should have been doing this stuff even before I ever took my first drink. I have a daily, just like a really short devotional time. I read the daily reflections that I have, my own spiritual devotions that I read. Just right there, it takes five minutes, then I do a short prayer, and I’m already set up for the day. Sometimes I try to do some meditations at night, call my sponsor everyday, go to meetings as often as I can. Those were all things that I couldn’t justify making time for. I was like, “There’s no way I can have time for all this,” you know what I mean? Like I can’t take one hour out of my day to stay sober? But just the more that I do these things at the recovery, the more successful I become, and the easier things are becoming for me to do, too. I’ll have like today, today I had an awful day, but I knew, I was
like, “Tonight I’m going to a meeting.” That’s from 7:30 to 8:30, and I knew that after that meeting I’m going to feel better and, lo and behold, I feel great, you know what I mean?

Samantha had always maintained a high GPA, but she made a distinction between the inauthentic motives behind the kind of studying she once did before she went drinking, and the new way she approached academics, with a philosophy informed by recovery principles. She was critical of the sham attitude of students who used the popular “work hard/play hard” strategy to maintain high GPAs, as she once had. She made a distinction between authentically prioritizing academics, on the one hand, and the act of placing coursework ahead of partying sequentially, which masqueraded as prioritizing academic coursework when the students still prioritized partying as the main focus of college. To her, the work hard/play hard mentality might indeed allow a heavy drinker to keep a high GPA, but the scheme made a charade of the educational purposes of college:

It’s just a giant party of people that go to class. They do the work. Then at night they all come together and do this drinking-in-a-college-town thing. Then they graduate and then they reminisce about that for the rest of their lives. That is not something I want.

Samantha recounted how her older sister, who had graduated from her same university, had regretted the attitude she had had when she was a student:

The whole idea, which is living for the weekend and getting through this awful thing called college, because nobody wants to study and do work in order to better themselves, that was her mentality, too, in college. She said, looking back now,
because she’s 30, she’s like, “I really wish I would have studied a lot more and …”
but she said she wasn’t in that mindset. She just wanted to go out and, I don’t know,
get the college experience. Everybody thinks the college experience has to include
escaping from college, escaping from the pressures of life.

Samantha learned two things from her sister’s experience which she contrasts
with her mindset as a student in recovery. The first is that, when one prioritizes
academics to escape academics, he or she is missing the major point of college. In
recovery, she now sees studying not only as a means of bettering oneself, but as an
opportunity to experience the daily joy of going to college, including its pressures. A
view in which “the whole college experience” relegates academics to an essentially
painful necessity, as it is presented in her sister’s account, is to negate the newfound
purposes around which she organized her life as a college student.

For the other students whose GPAs had been compromised, a high GPA provided
evidence of their recovery, certified that they were winning competitions for economic
and social status and on track for a professional career, and provided evidence of their
redemption. They were working to recover their health in A.A., while simultaneously
posting a track record of success to confirm that they were becoming increasingly
capable of achieving a successful future in the PMC. As Helena put it, “When I came
back, I think my identity was simply, ‘I'm here to be a straight-A student, and to make up
for lost time and lost GPA.’”

Jed described his goal as “fixing my GPA” – once a .9 cumulative GPA – and that
for several consecutive semesters he had achieved a 4.0:
I completed the Fall of '16 with straight A's at [name of his university], which was the first time, really in recovery, that I felt enough. With that, I felt good enough. I felt like I was actually meant to be here, that it wasn't just a fluke, like for some reason, somebody screwed up on some paperwork allowing a heroin addict and alcoholic back into their school. I felt that at some point, a campus security guard was going to come bursting through the door and be like, "Mr. [Jed’s last name], you need to come with us." I was waiting for that, but sure enough it didn't happen. I kicked ass. I kicked ass last semester and I plan to keep doing that this semester.

Dan had failed classes for years but earned a 3.9 his first semester back. Three years later, having made the Dean’s list several times, he values his academic accomplishments more than his successes as a star on the club soccer team:

Being a good student means so much more to me now than club soccer. You know. That's a nice addition, but I gain a lot more pride in being a good student and being somebody who's accountable and who other students look up to for help with recovery. 'Cause I mean, three years in, I'm pretty good at it.

Only one student—Heather—could point to a time in which she was enjoying more academic success than she was enjoying in recovery, and there are two explanations for this: For one, as a Division 1 athlete at her former university, she had been exceptionally well supported academically by that university's athletic department. In her current university, she is no longer a diver, so she no longer enjoys the support that student-athletes receive. Also, her current university was in her estimation far more academically rigorous than her previous university was.
Lastly, students in recovery reported several emotional and psychological pitfalls to which they were susceptible, for which their recovery programs provided relief. The first was perfectionism, which brought already high levels of anxiety to crisis points. Several students reported how falling short of their goals triggered a full psychological and emotional freefall. The danger in the perfectionistic approach to academic coursework was their all-or-nothing thinking – when a setback arrived, the students struggled to regulate their emotions, and the resulting shame and frustration tempted many of these students to self-destruct in multiple areas. Jed described an early setback to what had been a perfect streak of As in his courses:

I left one exam. It was my third calculus midterm, and I left in such frustration, oh man. So far, back at school, that's the worst I've felt. I left that exam fully confident that I'd just failed it. That all that, now two and a half months, a body of really hard work, was just complete shit, and that again, all these flooded with doubts and self-worth and almost self-hatred were really surfacing. I got done with that exam, I walked down to [name of street], to my job actually, but walking by my job on [name of street] you walk across [upscale hotel restaurant], then [college bar], then [another college bar]. I walked past [another college bar], man, and those doors were just wide open, and I'm just like, "Oh man, I could just say fuck all this right now." I could just bury it all. Kept my head down, kept walking, went and bought a $40 steak, and ate that steak. Steak and mashed potatoes and chocolate cake, and I was fine. I ended up not failing the exam. I ended up doing about center of the pack with the rest of the class in the rest of the course. Still finished the class with an A.
Jed thus showed how perfectionism creates a dangerous binary where his performance had to be perfect, or else “fuck it.” His one poor test performance nearly triggered a relapse. He shows how coping skills allowed him to bounce back by making a better, less self-destructive choice of overspending on a steak dinner.

**A Side Effect of Recovery/PMC Discourses: CRPs’ Protectiveness, Insularity, and Hostility**

One potentially negative aspect of CRPs at the three universities is that students could sometimes be protective and judgmental towards members who did not demonstrate the appropriate mastery of the high-achieving discourses of recovery paired with PMC success discourses. This confirms Scott et al.’s (2016) finding that students in recovery show protectiveness that can sometimes be manifested in hostility and insularity, especially towards those students whom they deemed to be lacking in commitment to their recovery programs and academic work. Similar findings were reported in Washburn’s (2017) study, in which he reported that students in a CRP with an application process wanted staff to be more selective and to exclude members whose commitment to recovery or academics was lacking.

As McDermott and Varenne (1995) point out, such practices are part of the dark side of any cultural context:

People use established cultural forms to define what they should work on, work for, in what way, and with what consequences; being in a culture is a great occasion for developing abilities, or at least for having many people think they have abilities. People also use established cultural forms to define those who do
not work on the "right" things, for the "right" reason, or in the "right" way. (pp. 331-332)

When students call out other students, they are showing the ways in which participation in a culture can "organize the degradation of those found at the bottom of the pile" (McDermott, 1993, p. 286):

As ideal types, cultures are defined most essentially by the inability of all to live up to their directives. Cultures offer only “collective illusions,” prescriptions that give us a way to talk about how we should live together in exchange for an inarticulateness about how we actually do live together (Murphy, 1971, 1987). Cultures cannot supply the resources people need to live without exposing the arbitrariness of their particular way of life. They exist by their promises, and they feed off each of us to the extent that we try to follow them and fail. (McDermott, 1993, p. 295)

Nearly all the students named a hierarchy in which the level of students’ status was contingent on the degree to which they demonstrated a strong work ethic and a commitment to the CRP. In this system they articulated what it meant to be a role model in the CRP, they disparaged the slackers, and they articulated what made negative role models a threat from within.

Lauren presented status as a function of the degree to which a student demonstrates fidelity to recovery ideals:

The people who ... I think the model (CRP) member, like the ideal student is kind of like the person who gets over and throws themselves into the (CRP). I think the ideal development of a (CRP) member is a person like [student in her CRP], who
gets over, is super-desperate, is willing to go to any lengths, gets really linked into A.A., and gets a sponsor, and starts doing work, and spends all of his time at the [her university’s CRP], and wants to get to know everyone, wants to do everything that comes up. Wants to spend all his time with other people in the [her university’s CRP], asks a lot of questions, and I think that’s a person who's positioned to kind of ... That's clearly his foundation in the center of his life, and he's building his education plan up around that and he's easing into it.

Helena had particularly high standards of what recovery should look like and found very few of the members of her CRP meeting those standards. To her, actively working the steps with a sponsor is necessary for members:

A lot of people in [the CRP at her university] don't work a 12-step program. I guess I can't speak to if I think they'll stay clean. If they're anything like me, and how I'm addicted, and how I'm an addict, and they don't do anything, there's no way.

Samantha regarded one student as lacking the necessary work ethic and commitment to sustain recovery long-term:

I don't see long-term for him. I think I see him staying sober for maybe till he graduates, but I don't see him long-term. He has come around, but somebody like [CRP student] who never even ... He doesn't work the steps and he still goes out to bars and just doesn't drink. He's screwed I think.

Her estimation of this student’s social status is proportional to his substandard work ethic and his ambivalence. His going out to bars shows his divided affiliations between
recovery culture and drinking culture, which further marginalizes him in Samantha’s eyes.

Austin described the marginalization of CRP members whose recovery programs he designated as below CRP standards:

The people who aren't working good programs, they're almost on the fringe of [the CRP at his university]. They're the ones that become the butt of our jokes sometimes…It's funny, because the people that I personally don't respect, or they just don't get a lot of respect ... They're people who ... I personally think that they don't work a solid recovery program. There's people who don't work the 12 steps that come in and they don't change. They go in and they stick around, but they're not doing any action, taking any action. It's like prison for them. They'll work the steps and then they'll get to Step Four and then they'll stagnate for a year. They'll just ... won't do anything to get out of that. They won't finish their step. Those are really the people that I personally don't respect, because they ... It's not so much ...

It's like the reason I don't respect them is because I get irritated with them because they are doing the same behaviors that got them to start using, and you can tell. It's a hassle to hang out with them, especially if they're not changing.

Here Austin is revealing multiple things that underlie his lack of respect for such CRP members. These CRP slackers are in fact rather useful to other CRP students as they provide a basis for establishing what is necessary to gain the recognition of other members of the group.

These other members’ substandard performances show Austin’s understandings of what the CRPs’ standards are and what not living up to them can look like. They show
that substandard performances are punished publicly, through ridicule, and other members learn of the social consequences that might befall them should they do likewise. They show that members who have fallen out of grace can repair their standing by admitting their failings to the group and rededicating themselves to the group’s shared values.

Importantly, Austin showed that recovery actions are not just social signals, empty of value. On the contrary, by their not working a good recovery program, he believed the students were not likely to progress, and thus were delaying the process by which they will their develop into the sort of member that inspires still other members, and that these students were essentially robbing the group of the greater social value that they might have provided had they been working a good program continuously. By stagnating, their transformation was taking too long. Austin believed that there are acceptable timelines for the sort of transformations that are expected from prolonged involvement in the CRP. He also found the behaviors associated with early-stage recovery irritating but made more tolerable when he saw the individual making some progress towards improving those behaviors.

What was striking about their accounts was the ordinariness with which the participants treated personal transformation, such that vast shifts in worldview and behavioral change was expected. This is a culture in which fundamental epistemological change is anticipated in advance, such that merely retaining one’s worldview and behaviors for an extended period of time is to betray the social contract held in common by the group – taken this way, it can be implied that the work that is accomplished in a CRP is tied not just to process but to the product of that work – one is expected to
actively transform, and deliver newly-transformed versions of oneself. Each member is held responsible for doing what it takes to achieve this personal transformation, and to deliver that product (oneself) on time. It would be hard work to find another university culture in which self-improvement trajectories regularly travel as far (in the sense of the depths and heights of the before and after), and yet these feats, instead of being regarded as miraculous, are often considered routine and students have a socially-negotiated, ballpark figure of approximately how long such transformations should take.

Austin also spoke of the danger that an individual in a CRP who isn’t working a recovery program poses to newcomers:

I guess the reason I don't respect those types of people is because new people will come in ... Newcomers will come in, and then they'll see that, and then they'll get it in their minds that that's how you do it, that's how you work recovery or whatever. Then they try to do that, and then they end up just going back out again after two or three weeks.

The main value that Austin hopes to communicate is that a “raw” newcomer should not model his or her program after a more experienced member on the periphery, especially one who attends 12-step meetings irregularly or spends considerable time in bars.

Besides that, in recovery cultures, more experienced members typically attend fewer meetings than newcomers; using the rationale that newcomers are closer to their last drink or drug, newcomers are frequently expected to be taking significantly more recovery actions than the most experienced members in the group. 90 meetings in 90 days is a common suggestion given to newcomers in A.A.
There is another threat to the CRP posed by negative role models universities in the study. Because all three universities in the study have selective admissions, these universities cannot rely on recruiting high school applicants and transfer students who are already in recovery because many prospects may not gain admission. In these contexts, therefore, the lifeblood of their membership comprises those students who are already within the student body; for this reason, all three universities in this study rely to some degree on recruiting newcomers who are more “raw,” meaning that they sometimes work with students whose first contact with recovery is not a 12-step program or a form of treatment, but the CRP itself. These newcomers’ total understandings of recovery and recovery culture are initially communicated to them by other CRP members and staff. A very real danger that Austin expressed is that newcomers need to hear about recovery from someone in the CRP with a strong work ethic and record of participation; otherwise that student might not be told appropriate instructions, causing them to take actions that endanger their new recoveries, causing a likely return to use, with the result being that the group loses a member that might have been successful otherwise.

Dan was critical of the effect one student in his CRP had on another student at his CRP:

They don't work a program and they don't connect with ... They choose really not to connect with other people, you know? I think [CRP student #1’s] social skills are a little bit better than [CRP student #2’s] but they're still wildly immature. They haven't really fully worked the steps. They don't go to meetings regularly. And they choose not to connect with people. And I think ... I think it's kind of
dangerous because if [CRP Student #1] wouldn't have been here, would [CRP Student #2] be like that? No, I don't think so.

In Dan’s story, he described the dangers of one student indoctrinating other students into bad habits, and the havoc this negative role model has wreaked on group cohesion. This emphasizes that positive and negative role models play an important part in the overall discursive messaging of a CRP and often determines whether the CRP gains a compliant and deeply committed (“connected”) member, or whether that student is recruited into a breakoff faction. Versions of this discursive battle took place at all three universities.

In both Austin and Dan’s accounts, there was clearly an underlying ambition to see the “right” values being communicated. The message Dan hoped will be communicated to other members is the need to jump in head first by working a program and “connecting to other people.” To Dan, there was no gradual process of “legitimate peripheral participation” (Lave & Wenger, 1991) in the context of his CRP – there is only one acceptable way of participation, and that is full participation as evidenced by repeated efforts to “connect with others.”

In spite of this protectiveness, insularity and hostility, the students described how students could improve their social standing through a process of repositioning and that they can be recognized for taking up the social roles that are expected of their membership in a CRP. They cited various incidents where a student who had previously been on the margins was able to increase his or her status within the group by making a concerted effort. Dan describes such a student:
After [an interpersonal incident], [a student in his CRP] jumped in with two feet and he's been going to fucking six meetings a week, meeting with the sponsor, and the effect that it's had. He's open. He talks now.

In addition, Dan described a student who had once earned the esteem of the group, then lost it, and regained it again:

Even [name of CRP student], seeing him work a proper program, he's got the most sobriety out of anybody that I know this year I see currently who's an undergrad.

The social repositioning of other members within a CRP provided insight into the more punitive aspects of failing to abide by the demands of their cultural contexts. The analogy of the carrot and the stick applies here. Having an ingroup with high expectations has many advantages, but it becomes clear that the positive peer pressure of the group (the carrot) also comes with hostility if one does not comply (the stick).

Members communicate high expectations and inspire one another to adopt the social practices of the CRP's culture. If these members do not, they run the danger that the group will make negative assessments of their performance, until such time that they take the social actions necessary to (re)gain the recognition of the group.

**Recovery Discourses Plus Discourses of "Cool:" Synergistic Effects**

Two main discourses worried the students in this program into thinking they might no longer be "cool." As abstainers, they occupy a social position that disqualifies them from the discourses that link binge-drinking with the most successful groups of students in campus and no longer participate in the social actions that would allow them to feel membership in "cool" binge-drinking college culture. Second, by not drinking and by engaging in "lame" nondrinking sober activities, they worried they would be mistaken
for the "clean-livers" who hardly ever/never drink, a group that they considered to be "uncool."

Worse yet, they occupied a middle subject position (student in recovery) that is relatively new and unknown, and there is no easy way to determine their groups' social standing relative to other college social groups.

One way that membership in a CRP helps students in recovery is by creating an internal mythology around their ingroup in which they are the equal of socially successful binge-drinking students.

**Selectively Devaluing Greek Life, Countering with Domains in Which they Fare Better**

Students resisted their social positioning by tearing down those students who occupied an elite social position on college campuses: members of fraternities and sororities.

Crocker and Major (1989) outlined various strategies used by stigmatized groups that help them counteract the negative assessments of their stigmatized condition and thereby bolster their self-esteem. Those in stigmatized groups are not “merely passive victims but are frequently able to actively protect and buffer their self-esteem from prejudice and discrimination” (Crocker & Major, 1989, p. 624).

Crocker and Major (1989) detail *selective devaluing* as a mechanism used by stigmatized groups to protect the self-esteem of their members, which involved “regarding as less important for their self-definition, those performance dimensions on which they or their group fare(s) poorly, and selectively valuing those dimensions on
which they or their group excel(s)” (p. 616). Many students devalued areas in which their group fared poorly in comparison to other groups.

At each of the three universities, the students chose to attack Greek life, knocking those in Greek life for the various ways that they came up short when measured against the domains in which CRP students excelled. In such a way the CRP helped counteract their frustrations at their groups being offered an unrecognized, lesser social position as compared to the well-known, socially-prestigious social position of binge-drinking college student groups.

Although CRPs are not officially in opposition with Greek Life, their selective devaluation of the outgroup served a protective function for these CRP students. Many students were able to name a university social hierarchy that placed members of Greek life at the top. Austin described the magnificent social standing of the “big bros,” who had considerable social standing on their campuses and within their fraternities. Dan didn’t like how these fraternities “separate and higher than” status made them feel, and so they pushed back against those aspects of the hierarchy that were psychologically damaging to them.

Most students admitted that they didn't have much direct experience with Greek Life, and that some of their assessments were based on Greek-life stereotypes in popular media, which underlines how aspects of discourse in college are informed by larger cultural discourses of what it means to be a certain type of college student. “Yeah, and I'm sure I'm buying into some of the stereotypes that you see in movies, too,” Allison admitted, “but I haven't seen something that goes against those stereotypes here at college.”
Dan acknowledged that students in Greek Life had status, but he criticized how that status was an end in itself. Dan mentioned that Greek Life attracted people with “an asshole way of thinking” who were drawn to high status. “It’s a hierarchy thing,” he scoffed.

In many of their remarks, they conceded one domain in which the Greeks had bested them and countered with another domain in which they could claim superiority.

For instance, Helena hated the unhealthful beauty standards modeled by women in sororities, and the way sorority women’s bodies made her feel about her own body by comparison. She countered by attacking their privilege in contrast with her exemplary work ethic.

Oh gross. Screw them. Those fucking people. Which is great. I've never had any association or affiliation with any of them. I think maybe I dated or went on a couple dates with some fraternity boy, but whatever. I imagine that I found this privileged, doesn't-work very-hard person in a fraternity or sorority and somehow spoke with them about their privilege then I would just put the ugly face of all those snotty privileged people. I think I have an inferiority complex too with that stuff. Especially the girls. I mean body image, and self-love, and self-esteem have always been big themes.

As the students in this study prided themselves on having attained high levels of personal responsibility, self-control, and service to others, they played up an area in which their abstinence was a strength and devalued the dimensions of alcohol use that were socially discrediting to Greek life. Several students criticized fraternity members’ record of using alcohol to haze pledges and to sexually assault women. Samantha
 referenced a student death that had recently occurred in one of the fraternities at her university, and the way in which Greek-life organizations required alcohol consumption and even used it to do violence against other members:

The whole thing with the frats right now and the kid dying from hazing, from drinking, that has really, really made me resent the fraternities and sororities at colleges and the whole drinking atmosphere. Why do you have to force people to drink to be a part of your organization? It’s just so asinine. I don’t know.

Lauren found fraternities’ “pack mentality” to be especially dangerous and violent, especially for female students. “A fraternity just by nature is the worst idea ever,” she declared, “It's just such a bad idea to put young men together, and then add alcohol and drugs to the equation.”

Dan, who did a lot of service work for others, had contempt for what he regarded as a charade by which fraternities presented themselves as service organizations.

Another argument Dan made was that though fraternities had high status within a certain social context, that context was limited and wouldn't travel well after graduation. “Just ‘cause you were the social chair of Beta Kappa Theta or whatever the fuck, doesn’t give you any social standing in life,” he remarked.

Cliffton had been a member of a fraternity and was the only student whose assessment of fraternities was mostly positive. He was also an unusual case in that he was active in recovery in his CRP but also maintained a lot of connection to his old partier friends, most of whom were not in recovery. Even though he admitted that they could be “slippery,” his loyalty to these past friends could place him in situations that were at cross-purposes with his recovery. Cliffton comes from the upper-class and has
lived his life in exclusive enclaves that lend themselves particularly well to lifetime associations. Cliffton saw many advantages to maintaining his social standing within a particular social order. Hammersmith and Weinberg (1973) found that individuals from stigmatized groups’ self-esteem varied according the extent to which the individual felt the stigma to be central or peripheral to their self-concept. Because recovery is less central to Cliffton’s self-concept, he feels less reliant on the social worlds of recovery, and instead of seeing fraternity members as threats, he described feeling more at ease with people in fraternities than with the people he met at his CRP.

Cliffton did give a particularly unsparing and damning account of the alcohol-and-drug-saturated culture he had experienced within his fraternity at his former university, but he held no real animosity towards anyone involved in Greek life. He imagined that his children would probably want to be a part of Greek life someday, and he wouldn’t stand in their way: “If I start seeing that my son or daughter wants to join a fraternity or sorority or something like that, it’s not going to be the end of the world.”

As detailed in Chapter Four, selective devaluing of clean-living students helped CRP students distance themselves from other abstaining "clean-living" groups on campus by making their brand of abstinence—abstinent recovery—a socially acceptable way to be a nondrinker. They value those dimensions in their own experience in which they fare well—sexual competence, countercultural credibility, and edginess—as compared to their disparaging assessments of clean-livers innocence, prurience, foreclosed identities, and piety.
The "Ex-Partier" Subject Position

Even though students were positioned in such a way that they were no longer able to drink or use drugs to achieve social status, they found ways to let their “cool,” active-using pasts carry forward into the present, in what I refer to as the “ex-partier” subject position. They thus paradoxically adopted the discourses that made active using “cool,” in a bid to retain their social status even though they were now nonusers of alcohol and other substances. They decided to see being a student in recovery in a CRP as “cool,” which also helped reassure potential new members that they too could be “cool” if they were to join. As students in recovery, they are "ex-partiers," and able to shrug off the socially discrediting aspects of abstinence; they positioned themselves as having mastered the twin discourses of partying and abstinence, and had thus become masters of two worlds. Presenting themselves in terms of both social worlds has the additional benefit of communicating those dimensions of lived experience that they have gained using AODs that “clean-living students” lack.

Emma mentioned that this “ex-partier” identity helped her feel less bothered by the discourses by which students advertise their drinking to one another, and she admitted feeling left out of the typical social interactions with other students her age, which were mostly reports on how much one parties. This attitude of “been there, done that,” helps her feel that she has matured beyond such discourses:

They're like, "I took five shots" and I was like, (sarcastic) "Greeeeeat job" like, (sarcastic) "Cooool," but it's sort of like I've gotten past the hump of that. There's still, sometimes, a part of me where I'm like that was kind of like the excitement and like feeling ... It was sort of just like feeling cool. That was like the rush of
feeling cool and feeling like you belong to a group of people that doesn't really care. No one really cares that much. Sometimes, I'm like, "Oh, that was fun" and then I'm like, "Nah," but I prefer being where I am right now.

A (college) “partier” persona is a “cool” persona, and this persona is performed by other students who regularly initiate conversations about their previous night’s excessive drinking. The students in this study made regular mention of how students who are strangers often begin conversations with a remark about how wild they got partying.

It is clear that partying is mainstream and “cool,” but it is essential to locate exactly how a story of drinking and substance use could be said to be “cool.” “Cool” is often about casting off ideological straightjackets (Gold, 1994) and claiming autonomy, style, and the appropriate subversion of social norms (Warren & Campbell, 2014). College drinkers wouldn’t lead discussions with other students who are strangers about how much they partied it if they didn’t think these were “cool” stories to tell, and the best explanation about what makes these stories “cool” is that they buck the relentless PMC imperative that students delay gratification or else risk the prospect of eventual disqualification from professional employment – in other words, college drinkers flout their boldness in subverting the anxiety-producing grind of PMC success discourses in a bid that this subversion makes them “cool.”

Students who begin conversations with how much they drank the night before are not bragging that they are breaking the college’s code of conduct or their state’s laws. Just drinking and partying is so normative that it would be more odd if they didn’t break the college’s rules or their state’s laws. The classic opening gambit of the college partier, that they had too much to drink the night before, is a way of communicating that they are
still capable of enough autonomy to suspend their self-control and indulge their hedonistic impulses.

That normally anxious high-achieving students throw off PMC success discourses from time to time for a reckless night of partying seems perfectly reasonable, given that most students can’t help but feel some degree of resentment that college is infused from beginning to end with anxiety for the future, with no reliable guarantees that their hard work today will advance them towards success. The PMC success imperative drives college discourses, compelling students to pursue their education and internships with an eye towards winning out over the competition for scarce professional jobs. Part of what makes a partier persona “cool” is that partying subverts the ideological straightjacket of PMC success discourses and their constant nagging, anxiety-infused imperative to be always striving for a professional career, and heavy drinking comes with the baggage of guilt and anxiety that to indulge oneself is tantamount to giving a leg up to the imagined competition, who are presumably more disciplined.

Whereas the competitive basis of PMC success discourses pits students against one another, drinking is pro-social. To say that one drank too much last night is to announce that one still has some autonomy, and even if their entire life strategy is to someday gain a professional career, it also announces them as less aggressively competitive, and many reason that their “cool” partier persona is much more likeable and presentable that their actual, anxious selves. This goes a long way towards explaining why college drinkers lead conversations with strangers with a remark about how they drank too much the night before. It is code for, “I am someone with autonomy and I am
“cool,” and I have an appropriately “cool” detachment from the relentlessly competitive preprofessional environment of college.”

Students in recovery cannot deploy college partiers’ easy shorthand bids for coolness. Because they do not drink, they cannot present a “cool” selfhood under the cover of their recent alcohol use and its “cool” symbology and cultural currency. Nor can they use PMC discourses without appearing too academically driven, too aggressively competitive, and too lacking in autonomy. They have stories to tell, true, but stories of out-of-control, addictive behaviors are usually too morbid to be laid before strangers, as it is difficult to pull off a “cool,” ironic detachment about a chronic health condition outside of recovery circles. The dilemma that Emma faced when a student told a story of drinking too much the night before was that she had no easy way to communicate to other students in her classes that she was also “cool,” and thus her choice was to misrepresent herself as a college partier, which required her to sublimate her recovery identity in the service of appearing “cool” by falsely replying to the student’s story with the words “cool” and “great.”

Adding to the dilemma is recovering students’ frustration at having partied longer and harder than most students, and having to listen to college drinkers’ stories of partying and knowing that they have more and better stories to tell. The surprise here is that the students in this study were simultaneously annoyed that alcohol and drug use was the primary means by which most college drinkers asserted autonomy and laid claim to being “cool.” As Emma mentioned, despite her irritation at hearing about college partying, she acknowledged that Emma had once felt “cool” using alcohol and drugs. Students in
recovery cannot discredit heavy alcohol and drug use as “uncool” without discrediting their own alcohol and drug use as “uncool.”

Students in recovery retained their partier identity and used their former alcohol and drug use as the main warrant for their “cool” credibility. Luckily for them, alcohol and drug use stories are a major form of recovery capital in both A.A. and CRPs, and CRPs were more than willing to recognize fellow members as “cool.” Since being “cool” requires the recognition of others, the students in this study were quick to offer that recognition. As a “cool” partier persona was a long-cultivated part of their discursive selves, students at all three CRPs, created a culture in which they could still claim to be “cool” without drinking or using drugs, and many were treated as “cool” nonetheless by the other students in their CRPs even when they never sought that recognition.

Dan also played up the credibility that came with active use: “We were the coolest of the cools, man. We just got even cooler. I was the coolest kid at the party,” Dan said, half-joking. “There's a little bit to it. It's like, ‘Yeah, we've done it all. We've experienced it.’ There's a little bit of wisdom that comes with that, I guess.” To Dan, cool is established in alcohol and drug use, then carried forward into recovery.

The “ex-partier” identity allows the students to retain various “cool” aspects of their painstakingly cultivated active-using identities. As Emma put it:

I think that there's so many different definitions of "cool kid" at (her university). That's like when I first came in, I was like, "Oh, it's a partier. That's the cool kid" because I always thought I was a cool kid because I was a partier and so I brought that in.
Once Emma had established having had the “cool factor” once, she felt free to move on to redefine what cool meant to her:

I feel like I did college four years early. I know, the drinking and drugging in high school and I kind of got over the cool factor. I sort of was like ... I think it's cooler to get a full night of sleep.

**CRP Members Were Treated as "Cool" Regardless of Whether They Are/Were "Cool" or Not**

A major affordance of participation in a CRP is that the members help one another feel “cool.” They do this through the group creation of a protective mythology of “cool” that helps students feel more successful socially than they might feel otherwise. Not only have students in CRP discourses found a way to carry their active-using “cool” credibility forward to recovery, but they have been able to do so even after their active use had caused them to lose their “cool” credibility. This mythology even helped students feel “cool” if they were never “cool” in college (or any other time prior to recovery).

Considering that “cool” was so central to so many students’ self-concepts, it is important to track the ways in which this term is largely self-defined and socially negotiated. In the context of students’ statements, to be "cool" is to be socially competent, or to be part of a "cool" group, or to feel confident enough in oneself to no longer need to monitor one's social standing constantly. Cool means different things to different students, but however flexible the definition, students extend an invitation of a general, all-purpose “cool” subject position to any student who used alcohol and drugs, lost control, and then got involved in a CRP.
As a lone drinker, Allison hadn’t made any friends. “I was disconnected.” In recovery, having made dozens of friends, she finally felt fully socially accepted. Austin admitted that he felt cooler in the CRP than he had when he was using: “I didn't think that I was very cool when I was ... Especially when I was really into it. I didn't think a lot of people liked me.” Now that he has found acceptance in his CRP, he feels that “the cool kids aren’t too cool for me anymore.” Samantha explained that anyone involved in a CRP is a little “exciting” to her, because involvement is “going against the norm.” Emma’s definition has become “just being authentic to yourself” and not being afraid to “redefine what cool means.”

Charlotte described how enacting the “cool” period of her life robbed her of considerable identity and agency. As an ex-partier, she prefers to think of herself less as a “cool person” than as a “weird person.” She finds that she is much happier with the group of people she has found in recovery, since that are “weird in a good way.” Now she has decided that “cool” is a neutral construct that shifts depending upon the situation. For Charlotte, “weird” is the new “cool,” and this solves some of her problems of identity and agency. When “weird” is “cool,” she gives herself permission to join a fellow student in recovery who practices mysticism and gatherings called “energy circles.” Dan mentioned that the students in his recovery dorm were misfits, but cool misfits, akin to superheroes with superpowers, “like the X-Men house or something like that.”

The “cool” conferred by the group gives students the benefit of the doubt and creates a self-fulfilling prophecy whereby one is "cool" by virtue of one's belonging to the CRP, which is a "cool" group, and the CRP group, in turn, is "cool" because it is consists of "cool" individuals. In such a way, to be recognized by other members is to
have a number of social failings overlooked. At all three CRPs, members concluded resoundingly that students in their CRPs were cool, and a major reason for this is that considerable license is socially negotiated by the group's members in the service of justifying (as a means to drawing a predetermined conclusion perhaps) that their CRPs are "cool." In this way, the discourses that invite students in recovery to try to be "cool" by returning to drinking or using other substances are greatly neutralized.

**How “Lame” Activities become “Cool” When One Does Them with Other CRP Students**

When CRP students do things together, even really “lame” things, they help each other reinterpret those “lame” activities as somehow “cool.” Emma described how sometimes students in her CRP would “go full granny” by baking cookies, drinking tea, and turning in for the night at 9PM” and that “it is fun” provided that “you get over yourself and you learn to enjoy let the things that you're like, 'Oh, that's lame.' Yeah, it's like a little lame but it's pretty fun too. It still can be fun.” Board games and other “old-timey” activities are popular. “They are corny,” Jed explained, “but it’s allowing us to find something that we can do together as a group that’s not going to [downtown neighborhood in his college town] and hanging out at a house party together.” Activities such as karaoke and bowling were considered at face value as pretty lame, yet the CRP students used irony to reinterpret the meaning of the activity. “It’s the coolest of the cool hanging out doing something that’s really not that cool, but that we make ours,” Jed explained.

We've got this shiny little thing that nobody knows about. It's incredible, man. I like to think of myself as a pretty attractive guy. I'm young. I'm fit. I take pretty
damn good care of myself, but my biggest goal, too, was to make recovery sexy, man. Not just cool, to make it sexy. Make it fun and honestly, it's an amazing thing. People, they want to know. They want to know what your glow is about. They want to know how you're actually smiling or how you're actually laughing. They get a little curious. You can see it in their eyes. Then they'll start launching their questions like, "Oh, how did this happen? How are you able to do this?"

They just want to know a little more. They get intrigued. That's because it's sexy, man. That's because it's cool.

Austin described how just doing things with other students in the CRP can make any activity “cool.” Much of the appeal could be attributed to the inside joke that comes with understanding how ironic it is that kids who were so alcohol and drug obsessed could be doing such wholesome activities together:

Now, we're just being sober and hanging out being ironic in college. There's that kind of thing going on. It's like ... When we hang out with each other, we're all still like the cool kids of the group, but we're sober this time.

Jed described how his fellow students in recovery were able to make “lame” activities in college “awesome” by doing them with members of his CRP with the right attitude and this ironic sensibility. In such a way, Jed explains how “cool” kids can do things that are not really “cool” and yet still feel “cool”:

The version of me that was doing heroin, Xanax, drinking and stuff like that, to go to karaoke night, you would have had to tell me they were giving out free heroin. Now there's this version of me that's like, man, I'm tone deaf, I don't want to go sing in front of people, but if it's with the community, it's going to be awesome.
It's going to be a great time just because everyone else is probably equally as terrible at karaoke as I am, so it's going to make for a great time. Plus, again, it comes back to that level of understanding and people in recovery. My group of friends that I have now, if I'm going to be spending time with anybody doing anything, it's going to be those guys and girls, and it's going to be a great time. It doesn't even matter if we are going to karaoke night. Yeah. I'd say 90% of them are like, "Man, this is the worst idea anybody ever has come up with, but it’s going to be awesome because it's going to be with all of us.” It's the coolest of the cool kids hanging out doing something that's really not that cool, but that we make ours. It's something that we definitely wouldn't have done by ourselves. There's also something to that. There's like an acceptability of comfortability. You allow yourself to be comfortable or uncomfortable to do something that you wouldn't normally have done, you're going to grow a lot with those people that are around you doing that. I've done more karaoke in recovery than I ever would have done in an entire life, man.

**Recovery, Academics, "Cool" Together and Epistemological Transformations**

Nearly all of the participants were rather matter-of-fact about having accomplished a powerful interpretive feat: they had transformed their worldview.

As they took up recovery and academic discourses, and they felt less insecure about needing to use alcohol and drugs to feel “cool;” the discourses that invited them to use alcohol and other drugs no longer suited their purposes, and they were sublimated, resisted and abandoned.
Samantha drank heavily at her college before participating in the CRP at her university, and she shows an extreme example of how even students who were deeply invested in active-using discourses at their universities were able to adopt recovery discourses at that same university.

Samantha remembers having once ascribed nearly magical powers to the drinking culture in which she had once been a part. She recalled the exhilaration she felt at having been a part of the dominant culture and what seemed like a set of normalized and widely shared values, and she once could not imagine any other way of going to college. Having become a part of the CRP, she experienced recovery culture as more healthful and rewarding than party culture ever had been, and notes that recovery culture made considerably fewer demands upon her as a participant (such as self-starvation to achieve standards of bodily perfection). Having adopted an A.A. recovery program and having participated in her CRP, she had become critical of the former active-using cultural discourses she’d previously adopted. She had developed a stronger connection with her university than ever, but she was critical of her college's most dominant shared practices, such as the support of football, tailgating, pregaming, and the supremacy of the fraternity system. It bothered her that some of the most socially powerful women were putting inordinate effort into posting "perfect ass shots" on social media. She came to recognize that for much of her time at the university in which she was drinking, she was consuming discursive messages that were psychologically toxic to her, that caused her to starve herself, and that appeared to be so uniformly adopted and widespread that she couldn’t imagine any other way of being a student:
I remember saying to [her cousin], what do you do at the summer when you're at [her university]?” And I like texted him this and he said, "drink." That's all he said to me. I just remember being like, wow. That's really ... really? That's all you can do? There's no places outside in the community, shows I can see, trails I can hike? There is that stuff. I know that now.

Once she became a member of the CRP, she began reinterpreting her university according to those discourses, and there was little of her old perspective she chose to retain. She felt more loyal and grateful to her university than ever before, and yet she rejected many of its most widely-held traditions as essentially irredeemable.

She described how she once got “chills” of anticipation when she watched the annual "psych-up" videos prior to the football season. She now resents the relentless pressure to drink. Monday was “funday,” Tuesday was “boozeday,” Wednesday was “humpday,” Thursdays were “thirsty Thursdays,” Friday was “High Day” and Saturday and Sunday were called, simply, “daylongs.” Now she hates all of the fanfare around football, and she no longer even enjoys the sport of football itself.

Samantha told a story of the best moment of her entire career as a college drinker, recounting an instance in which she felt that she fully belonged at her university as a drinker. This moment was the successful convergence of her mastery of the multiple discourses she had adopted about how to “do college” as a student at her university. She adopted discourses that invited her to drink all day on the weekends and required her to be a rabid fan of the football team. Some of these discourses dictated that the “right” body for a female college student was a starved body. Finally, she was rewarded for her mastery of these discourses in a thrilling moment which she—along with the skinniest,
most deserving girls—were tossed up into the air repeatedly, “crowdsurfing” above the outstretched hands of the other students in the student section, a moment that was captured on social media as evidence that she fully belonged:

Samantha: I was drunk, coming down from being drunk. It was fun. People were throwing people in the air and then I got up and I was like, "Oh, this is great." That was kind of in my eating disorder. I'd lost all this weight and I was like, "Oh, people can throw me up. I'm skinny enough for people to throw me up," because you only see girls that are really small being thrown up and then that's their profile pictures on Facebook or Instagram. It's them just midair. That's the epitome of what a [name of her university] game is: throwing the girls in the air.

Interviewer: In that moment, you felt … a sense of achievement?

Samantha: Yeah, because I got thrown up in the air, because I starved myself enough to be skinny.

Samantha now considers that version of herself “was oblivious” to the damaging cultural discourses she’d adopted and the cost of this search for belonging to her health. Having come to adopt recovery discourses with nearly the same passion as she had the prior set of discourses, she had come to question all the signature cultural practices of her university—its reverence for its football program, its alumni tailgaters, and the countless images of partying that students would post on Instagram. In the place of these active-using discourses she had discarded, she had instead adopted recovery discourses, and her feeling of belonging by being “thrown up” in the student section has been substituted by a feeling that she fully belongs to the group of students in the CRP. “There’s nothing
better,” she said. “It’s comfort, because I’m a homebody and I like to go home and I feel comfortable at home, because I know that I’m loved and appreciated.”

One way to notice that students have taken up discourses is that they chose identities that have little to do with drinking and using drugs. There is an obvious shift in discourses when Samantha, who described going out to the bars virtually every night, came to describe herself as a “homebody” who liked the feeling of staying at home. Her sense of who she was had changed drastically.

As students made shifts in discourses, subject positions, and identities, they no longer described their universities and college towns as menacing, rejecting, and hostile. Their changes in epistemology were literalized most obviously in the symbolic removal of threatening landforms from the geography of their lives, such that entire streets, bars, and fraternities were less visible and less audible to them. They were able to “turn down the volume” on partier discourses that surrounded them, and then largely overwrote their previous perceptions of the universities and college towns in ways that better served their purposes as students in recovery. Emma called this process “practicing selective blindness.”

As the students described shifting through discourses and subject positions to gain a new perspective on themselves, their universities, and their college towns, they weren’t self-deluded. They acknowledged that their universities and college towns still offered the same cultural messages as they always had, and the landscape had the same number of bars, fraternity houses, and other drinking establishments as had always been present, but they chose not to see them and instead discovered other landforms to be more interesting.
Jed described how he could not properly integrate into the university as long as he held the identity and behaviors of a "student heroin addict." In a sheer act of will, he fashioned a new identity – as the “positive impact.” By making a “positive impact” and by becoming the epitome of a model student, he aimed to redeem himself, and to thereby claim a sense of belonging:

Back to that feeling of not really belonging, or not really having a place at the university. Early on, in the first month, first two months. I'd say the month I felt that a lot, and that wasn't because of my perception of [name of his current university]. That was because of my perception as a student addict … Typically, I'd say student athlete, but being an addict in recovery, especially one of which, a heroin addict, there was a lot of that early on. It wasn't until my first rounds of exams, in which I set the curve in a couple of the classes, that I was like, "No, this is my place and I'm going to reshape this place to my liking, and they damn well appreciate that. I'm going to be a positive impact in every single one of my classrooms." It's starts there. It starts when your ass is in that seat. I sit front row in every single one of my classes. I say "sir" and "ma'am" as much as possible. I don't know if that's from the way I was raised.

Having accomplished a change of identity, Jed spoke of having reinterpreted his college town such that he didn’t see his college town as a “party town” anymore. He spoke of how he had disciplined himself by practicing selective blindness, where what he notices follows from his interests:

Thinking of [his college town] as this place where I can just go rage and annihilate myself for a long weekend, it's not even ... One, that sounds terrible. Two, I just
really don't have the desire or care for that, and three, it's just not what I'm looking for, so I don't see it, you know? I'm almost, in this weird way, blinded to it, and not blinded in the sense of ignorance, but blinded in the sense that it's going to go on and I don't really give a fuck. You know?

Jed found that he couldn't remember the names of major streets which comprise the center of the party scene in town, such that it seemed “a blurred blob nowadays.” He explained, “I don’t remember which fraternity is what and what sorority is what.” He mentioned that he finds he has “deleted” many landmarks from his previous sense of the layout of the college town:

You know how when you go back to your hometown, and you forget the exact names of streets that you go on to get home? Sometimes it takes you maybe a week or so being back in that town to refresh you on the entire layout. "Oh, man. I used to take XXXX Street or I used to take XXXX Street to get home," or whatever it may be. It's like that. You just start deleting those things that aren't important anymore because you need that precious space to be able to cultivate this you, these ideas, and the things that you want to work on and focus on now.

[emphasis mine]

Jed wasn’t the only student who revised the landscape of his town to reflect his purposes as a student in recovery. Students who were in recovery at the same university in which they had used alcohol or other substances reported a changed point of view in which they were no longer attending the same university as they were before, but a new university that hardly resembled the old one; and they were no longer living in the same college town as they were before, but a new town whose features were transformed.
Charlotte described the change in epistemology that caused her to reinterpret her college town. She had been using alcohol and other substances as an undergraduate. "I had such a bad experience with my drug and alcohol use, I just associated that with university, and felt really negatively about it." Pursuing a graduate degree in recovery, her relationship with her university and college town had been transformed. "Now I mean I feel really proud to be like a [her university] student," she explained.

I remember when I first got sober my first summer sober -- so I probably had about five months or so, maybe four months, I don't know, a few months -- obviously, I was still up and down at that point, but I remember the first time where I was walking down [street in her college town] where I would walk every day, and just being like "I'm in a different town," like feeling like I was in a totally different city than I had been for the last four, or five years at that point, and thinking "I like it here." I remember thinking all of undergrad, "I hate it here, and I don't know why." I wanted to like [name of her college town]. It has everything I'm into, basically -- but always never liking it. I remember when that switch happened in me, and telling everyone about it like "Something happened. I really like [name of her college town] now." Then I started it was almost like everything looked different to me, but all the same things I had seen for a long time because I think part of it is I started exploring more of [name of her college town] like going on walks, places I didn't go before, or trying new restaurants just like seeing new things.

Charlotte’s account offers clues as to how recovery had transformed her entire attitude toward her town, such that she was “in a different town” and “everything looked different to me.” Her new identity is as “a student in the [her college in her university]”
and “a person in recovery,” which helps to explain her newfound sense of identification with the landscape of her university and the college town.

Charlotte described how her sense of her college and her town had changed as a result of a process in which she had relinquished her previous identity and the awkwardness of her subject position in favor of a different identity and subject position, which she calls “a different life.”

I think I was also so afraid that I felt like I was in the wrong place. It was just this fear I was in the wrong place, and I was trying to make it work. Then I stopped with recovery. It's almost like you get forced to stop trying to do that because, otherwise, for me it felt like I was going to relapse, and I can't keep trying to force myself to be this person. I couldn't be that person, and be sober, so then I like had to let go, and go with the direction that life was pushing me in, and when I did that it was like I didn't even have to be fearful about am I good enough because I was inherently good enough because I was where I was supposed to be ... I'm here, and I'm supposed to be here, so I'm kind of like kicking ass at everything, and all I do is try my best. Yeah, I don't know, it's totally different. It's like I have a different life.

Charlotte’s reinterpretation of her environment resulted from her reinterpretation of herself. This “different life” that she had adopted was the result of having dropped her resistance to a recovery identity (which she had once feared was “not good enough” but later came to accept as “the direction that [her] life was pushing her” and where she “was supposed to be.” The other aspect of her newfound comfort has to do with the success she was having academically, or, as she put it, “I’m kind of kicking ass at
everything.” This new person, this student in recovery, was able to make peace with her surroundings at last.

Austin was in early recovery (90 days), and he showed how he was actively adopting the discourses of recovery by adopting a recovery identity “[Being in recovery] is a big part of my identity, too, the fact that I don’t drink anymore. I tell people I don’t drink.” Austin also utilized his CRP’s center as his main strategy in early recovery.

I have a place to hang out during the day, which -- I look forward to that every day. I wouldn't be able to go through my day unless I couldn't hang out at the (CRP) at some point or another.

Meanwhile, his strategy was to tune out party culture, saying, "I don't care to be aware …of the partying that’s going on":

There's always people on [intersection in college town] all the time, going to get drunk, or getting drunk, or something like that. I wish I didn't see those people as often, because they're usually a bunch of assholes. Other than that, I'm not really aware. I don't care to be aware of any of the other partying that's going on on-campus or off-campus.

The implication is that the partier culture can either feature prominently as they assay the landscape, or it can feature minimally. Without a CRP, Austin risked having no place, on campus or off, that did not position him awkwardly. By checking into his CRP on a daily basis, Austin has a means of broadening its protections through a deliberate revision of the town’s landscape of meanings. He was already, at 90 days, actively dislodging the partier culture from his consciousness, with the exception of a few intersections downtown that featured a high concentration of bars. One can see in Austin
that he is employing a strategy whereby he is trying to revise his town to be what he wants it to be, and to mean what he wants it to mean. Austin spoke of how he hoped to “turn down the volume on the party culture,” which to him was an inside job. In such a way, Austin used recovery discourses to actively sublimate the discourses that invited him to use alcohol and other drugs.

Jed described a process by which he was going to “reshape this place to [his] liking” and to be such a strong role model in his classes that he would never feel like an unwanted “student addict” that lacked “a place in the university.” He thus was employing a strategy whereby he planned to demonstrate his value until he gained his university’s appreciation. The strategy involved working a recovery program together with academic dedication until he gained recognition as a student that belonged. Jed demonstrated students’ belief that one can change the landscape around himself or herself by adopting the discourses of the students in his CRP, and explains how students report a changed perception of their town as evidence of their own personal transformations: if he could master the discourses of recovery and academics, he could overwrite his former identity as an unwanted and alienated “student addict,” and he would know that he’d accomplished this because his surroundings would come to feel more comfortable.

Their changes in epistemology allowed students in CRPs to reinterpret these dangerous environments such that the social environment and collegiate landscapes they now saw as not especially threatening. Emma, a freshman, spoke of how she once saw campus parties as a nearly inescapable aspect of her university life. Her dorm would seem to empty out on the weekends, and the kids who partied were just “louder and take up more of your attention… and go around screaming that they drink.” In contrast, she
now reports that how students interpret their campus makes certain features stand out
while others fade into the background.

Emma provided some insight into how students adopt recovery discourses for
essentially the same reason that people use alcohol and drugs: they believe that their way
of “doing college” is the best way to find their places within the university culture. As
Emma puts it, “You have to want to belong and feel like [partying is] the best way to
belong.” Having come to her university already in recovery, she worried that partying
was the only way she would find a place in the university. Now, having found a sense of
belonging in her CRP, she no longer sees "parties everywhere,” and that her seeing
“parties everywhere” had been a distortion brought on by a fearful and limited way of
looking at her town. “I just really didn't even see [her college town] at all,” she explained.
“I just put my fears onto [her college town] when I saw it.” She also mentions how the
university had once seemed gigantic. After integrating “her world” with the “world of
recovery” it now “feels small for some reason … I walk around and almost every day I
walk around, definitely I’ll see someone I know. I’ll see someone I know from the
[A.A.] program.” Famous hard-drinking establishments have so little value to her that
she has learned to filter them out. She described how bars seemed as unreal to her now
as a “façade” in a western town, and how it seemed to her that if she went behind the
façade, she might see two by fours holding up a flat front -- she imagined the movie set
from Blazing Saddles. “There's no longing, there's no connection I will receive from that
place in that space so removing it altogether is like, "That has no value for me”
(emphasis mine).
She described that frequently when her environment seemed to threaten her recovery, she had a choice, to either give in to discourses that invite her to use alcohol and other drugs, or to resist that discourses power by adopting the discourses of recovery. She calls this the “the philosophy of ‘which wolf?’”

There's two wolves and which wolf you feed is the one that grows stronger, and so that's how I think about recovery and addiction. That whatever wolf I decide to feed grows stronger, but as my addiction wolf is diminishing in its power over me, it may … bark or something like that and may get my attention and get me riled up, but it doesn't have the same almost magnetic … it felt like a force. Before it was overpowering.

What’s important here is that, in the philosophy of “which wolf,” one wolf must be fed. Students must choose which of two contradictory discourses they will “feed.” When she fed the discourse that partying was the only way to belong in college, there were “parties everywhere.” When she found belonging in recovery, she starved that discourse, and as she surveyed the landscape of her college town, drinking establishments contained nothing of any value to her whatsoever. As certain features of their universities and college towns to vanish, new parts of the town sprung to life in accordance to the various alternative discourses they adopted.

Allison reported that as she experienced various changes in epistemology in recovery, her city seemed to unfold for her. Having never taken a drink before college, her pre-alcohol story is one in which she felt shut out of the full experience of being a student:
I felt like [her college town] just turned its back on me. It was not opening itself up to me. I felt like so many people who tried could fit in. They loved it, like it was this hub of culture and fun; there's so many places to go. I just felt like I was seeing everything in greyscale. It was like, there's nothing good about this city.

When she was disconnected, she described her town as largely “greyscale.” “I was disconnected in all of the ways,” she describes. “There wasn't anybody in any religious circles, I didn't go to church, I wasn't in any clubs. I worked, but they were all way older than me. “As an [active] alcoholic,” she said, I would always see a bar, like, bars everywhere,” she explained, then added, “Yeah. There’s so much more going on than alcohol.” Her new self-described identity is as an “infant.” “I always compare myself to like an infant now,” she explained; “Because I was born into this new world.” She credits her recovery in a CRP for her expanded view of her college town and her world:

Instead of going out and partying on Saturday and Sunday nights, we’re going and we’re experiencing the culture of [her college town]. We’re going to see jazz music being played. We’re going to drag shows. We’re doing all these fun things, unlike people that spend the night in frat houses. I feel like it’s … I don’t know. It’s opening up my world, in a way.

It was only in A.A. recovery and involvement in her CRP that Allison finally felt the sense of belonging she had been looking for. Her shifts in discourse were projected onto the landscape. Believing the town wanted nothing to do with her, she projected a college town in greyscale. Believing that relief could be found in alcohol, she projected a landscape of interconnected drinking establishments. Finally, she saw her town as
continually revealing new, interesting things for her to do once she had adopted recovery discourses.

Jed described how, having adopted an identity as a top student and a person in recovery, he now sees his town as a place where people have purposes beyond using drugs and hanging out:

I now see [the university] and [the college town] as a research hub, a professional hub, a place where I become educated and I get a degree, and I become part of the academic community. I think [the college town] has like the highest per-capita rate of PhD-holding people in like the country, the [region surrounding her university] has a lot of educated people. That's how I see it now. There's just ... It's not just stoners and hippies. It's like a lot of hard work goes on here.

Dan mentioned that he ran into some people smoking marijuana in a park, and this triggered in him a temporary desire to smoke marijuana, which caused him to evaluate what his purposes were and whether recovery was in fact necessary for him to find success:

I immediately saw these two guys just sitting in the parking lot smoking that joint. And, yeah. You have instances like that that might catch you off guard. And whether you choose to romanticize that thought or not is kind of up to ... I think the best kind of, contingent with the way in working programs, so you know, for me, it's kind of like, "Okay. Yeah, you know, I recognize that that's a thing that is happening right now. And there was a time and place where that would seem ideal." But the immediate thoughts that followed were ... Honestly, it was like, "How bad was that last time that I used?" And as I was walking, I was kind of laughing about
that. Because I'm very, very far from feeling powerless over that desire to want to ...
... to get obliterated. And I hadn't thought about it at all before that. And it's not like
these thoughts come into my head regularly, whatsoever. That just happened to be on my walk home.

The principle of “which wolf?” is evident in Dan’s response to the situation: two men
were using his drug of choice, just feet away from him, which he describes as a moment
in which he must make the determination of “whether you choose to romanticize that
thought or not.” He recognizes that it is his substance use disorder, and not the men and
their smoking marijuana, that makes the situation dangerous to him. His laughter at the end describes his increased resilience at a) having recognized the wolf and b) having starved the wolf. The lesson restores his sense of agency and reduces his anxiety. He can walk the streets freely; no place in town can ambush him without his actively giving it the power to do so.

Dan describes how, through recovery actions and the perspective he has gained in recovery, he can miss “the most epic party that ever happened,” and the party registers so lightly on his conscience that it seems to him to have never taken place:

You have to learn how to not meet up with friends that are coming back into town. I remember sharing about that a lot. Having the feeling ... Feeling the necessity to have to meet them out at bars and go to parties and stuff like that. And if I didn't, I'd feel left out. And then, there's one moment when you don't do it and you find that things are fine the next morning. You don't miss out on the most epic party that ever happened because it didn't fucking happen. You know?
Dan was particularly clear that the town and the people that party within it are not the root of his problem. His problem is popularly called “FOMO” – an acronym for Fear of Missing Out, a set of discourses that often invite students to use alcohol and other drugs out of fear that they will miss out on the best experiences that college has to offer. He explained that on weekends when old friends would visit and invite him to large parties, he stayed home and didn’t go out, but he was torn and found the fear of missing out excruciating. Having adopted recovery and academic discourses, he no longer feeds that discourse. Dan describes his newfound identity as that of a “good student.” He has no problem studying on the weekends when his old using buddies appear in town. He opts out of their invitation; they come, and they go, and to Dan it was as though “they had never visited.”

**Summary**

Students used combinations of discourses in order to narrate themselves as people with new power and agency. They choose between subject positions offered to them in college, in 12-step recovery, and in their CRPs, and they subverted and redefined their awkward subject positioning as they traveled through various contexts.

The CRPs are the location of novel college discourses, providing a new language, a new way of thinking, a new set of values, and a new set of social actions. This discourse in the making leans heavily upon—but modifies—the social discourses of A.A., the success discourses of the professional-managerial class, and the social discourses that determine how status and social power are distributed in college.
Chapter 6: Discussion

In this chapter, I will address the third research questions: What are the implications of those narratives for providing different types of support structures, and what can we learn from these stories that might inform the ongoing work happening in CRPs?

Summary of the Preceding Chapters

Responding to the call for qualitative research that studies the prevention, use, and treatment of alcohol and other substance use problems within their social and cultural contexts (Nichter et al., 2004), and building on a small but growing body of phenomenological, interpretive studies of students in recovery from Substance Use Disorders in college (Woodford, 2001; Terrion, 2013; Bell et al., 2009; Scott et al., 2016; Kimball et al. 2017), I studied the lived experience of 12 students in SUD recovery in Collegiate Recovery Programs at three academically-recognized universities that are also designated to be “party schools,” seeking to understand the patterns in their use of discourses and their shifting subject positions. New literacies provided a theoretical frame to understand the lived experience of students and the ways in which they negotiate multiple, overlapping, and contradictory discourses about how one should “do college” and what kind of student he or she should be. Analysis of narrative yielded clues as to how students in CRPs do identity work and the ways in which they used discourses to fill socially-meaningful roles. These narratives provided insight into the various social and cultural discourses and subject positions students adopted, co-opted, and disputed as they
constructed their identities as individuals in recovery, showing the students' sense-making as well as the context within which meaning-making occurs.

I discovered three main discourses that provide an explanation as to how students shifted from one set of discourses to another in the process of joining and becoming fully committed members of A.A. (or N.A.). The second were the success discourses of the professional-managerial class (PMC), which emphasized the value of a college education and the need to work hard in order to achieve a professional career and avoid “falling out” of the PMC. The third set of discourses that they employ are “ex-partier” and “cool” discourses, in which they retained aspects of their “cool,” active-using identity, socially negotiated ways to help one another feel “cool,” and established that membership in a CRP was “cool.” These three main discursive branches had a more powerful effect when combined than each individual line of discourse had on its own.

In college, students adopted multiple discourses simultaneously, combining their 12-step recovery discourses with the success/ fear of falling discourses of the PMC. Since issues of “cool” were important to them, they helped one another feel “cool” as students in recovery, and they made a bid for recovery as a subject position with social power within the university on par with the students who drink and use other substances socially. Working together, these discourses were effective in resisting the discourses and social positioning that were hostile to their purposes as students in recovery, and these discourses neutralized key aspects of the party culture by making them increasingly less visible and less relevant. Participation in a CRP provided students with a sense of belonging and social status, and they adopted hybrid discourses that combined recovery
discourses with the success discourses of the professional-managerial class, which created a culture with high expectations in which members tended to work very hard.

**Implications**

These findings have implications for those who work in CRPs and other units in the university, for researchers, and for anyone searching for clues as to how to design curricula and instruction in order to help students construct healthier identities, occupy more comfortable subject positions, resist hostile discourses, and shift to more inspiring discourses.

**The Need for New Approaches to Students with AOD Use Problems**

This study suggests a new way of understanding students in recovery in Collegiate Recovery Programs – by tracking how they make meaning of their experience and how they use combinations of discourses to counter and neutralize other discourses that are hostile to their purposes and that invite them to use alcohol and other substances. This orientation is probably more easily grasped by those who have personal experience with a substance use disorder, those in recovery, and those who have experience with addiction and recovery within a college context, because the practitioners are likely to be successful to the degree that 1) they are able to think like a student who is trying to find a way to live without using alcohol and/or other drugs, and to the degree that 2) they are—or have been at some point—unable to imagine a life that does not involve the heavy use of alcohol and/or other substances.

The implications of this study are this: we need a health, wellness and prevention curriculum informed by the things these students have told us about how they make sense of their active use and their recoveries. It requires everyone with an interest in alcohol
and drug use problems in college to reorient their frame of reference to better understand AOD use problems from the perspective of the students themselves. This curriculum will require a new orientation that sometimes inverts who is the expert and who is the novice. It is clear from analyzing the lived experience of students in recovery that the students have much to teach us, and those who have traditionally stood in the role of expert have much to learn.

In CRPs, the most important tool with which students’ transformations are accomplished is language itself. Students use language to make their actions socially meaningful, to claim new rights for themselves, to construct new identities, to gain membership in a group, to gain the recognition of other members, and to position themselves. All the ways that language protects them are necessary to counter the many ways that language also works to erode the meanings they make and to subvert the purposes they have. After all, the very thing that invites students to return to using alcohol and other drugs is also language. The students’ used discourses in forming their multiple and contradictory identities and shifted through discourses as they traveled across contexts. This adds greatly to understandings of how students continuously recombine discourses, form and reform identities, and actively bid for and resist subject positions within their universities.

A new orientation to alcohol and drug use problems on college campuses also requires one to acknowledge the social power of the discourses that invite students to use alcohol and other drugs. It is not enough, nor is it accurate, to present alcohol and drug use in college as simply a problem of getting students to make better choices and to use more responsibly, and neither is it especially helpful to acknowledge only the destruction
and social costs of alcohol and drug use by college students. This study suggests that a better way to understand alcohol and drug use in college is accomplished by understanding students’ multiple and contradictory ways of knowing about alcohol and drug use in college, and to understand that students readily acknowledge the tremendous personal and social costs of alcohol and other drug use, but that these realities are often hopelessly overpowered by a set of discourses that detail the dozens of ways in which a student stands to benefit from the use of alcohol and other drugs. To not acknowledge this is to invalidate the struggle that faces students with AOD use problems in college, and minimizes the tremendous accomplishment of students in abstinent recovery in college. Becoming familiar with the discourses that urge students to use alcohol and other drugs is a necessary starting point.

Typically, when students facing the consequences of AOD use problems are admonished by a health educator or similar university officer to stop drinking, students mean to be receptive, but are quickly discouraged, as they cannot envision an alternative social position they could occupy that doesn’t seem hopelessly awkward. It should come as no surprise that students would rather take their chances with continued use than incur the social costs of abstinence. In short, dozens of individuals in the university are tasked with making various appeals to students’ better judgment, but without providing a single compelling alternative that involves abstinence. All workers in health, wellness and prevention, all counselors, and all academic advisors should be aware that CRPs provide a robust student culture and a social universe consisting of other students who have stopped using alcohol and other substances with whom they can rebuild their lives with a
“new universe of meanings” (Mead, 1934). Luckily, these communities can be quite small, as evidenced by the CRPs in this study, which each had about 25 students.

Anyone who is not a current college student or who has no personal experience with AOD use problems needs to be aware that they are only the experts so far as they can provide solutions that make sense to students with AOD use problems’ points of view. If those who wished to help such students were to become well-versed in the multiple and contradictory discourses that factor into students’ sense of the “right” ways to “do college,” they would not make such basic mistakes as inviting students with severe SUDs to join groups of “clean-living” students who have never been interested in drinking. They would know abstinence as practiced by “clean-living” students is of a categorically different nature than the abstinence of students with lived experiences of addiction. This is but one example of a host of appeals that are made to students by people who have no understandings that are informed by students’ points of view. Literacy in this area allows distinctions to be made. Just as two college nondrinkers can be nothing alike, students who have early onset, severe substance use disorders with an especially chronic and persistent course are not the typical binge-drinkers on campus. In working with students, to be credible, one must understand these subtleties and distinctions at least as well as the students themselves.

The persons on campus with the most salient understandings of addiction are those students who are currently in active addiction and those students in recovery from an active addiction in college. AOD education curricula and presenters would be unwise to “talk down” to them if they want to avoid looking ridiculous to such students. Educating students with severe SUDs on the dangers of AOD use problems is beside the
point to them. What these prevention curricula were intended to prevent has long since come to pass, and what these curricula are hoping students will understand, they already know.

This study should make it clear that there is tremendous benefit in studying the lived experience of students and how recovery comes to “makes sense” to them. For most students with more severe SUDs, alcohol and drug use connects them to the only college social world they know, and crucially, it is the only way of “doing college” that makes sense to them. Without understanding students’ point of view, it would be easy to see students’ continued AOD use as reckless, scoffing, stubborn, and defiant. Plenty of students would avail themselves of a CRP if they knew that such programs could compensate for what they stand to lose by pulling away from the active-using groups to which they belong.

It is often taken for granted that students don’t want to or cannot stop drinking and using substances altogether, or that it is unreasonable to expect a student in college to not drink at all, when many students clearly would and could stop using alcohol and other substances if afforded the right opportunity. This study showed that nearly all of the students experienced a prolonged existential crisis of between one to four semesters in which they admitted they had an AOD use problem and had become aware of abstinent recovery to a certain extent. They wanted to improve their lives, but they also wanted to see if their continuing AOD use problems might somehow resolve themselves in time, and when they did not, and the students became even more miserable and socially alienated, they often sought help and decided to try A.A. and N.A. (and sometimes, they sought help for the first time at their universities’ CRPs). This emphasizes how students
are working through competing discourses, and if those who work with students with AOD problems could explain what abstinent recovery in a CRP involves, there is a chance that students’ period of “parallel problem-solving” could be shortened considerably; also, those who work with students with AOD problems should not communicate that one has to experience car accidents, overdoses, and hospitalizations before they will become willing to pursue recovery. “Hitting bottom” as a result of a single event is not an especially useful or accurate construct. There is no “wake up call,” but a slow process of abandoning one set of discourses for another.

Unless they are provided with alternative social context that “makes sense,” students will opt to stay within the social world and social environment they have known thus far in college, and typically they will attempt to change their behavior without changing their context. The problem is that having one’s membership in any social group requires one to show mastery of the discourses that inform the particular social worldview of that group. By not drinking and using drugs in a group of partiers, the student who is trying to change his or her behavior will have difficulty convincing the other students that he or she is a full participant in the group. A major reason that students fail when they hang around partiers is that they are seeking to be accepted by a group that only recognizes their membership if they participate in the exact behaviors they are trying on their own to modify. Faced with such awkward social positioning, it “makes sense” to resolve the tensions in their social positioning by returning to use.
The Need to Understand Why Both Active Use and Recovery “Makes Sense” to College Students

Students with addictions are experts at understanding AOD use problems, but having an AOD use problem is not the same as having expertise in how one might go about solving that problem. This study shows how students were not likely to find any sort of success until they had adopted and sustained recovery discourses. Without recovery discourses, students made the choices that made the most sense to them based on the discourses they had adopted. Students with AOD use problems may try to go it alone or try to stop or moderate their use without any support. They may be encouraged to do so by workers in the university who are unfamiliar with early-onset severe substance use disorders with an especially persistent and recurring course. These workers should know better. At the very least, they could understand that the powerful discourses that invite students to use alcohol and other substances in college, together with the discourses that position students who don’t use alcohol and other drugs as “uncool,” make it unlikely that stopping and moderating will make sense for very long. It is vitally important that all university employees to which students with severe SUDs might turn for help be able to offer better advice than the students with AOD use problems can offer to themselves.

Few on university campuses have any understanding of various ways in which college students have accomplished recovery. Students and those whose work relates to AOD use problems on campus may have some exposure to 12-step recovery, but may not see A.A. and N.A. as applicable to the needs of emerging adults, or may favor alternative therapies and approaches. They may not know that their university has a Collegiate
Recovery Program, or they may have reservations about their university’s program. They may have little understanding of how successful these programs can be in helping students to recover and succeed in college.

This study offers an explanation of how Collegiate Recovery Programs provide a viable option to students hoping to pursue abstinent recovery in college, and it shows how these programs offer a solution that is attractive to students because 1) a CRP offers a community of students in abstinent recovery who have found a different way to “do” being a student in college, and is responsive to students need for a new social world with a new universe of discourses, 2) the students (and usually the staff) at a CRP understand the nearly overwhelming power of the social discourses that invite students to use alcohol and other substances, and 3) students see that by joining this group they have a means of developing an identity and a social position that is “cool,” even though they no longer use alcohol and other drugs.

Once they join the CRP group, they master a new set of discourses in order to be recognized as a member. For those looking for the mechanisms of CRP recovery, they might be tempted to imagine that a CRP automatically happens when a university provides a space on campus where students can meet, and some may imagine that the most important actor in this process is the staffperson that coordinates the group. Although both are vitally important components of the CRP, this study shows that the most important thing that goes on in CRPs occurs when students actively adopt the cultural discourses of the group for the purposes of belonging to that group. The most important actors are the other students, and of all the social processes that take place between students, the most important by far is in the various ways students’ mentor other
students to find new ways to make meaning and resist awkward social positioning by learning new, creative uses of language.

Second, it is crucial that anyone working with these students understands that identity formation occurs whenever individuals combine the multiple and contradictory discourses they’ve adopted into a “discursive self.” As students move through the social context of their universities, their discourses shift, and so do their identities. Those who work with students in CRPs should understand that students’ identities are fluid and are not accomplished all at once. Students’ identities are not unitary and consistent, but multiple, contradictory, and context-dependent. This is helpful because it explains how students may have an identity in which they are comfortable around other CRP members, but as they move through the day, their identity may not commute well, which is perfectly normal. They need not fault themselves for their failure to accomplish a stable identity that is comfortable in all situations. No identity ever is. In each context in which they are awkwardly positioned, however, they can learn to name those discourses that are hostile to their purposes, and therein lies an opportunity to identify, from their own experience or the experience of other students, those discourses that have proven effective in helping to sublimate and neutralize negative discourses.

Another implication of this study is that CRPs don’t create social capital, but they do provide the discourses that are its currency, and it is up to the students to learn how to spend it. This study demonstrated that students in their CRPs acquire social discourses that are effective at sublimating and neutralizing discourses hostile to their purposes and that invite them to return to active use. This study shows that students aren’t passive recipients of an identity that is bestowed on them automatically, and their social capital is
not received, but actively configured as they travel across contexts to maximize their social power. Identity/recovery/social capital is therefore not installed, like a shield or forcefield, but is a set of tools that students must learn to use competently. Students in recovery must learn from other CRP members how to shuffle through their discourses and identities to present the most socially powerful recombination of those discourses as is possible in the situations in which they find themselves.

**Implications for CRP Staff**

Those who work in CRPs should keep in mind that the students in this study emphasized the benefits of full participation and the pitfalls of half-measures, and these attitudes account for a great deal of the success they are having. Without a commitment to recovery and a powerful drive to succeed academically, it is difficult for students to gain the recognition from other members upon which so many of the benefits of participation depend. A variety of socially-meaningful actions must accompany a bid for an identity as a CRP student in recovery. If this identity is to develop, students must make an ongoing effort to show mastery of the three discourses in which the students in recovery organized their identities and subject positions: Not only does a recovery discourse require students to work a solid A.A. or N.A. program, but professional-managerial class (PMC) discourses keep students committed to academic excellence in order to achieve professional careers and keep their “fear of falling” from the PMC at bay. The discourses of “cool” are contingent on whether or not a student participates. These CRPs are cultures that value hard work and participation, and staff members should understand that this phenomenon was not specific to any one CRP – there is a successful
cultural model that formed at three different universities thousands of miles apart from one another.

This study shows that students in CRPs in large public research universities tend to be wound pretty tightly, however, and their frenetic drive to succeed can be purposeful, excited, and adrenalized on the one hand, and restless, nervous, and anxious on the other. Also, the fully committed members’ leadership and role modeling create high expectations and positive peer pressure, but the culture also becomes protective and hostile, resulting in antipathy toward members who do not share the work ethic of these fully committed members. Staffpersons must monitor their CRPs cultures. Since willingness to work hard is so highly valued, staff should encourage students to not overload themselves while acting in the role of CRP recovery champion, and they need to also practice patience and tolerance towards students on the periphery of their CRPs who do not share their work ethic.

This study suggests CRP staffpersons should direct their energies into building the peer support community. More than anything else, this study shows that those who work in CRPs are in the business of steering an inspirational community of students. The most important work that is accomplished in a CRP occurs when more experienced students model discourses to newer students, and those students come to master those discourses. This important work is contingent on a sizeable peer-support community, and thus staff should place considerable effort in inviting new members to participate and in making efforts to sustain that participation.

After encouraging participation, the next the priority of CRP staffperson should be to facilitate opportunities for students to become more involved. Such activities as
community-building activities, meals, and student-to-student peer-support meetings are essential to creating the student community.

In the students’ accounts of their lived experience with staff, the main thing that they mentioned was how good it felt to be welcomed by staff when they walked into their CRPs’ centers. This emphasizes that what is most meaningful to students is the welcoming atmosphere that staff provide and the consistently positive regard that staffpersons show to students.

The students all mentioned that they had considerable autonomy within their CRP and felt that their participation was self-directed. Staff are wise to allow for this autonomy, as students felt personally powerful and self-motivated as a result. The students did not see staff as enforcers of policies but liked how their programs felt completely voluntary. Staff would be wise to not overemphasize confrontation and accountability with the fully-committed students in their programs, as students were accountable (both to themselves and one another) and were motivated to meet those expectations without constant monitoring on the part of staff; students exert considerable “positive peer pressure” on those who do not meet cultural expectations within their CRPs.

It did appear, however, that each of the programs had students on the periphery that resisted becoming members, and staff should listen to these students’ reasons for remaining on the margins, and if possible, help identify the combination of discourses they have adopted, such that keeping their distance “makes sense” to them.

In particular, the CRP staff should interrogate the professional-managerial class discourses present to their programs and the dangers that PMC success discourses may
pose in undermining community cohesion, with particular attention to the way that the programs seem to splinter into those who adopt hypercompetitive PMC discourses, and those who do not. Although CRPs are not only for members of the PMC, PMC discourses are the default discourses on college campuses, and these discourses can be competitive and divisive. As most staff are members of the PMC, they have to remind themselves that there is a PMC success discourse in effect when recovery occurs in collegiate environments, and acknowledge that the set of discourses will seem less natural to students who do not come from the PMC.

The additional danger to PMC success discourses is that the labor market is tight, and tightening, and if students measure their and others’ progress in terms of their work ethic and academic outperformance (thereby demonstrating their increased chances of achieving societal and economic success in a PMC profession), as it appears many of the students in this study had to a certain extent, there seems to be a danger that such students may be placing their fates in the hands of forces that are largely beyond their control – for this reason, staff might want to actively counsel students towards balancing an ethos of graciousness and humility from their recovery programs instead of adopting an ethos wherein academic and career success is seen purely in terms of self-willed accomplishment. Such a balance is exemplified by Helena:

For me, when I got clean, I had a lot of social acceptability, which is talked about a lot in the 12-step literature, and the whole mantra is “social acceptability does not equal recovery,” and I had to keep that mind. Even now. I've got more money than most young people -- straight A's. I've got it going on, but I'm still like, the recovery process is between my ears, no matter how much money I think I have
or how successful I am. I think a part of recovery is that moving forward, becoming a socially acceptable and responsible member of society. I think while that doesn't always mean a push upward into a new tax bracket, I think for young people they have that opportunity, and I think it's important, but I also think no matter where we're at socioeconomically, if we have, and I can only speak for the people in N.A.: if we have a program -- a spiritual program, a God of our understanding -- the recovery process doesn't cease.

This study revealed additional insights that are valuable to CRP staffpersons. Students recounted times in which staff had been helpful to them during a time of crisis, helping them re-enroll, encouraging them to disenroll to attend treatment, and helping coordinate their return to campus after a period of academic disruption. We know from students’ lived experience that professional success discourses make students terrified that they will become uncompetitive if they experience any academic disruption whatsoever. An effective approach that a staffperson demonstrated involved enlisting a fellow student of the same sex who had also struggled with her decision to disenroll, but who had benefitted from treatment. The implication is that staff would be wise to enlist the help of students in helping other students in their decision-making processes, as their fellow students’ perspectives matter a great deal to them.

One student was fortunate that a worker at her university’s health center knew of her CRP. This shows that students directly benefit when staff build relationships with other units within the university.

Staff should not neglect their communications platforms, as students became aware of their CRP from the university’s websites and Facebook pages. Content that
might prove particularly effective are stories that showcase the success of current CRP students or recent graduates.

Lastly, students’ busy schedules, work obligations, and financial constraints sometimes make it difficult to participate in their CRPs. The implication here is that staff at CRPs should take steps to eliminate barriers to participation by providing financial assistance when necessary and by varying the scheduling of programming. When staff are able to provide financial assistance to students in order to allow them to them participate, their support is greatly appreciated. Activities are too often structured in ways that limit various students’ participation, which speaks to a need to balance programming so that some events occur sometimes during the day, sometimes at night, and sometimes on weekends. Reducing barriers to participation needs to be a priority, and fully university-funded community-building activities are vitally important.

Foucault, Workaholism and Divisiveness: Assessment of dangers and Ethico-politics

Staffpersons could benefit from a framework of how they are going to respond to the divisive and workaholic tendencies of students whose drive for success and work ethic can appear to be unhealthy and unsustainable. Many might regard these students as having transferred their SUDs into an anxiety-driven process disorder in the form of “workaholism.”

This criticism is valid, and yet it’s very hard to critique a college student who is especially willing to dedicate themselves to their academic work. If recovery in college carries this workaholic impulse with it, it seems preferable in these students’ cases to a much less acceptable alternative of active drinking and substance use. As these students were all showing success in sustaining long-term recovery, I would argue that, yes, their
frenetic drive to become a member of the PMC is dangerous – though, as Foucault (1983) argued, all ideas are dangerous:

My point is not that everything is bad, but that *everything is dangerous*, which is not exactly the same as bad. If everything is dangerous, then we always have something to do. So my position leads not to apathy but to a hyper- and pessimistic activism. I think that the ethico-political choice we have to make every day is to determine which is the main danger. (pp. 231-232, italics original)

In assessing the main danger posed by discourses, I would argue that the main danger to these students is in succumbing to discourses that invite them to use of alcohol and other substances, and the next might be that they fail to take advantage of the educational opportunities afforded them. Becoming a fully committed member of a CRP culture often means that students will go overboard with work and pursue a success ethic to the point of workaholism, and yet the same students also report feelings of happiness and satisfaction in the work they are doing.

It is dangerous to belong to a CRP, but not a bad ethico-political choice when considering the overall picture, and they are following in the discursive footsteps of millions of other members of the PMC members, many of whom have also come to love overwork at their jobs.

Part of the appeal of academic preparation for a career in the PMC is preparation for the approach they are expected to take in a professional career in the PMC. PMC jobs are often enjoyable and satisfying, which is not the case with the types of jobs available to those without PMC educations and other qualifications. Ehrenreich writes, "Work, of
the special kind that it reserves to itself, is the secret hedonism of the middle class" (p. 261).

Professions, as opposed to job, are understood to offer some measure of intrinsic satisfaction, some linkage of science and service, intellect and conscience, autonomy and responsibility. No one has such expectations of a mere job; and it is this, as much as anything, which defines the middle-class advantage over the working-class majority. The working class must work—often at uncomfortable or repetitive tasks—for money, and find its pleasures elsewhere (Ehrenreich, 1979, p. 260).

In *The Epic of America*, Adams (1931) identified the belief in one’s ability to advance oneself through hard work as lying at the core of the nation’s character.

These are students who know all too well the opportunity costs that will pay should they not attend complete their educations. Legions of college students with severe SUDs have missed out on the opportunity to prepare for a more competitive job market where “virtually all the net job growth in America has been generated by positions that require at least some post-secondary education” and where “the lifetime earnings gap between those with a high school education and those with a college degree is now estimated to be nearly $1 million and widening. In 2008, median earnings of workers with bachelor’s degrees were 65 percent higher than those of high school graduates ($55,700 vs. $33,800)” (Symonds, Schwartz & Ferguson, 2011, p. 2).

**Implications for University Administrators**

Students were horrified at the prospect that any university’s administration could conclude that a CRP was not necessary on their campus. They considered those
universities who had not established a CRP as behind the times and found these universities administration’s morally reprehensible in failing to offer support.

Students believed that administrators had an obligation to help steer discourses on their campuses. Students felt powerless over the macroclimate of their universities and wished that college administrators could find some way of reducing the cultural emphasis on partying at their universities. There was consensus that the university could do more to “turn down the volume” on Greek life. They saw university administrators as particularly wishy-washy in their response to heavy drinking and drug use in fraternity houses, and perceived that these administrators were acquiescing to socially powerful students and alumni. In doing so, the students believed administrators reified the social order that makes college partying so attractive.

Many of these students came to discover the joy and rewards of academic achievement, and some wished that their university could communicate a more authentic academic ethos that could push back on the “work hard/play hard” discourse of so many hard-partying students. It bothered them that students could do coursework cynically, as a precursor to drinking, and still achieve a high GPA without having any authentic interest in their coursework whatsoever. Having discovered what is fulfilling about studying hard, they wish that their work ethic was more widely shared by the larger student body.

**Implications for Academic Advisors and Academic Deans**

Nearly all the students in this study became top students in the university, and they modeled all of the habits of effective learners. They showed authentic interest in their education, showed a commitment to attending and participating in class, developed
relationships with their professors, and supported and appreciated their professors’ efforts to teach them. They worked with purpose and examined the relevance of the coursework for their future vocation. Several earned prestigious competitive grants and scholarships.

For a number of these students, their poor performance earlier in their higher education careers while actively using alcohol and other substances presented structural barriers to their return.

In the chaos of active use, some withdrew in the middle of semesters, sometimes unaware that they could medically withdraw from college as a result of an SUD. Students transcripts may show a semester (or more) of straight Fs. For these students, being granted a retroactive medical withdrawal provided them with a chance to re-take courses they had previously failed (though they typically forfeited multiple semesters of tuition). This often allowed the students to meet the minimum GPA requirements of their college majors. One student needed to petition the Dean of Academics to be allowed to return to college at all, and he presented letters from various individuals certifying how he had changed in the course of a year and a half in treatment and sober living. CRPs were instrumental in coordinating students' returns to campus following a period of academic disruption. Without the help of a CRP, in coordination with helpful advisors and helpful Deans, the collateral consequences of these students’ active alcohol and substance use would have been insurmountable, and the university would have missed out on the contribution the students made had that students not been allowed to re-enroll and resume their educations.

Academic advisors should be aware of the main feature of the academic profile of the student in recovery that emerged in this study: a transcript showing a history of
academic disruption. 10 of the 12 students in this study had disenrolled from college to attend treatment, and some had disenrolled multiple times. One was imprisoned for a period of nearly three years. Academic advisors should be aware of the CRP on their campus and should advise students who are considering disenrolling or facing suspension of the services of the CRP. They should also be made aware of procedures for withdrawing that might allow a partial refund of the current semester’s tuition dollars.

**Implications for Curriculum and Instruction**

A CRP curriculum is part intentional, as outlined in ARHE’s “Seven Standards and Recommendations,” but the mainstay of its curriculum is not dictated by staff, but socially negotiated by its student members. In CRPs, students learn to combine discourses of recovery, discourses that make college and hard work a means to restore them on a track towards a professional career, and discourses that determine who is socially powerful, who is socially discredited, and who is “cool” or “uncool.”

The most valuable structural component of the CRP’s curriculum to the student in recovery is in the subject position that is created when a university provides a CRP staffperson and a center on campus. The center links the CRP to the university’s structure, gives students a place to gather, and the staff provide considerable social power that is useful to help students navigate their universities’ bureaucracies and establish their group. The most meaningful affordance of a CRP, however, is not to be found in either the staff or the center, but in the provision of the CRP as a social construct around which students can assemble the discourses that are necessary to counter discourses that are hostile to their purposes and to offset their awkward social positioning.
Universities have programs in place for various student populations. Support structures in place for student athletes are fairly comprehensive, and involvement in various student organizations has been shown to result in higher academic achievement (Astin, 1984). Wilson (1990) contends that participation in any community exposes community members to social and emotional lessons. It is hard to imagine that college students anywhere benefit from such a comprehensive and wide-reaching co-curriculum as do students in a CRP.

CRPs offer more to its participants than most groups. CRPs offer programming, a discourse community, and a social network, all in addition to A.A., a comprehensive 12-step support program and its accompanying fellowships, and a formidable curriculum in its own right. In short, Student Affairs has a powerful new curricular technology at its disposal.

Implications for Research

Implications for Collegiate Recovery Research

An implication of this research is that, when studying the lived experiences of students in recovery in CRPs, it is important to use methods that provide insight into lived experience beyond students’ prepackaged A.A. stories. If students are asked to tell a story of how they came to be a student in recovery in a CRP, they will in all likelihood tell a story in the experience/strength/hope format of the A.A. story, which severely constrains what they include. There are aspects of students’ lived experiences that emerge in the course of the three-interview series that provide considerable insight into aspects of lived experience that do not emerge when students fit their experience into A.A. story structures.
Seidman’s (2006) three-interview series is an effective protocol for in-depth phenomenological interviewing, and it captures the intimate details of these students’ personal struggles, providing a more comprehensive picture of their day-to-day lives. Most of those details are likely to be absent in their A.A. stories. This study yielded some interesting cognitive dissonance in students’ accounts, which confirms Mishler’s (2004) observation that multiple tellings reveal contradictory versions of a participants’ story that go undiscovered with methods that collect data in a single telling.

**Implications for Developmental Studies: Self-Authored Understandings**

This study provides an explanation of how students in CRPs are effective in sustaining their recoveries. A CRP is a place in which students adopt and assemble discourses that help them construct stable long-term recovery and achieve academic success. In short, it is evident that students in recovery engage in self-authorship and develop self-authored understandings.

Baxter Magolda, Creamer, and Meszaros (2010) demonstrated that students from a variety of uncomfortably-positioned collegiate subcultures somehow manage to make outsized developmental gains by crafting self-authored understandings that make them resistant to negative messages from outside themselves and from within. The experiences of the students in this study resembled Torres’ (2010) description of Latino/a college students who originally contended with stigmatized ethnic identities. Through engagement in a supportive community, these Latino/a students learned to reject those stigmatizing discourses and replaced them with a new set of discourses that boosted their confidence and propelled these previously low-achieving students to achieve outsized academic and social success.
Baxter Magolda (2010) suggested self-authorship could help explain the complexities of the developmental processes of students in recovery:

Developmental theory can help distinguish between students whose recoveries involve merely take direction from others versus those who take ownership of recovery processes to effect changes in epistemology and to make intrapersonal and interpersonal gains (Baxter Magolda, 2010).

Baxter Magolda (2010) details the observable achievements of self-authoring habits and dispositions:

Self-authorship is characterized by internally generating and coordinating one’s beliefs, values and interpersonal loyalties. Self-authoring individuals take internal and external responsibility for their thinking, feeling, and acting. In addition to seeing themselves as the creator of feelings, they can internally reflect on and hold conflicting or contradictory feelings rather than being subject to these changing emotions. Questions of personal integrity are important from a self-authoring perspective because individuals evaluate themselves based on internal standards. (2010, p. 4)

These are students with a high degree of personal integrity, who have learned to generate and coordinate their beliefs, values, and loyalties. A.A. recovery in tandem with other related curricula in the CRP is a powerful driver of personal growth and self-authored understandings. There is no question that the students were able to coordinate a viable means of resisting the discourses that invited them to use alcohol and other drugs. They made emotional commitments to A.A. recovery, and their recovery programs seemed almost purpose-built to bring about the self-authored understandings and powerful changes
in epistemology. The students are taught rigorous honesty and accountability. They incorporate reflective practices and personal inventories (notably, in their written personal inventories in Step 4) into the recovery programs. They adopt discourses of recovery and academics and achieve a high level of academic success. As with other self-authored understandings, the shifts students made in their discourses were socially negotiated, and yet they acted with autonomy and were expected to be self-motivated.

**Implications for Treatment Professionals and Parents**

This study has implications for those individuals who work in the treatment industry, and anyone else who is involved in treatment decisions, such as parents. 11 of the 12 students in this study attended treatment of one sort or another, which underlines how essential treatment can be to the long-term prospects of individuals in recovery.

10 of the 11 students who attended treatment reported relapsing after he or she was released. Those relapses lasted anywhere from a few days to several years. What this study shows is that treatment’s great affordance for students is that it communicates recovery discourses to them – not that the students adopted them right away.

As detailed in the findings, students typically undergo a process in which they are made aware of recovery discourses but resisted them and continued to try to find relief in AODs. Their misery and social alienation increased over this prolonged existential crisis, until the students decided to give recovery a try in earnest. They slowly came to adopt recovery discourses over time, in a parallel problem-solving phase, leading them towards their role exits and emotional commitments to A.A. or N.A.

From the students’ perspectives, the downside of treatment is that it requires them to withdraw from college, and this period of academic disruption is open-ended. Once in
treatment, five of the 12 students in this study were told that they should avoid returning to college. Acknowledging that this is good advice for some, the students in this study made it abundantly clear that they were grateful they had returned to college and that they have thrived with the support of a CRP.

The pairing of a college education and recovery is especially powerful, since it combines A.A. recovery discourses with the success discourses of the professional-managerial class (PMC), which causes them to pursue academics in addition to pursuing their recovery goals in one, all-purpose, holistic recovery project. This study demonstrates how CRPs provide a peer support community in which successful long-term recovery is the rule rather than the exception. This all-purpose recovery strategy is effective, and CRPs students have high graduation rates and many go on to find fulfilling careers.

Part of this is an appeal for the treatment industry to acknowledge that foreclosing on students’ educations robs them of their dignity and compromises their futures. Without a college education, it will be extremely hard for these students to achieve most middle-class jobs. When young people are counseled to avoid college as a mistaken strategy to safeguard recovery, their hold on the middle class is precarious, and their reduced social power and diminished future prospects could actually endanger their long-term recovery. When students are encouraged to return to college with the support of a CRP, they often prove more than equal to the challenge.
Need for Further Research

A Need for Studies of Students in CRPs on the Margins of the Culture

In describing these students' lived experiences, a fairly comprehensive picture emerged of the social context of the various Collegiate Recovery Programs. The 12 students in this study placed themselves near the top of the social hierarchy within their CRPs. Nearly all the students called out certain other students in their CRPs whose work ethic was lacking, or who socialized too much at events where alcohol and drugs were being used, or who were seen to underperform academically due to a lack of effort. Students looked down on those in recovery with mild SUDs who pursued recovery but whose SUDs (in their estimation) lacked sufficient severity to be credible as a chronic health condition.

Of course, the most marginal students of all would be those students who once participated in a CRP, but no longer do. It would be interesting to see what factors eroded their emotional commitment to their CRPs. It also seems fitting to make an investigation into those students who investigate a CRP and choose not to participate, in order to understand the factors that caused them not to become involved.

Need to Study the Experiences of Students in Recovery Using Alternatives to 12-Steps

As increasing numbers of students in CRPs pursue alternatives to 12-step approaches, the participants in this study and their 100% participation in 12-step programs no longer reflect the total picture of students who participate in CRPs. Laudet et al.’s (2015) nationwide survey of students in recovery reported that 80% considered 12 steps to be “extremely” or “very much” important. This implies that as many as 1 in 5
students in CRPs nationwide may not participate in 12-step programs, and these students' experiences have not been reflected in any existing studies. There is a clear need for research that explores the lived experience of this significant population of students who participate in CRPs.

The Need to Study the Experiences of Students Who Are Not from the Professional-managerial Classes

As the participants in this study came overwhelming from the professional-managerial class, it is important to study the lived experiences of students from other class backgrounds, especially the experiences of first-time college students. It may be important to distinguish the differences between the experiences of students from lower, middle, and high-income students, and to see if a distinction exists between students in the PMC whose parents earn nearer to the median to the United States, in contrast with parents whose income is considerably higher. As the discourses of students in CRPs (and of college students in general) is intimately connected to the perceived availability (or lack) of professional careers, it is important to continue to track how PMC discourses might change over time in accordance with future societal and socioeconomic shifts. Lastly, it is important to understand the lived experiences of wealthy students in CRPs.

The Need to Study the Experience of Nonwhite Students and Older Students in CRPs

There is urgent need for studies of the lived experience of nonwhite students participating in CRPs. In addition, Laudet et al. (2015) identified that 25% of students participating in CRPs were 28 years of age or older. There is a need for research that
would gain insight into the lived experiences of these nontraditional, older students (28+ years of age).

**A Need to Study Comparison Groups**

There is a need to study the lived experiences of students at universities that have CRPs who actively drink and use substances, and a particular need to understand the experience of students who practice abstinence from alcohol and other substances but are not in recovery from SUDs.

**A Need to Study the Experiences of Students in Other Contexts**

There is a need for research that studies the experience of students in CRPs in a variety of understudied university contexts. This study was the first multi-site study to explore the context of large public research universities with midsized CRPs. Similar research is needed to understand the lived experience of students in small private college settings, community college settings, and so on.
References


Kilmer, J. R., Cronce, J. M., & Larimer, M. E. (2014). College student drinking research from the 1940s to the future: where we have been and where we are going. *Journal of Studies on Alcohol and Drugs. Supplement, 75 Suppl 1*(Suppl 17), 26–35.


Appendix A

Interview Questions

Interview One Questions

Interview one is called a “focused life history,” whereby the task of the interviewer is to help participants put their experiences in context. In this study, the context for the first interview is to elicit as much as possible by the participant about his or herself in light of substance abuse and recovery. Specifically, in the first 90-minute interview, the participants focused on their experiences with substance abuse and how they came to be in recovery as they define it in context (Seidman, 2006) exploring their families, schools, friends, neighborhood, work experiences along with other events that they remember as being important to their life history in relation to the topic:

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<tr>
<th>SAMPLE QUESTIONS FOR INTERVIEW 1:</th>
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<tbody>
<tr>
<td>Focusing primarily on the past up until the present day, can you tell me how you came to be a student in recovery participating in a CRP?</td>
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<tr>
<td>What did it mean for you to see that/be told that/ read that?</td>
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<tr>
<td>Where do you think your sense of college being a place to party came from?</td>
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<tr>
<td>To what extent did you believe what you were told then?</td>
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<tr>
<td>Can you tell me more about how that experience affected you?</td>
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<tr>
<td>Can you describe what was going through your mind when you saw that/ were told that/ read that?</td>
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<tr>
<td>How did you see yourself as a college student after that?</td>
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<tr>
<td>How did it feel to have that experience?</td>
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<tr>
<td>Where did you turn for support in that situation?</td>
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<tr>
<td>What kind of things did you find discouraging?</td>
</tr>
<tr>
<td>What sort of places and what kind of people were you socializing with then?</td>
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<tr>
<td>Who/ what do you feel provided you the most support in going through that situation?</td>
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</table>
Interview Two Questions

Interview two concentrated on the details of the participants’ experience of being in recovery from substance abuse, particularly their present experiences of being on a college campus. Again, the general interview guide will be used to focus questions on dimensions of the phenomena such as affect, thought, and bodily changes, as well as incidents or people that are part of their experience (relationships with other students, professors, other instructors or administrators at the university, parents, and the wider community). During this interview, I will ask specifically about what factors either inhibit or support their efforts while they are at the university.

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<tr>
<th>SAMPLE QUESTIONS FOR INTERVIEW 2:</th>
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<tbody>
<tr>
<td>Can you describe a recent fairly typical day in which you have classes and are working a recovery program?</td>
</tr>
<tr>
<td>What situations make you uncomfortable as a student in recovery in the present day?</td>
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<tr>
<td>What actions do you take today that most help you resist any urges to use alcohol or other drugs?</td>
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<tr>
<td>In your social activity, to what extent do you experience situations in which alcohol and other drugs are present?</td>
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<tr>
<td>How does it feel to be in one of these situations in your present life?</td>
</tr>
<tr>
<td>Who are some people that you go to for support in your present-day life?</td>
</tr>
<tr>
<td>What is the most difficult aspect of working a recovery program these days for you?</td>
</tr>
<tr>
<td>What is the main focus of your recovery program these days?</td>
</tr>
</tbody>
</table>
Interview Three Questions

In interview three, the participants will be asked to reflect on the meaning of their experiences, for example: “How do you understand your experience of being a recovering college student? What sense does it make to you?” Making sense of their experience will require them to look at the factors that have interacted to bring them to their present situation (Seidman, 1998, p.12). All three interviews will be focused on the participants’ understanding of their experience, however, the third interview will focus explicitly on meaning-making, and any conceptual analysis developed from previous interviews will be brought into the third interview to enhance the meaning-making and offer the opportunity for member checking to occur.

SAMPLE QUESTIONS FOR INTERVIEW 3:

How do you make meaning out of _______?”
Here’s what I have found… does this sound accurate to your experience and meaning of _______?

How do you resolve the conflict between your sense that you have to party to be a full participant in student life with your sense of yourself as a student pursuing recovery in a Collegiate Recovery Program?
How do you make sense of that contradiction?
How do you see yourself as a college student?
How do you imagine you will see yourself as a college student when you reflect back on your years here after you graduate?
How has your sense of yourself as a competent student changed over time?
How has your sense of yourself as a fully-participating Penn State student changed over time?
To what extent do you anticipate difficulties with disclosure in the future?
In what situations do you anticipate feeling uncomfortable as someone in recovery?
In which situations do you see your recovery being an asset to you going forward, and what are you looking forward to in your recovery?
Has your sense of students who aren’t in recovery changed at all in the past two years?
VITA

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