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# The Experiences of Students in Recovery from Alcohol and Drug Addiction in Higher Education in Ireland

**Submitted in fulfilment of the requirements for the degree of Master of Education (M.Ed.) in Adult and Community Education**

Department of Adult and Community Education

Maynooth University

2025

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# Dedication

To those walking the path of recovery in silence - this is for you.

And to my family, who never stopped believing.

In memory of my family who are no longer with us - your strength and love continue to guide me.

# Acknowledgements

I express my deepest gratitude to my supervisor, Dr. Nuala Whelan, for her invaluable guidance and critical feedback which shaped this research meaningfully. I am certain without her participation and input this master's thesis would not be complete today

I am profoundly thankful to the six participants who shared their stories with honesty, courage, and generosity. This thesis would not exist without their willingness to contribute, and I hope I have honoured their experiences and the trust they placed in me with the care and respect they deserve.

Thanks also to the academic staff and programme team at Maynooth University for their support and flexibility throughout this process.

My heartfelt thanks go to my wife, Susana; your love, patience, and unwavering belief in me sustained me at every stage of this journey. I could not have done this without you. This achievement belongs to you too.

To my Mam, Lily, your quiet strength, unfailing belief in me, and lifelong support gave me the foundation to reach this point. Thank you for always being in my corner.

To my friends and fellow students, thank you; your encouragement and solidarity made the difficult parts more manageable and the good parts more joyful.

Finally, I dedicate special thanks to the recovery community whose strength and wisdom have taught me more than words can express. This work is a small contribution in return.

# Abstract

This thesis explores the educational experiences of students in recovery from alcohol and drug addiction within Irish higher education. While national strategies address substance misuse through prevention and harm reduction, recovery remains largely absent from institutional policy and discourse. The study examines how students in recovery experience, navigate, and make meaning of academic life amid social, cultural, and institutional challenges.

Using an interpretivist approach, this qualitative study employed in-depth, semi-structured interviews with six students from various Irish higher education institutions (HEIs). Thematic analysis identified three intersecting domains: personal identity and stigma, institutional culture and academic engagement, and policy-level neglect. Recovery identities were often marginalised, prompting strategic concealment and internalised stigma. Yet participants described education as transformative, providing structure, purpose, and identity renewal.

Drawing from Mezirow's transformative learning theory (TLT), Stryker's identity theory, Freire's critical pedagogy, and Goffman's concept of stigma, the analysis positions recovery as both a personal process of transformation and a socially constructed identity. Mills' concept of the sociological imagination further contextualises participants' experiences within broader structural forces.

The findings highlight the need for Irish HEIs to recognise recovery as a legitimate and complex student identity. The thesis offers recommendations for practice, policy, and pedagogy, including greater visibility, peer support, staff development, and recovery-informed teaching.

This study contributes to emerging scholarship on collegiate recovery by reframing recovery from a private struggle to a shared institutional responsibility, requiring recognition, inclusion, and structured support.

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# List of Abbreviations

**HEI(s)** - Higher Education Institution(s)

**RRG** - Rapid Response Group

**DUHEI** - Drug Use in Higher Education in Ireland (Survey)

**TLT** - Transformative Learning Theory

**AA** - Alcoholics Anonymous

**CA** - Cocaine Anonymous

**NA** - Narcotics Anonymous

**U.S.** - United States

**ADHD** - Attention Deficit Hyperactivity Disorder

**CRP(s)** - Collegiate Recovery Program(s)

**NDS** - National Drugs Strategy

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# Chapter 1: Introduction

## Introduction

This research emerged from an identified gap in Irish higher education policy and institutional support for students recovering from alcohol and drug addiction. Although national strategies (Department of Health, 2017, 2023) acknowledge substance use, they rarely address recovery needs (Dillon, 2023), focusing instead on prevention and harm reduction, with little recognition of students' lived experiences.

This absence is striking in a university culture where alcohol and drug use are normalised aspects of student life (Health Service Executive, 2022). As Hope (2014) notes, drinking is deeply embedded in Irish student culture, creating an environment where alcohol use is expected and institutionally tolerated. For students in recovery, this can feel isolating, unsafe, or incompatible with sustained wellbeing. My six years navigating higher education while in recovery, largely unsupported and institutionally invisible, inspired this research. This silence is not just a lack of services, but a failure to recognise recovery as a valid student identity within the academic landscape.

These issues are personal; they reflect my experience as a student in sustained, long-term recovery.

Throughout this thesis, my personal reflections are presented in bold, italicised, and indented paragraphs, shaded in grey. This formatting signals the researcher's voice, offering insights grounded in lived experience as a mature student with a long-standing recovery identity. I approach this research not only as a mature student but as someone who has maintained continuous recovery for eighteen years.

Now in my sixth year across three Irish HEIs, I have never sought or been directed to recovery-specific supports, nor seen recovery or recovering students acknowledged within student services. This silence is not unique; studies show recovery identities are often marginalised or invisible in education (Ashford et al., 2018; Davidson et al., 2006).

*Though I've disclosed my recovery status to peers and staff, these disclosures, while met with warmth, never led to support or deeper conversation.*

*My experience has been largely anonymous. I walk campus aware of the disconnect between my recovery identity and student role, two lives rarely intersecting. I often wonder who else walks this quiet path: students in early recovery, newly sober, navigating academic life without support or fellowship. If such a recovery community exists, it remains hidden in plain sight.*

I draw strength from my recovery journey, which has sustained me through higher education's demands. I attend Alcoholics Anonymous (hereafter AA) and follow the 12-step model. Yet, I remain struck by the silence surrounding recovery in universities. This research matters because recovery deserves a more visible, acknowledged, and supported presence in Irish higher education. I hope this work sheds light for those considering education as part of recovery and advocates for those quietly healing and learning without recognition or tailored support.

My dual position as researcher and person in continuing recovery offers a unique insider perspective. While this lens adds complexity, it enriches the research through empathy, cultural competence, and shared language. Insider status can enhance qualitative inquiry by fostering trust and access to lived experience (Dwyer and Buckle, 2009; Berger, 2015). Throughout, I remained reflexive about how my experiences shaped the research, drawing on Brookfield's (2005) critical theory, which affirms lived experience as a valid and necessary knowledge form. The methodological implications of this positioning, and the steps taken to maintain interpretive rigour, are detailed in Chapter 3.

For context, Irish higher education comprises universities, technological universities, and institutes of technology, serving a diverse and growing student body. While student wellbeing has gained policy attention in recent years, recovery-specific supports remain notably absent.

## Research Question

This research explores how students in recovery from alcohol and drug addiction experience higher education in Ireland. It asks:

*"What are the experiences of students in recovery from alcohol and drug addiction in higher education in Ireland today?"*

The study examines how these students navigate academic life in their own words, attending to the social, personal, and structural dimensions of their journeys.

## Significance of Study

By centring participants' voices, this research highlights a largely overlooked student population (Byrne et al., 2022). While institutional invisibility of recovery in higher education forms the backdrop, the focus is on designing and conducting a qualitative study grounded in narrative, voice, and meaning making.

The findings aim to inform more inclusive, recovery-supportive policies and practices, while fostering broader conversations about recovery, identity, and belonging in Irish higher education.

The study's significance lies not only in its empirical contribution but in reframing recovery as a legitimate identity category deserving recognition and support. This framing draws on research viewing recovery not only as personal but as a social and narrative identity shaped by community, meaning making, and recovery capital, the resources sustaining long-term recovery (Cloud and Granfield, 2008; McIntosh and McKeganey, 2000; Best et al., 2016). To support this case, the thesis draws on theories of identity, power, and learning. It applies qualitative methods and semi-structured interviews with six purposively recruited students in recovery from Irish higher education.

To explore these experiences in depth and situate them within broader frameworks of learning, identity, and institutional power, the thesis draws on three key theoretical perspectives. In doing so, this thesis contributes new empirical evidence to a neglected area, amplifies marginalised voices, and proposes grounded insights for institutional reform and inclusion.

## Overview of Argument

This thesis argues that students in recovery from alcohol and drug addiction navigate higher education as a complex, often unsupported journey shaped by social stigma (Goffman, 1963; Link and Phelan, 2001), institutional culture, and policy neglect. Their narratives reveal not

only personal resilience but also structural marginalisation in a system that rarely recognises recovery as a legitimate student identity.

The study draws on Transformative Learning Theory (Mezirow, 1991, 2000), TLT, Stryker's (1968, 1980) identity theory, and Freire's (2000) critical pedagogy to frame recovery as a relational identity shaped through social, academic, and institutional interactions. Mezirow explains how identity and meaning shift through critical reflection triggered by "disorienting dilemmas" (pp. 8, 167), a life crisis that disrupts previous assumptions about self and the world; Stryker's identity theory, rooted in symbolic interactionism, and further expanded by Burke and Stets (2009), helps explore how recovery identity becomes visible or suppressed within academic settings. Freire's (2000) critical pedagogy provides a lens for viewing recovery as an act of critical consciousness, voice, resistance, and structural critique.

Together, these frameworks inform a multidimensional reading of participants' narratives, highlighting recovery's shaping across personal, institutional, and policy domains. These three levels structure the findings analysis: personal identity and stigma (Theme 8), institutional culture and engagement (Theme 6), and policy support (Theme 7). Mills' (1959) concept of the sociological imagination further grounds participants' personal struggles within broader systemic and cultural contexts.

Ethical considerations remain central, particularly in representing recovery narratives with care, respect, and fidelity to participants' meaning making.

## Structure of the Thesis

The thesis comprises six chapters:

- **Chapter 1** introduces the topic, significance, research question, and researcher reflexivity.
- **Chapter 2** reviews literature on recovery in higher education, focusing on Irish policy, international models, and the theoretical frameworks guiding the study.
- **Chapter 3** outlines the interpretivist methodology, qualitative design, ethical considerations, and thematic analysis process.

- **Chapter 4** presents findings from six semi-structured interviews, organised around five participant-led themes: identity, disclosure, academic engagement, social integration, and emotional regulation.
- **Chapter 5** critically analyses the findings using three macro-level themes: identity-based stigma, institutional culture, and policy gaps.
- **Chapter 6** synthesises the research, outlining key implications and directions for future inquiry.

Chapters 4 and 5 are closely linked: Chapter 4 foregrounds participants lived experiences across five themes, while Chapter 5 deepens analysis through three macro-level themes, identity-based stigma, institutional culture, and policy gaps, requiring a more interpretive, critical theoretical lens. This structure supports a grounded yet rich exploration of recovery in Irish higher education.

The next chapter reviews existing recovery literature, critically examining Irish and international perspectives and outlining the theoretical frameworks underpinning the study.

# Chapter 2: Literature Review

## Introduction

### Personal relevance

This literature review begins with a reflexive account that situates me, the researcher, within the study, recognising the value of insider positionality in qualitative inquiry (Dwyer and Buckle, 2009). Personal experience can reveal underexplored social issues beyond external observation (Brannick and Coghlan, 2007).

Across six years in higher education while sustaining long-term recovery from alcohol and drug addiction, I never encountered visible institutional support for students on similar journeys. Recovery remained anonymous and private, running parallel yet separate from academic life.

> Walking campus, I often wondered who else was navigating this quiet, unsupported path.

This lack of recognition shaped my approach to the literature, prompting a critical reading of how recovery is, or is not, framed within higher education. The silence I experienced echoes research showing recovery identity, student visibility, and dedicated supports are largely absent in Irish higher education. That absence gives this study its urgency.

What follows is a review of literature informing this research. I begin with Ireland's national and institutional context, covering addiction policy, prevalence data, and the limited visibility of recovery supports in higher education. I then explore lived experiences of students in recovery, focusing on invisibility, stigma, and exclusion. The United States (hereafter U.S.) Collegiate Recovery Program (hereafter CRP(s)) model contrasts with the Irish context. The chapter concludes with a discussion of the theoretical framework positioning this study within broader recovery literature. This personal and academic backdrop underscores the need to locate the research within Ireland's wider policy and cultural landscape.

### National addiction statistics

Understanding how higher education addresses recovery needs begins with national patterns of substance use and treatment in Ireland. In April 2023, Ireland's population was estimated at 5,281,600 (Central Statistics Office, 2024), with 59% reporting personal or close experience with addiction (Merchants Quay Ireland, 2024). Between 2011 and 2020, 8,608 people under

25 accessed alcohol treatment, and 27,569 accessed drug treatment (Health Research Board, 2023).

How many were higher education students? That data is unknown. National addiction statistics do not disaggregate student figures, rendering this population invisible. This absence reflects a broader lack of recognition for students in recovery within Irish higher education.

Higher education as an abstinence-hostile setting

University environments pose significant challenges for students in recovery, as cultural norms around alcohol and drug use often conflict with recovery values. This clash creates what researchers call an "abstinence-hostile" setting (Cleveland et al., 2007, p. 13), where drinking and substance use are central to socialisation and student identity. While many view higher education as a pathway to growth, this vision is complicated by an environment misaligned with recovery needs (Perron et al., 2011). Bell et al. (2009) note students often face persistent tension between maintaining sobriety and participating in university life.

This tension is worsened by a lack of institutional support. Perron et al. (2011) found students in recovery returning to education often face increased vulnerability due to limited resources and formal supports. Byrne et al. (2022) argue the absence of peer support for abstinence or moderation is a major barrier to inclusion, making it difficult for students to build social lives not revolving around alcohol or drug use.

While much literature originates in U.S. contexts, these themes increasingly appear in emerging Irish research. Byrne et al. (2022) highlight stigma, invisibility, and lack of institutional supports faced by students in recovery. Related findings in mental health show positive impacts from peer-led recovery education (O'Brien et al., 2023), suggesting a cultural shift toward more inclusive, recovery-oriented support.

Overview of recovery support gaps

Despite growing recognition of recovery as a holistic, ongoing process, structured support for students in recovery remains virtually absent from Irish higher education (Murphy, 2023). In contrast, over 150 U.S. institutions have developed CRPs offering dedicated housing, peer networks, and academic supports (Laudet et al., 2016). No such initiatives currently exist in Ireland.

The National Drugs Strategy (hereafter NDS) (Department of Health, 2017) acknowledges recovery's importance but stops short of addressing specific student needs in higher education. Reviews of HEI websites and student services show no dedicated recovery supports, peer-led abstinence groups, or institutional tracking, reflecting broader silence across the sector (Murphy, 2023). This silence is compounded by a lack of publicly available data on students in recovery or their access to recovery-specific services (Byrne et al., 2022; Health Research Board, 2023).

This silence is not neutral; it reflects structural stigma where invisibility reinforces marginalisation. Without recognition or infrastructure, students in recovery navigate these journeys alone. As Cleveland et al. (2007) and Perron et al. (2011) show, this isolation deepens risks of relapse, stigma, and social exclusion. The absence of national direction and institutional leadership raises critical questions about how recovery is understood and prioritised in Irish higher education.

These systemic gaps prompt inquiry into how recovery is lived and experienced within higher education. What does it mean to navigate student life while carrying a recovery identity in spaces that often render it invisible? The next section explores empirical research highlighting shame, stigma, isolation, peer culture, and the ongoing struggle to find belonging and support in environments rarely making space for recovery.

## The lived experience of recovery in higher education

Woodford (2001) describes students in recovery on college campuses as a "hidden population" (p.11), shaped by the anonymity of recovery groups and confidentiality surrounding addiction treatment. Similarly, Doyle (1999) calls young people in recovery an "invisible population" (p. 2), highlighting stigma that lingers even after recovery begins. In an era promoting inclusion, visibility, and amplification of marginalised voices, students in recovery often fall outside these values. As discussed later with Goffman's (1963) stigma theory, this reflects how some identities are quietly pushed to the margins.

## Stigma, Shame, isolation

Byrne et al. (2022) highlight how stigma, shame, isolation, and exclusion shape the emotional and social realities of students in recovery. For those in early recovery, rebuilding identity often involves challenges in forming relationships, sustaining motivation, and managing emotional wellbeing, experiences that connect closely. Scott et al. (2016) note these challenges are

compounded by emotional pressures like vulnerability, stress, cravings, loneliness, and boredom, intensified by the university environment. Laudet (2008) observes that academic demands combined with widespread social acceptance of alcohol and drug use on campus pose direct threats to recovery.

The concept of recovery capital (Cloud and Granfield, 2008) offers a useful framework for understanding how students in recovery experience university life. It encompasses personal, social, and structural resources supporting sustained recovery, which can be strengthened or eroded by peer norms, academic pressures, and institutional responses. Closely connected is identity reconstruction, where individuals redefine themselves beyond the "addict" label while navigating stigma and exclusion (McIntosh and McKeganey, 2000). These ideas provide a lens to better understand peer culture's role in shaping belonging and recovery.

Peer culture and social belonging

Beyond personal challenges, students in recovery navigate dominant peer cultures shaping much of college life. Transitioning to university, meeting new people, living away from home, and facing academic demands, can be exciting yet disorienting. For many, this period involves increased independence and experimentation, often with alcohol and drugs. Supski et al. (2016) describe drinking as "an organizing principle of university social life" (p. 228). This culture combines peer pressure, exploration, stress relief, and social norms, intensifying pressures on students in recovery.

Research by Laudet (2008) and Cleveland and Groenendyk (2010) shows how such environments can exclude students in recovery. The desire for connection often conflicts with protecting sobriety. This tension is explored later via recovery capital and identity reconstruction frameworks (Granfield and Cloud, 1999; Cloud and Granfield, 2008; McIntosh and McKeganey, 2000). Many students conceal their recovery status to avoid stigma or opt out of social situations, deepening isolation and invisibility (Dopmeijer et al., 2020).

Lack of support  resources

Despite these realities, little is known about how students in recovery navigate university life, especially in environments lacking meaningful support. They face unique challenges managing recovery within a substance-positive culture, balancing academic demands, fearing disclosure, and confronting stigma and exclusion (Boden & Day, 2023; Byrne et al., 2022). The absence of targeted recovery supports can intensify these struggles.

In Ireland and much of Europe, there is a notable gap in population-level research despite growing concern over alcohol- and drug-related harms in higher education (Boden & Day, 2023; Byrne et al., 2022). In contrast, the U.S. has a growing network of CRPs offering integrated academic and recovery support. While the UK has made modest progress, such developments in Ireland remain largely at the discussion and recommendation stage.

The lack of meaningful support is not merely institutional oversight but reflects a wider policy silence. Though recovery is increasingly acknowledged as a long-term, holistic process, this understanding has yet to take hold in higher education. After years navigating these systems, the absence feels less like a gap and more like an omission, suggesting students in recovery were never truly considered. These studies reveal a stark disconnect between the lived realities of students in recovery and the institutional frameworks meant to support them. The next section examines the national policy landscape, highlighting priorities, oversights, and how Irish higher education continues to fall short in recognising and responding to this population's needs, including a review of key strategy documents, data gaps, and the broader institutional context shaping recovery acknowledgment.

## Policy Context in Ireland

### National Drugs Strategy

The National Drugs and Alcohol Strategy 2017–2025 – *Reducing Harm, Supporting Recovery* (Department of Health, 2017) introduced a health-led approach to drug and alcohol use in Ireland. Among its five strategic goals is a commitment to "minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery" (p. 8). Third-level students are identified as vulnerable, with the strategy calling for accessible advice and referral pathways tailored to their needs (p. 30).

As the strategy nears its end, questions remain about its implementation, especially within higher education. Despite policy recognition of student vulnerability, recovery-oriented responses have not materialised meaningfully. Byrne et al. (2022) note little evidence of abstinence-supportive structures or formal recovery services on campuses.

### Rapid Response Group

In 2019, responding to rising concerns about student drug use, the then Minister of State for Higher Education established the Rapid Response Group (hereafter RRG). This interagency

group of experts from academia, healthcare, education, and law enforcement was tasked with creating a plan to address substance use in higher education (Rapid Response Group, 2020).

The RRG produced a national framework, *Response to the Use of Illicit Substances within Higher Education*, outlining 12 core and 12 supplementary recommendations across four themes: Institutional Leadership, Student Engagement, Community Engagement, and Service Provision. Four primary actions were recommended for all HEIs:

- Develop an institution-specific Drug and Alcohol Policy.
- Create and implement a tailored Action Plan.
- Assign a senior officer to oversee the development and implementation of both.
- Support student participation in national-level data collection on drug use (Rapid Response Group, 2020, pp. 7–8).

While the framework provided structured policy guidance, it lacked enforcement mechanisms. No formal requirements for implementation, oversight, or evaluation were included. Byrne et al. (2022) note limited public evidence that these recommendations have been widely adopted across Irish HEIs.

Drug use in higher education in Ireland

As part of the 2017–2025 National Drugs and Alcohol Strategy, the landmark *Drug Use in Higher Education in Ireland* (hereafter DUHEI) Survey was commissioned (Byrne et al., 2022). Prompted by student drug-related deaths and lack of current data, the survey assessed prevalence, patterns, and impacts of drug use among third-level students.

With responses from 9,592 students nationwide, the DUHEI Survey filled a critical knowledge gap, providing sector-specific data for policy (Byrne et al., 2022, p. 9). As the first study of its kind in over two decades, it offered a vital snapshot of student drug use and intervention areas.

Findings were sobering: 55.3% reported illicit drug use. Consequences included physical and mental health harms, blackouts, memory loss, withdrawal, aggression, and academic impacts like poor grades, absenteeism, and early dropout. Four in ten students reported low wellbeing, and 59% of current users faced moderate to substantial harm risk.

Despite these harms, help-seeking was low. Counselling was seen as the most effective support, yet students more often used informal strategies such as avoiding certain people or places to

manage use. Among those with prior substance problems, 61.6% had received no support; only 16.9% accessed sober living, and 8.5% engaged with community supports like Alcoholics Anonymous or Narcotics Anonymous (hereafter NA) (Byrne et al., 2022).

Notably, one in four students with past substance issues self-identified as in recovery, mostly under two years. Yet formal supports remain minimal. Although exploring students in recovery was an explicit DUHEI Survey aim, Byrne et al. (2022, p. 14) conclude this group remains poorly understood and significantly underserved in higher education.

Historical silence and data gaps in Irish higher education

Before the DUHEI Survey, the last national study on student substance use was the College Lifestyle and Attitudinal National (CLAN) Survey, conducted over two decades ago (Hope, Dring & Dring, 2005). This long gap reflects more than oversight; it signals deeper institutional and policy neglect of the student population most affected by substance-related harm.

Despite growing concern about alcohol and drug use among students, those in recovery remain almost entirely absent from policy discourse and service planning. This historical silence has deepened their marginalisation. Without sustained data collection or visible representation, students in recovery are rarely considered in developing supports, prevention initiatives, or wellbeing strategies within the sector (Rapid Response Group, 2020).

Gaps between policy and lived experience

While national frameworks, most notably *Reducing Harm, Supporting Recovery* (Department of Health, 2017), emphasise prevention and harm reduction, meaningful engagement with recovery remains limited. The DUHEI Survey findings show many students reluctant to seek help: 64.3% of current and 50.7% of recent users would not approach helplines, student services, or addiction supports (Byrne et al., 2022).

This reluctance echoes international research. U.S. studies report similarly low help-seeking rates due to stigma, fear of disclosure, or failure to recognise severity (Hunt and Eisenberg, 2010; Eisenberg, Hunt and Speer, 2012). Legal concerns may also deter support-seeking, with some fearing involvement of university authorities or law enforcement (Skidmore et al., 2016; Palmer et al., 2012). Yet fewer than 10% had come to authorities' attention, suggesting much problematic use remains hidden and untreated (Skidmore et al., 2016).

For students in recovery, the gap between policy rhetoric and reality creates further challenges. Although strategies mention support and rehabilitation, services often remain inaccessible or underdeveloped. Recovery, as a concept and lived process, has yet to be fully embraced in Irish higher education strategy (Rapid Response Group, 2020). Many students navigating sobriety or post-addiction identities do so quietly, without institutional recognition or support.

To build on understanding these gaps, the next section explores international models, especially U.S. CRPs, that offer valuable insights for improving Irish higher education support.

U.S.-based collegiate recovery programs and evaluations

As Ireland lags in structured supports for students in recovery, international models, especially from the U.S., offer valuable insights. Much empirical knowledge about this student cohort comes from the U.S., where CRPs emerged in the late 1970s to address challenges faced by these students attending college (Ashford et al., 2018).

Byrne et al. (2022) call urgently for implementing student and collegiate recovery supports in Ireland, echoed by Laudet et al. (2015), who found CRPs effective in supporting academic progress and sustaining recovery. Research suggests integrating education and recovery fosters positive outcomes, with growth in social and recovery capital central to student success (Brown et al., 2018). Bell et al. (2009) emphasize these supports' value; students reported these resources were essential to maintaining sobriety and continuing education, with many stating they would not have succeeded without them.

Comparative insight with Irish context

The contrast between well-established U.S. CRP infrastructure and the lack of comparable frameworks in Ireland raises a key question: What lessons can Irish higher education draw from these models, and how might they be adapted to Ireland's distinct cultural and policy context? While this study does not propose a direct transplant of U.S. models, it draws on them as a lens through which to consider the gaps, possibilities, and policy implications within the Irish setting.

U.S. CRPs offer structured, peer-led, university-supported environments promoting academic success and long-term recovery (Laudet et al., 2015; Finch et al., 2014). These programs normalise recovery as part of student identity and campus life, fostering resilience and peer connection (Botzet et al., 2008).

By contrast, Irish higher education lacks formal recognition or infrastructure for students in recovery, rendering them largely invisible in policies and supports (Byrne et al., 2022; Health Research Board, 2023). While cultural and systemic differences matter, the U.S. model shows institutional endorsement of recovery can improve individual outcomes and campus culture (Cleveland et al., 2010). For Ireland, this suggests that developing visible, recovery-affirming supports, even if modest in scale, could help reduce stigma, foster inclusion, and signal a meaningful cultural shift within higher education.

Gaps in European or Irish longitudinal data

Despite growing awareness of substance-related harms in higher education, research focused specifically on students in recovery, particularly in Ireland, remains scarce and underdeveloped (Boden and Day, 2023). Notably, no longitudinal studies track academic persistence, relapse rates, or psychosocial wellbeing for this population at national or European levels (Health Service Executive, 2022; Corrigan & Barry, 2021).

In the absence of such data, Irish universities often rely on North American frameworks that may not align fully with national cultural, policy, or educational contexts (RECOVEU Project, 2016; Finch et al., 2014). This lack of context-specific evidence creates a significant gap in understanding and adequately supporting those possibly in need in Irish higher education.

The absence of longitudinal research in Ireland and Europe limits understanding and raises concerns about relying on international models that may not reflect the Irish context. Without Ireland-specific research, institutions struggle to shape responses that meet their students' needs and realities. Considering these gaps, the next section outlines the theoretical perspectives informing this study, offering a lens to better understand students lived experiences and the systems that shape, support, or neglect them.

## Theoretical Perspectives on Recovery, Identity, and Learning

Taken together, the issues explored so far highlight persistent tensions shaping the experiences of students in recovery within higher education: the tension between recovery as a deeply personal, internal process and the widespread lack of institutional and cultural recognition or support (Cleveland et al., 2007; Laudet, 2008); the need for visibility and belonging amid ongoing fear of stigma, marginalisation, and exclusion (Byrne et al., 2022; McIntosh and McKeganey, 2000); and institutional inaction resulting in recovery responsibilities being

disproportionately placed on individuals (Perron et al., 2011; Murphy, 2023; Granfield and Cloud, 1999).

These tensions frame the challenging context students must navigate and provide the conceptual foundation for this study. To understand these dynamics fully, the thesis draws on several complementary theoretical perspectives. TLT (Mezirow, 1991, 2000) offers insights into how recovery can be experienced as a critical and transformative process of personal change and identity reconstruction, often initiated through disorienting dilemmas and subsequent critical reflection. Identity theory, rooted in symbolic interactionism and further developed by Burke and Stets (2009), explores how recovery identity becomes socially constructed, validated, or suppressed through everyday interactions and institutional practices. Goffman's (1963) concept of stigma, alongside Link and Phelan's (2001) elaboration, provides a lens for understanding the enduring social and structural barriers faced by students whose identities are marked as deviant or marginalised within higher education settings. Finally, recovery capital (Granfield and Cloud, 1999; Cloud and Granfield, 2008) contextualises how social, cultural, and institutional resources, or their absence, shape students' capacity to sustain recovery and engage meaningfully with education.

Taken together, these theories enable a nuanced, multidimensional examination of how students in recovery engage with and experience higher education in Ireland, illuminating both personal struggles and the broader institutional and cultural contexts shaping those experiences.

Transformative learning theory

Mezirow's TLT offers a valuable framework for understanding the identity reconstruction students in recovery often undergo especially adult learners returning to education after personal disruption. According to Mezirow (1991, 2000), transformative learning is triggered by a "disorienting dilemma" (pp. 8, 167), critical moments disrupting assumptions and triggering perspective transformation. Fleming (2018) frames this as a response to moments when one's worldview no longer makes sense.

Mezirow (2000) outlines ten phases of transformative learning, beginning with the disorienting dilemma, followed by self-examination, critical assessment of assumptions, recognition of shared experiences, exploration of new roles, and development of an action plan. Later stages involve acquiring knowledge, trying new roles, building competence, and reintegration with a transformed perspective. Especially relevant here are the critical assessment of previously held

assumptions phase and stages where new identities are tested and internalised. These phases help illuminate the transformative nature of recovery and educational re-engagement.

Addiction recovery often represents such a disorienting dilemma, prompting reflection on values, identity, and relationships. Returning to education supports this meaning-making beyond formal learning. Researchers like Jordan and Bedi (2022) show addiction recovery reflects Mezirow's stages, including identity change after disorienting dilemmas. Carlisle and McCloskey (2023) demonstrate how transformative learning strategies, dialogue and reflection, can be integrated into addiction and recovery teaching.

Mezirow emphasised adult education's role in fostering critical self-awareness, aligning closely with students in recovery's needs. Critical reflection challenges entrenched beliefs, including internalised stigma and failure narratives common in addiction and marginalisation.

However, Mezirow's model has been critiqued for overemphasising rationality and underplaying emotion, power, and sociocultural context. Brookfield (2005) fills this gap by highlighting how structural forces and social norms shape learning and meaning making. He stresses student-centred learning that validates lived experience, challenges hegemonic assumptions (p. 11), and promotes critical questioning of dominant ideologies. Brookfield argues education is never neutral; power dynamics must be acknowledged to help learners reclaim agency and meaning. This draws explicitly on critical theory, which critiques dominant power structures influencing educational access, equity, and identity, particularly relevant here as it situates personal transformation within broader social and institutional contexts.

This critical pedagogical stance aligns with Freire's (2000) emphasis on voice, consciousness, and structural critique, themes revisited in the chapter's conclusion. Freire (2000) argued that education must move beyond passive knowledge transmission toward a dialogical process where learners critically engage with their reality and challenge oppressive structures. Central to his pedagogy is the development of *conscientização*, or critical consciousness, the ability to perceive and act upon social, political, and economic contradictions. For students in recovery, this means not only reflecting on their personal journey but recognising and resisting the structural forces that have marginalised their experiences.

For students in recovery, often facing stigma, limited support, and systemic exclusion, this expanded view frames recovery in education not only as personal transformation but as reclaiming agency, voice, and visibility. This is crucial in higher education, where recovery remains under-recognised amid compounded internalised stigma and exclusion (Luoma et al.,

2008). As Dirkx (2001) shows, learning that engages emotional and imaginative connection to personal experience fosters deep reflection and growth.

Identity theory and the reconstruction of self

While TLT explores how students in recovery rethink themselves and their world, identity theory, particularly Burke and Stets (2009), offers a complementary lens for understanding how this process of transformation is socially situated. Rooted in symbolic interactionism, their theory views identity as emerging from roles we occupy and feedback from others. Recovery is thus more than behaviour change; it involves redefining the self. The "addict" identity is relinquished for new, socially affirmed identities reflecting growth, agency, and reintegration (McIntosh and McKeganey, 2000; Biernacki, 1986; Best et al., 2016).

Drawing on symbolic interactionism, a framework highlighting how meaning is created through social interaction (Blumer, 1969), Stryker (1968, 1980) and Burke and Stets (2009) describe identity as socially constructed and reinforced via roles and recurring relationships. Stryker's (1968, pp. 558-564) key idea, "identity salience," refers to which identity comes to the fore in specific situations. We all have multiple identities, but some become central depending on frequency and social reinforcement. For students in recovery, their identities as students or in recovery become more stable and meaningful when supported through everyday educational interactions (Stryker, 1968, 1980; Burke and Stets, 2009).

From this view, educational settings are crucial spaces where students in recovery reconstruct themselves, not as marginalised outsiders but as learners, contributors, and valued community members.

For many, returning to education signals more than academic reengagement; it marks an identity shift (Christie et al., 2008). It offers a move from the margins into spaces where intellectual engagement, personal growth, and achievement are recognised and encouraged. As Illeris (2014) and Dirkx (2001) argue, learning is deeply tied to self-perception and meaning making.

Yet for these students, this identity negotiation is both liberating and difficult, shaped by internalised stigma and external perceptions. Thoits (2011), writing on mental illness, shows how stigma embeds in daily interactions and self-understanding, a dynamic aligned with Goffman's (1963) view of stigma shaping both others and self-perceptions.

Stigma as a structural barrier to recovery

Alongside identity rebuilding, students in recovery face enduring stigma. Goffman's (1963) theory defines stigma as a discrediting social attribute that reduces an individual "from a whole and usual person to a tainted, discounted one" (p. 3). For recovering students, stigma lingers beyond active use, influencing disclosure, support-seeking, and full campus participation (Luoma et al., 2008; Livingston et al., 2012; Earnshaw et al., 2013).

Link and Phelan (2001) expand this, framing stigma as social control sustained by stereotypes, exclusion, status loss, and discrimination. In higher education, these dynamics manifest subtly yet powerfully, from peer assumptions to institutional ambivalence, undermining confidence and legitimacy vital for academic and personal growth (Brown, 2020; Bathmaker et al., 2016).

Recognising stigma as relational and systemic is crucial to understanding how recovery is experienced and constrained in higher education.

Recovery Capital and educational reintegration

Recovery capital frames the resources needed to sustain recovery and rebuild meaningful lives, including educational participation. Introduced by Cloud and Granfield (2008), it encompasses personal strength, motivation, and social, cultural, physical, and financial resources supporting long-term recovery.

In higher education, students may have or lack critical recovery capital. Some have strong social networks, purpose, and support; others face barriers, especially those from marginalised backgrounds or with trauma and systemic disadvantage (White and Cloud, 2008; Laudet & White, 2010).

Higher education can itself become a powerful form of recovery capital by fostering new identities and expanding social networks, contributing to agency and possibility (Best et al., 2016). This perspective shifts focus from viewing students in recovery as lesser to recognising their resilience, insight, and emerging strengths.

Conclusion: An integrative theoretical perspective

Together, the theoretical perspectives in this chapter offer a multidimensional lens to understand the complex experiences of students in recovery within higher education. Transformative learning and critical theory illuminate processes of personal change and the institutional and social structures that support or inhibit transformation. Theories of identity and stigma reveal emotional and relational challenges students face, often in silence. Recovery

capital highlights practical resources, both visible and hidden, that shape students' capacity to sustain recovery and succeed academically.

Beyond Mezirow's TLT framing identity reconstruction as reflective and relational, this thesis draws on Freire's (2000) concepts of critical consciousness and transformative praxis. Freire challenges hierarchical education models, valuing lived experience as a transformative knowledge source. His notion of transformative praxis, reflection coupled with action for social justice, supports the thesis's emphasis on voice, agency, and narrative's power to expose structural inequities, especially in recovery's positioning or omission in academia.

Mills' (1959) concept of the sociological imagination also informs the analytic approach of this thesis emphasizing that personal troubles must be understood within broader public issues and structural forces. This is particularly relevant to recovery in higher education, where stigma, invisibility, and adaptation reflect systemic and cultural norms. As later chapters explore, recovery identity work cannot be separated from institutional and societal contexts.

These frameworks not only ground the study conceptually but also shape its research approach. Viewing recovery as both personal and social led to a qualitative, interpretivist design centred on lived experience and meaning making. The choice of in-depth interviews reflects the importance of identity, context, and student voice. Thus, the next chapter builds directly on this theoretical foundation, translating key insights into a methodology engaging with the realities of this under-researched group.

# Chapter 3: Methodology

## Introduction

This chapter outlines the overall research approach, and the methods used to collect and analyse the data. It explains and justifies key methodological decisions, including the use of qualitative methods, an interpretivist approach, and the use of semi-structured interviews. Careful attention was paid to the need for ethical practice throughout, with the safety and wellbeing of participants as a guiding priority (see Appendix A).

The following sections detail the steps taken, from initial planning through to data collection and analysis, in a logical and transparent way, aiming to support the trustworthiness and credibility of the research process.

## Aims and Objectives of the study

Grounded in an interpretivist and constructionist paradigm, the research is inductive and exploratory in nature. Rather than testing hypotheses or applying pre-established categories, it remains open to the meanings, concerns, and priorities voiced by participants. I approach this research with both personal insight and a strong commitment to making space for the voices of others with similar backgrounds. Reflexivity is central throughout, recognising how my own experiences inform the research process.

In addition to Mezirow's (1991, 2000) theory of transformative learning, this study also draws on Freire's (2000) concept of critical pedagogy, which challenges hierarchical models of knowledge production and affirms lived experience as a transformative source of insight. These perspectives inform both the methodological orientation and my own role as a reflexive, situated researcher committed to co-constructing meaning alongside participants.

Some areas of interest, such as identity, stigma, structural barriers, disclosure, recovery supports, peer relationships, and belonging, are shaped by prior literature and personal experience. However, these themes were not imposed and were only explored if they arose organically through participant narratives.

Ultimately, the study aims to amplify the voices of students in recovery, deepen understanding of their lived experiences, and inform more inclusive institutional, policy, and practice-level responses within Irish higher education.

## Rationale for Study

This chapter builds upon the study's broader rationale, introduced in Chapter 1, by detailing the interpretivist methodological approach adopted to explore the lived experiences of students in recovery. A qualitative approach, grounded in an interpretivist and constructionist paradigm, was chosen to explore the experiences of students in recovery from alcohol and drug addiction as they navigated higher education. This paradigm recognises that meaning is socially constructed and that knowledge is co-produced through interaction between researcher and participant (Creswell and Poth, 2018). Semi-structured interviews provided the flexibility for participants to share their experiences in their own words (Brinkmann and Kvale, 2015). A purposive sampling strategy was employed to intentionally recruit students with lived experience of recovery, ensuring that the study engaged directly with those most able to speak to the focus of the research (Palinkas et al., 2015).

## Rationale for Research Approach

As noted earlier, this research is situated within an interpretivist paradigm, which focuses on understanding the subjective meanings individuals attach to their experiences. Interpretivism assumes that reality is multiple and constructed through social and cultural contexts (Waring, 2017). Grix (2002) describes ontology, epistemology, methodology, and methods as interconnected 'building blocks' (p. 175) underpinning the research process. This research starts from a philosophical stance informed by assumptions about the nature of reality and how knowledge is constructed and understood (Opie, 2008).

### Ontology

Ontology concerns beliefs about the nature of reality. Here, I adopt a constructionist perspective, which holds that reality is socially constructed through human experience, rather than existing as a fixed or singular truth. This aligns with Opie's (2008) view that individuals create social reality through their own cognition and language. As Waring (2017) notes, constructionism suggests that individuals construct multiple realities, in contrast with realism, which assumes one objective reality independent of how it is perceived.

### Epistemology

Epistemology addresses the nature of knowledge, including how it is formed, acquired, and communicated (Cohen et al., 2000). From my point of view, knowledge is experiential and subjective, shaped by personal understanding and context (Opie, 2008). Knowledge, therefore, arises through the process of interpretation (Waring, 2017).

From an axiological standpoint, which considers the role of values in research, interpretivist inquiry recognises the value-laden nature of knowledge and the influence of the researcher's positionality on what is understood and produced (Cohen et al., 2000; Guba and Lincoln, 1989). In this study, I did not try to set my values or experiences aside but recognised that they shaped how I worked with participants and made sense of what they shared. This perspective fits naturally with qualitative methods and thematic analysis, which aim to unearth meaning from the perspectives of participants. It supports the exploration of subjective experience and meaning making, which is key to a study examining the experiences of students in recovery from alcohol and drug addiction in higher education settings.

## Research Design

Given the exploratory nature of this study and the need to centre participants lived experiences, a qualitative research design was selected. This design supports the interpretivist and constructionist underpinnings of the study and enables a deep engagement with how meaning is constructed through personal narrative. The approach is inductive and flexible, reflecting a commitment to staying close to what participants share rather than testing pre-established assumptions.

The use of semi-structured interviews as a data collection method complements this design, offering participants space to share their stories in their own words. This also allows for adaptability during interviews, encouraging a participant-led flow of conversation. Thematic analysis, specifically the six-phase method developed by Braun and Clarke (2022), was used to analyse the data. This method supports an organic and reflective engagement with meaning-making, where coding and theme development can evolve throughout the process.

Data collection and analysis were therefore not rigidly separated but were part of a responsive cycle shaped by the study's emergent design. Reflexivity was central throughout, including the use of a reflexive journal to remain mindful of how my own position might influence the research process. These methodological choices were all guided by the overarching aim of amplifying voices often unheard within higher education policy and research.

## Methodology and Methods

### Qualitative approach and interpretivist paradigm

I decided to use a qualitative research approach, which is appropriate for exploring how individuals make sense of their experiences. Qualitative research is well suited to investigating

the subjective meanings and lived experiences of individuals (Denzin and Lincoln, 2018), which is vital when looking at the experiences of students in recovery from alcohol and drug addiction in higher education. Recovery is intensely personal and often complex, and the interpretivist framework allows for a nuanced exploration of how participants understand their experiences and give meaning to their lives. Other methodological approaches, such as positivist or mixed methods designs, were considered but found less appropriate, as they were less suited to capturing the depth and subjectivity of lived experience that this study required. It is grounded in an interpretivist paradigm and a constructionist ontology, reflecting the belief that reality is shaped through personal meaning and social context.

Cohen, Manion, and Morrison (2018) highlight that qualitative approaches are central to the interpretivist paradigm's goal of understanding the subjective realm of human experience. This perspective believes knowledge is experiential and co-constructed through interaction and reflection. In-depth interviews were selected as the primary data collection method as they align with this epistemology, which regards knowledge as co-constructed through dialogue and exchange (Brinkman and Kvale, 2015). Hochschild (1979) emphasises how interviews provide a unique window into how individuals construct thoughts and make links between their experiences, values, and behaviours. Similarly, Mears (2017) further asserts that interviews are ideal for uncovering personal meaning and significance. Seidman (2013) also stresses that in-depth interviews aim to understand the experiences of others and the meanings they make of those experiences. Semi-structured interviews were chosen as they offer a balance between structure and flexibility, allowing participants to guide the conversation while still ensuring that key topics related to the experiences of students in recovery from alcohol and drug addiction in higher education in Ireland were explored (Gill et al., 2008).

Methodological flexibility and Grounded theory influence

At the outset, I considered using grounded theory, given its focus on building theory directly from the data. Taking my own personal journey into consideration, I approach this research with first-hand experiential knowledge and remained mindful of concepts and themes that may emerge during the interviews. To support the conversations, I prepared a list of potential questions/prompts (see Appendix B) informed by this understanding; however, these were not treated as a fixed question set and were used only when participants introduced related themes. This approach means that not all participants were asked identical questions, as interviews followed the flow of individual narratives.

This flexible and responsive approach aligns more closely with an emergent qualitative design, where data collection and analysis evolve in response to participant input and developing insights (Robson and McCartan, 2016), rather than with the precise procedures of grounded theory, such as constant comparative coding and theoretical sampling (Braun and Clarke, 2022). I therefore position my methodology as inductive, experiential, and constructionist. While I selectively draw from grounded theory principles, chiefly its openness to emerging themes, I did not adhere to its full structure. This approach aimed to emphasise depth, responsiveness, and co-construction of meaning, highlighting what is important to participants in their own words. Overall, this approach felt like the best fit for letting participants speak freely and for staying open to what mattered to them most.

## Participants and Sampling

Participants were recruited using snowball sampling, a technique in which existing participants refer or recommend others from their networks who meet the study's inclusion criteria (Noy, 2008). I had personal knowledge of one student in recovery who was currently enrolled in higher education. After their interview, this student suggested another potential participant, and so the process continued. In each case, I provided a letter of introduction, a brief outline of the study's focus, and my contact details (see Appendix C). This allowed potential participants to decide for themselves whether to get in touch. At this stage, I did not know who the study information was being shared with, which helped protect participant anonymity.

Recruitment took place in January and February 2025. I conducted six semi-structured interviews in March 2025. The sample included three male and three female participants. Although small, the group was diverse in terms of age, recovery stage, and course of study, and the interviews produced rich, detailed accounts that felt appropriate for this kind of qualitative research.

While a 2020 poll by Merchants Quay Ireland (Merchants Quay Ireland, 2020) found that 6 in 10 people in Ireland have some experience of addiction, this research targeted a more specific population. To take part, participants had to meet a defined criteria; they had to be enrolled in or recently graduated (within the past one to two years) from a higher education institution in Ireland; be at least 18 years of age; and be in recovery from alcohol or drug addiction. These criteria were chosen to ensure that participants had recent, direct experience of navigating higher education while in recovery in an Irish context. Including only adults aged 18 or over also reflected ethical considerations around informed consent and maturity of experience.

This was a form of purposive, non-probability sampling. As Denscombe (2010) explains, purposive sampling is based on the principle that the most useful information can be collected when the sample is 'handpicked' (p. 35) based on relevance and experience. In keeping with the exploratory nature of this research, this approach provided a means of generating new insights and information on a topic relatively unexplored in Ireland.

The sampling was therefore deliberate and strategic, aimed at identifying individuals whose lived experience could offer insights into the challenges, supports, and personal strategies involved in navigating higher education while in recovery, an area that remains underexplored in the Irish context. This approach allowed me to home in on individuals whose experiences were highly relevant to the study and who could offer detailed, experience-based perspectives on the realities of recovery within higher education.

## Ethical Considerations

From the outset, I have been mindful of the sensitive nature of this topic and the importance of approaching it with care, respect, and empathy. Ethical approval for this research was granted by Maynooth University.

Language plays a key role in this. I avoided terminology that could be perceived as stigmatising, and remained aware of context, using language that reflects participants' perspectives and respects their experiences. Protecting participants from harm or feelings of devaluation is central to the ethical approach of this study.

Talking about recovery can bring up difficult memories, emotions, and vulnerabilities. I recognise that interviews may touch on painful or personal topics, and that this could cause discomfort or distress. Based on my own experience, I was aware that even positive conversations about recovery can sometimes surface unexpected emotional responses or moments of vulnerability.

> *I've sat in conversations where everything on the surface felt fine, and then hours later, a small comment I thought I'd brushed off returned like a bruise I didn't notice at the time.*

Possible harms include psychological impacts, such as feeling overwhelmed or emotionally exposed; threats to personal worth, such as feeling judged or not fully understood; and social harms, including concerns about stigma or stereotyping.

To minimise these risks, I tried to create a respectful and supportive interview environment, one where participants felt safe, heard, and in control of their own stories. As Liamputtong (2007) notes, sensitivity, privacy, and trust are essential when interviewing on difficult or emotionally charged topics. I endeavoured to remain attentive to emotional cues, offered space when needed, and never rushed or pressured a participant to continue. As Dickson-Swift et al. (2007, p. 337) highlight, participants should be given time to pause, reflect, or stop at any stage. In line with this, all participants received an information form before the interview, which included the following statement:

"Conversations around addiction recovery have the potential to cause upset through the recollection and speaking of previous experiences, both positive and negative. I remain conscious of a participant's possible need for emotional space and time. The interview can be paused or stopped at any time by you, the interviewee, without question, or by myself should I deem it necessary."

Protecting participants' anonymity and confidentiality was also vital. Every step has been taken to safeguard their identities, and no identifying details appear in the final write-up.

## Data Collection

Data were collected through six semi-structured, in-depth interviews with students in recovery from alcohol and drug addiction who are currently, or were recently, enrolled in higher education in Ireland. This method of data collection was chosen because it allowed for an in-depth exploration of lived experience. It fits well with the interpretivist focus on understanding how people make sense of their own realities (Cohen, Manion, & Morrison, 2018). In-depth interviews allow for flexible, open, and reflective conversations that focus on the subjective meaning-making and lived experience of participants.

Given my own position as a student in recovery, I approached interviews with conscious and experiential sensitivity. I drew on my knowledge of recovery and as a student to foster rapport and create a safe, non-judgemental interview setting. Interviews were guided by a flexible

interview schedule, which included possible prompts derived from prior reading and my lived experience. These questions were only used if participants naturally touched on the topic first. This allowed participants to steer the conversation and ensure that data remained grounded in their narratives rather than imposed by a rigid framework. Not all participants were asked the same questions, reflecting the emergent and adaptive nature of the research design.

Five of the six interviews were conducted face-to-face, and one took place online. All interviews took place at a mutually agreed neutral location outside any academic institution, as arranged in advance with participants. This aimed to support participants' comfort and autonomy in the process. Each interview lasted approximately 30 to 60 minutes and was audio-recorded with participants' informed consent (see Appendix D). Recordings were transcribed verbatim, and all identifying details were anonymised to protect confidentiality.

This flexible, responsive, and participant-centred approach to data collection allowed for a fuller understanding of the experiences of students in recovery within higher education. My engagement with the data began during the interviews themselves, as I took note of recurring beliefs, emotions, and reflections. These observations helped inform the ongoing, and inductive nature of the analysis.

## Data Analysis and Interpretation

### Thematic analysis approach

Braun and Clarke's (2022) six-phase thematic analysis was used to explore patterns of meaning across the interview data. This approach was chosen for its flexibility and compatibility with interpretivist and constructionist approaches. It supports an experiential and inductive analysis process where themes emerged naturally from the data rather than being forced. One of the strengths of Braun and Clarke's approach is that it can be applied across different epistemological positions, which meant I could carry out a meaningful analysis without being bound by rigid theoretical rules. This is especially important for a study that centres participants' voices and lived experience.

### Braun and Clarke's six phases

The six iterative phases of analysis include: (1) familiarisation with the data, which involves repeated reading of transcripts and note-taking; (2) generating initial codes, where I worked

through the data line by line, identifying features of interest; (3) searching for themes, which involved organising codes into potential themes and subthemes; (4) reviewing themes, where I refined and checked themes against the data set; (5) define and name themes to capture their essence; and (6) produce the final analysis in written form (Braun and Clarke, 2022). I have moved back and forth between these phases as needed, as thematic analysis is rarely a linear process (Braun & Clarke, 2022).

Use of NVivo software

To support this process, NVivo (Qualitative Data Analysis Software) was used throughout the analysis to assist with coding and the organising of data, permitting a more useful and structured approach to dealing with large amounts of qualitative material. NVivo helped guarantee consistency across the analysis process, supported the identification and development of key themes, and helped visually map patterns and relationships, while keeping the analysis grounded in what participants shared. It also made the retrieval of data easier during later stages of the analysis process.

Reflexivity in the analytical process

While the software supported the process, the task of interpreting meaning and constructing themes remained my own, grounded in the context and meanings shared by participants. Throughout, I remained reflexive about how my own recovery experience could possibly shape the questions I asked and, in turn, how this could influence my interpretation of the data. To support this, I kept a reflexive journal during data collection and analysis, noting personal reactions and assumptions to stay mindful of how my perspective might shape the analysis.

Insider positionality as an analytic lens

As someone in recovery myself, I brought an insider perspective to this research that shaped not only how I approached interviews but also how I listened to, understood, and interpreted what participants shared. This position gave me a deeper appreciation for the emotional and cultural layers of recovery that might not be immediately visible to an outsider. I could recognise moments of hesitation, coded language, or shifts in tone not just as data, but as meaningful expressions of lived experience. Rather than seeing my insider role as something to “manage,” I viewed it as a strength, a lens that helped me stay close to the participants’

meanings while still reflecting critically on my own influence. This approach aligns with the interpretive framework of the study, which values meaning as something co-created between researcher and participant, grounded in context and relationship (Dwyer & Buckle, 2009). This reflexive and insider-informed approach enriched the thematic analysis by allowing for deeper engagement with participants' meanings while remaining critically self-aware of my influence on the interpretive process.

## Trustworthiness and Reflexivity

Demonstrating the accuracy and appropriateness of qualitative research is widely acknowledged as challenging (Lincoln & Guba, 1985). To enhance trustworthiness, several steps were taken throughout the research process to ensure that the data was credible, meaningfully grounded in participants lived experiences, and interpreted with care. These included the use of a recognised thematic analysis method (Braun & Clarke, 2006), keeping a reflexive journal, documenting coding decisions and analytical steps, and checking emerging themes against original transcripts to ensure consistency and transparency (Nowell et al., 2017). The findings sourced from the six interviews were scrutinised methodically using Braun and Clarke's (2006) six-phase approach to thematic analysis (see Appendix E and Table 1 in Chapter 4), a recognised and transparent method for identifying patterns of meaning within qualitative data. This involved familiarising myself with the data through repeated reading, generating initial codes, and then developing, reviewing, and defining themes through a process of ongoing reflection and adjustment. This provided a sound underpinning for the conclusions reached in the following Findings chapter.

Every effort has been made to demonstrate that the methodological decisions taken, from research design through to data collection, analysis, and interpretation, are grounded in established qualitative practices and are logically justified. A reflexive account of the research process is included, outlining how my dual role influenced the study and how I engaged in ongoing reflection through journaling, analysis notes, and transparency about positionality, to demonstrate how meaning was co-constructed with participants and shaped by my own positioning as both researcher and peer.

Although based on a small sample, the study offers meaningful insight into the recovery experiences of students in higher education. The diversity among participants, in terms of stage of study, gender, and decisions around disclosure, suggests a breadth of perspectives that reflect

the complexity of the wider issue. While generalisation is not the aim of qualitative research, the findings may resonate with others in similar contexts and contribute to a broader understanding of this underexplored topic. This is supported by literature that recognises the value of small-scale, in-depth qualitative research in highlighting voices and experiences that are often overlooked (Seidman, 2013).

As is characteristic of research within an interpretivist paradigm, I acknowledge that my presence and perspective inevitably influenced the research process. Rather than viewing this as a limitation, I regard my personal experience of recovery as a resource that has enhanced my ability to build rapport, ask meaningful questions, and interpret participants' accounts with empathy and insight. Nevertheless, I remained reflexively engaged throughout, conscious of the need to approach the data with integrity and critical awareness.

# Chapter 4: Findings

## Introduction

This chapter presents the findings of an interpretive qualitative study exploring the lived experiences of students in recovery from alcohol and drug addiction in Irish higher education. The analysis is grounded in a participant-led, inductive approach, shaped by my own reflexive position as a student in recovery. Drawing on six semi-structured interviews, the chapter prioritises participants' voices to illuminate the emotional, social, and academic dimensions of their journeys.

Five core themes and 17 sub-themes (see Table 1) are presented, capturing key aspects of identity, disclosure, academic engagement, social integration, and emotional self-regulation. Three further themes (Table 1), Theme 6: Stigma and Identity Management in Educational Contexts, Theme 7: Institutional Neglect and Systemic Gaps, and Theme 8: Gaps in Mental Health and Therapeutic Support, are discussed in Chapter 5: Analysis and Discussion, due to their structural complexity.

In line with the ethical commitments underpinning this study, participant narratives are presented with care, seeking to challenge what Byrne et al. (2022) describe as the institutional invisibility of recovery in higher education. The following sections present each theme in turn, using participant narratives alongside reflective interpretation to foreground the nuanced realities of recovery within higher education.

***Table 1: Summary of Themes and Sub-Themes Identified Through Thematic Analysis***

| Theme | Sub-Themes |
|---|---|
| Theme 1: Recovery Identity and Self-Concept | Self-Acceptance and Identity Integration<br>Internalised Stigma and Shame<br>Resilience and Self-Worth |
| Theme 2: Navigating Disclosure and Visibility | Conditional Openness and Trust<br>Fear of Judgment and Exposure<br>Impact of Disclosure |
| Theme 3: Academic Engagement and Recovery as Parallel Journeys | Recovery as Academic Motivation<br>Cognitive Challenges in Academic Learning<br>Resilient Academic Identity |
| Theme 4: Social Integration and Peer Dynamics | Selective Participation and Boundaries<br>Peer Support and Solidarity<br>Social Isolation and Cultural Dissonance<br>Student Culture Clash |

| | |
|---|---|
| Theme 5: Emotional Self-Regulation and Personal Growth | Early Vulnerability and Self-Doubt<br>Ongoing Emotional Regulation and Coping<br>Spiritual or Internal Guidance in Recovery<br>Emotional Growth and Self-Awareness |
| **Theme 6: Stigma and Identity Management in Educational Contexts** | **Internalised and Anticipated Stigma**<br>**Stigma in Peer and Faculty Dynamics**<br>**Managing Identity Through Self-Presentation** |
| **Theme 7: Institutional Neglect and Systemic Gaps** | **Lack of Tailored Supports**<br>**Institutional Attitudes Toward Recovery**<br>**Reliance on Student Initiative**<br>**Response to Recovery Disclosure** |
| **Theme 8: Gaps in Mental Health and Therapeutic Support** | **Support Service Limitations**<br>**Structural Access Barriers**<br>**Participant Workarounds and Self-Advocacy** |

**Theme 1: Recovery Identity and Self-Concept**

This theme captures how participants negotiated and reconstructed their sense of self in recovery, and how this evolving identity influenced their engagement with higher education. Recovery was more than a behavioural change; it was an ongoing process of self-definition that required participants to reconcile their past experiences of addiction with a present and future rooted in personal growth, educational achievement, and renewed purpose.

Across all interviews, participants described recovery as an ongoing process, not a fixed endpoint, shaped by evolving identity intertwined with shame, pride, perseverance, and transformation. As Aoife, a postgraduate student in her late 20s with two years in recovery, put it:

> *You're never done with it, really, it's something you live every day.*

Eoin, a 29-year-old undergraduate in third year with 1.5 years of recovery in AA/NA, echoed this sense of growth, noting:

> *I'm not who I was, recovery changed how I see myself and where I'm going.*

This theme includes three interrelated sub-themes: Self-Acceptance and Identity Integration, Internalised Stigma and Shame, and Resilience and Self-Worth. Each sheds light on how

recovery identity is formed, challenged, and strengthened within the context of higher education.

*Self-acceptance and identity integration*

Participants spoke about building a recovery identity that made space for authenticity without being solely defined by past addiction. For many, this meant letting go of limiting labels like "addict" or "alcoholic" and shaping a fuller sense of identity that also included roles such as student, friend, family member, and professional. This reframing was key to feeling more in control of their lives and forming a more integrated identity that supported their academic and emotional wellbeing. For example, Saoirse, a mid-20s undergraduate in her first year with 3.5 years of recovery through AA and Cocaine Anonymous (hereafter CA), described this process of self-acceptance and redefinition:

> *Not everyone needs to know everything about me anymore because it's not the most defining factor. I'm a student, I'm a daughter and a sister and a friend, and I'm all those things as a being, do you know what I mean?*

Saoirse's words capture this identity integration, emphasising that recovery forms a part of their identity, but does not define the entirety of who they are. Participants often said that achieving this multidimensional identity helped them engage with university life more confidently and authentically. It was not about denying recovery's importance but refusing to let it be the sole lens through which they or others viewed them.

*Internalised stigma and shame*

Despite these efforts at identity reconstruction, many participants spoke of the quiet presence of stigma, particularly in the form of internalised shame. This quietly persistent feeling was present in academic settings, where legitimacy and belonging were continually negotiated. Internalised stigma surfaced in moments of comparison with peers, fear of being found out, or self-doubt about academic potential. Cian, a postgraduate student in his mid-fifties with 4 years of recovery in AA and NA, acknowledged the emotional toll of these feelings:

> *We do feel lost sometimes and we feel less than, and the shame and stigma, and then there's the lack of self-belief and all that.*

Similarly, Eoin, noted how shame influences others to conceal their recovery status:

*I do think there are students out there who, maybe due to shame, would try to hide the fact they're in recovery.*

Cian's account reflects the emotional weight of shame and its undermining effect on self-worth and academic confidence. Eoin's insight points to a more socially careful approach, concealment, to navigate student life safely. Together, these quotes highlight how internalised stigma can undermine a stable recovery identity and the sense of acceptance participants strive to build.

*Resilience and self-worth*

Despite the challenges of shame and stigma, participants described recovery as a powerful source of strength and resilience. Having overcome the struggles of addiction and the demands of early sobriety, they often approached academic challenges with a heightened sense of determination. Recovery became a foundation for confidence, reminding them of their capacity to endure, and succeed in higher education. Liam, a 40-year-old graduate with three years of recovery through CA, put it into perspective by comparing between his academic and recovery efforts:

*I've started this, I'm going to finish it. Because coming from addiction and recovery is a tough, tough process. And in fairness, finishing a degree hadn't got a patch on that.*

Liam's words illustrate how recovery experiences could reframe academic challenges as comparatively less daunting. Many saw academic struggles as more navigable considering what they had already endured through recovery. This sub-theme emphasises how a recovery-informed identity fosters resilience and nurtures a deep sense of self-worth anchored not in perfection but in perseverance.

Together, these sub-themes illustrate the evolving and sometimes contradictory nature of identity reconstruction in recovery. While participants often wrestled with internalised shame, they also built new foundations of self-worth grounded in lived experience, perseverance, and personal growth. Recovery identity is neither fixed nor wholly defined by addiction; instead, it is fluid, resilient, and responsive to both internal healing and external environments. This theme lays the emotional groundwork for understanding participants' approaches to academic engagement, social interactions, and university life.

**Theme 2: Navigating Disclosure and Visibility**

Theme 2 explores how participants made careful decisions about if, when, and to whom they disclosed their recovery status within academic settings. Disclosure was not automatic; it was often shaped by participants sense of safety, the institutional context, and anticipated social or professional consequences of being identified as a person in recovery. This theme highlights the emotional labour involved in balancing visibility and vulnerability, especially in environments where addiction carries moral stigma and recovery is often misunderstood. It includes three interrelated sub-themes: *Conditional Openness and Trust*, *Fear of Judgment and Exposure*, and *Impact of Disclosure*.

*Conditional openness and trust*

Participants were selective in when, how and to whom they disclosed their recovery status. Trust was the decisive factor; participants considered how emotionally safe and understanding others might be before opening up. Disclosures were often limited to individuals who had demonstrated empathy, confidentiality, or personal connection. In this way, participants did not disclose indiscriminately; rather, they made deliberate and considered decisions rooted in relational trust and self-protection. Orla, a mid-50s, 2nd year undergraduate mature student with 14 years of recovery through AA explained:

> *One or two staff, I think that I got on great with and kinda trusted. That's it, no one else.*

Similarly, Liam, reflected:

> *If there was someone that I didn't trust, or somebody that maybe didn't get it, no, I wouldn't disclose.*

These quotes illustrate how disclosure decisions were guided by a broader awareness of relational risk, that is, the potential emotional, social, and academic consequences of being open about recovery in environments where misunderstanding or judgement could arise. Orla and Liam both describe how their selectivity served as a safeguard, allowing them to maintain control over their personal narratives and emotional wellbeing. This conditional openness highlights how participants-maintained boundaries to protect their dignity while managing the vulnerability of being in recovery.

*Fear of judgment and exposure*

Even in trusted relationships, fear of institutional or interpersonal judgment often weighed heavily in participants' minds. Some expressed deep concern that disclosing their recovery status, especially in disciplines involving responsibility or regulation (e.g. nursing, social care), could jeopardise their academic progress or future career prospects. These fears reflected an acute awareness of how addiction is often perceived as a personal weakness, and how those perceptions might shape others' responses. Orla gave voice to this tension with careful honesty:

> *I'd be afraid that I wouldn't get through the programme. They wouldn't let me. Could you imagine them finding out I was an addict and I'm handling medication with keys and given a trusted position? I know they're not allowed to be biased. They're not allowed to do that. But you'd always feel like you were being watched. Maybe, behind it all? That's my reason [for not disclosing recovery status].*

Orla's statement illustrates the emotional toll of managing an invisible identity in a context of surveillance and institutional power. Her fear is rooted not in paranoia but in lived experience and structural dynamics. Even while recognising official anti-discrimination policies, she described the lingering feeling of being watched or second guessed, a form of anticipated stigma that shapes one's behaviour and self-presentation (Goffman, 1963). This highlights just how much was at stake each time participants considered opening up and the emotional strain required to constantly assess safety and risk amid potential judgment.

*Impact of disclosure*

Participants described varied reactions when they did choose to disclose, ranging from genuine interest and warmth to quiet discomfort or distance. These responses had significant implications for how participants navigated future disclosures. Positive reactions could reinforce their sense of belonging and personal integrity; negative or awkward encounters reinforced the need for caution and discretion. Aoife, described:

> *... one or two people would be very nice, whereas others might kind of withdraw a little bit ... One or two would be [curious], if there were say, outspoken.*

Aoife's reflection captures this ambiguity. Disclosure sometimes built connection, but just as often led to awkwardness or quiet withdrawal. The quote reveals how recovery status remained a socially sensitive topic, where the outcomes of disclosure were unpredictable and shaped by the listener's own attitudes, values, and openness. As a result, participants navigated visibility

with a mix of openness and restraint, seeking genuine connection, while remaining mindful of personal risks.

Together, these three sub-themes illustrate the layered complexity of navigating disclosure in higher education. Far from a singular event, disclosure was an ongoing, context-dependent negotiation shaped by trust, fear, and lived experience. Participants exercised caution over when to share, with whom, and why, knowing that every disclosure came with personal and relational risks to weigh-up. Whether choosing silence or honesty, their decisions reflected a deep desire to maintain agency, preserve dignity, and safeguard their place within academic and social environments that did not always feel fully accepting of their recovery identities.

**Theme 3: Academic Engagement and Recovery as Parallel Journeys**

This theme explores the intersection between academic life and recovery, revealing how these two journeys often unfolded in tandem, shaping and reinforcing one another. For many participants, engaging with higher education served not only as a personal or professional goal but also as an anchor in recovery, offering structure, self-worth, and a tangible sense of progress. At the same time, this engagement was not without its difficulties. Participants navigated cognitive challenges, emotional strain, and moments of self-doubt, yet many described developing a resilient academic identity rooted in persistence and internal motivation. This theme comprises three sub-themes: *Recovery as Academic Motivation*, *Cognitive Challenges in Academic Learning*, and *Resilient Academic Identity*.

*Recovery as academic motivation*

For several participants, recovery opened up access to academic engagement that previously felt unattainable or intimidating. With the support of recovery networks and a renewed sense of self-belief, education became both a symbol and mechanism of transformation. Participants spoke about how academic pursuits gained emotional and existential meaning within their recovery journeys, as illustrated by Saoirse's account:

> *I had so much hang ups about education … Until I got into recovery, and I had people who really believed in me … I loved it. I was like, wow … and then I couldn't believe the stuff that was flowing out me.*

Saoirse's reflection speaks to a profound shift in her relationship with education, an area of her life once marked by insecurity became a source of excitement and empowerment. The phrase "stuff that was flowing out me" suggests a sense of creative and intellectual unblocking that

unfolded alongside her recovery process. Her quote also highlights the relational dimensions of this motivation: it was not only recovery itself but the belief and support of others in that space that helped reignite her academic self.

*Cognitive challenges in academic learning*

Despite strong motivation, participants acknowledged ongoing cognitive and psychological difficulties within academic settings. Several linked these challenges directly to the lasting effects of substance use, identifying memory, attention, and organisation as particular areas of difficulty. These difficulties were more than frustrating; they also threatened to undermine participants' confidence and sense of academic competence. Orla gave voice to this challenge in a way that resonated with many participants:

> *As an alcoholic in recovery, I do think we do damage to our brain drinking and drugging. I think we have a shorter memory span. We do. I think we find it harder with the learning and the concentration it takes to zone in and learn … and to organise ourselves.*

Orla's reflection highlights both the physiological and emotional realities of returning to study after addiction. Her use of "we" conveys a shared experience among many students in recovery, one often invisible within conventional educational settings. The challenge "to zone in and learn" reflects not only neurocognitive barriers, such as difficulties with concentration, short-term memory, or staying mentally organised, but also to the extra effort required to engage fully in academic life while managing the ongoing demands of recovery. Such cognitive difficulties, including impairments in memory, attention, and executive functioning, have been documented among individuals in early and sustained recovery (Anderson et al., 2012; Bates et al., 2005).

*Resilient academic identity*

Despite these challenges, participants demonstrated remarkable perseverance. Academic engagement became an act of resilience, a daily commitment to learning, growth, and self-determination. Many developed strategies to "struggle on," drawing on inner drive rather than relying on institutional supports. This resilience was often shaped by the recovery journey itself, where participants had already developed a strong sense of discipline, structure, and self-awareness as essential tools for survival. As two participants, Saoirse and Liam respectively, expressed in different ways:

*... anyone I know who's in education has struggled with it, they just struggle on by themselves.*

*Dedication, willingness, hunger.*

Saoirse's observation highlights the solitary nature of academic resilience for many students in recovery. The implied absence of formal supports positions peer solidarity and self-reliance as central to endurance. Liam's succinct phrase, "Dedication, willingness, hunger," captures the raw emotional intensity underpinning his commitment. These qualities resonate with the language common in recovery discourse, suggesting that the determination to succeed academically was closely intertwined with, and a natural extension of, the recovery mindset.

Taken together, these sub-themes reveal that academic life and recovery were not experienced as separate paths, but as deeply intertwined and mutually reinforcing. Higher education became a space for rebuilding identity, finding new purpose, and asserting capability, yet it also introduced cognitive and emotional hurdles that tested participants' resilience. Through a combination of internal motivation, recovery-informed strategies, and selective support from peers and mentors, participants navigated the dual demands of learning and healing. Their narratives make clear that for students in recovery, academic success was never simply academic; it was part of a broader, ongoing process of personal transformation.

**Theme 4: Social Integration and Peer Dynamics**

Theme 4 discusses how students in recovery from addiction navigate the social fabric of higher education, often a space steeped in alcohol culture, peer bonding practices, and social dynamics that can both support and strain recovery. Social life on campus emerged as a space of both support and challenge: it offered opportunities for solidarity and connection, but also presented triggers, exclusions, and cultural norms that were often misaligned with recovery values. Participants described how they managed this tension by establishing protective boundaries, seeking out like-minded peers, or choosing to opt out of certain aspects of student life altogether. This theme comprises four sub-themes: *Selective Participation and Boundaries*, *Peer Support and Solidarity*, *Social Isolation and Cultural Dissonance*, and *Student Culture Clash*.

*Selective participation and boundaries*

Many participants reported a careful and considered approach to social involvement during their time in higher education. This selective approach typically reflected informal risk

assessments around alcohol use and perceived safety in various social settings. While some peer engagement was welcomed, particularly in smaller or more intimate contexts, many deliberately opted out of traditional student events, prioritising their recovery over social conformity. As Cian explained:

> *... usually if it's a small group of people, I'm fine in the pub ... if it was a big event, no, that's not for me ... yeah, I definitely missed out ... but I wasn't there for that.*

Cian's quote exemplifies this tension. He describes a carefully considered form of social participation, where context, group size, and perceived risk informed his choices. His acknowledgement that he "missed out" reveals an underlying sense of loss, but his final line "I wasn't there for that" reaffirms recovery as the guiding priority. This quote illustrates the quiet sacrifices made in pursuit of long-term wellbeing, where opting out of social events becomes a deliberate act of self-care.

*Peer support and solidarity*

Despite, or perhaps because of, their selective participation, some students found solidarity within certain peer groups, particularly among mature students or those with similar life experiences. These communities offered emotional grounding, shared understanding, and reciprocal care, helping participants navigate both academic and recovery-related challenges in a mutually supportive environment. As Liam reflected:

> *... the social support in terms of my peers, they were all mature students as well as from the same background as me ... the camaraderie, we studied and grew together, we laughed and cried together, we picked each other up.*

Liam's description of camaraderie offers a compelling counter-narrative to the isolation often associated with students in recovery (Laudet, 2008). His emphasis on mutual support, "we laughed and cried together, we picked each other up," highlights how peer relationships can become critical sources of emotional support, perseverance in academic learning, and confirmation of one's identity. These bonds, forged outside dominant student culture, offered alternative forms of connection and belonging that supported both healing and growth.

*Social isolation and cultural dissonance*

For others, however, social integration proved difficult. Even when physically surrounded by peers, some participants described a deep sense of isolation, compounded by internalised self-

doubt and a sense of social-cultural alienation. This disconnect was often heightened in academic environments that valued constant social engagement and group interaction. As Orla quietly reflected:

> *I have loads of friends around me but I'm on my own. I have nobody beside me talking to me, disrupting me, a bit of a lone wolf. If my head starts playing with me and putting me in the imposter syndrome constantly, I'm the one making myself stand out from everyone. I'm the one making myself not fit in.*

Orla's account captures the psychological complexity of isolation; her social world appears full, yet her inner world remains profoundly disconnected. Her reference to "imposter syndrome" and self-exclusion illustrates how internal narratives shaped by past addiction can cloud present experiences of belonging. This sub-theme highlights the emotional toll involved in simply "fitting in," particularly for those whose recovery stories differ from the normative expectations of student life, expectations often centred around socialising, a substance-use culture, and a linear or uncomplicated route through higher education.

*Student culture clash*

A consistent challenge across participants was the prevalence of alcohol in student life. For students in recovery, this cultural backdrop posed both practical and personal difficulties. It created environments where abstinence marked them as "other," and where disclosure, refusing a drink, or declining a social invitation often required explanation or risked awkwardness. The social assumption of drinking was not only a trigger but also a reminder of the cultural divide between their identity and that of their peers. Eoin captured this dissonance plainly:

> *Alcohol was an accepted social part of their life. It was presumed to be a part of mine ... sometimes I find it challenging ... It's all alcohol fuelled.*

Eoin's comment captures the dissonance between mainstream student culture and his own reality in recovery. The presumption that alcohol is a universal or expected element of student life renders difference invisible and unacknowledged. His understated phrase - "sometimes I find it challenging" - belies the weight of that constant negotiation. The phrase "it's all alcohol fuelled" signals a system-level critique, not just of individual events, but of an entire cultural norm that excludes and marginalises those in recovery.

Together, these sub-themes illuminate the complex and often conflicting social landscape that students in recovery must navigate within higher education. While some participants managed

to build supportive peer, relationships grounded in mutual understanding, others felt a deep sense of disconnection and isolation within mainstream student culture. Selective participation emerged as both a protective strategy and a source of quiet loss, with boundaries drawn not from indifference, but out of necessity. Yet amid these negotiations, moments of solidarity and shared growth affirmed that belonging remained possible, even if situated outside of mainstream student culture. These narratives reveal that social integration for students in recovery is neither linear nor uniformly realised, but rather a dynamic process shaped by individual agency, institutional cultures, and wider societal assumptions about alcohol, identity, and student life.

**Theme 5: Emotional Self-Regulation and Personal Growth**

This part of the findings addresses the emotional dimensions of navigating higher education while in recovery, highlighting how students drew on inner resilience, therapeutic practices, and spiritual frameworks to manage mental and emotional challenges. Participants reflected on the emotional volatility of early recovery, the coping mechanisms they developed over time, and the gradual emergence of self-awareness and inner stability. Importantly, this theme also captures the emotional intelligence fostered through recovery, something some participants felt set them apart from their peers. The theme comprises four sub-themes: *Early Vulnerability and Self-Doubt*, *Ongoing Emotional Regulation and Coping*, *Spiritual or Internal Guidance in Recovery*, and *Emotional Growth and Self-Awareness*.

*Early vulnerability and self-doubt*

Participants consistently described the emotional fragility they experienced in the early stages of their return to education. Recovery, particularly in its initial stages, did not eliminate long-standing self-beliefs of inadequacy or internalised stigma, perceived or otherwise. For some, the classroom became a psychological minefield, triggering shame, cognitive overload, and urges towards self-sabotage. Orla offered a vivid account of this inner turmoil:

> *It's because there were days early on, I'd sit there and I'm going, oh fuck, what did she [lecturer] just say? My head would tell me, go home, you're not good enough. You're not going to get through this, you're a waster.*

Orla's vivid recollection lays bare the enduring internal voice of self-doubt, still powerful despite her active recovery. The phrase "you're a waster" echoes the societal and personal condemnation often internalised by those with histories of addiction (McIntosh and

McKeganey, 2001). Her classroom experience is not only academic but deeply emotional, where confusion acts as a gateway to past feelings of failure and unworthiness. This sub-theme highlights how early academic participation can reopen psychological wounds, even as students strive to rewrite their life narratives.

*Ongoing emotional regulation and coping*

While early vulnerability was common, participants also described gradually adopting recovery-based tools to manage emotional volatility and maintain balance. These coping strategies, often grounded in 12-step programmes or other recovery models, provided structured ways to navigate the stressors of academic life. In contrast to the "normal" student, some participants sometimes saw themselves as emotionally better equipped due to the work they had done in recovery. As Aoife noted with quiet confidence:

> *... we have a programme that we can work, a 12-step programme. We have tools that maybe the normal Joe Soap wouldn't have.*

Aoife's comment reflects not only pride but a subtle reversal of stigma. The "tools" she references, which may include practices like reflection, accountability, emotional honesty, and support-seeking commonly associated with 12-step recovery models, are framed as strengths rather than weaknesses. The phrase "normal Joe Soap" points to a mainstream student body possibly lacking these inner resources. This sub-theme reveals how recovery not only restores functioning but builds emotional resilience vital for coping within the often-overwhelming university environment.

*Spiritual or internal guidance in recovery*

For some participants, emotional resilience was rooted in spiritual beliefs or an internal moral compass developed through recovery. Gratitude, humility, and a renewed sense of purpose emerged as sustaining forces, offering protection in moments of emotional instability and fostering self-worth. Spiritual language was often charged with awe and respect for the second chance that education represented. Orla's reflection captures this spiritual grounding with honesty and humour:

> *I didn't get to finish my education; God has given me a chance now. ... in recovery, I'm always proud of how far I've come. I pinch myself every morning. I say, thank you, God, for giving me this. I talk to God every day. I'd say he's sick of me.*

Orla's narrative is rich with spiritual conviction and emotional warmth. Her daily ritual of gratitude, "I pinch myself every morning," signals a profound new way of seeing things, where the opportunity to study becomes a sacred gift. The humour in "he's sick of me" adds humanity and humility to her faith, expressing genuine faith without preaching. This sub-theme reflects how, for participants like Orla, spiritual frameworks anchored emotional regulation by offering meaning, structure, and hope, particularly in ways that felt more personally sustaining than conventional therapeutic approaches.

*Emotional growth and self-awareness*

Several participants described a marked increase in emotional intelligence developed through years of self-reflection, therapeutic engagement, and personal development. This self-awareness enabled them to recognise and manage their emotions more intentionally, fostering a sense of maturity and confidence in both social and academic settings, a contrast some participants perceived between themselves and their peers. As Aoife shared with understated clarity:

> *I am well versed in all that thing. I've done years of it, and I have a pretty good understanding of myself, so I feel very comfortable with all that stuff, and I see other people struggling with it, others, don't know what the fuck's going on.*

Aoife's tone is assured, tinged with a hint of frustration, as she contrasts her emotional clarity with the uncertainty experienced by others. Her use of the phrase "that stuff" refers implicitly to emotional work often associated with recovery, including self-reflection, psychological insight, and the ability to navigate complex emotions with greater awareness. This insight underscores a key finding of the study: that recovery, while rooted in hardship, can yield psychological strengths that enrich the academic and personal lives of students. This final sub-theme completes the arc from early vulnerability to resilient growth, illustrating the transformative power of emotional work within recovery.

In sum, the theme of Emotional Self-Regulation and Personal Growth highlights the deep inner resilience and perceived psychological transformation underpinning participants' recovery journeys within higher education. Although the academic and social environment brought unique challenges, it also became a powerful space for emotional development, deepening participants' self-understanding, coping abilities, and, for some, spiritual engagement. The emotional work described here, from grappling with early self-doubt to nurturing mature self-awareness, was far from incidental; it stood at the heart of their progress. These insights reveal

a depth of emotional intelligence and purposeful self-reflection that often goes unrecognised in traditional narratives about student life. As such, this theme underscores how students in recovery bring a distinct and valuable emotional depth to university life, qualities forged through adversity yet carried forward as strengths.

## Conclusion

In summary, these five themes paint a nuanced portrait of student recovery in higher education. Participants described how recovery shape's identity, positioning them as resilient yet sensitive learners who are actively redefining their self-concept, that is, their internal understanding of who they are, shaped by past experiences, present roles, and future aspirations. Disclosure and visibility emerged as a delicate balancing act: students carefully weigh when and how to share their addiction histories and recovery statuses, seeking safe spaces while navigating potential stigma. Academic engagement was portrayed as a parallel journey: recovery provided structure and motivation that helped participants persevere in their studies. Social integration proved vital: students described forging supportive peer networks and navigating changing friendships on campus. Finally, emotional self-regulation and personal growth were prominent, as participants highlighted improved coping strategies, self-awareness, and resilience gained through recovery.

Taken together, these insights deepen our understanding of students lived experiences and the complex interplay between personal recovery and university life. By foregrounding participants' own voices through an insider, interpretive lens, that is, a perspective informed by my own recovery experience and an analytic approach rooted in co-constructed meaning, the findings remain authentic and grounded in lived reality. This lens allowed me to engage empathetically with participants' narratives while remaining critically reflexive about my own influence in the research process. This participant-led perspective reveals strengths and struggles that might otherwise remain hidden, adding valuable context to the higher education landscape.

These thematic findings lay the groundwork for the next chapter's analysis and discussion of three additional themes, 6, 7, and 8, which focus on systemic challenges and stigma within university settings. In keeping with the sincerity of participants' accounts, this conclusion reaffirms the value of an insider research approach in uncovering the complex and often hidden realities of students in recovery.

# Chapter 5: Analysis and Discussion

## Introduction

This chapter integrates the study findings with relevant literature, theoretical perspectives, and policy frameworks to critically interpret what the lived experiences of students in recovery reveal about higher education in Ireland. While the previous chapter presented participant-driven themes, this analysis now moves further, exploring the broader implications for how recovery identities are recognised, understood, or institutionally supported in academic settings.

The structure of this chapter reflects the layered and intersecting nature of recovery. Eight themes were developed through Braun and Clarke's (2006, 2022) reflexive thematic analysis, conducted using NVivo software (see Chapter 3). Themes 1 to 5 were discussed comprehensively in the previous chapter. However, Theme 6: *Stigma and Identity Management in Educational Contexts*, Theme 7: *Institutional Neglect and Systemic Gaps*, and Theme 8: *Gaps in Mental Health and Therapeutic Support*, were only briefly referenced there. Their separation into this chapter was a deliberate decision, to provide the analytical depth and space required to address the systemic, institutional, and policy-level dimensions of recovery in higher education. These three themes are introduced first to foreground their analytical significance, before being integrated into the chapter's three overarching domains.

These macro-level (systemic and institutional) themes form the conceptual scaffolding for this chapter's structure: individual experiences of stigma and identity management (Theme 6), institutional practices and academic culture (Theme 7), and policy-level failures in mental health and recovery-informed support (Theme 8). This framing enables a socially engaged interpretation aligned with Freire's (2000) vision of transformative praxis, where reflection and action are inseparable in resisting oppression. Mezirow's (1991, 2000) Transformative Learning Theory (TLT) adds further depth, with its emphasis on critical reflection prompted by "disorienting dilemmas" (pp. 8, 167), crises that catalyse identity reconstruction. In this way, individual stories are situated within broader structural contexts, revealing both the resilience of students in recovery and the systemic conditions they must navigate.

This analysis draws explicitly on the theoretical frameworks introduced in Chapter 2. Goffman's (1963) stigma theory illuminates identity management strategies and the social consequences of marginalisation; Mezirow's TLT provides insight into identity reconstruction

and personal change processes; Brookfield's (2005) critical theory highlights institutional power dynamics and marginalisation within educational contexts; and Stryker's (1968, 1980) identity theory, expanded by Burke and Stets (2009), clarifies how recovery identities gain visibility or become suppressed through everyday institutional and social interactions. Collectively, these theoretical lenses support a nuanced, multidimensional understanding of how students in recovery negotiate identity, manage inclusion or exclusion, and navigate academic demands within broader cultural and institutional settings.

My own positionality as a student in recovery remains central throughout this interpretive process. Rather than claiming neutrality, I explicitly use my lived experience to interpret participants' narratives, mindful of resonances and tensions. This reflexive approach ensures the analysis remains grounded in empathy, critical curiosity, and a commitment to making these experiences visible and meaningful.

Accordingly, the chapter is structured into three clearly defined domains:

**Section 1: Individual Identity and Stigma Management** – drawing on Themes 1, 2, and 6

This first domain brings together the earlier findings from Chapter 4 on disclosure and stigma (Themes 1 and 2) with the newly introduced Theme 6, which highlights how recovery identity is managed and constrained by wider educational and social stigma.

**Section 2: Institutional Culture and Academic Engagement** – drawing on Themes 3, 4, 5, and 7

I then build on Themes 3–5 from Chapter 4 and introduce Theme 7 to explore how institutional neglect affects academic resilience, engagement, and belonging among students in recovery.

**Section 3: Policy Gaps and Systemic Neglect** – drawing on Theme 8

In this final section I explore Theme 8, which surfaces policy-level shortcomings in mental health and recovery-informed supports across higher education institutions, positioning these gaps within wider systemic inaction.

This structure moves from personal to institutional to policy levels, enabling a layered, critical discussion linking micro narratives with macro dynamics. Before moving into these sections, the chapter begins by presenting Themes 6, 7, and 8 in their own right to establish their analytical importance and distinct contribution to the overall findings.

**Theme 6: Stigma and Identity Management in Educational Contexts**

For students in recovery, stigma remains a pervasive force within higher education. Participants described navigating academic life through calculated disclosure, emotional vigilance, and an ongoing negotiation of identity. Shame, fear of judgement, and internalised stigma shaped both their self-perception and their relationships with peers and staff. Saoirse reflected:

> *I wouldn't be announcing it [recovery] to people … there are labels and there are ideas around it. I think it's seen as a bit of a weakness.*

These perceptions were reinforced by subtle but powerful interactions. Cian recalled an academic interview where he shared his background in recovery:

> *She said, well, would you not rather work in addiction? … I felt like I was being boxed in.*

This moment reveals how recovery, when acknowledged, was often confined to narrowly defined roles, with students seen as 'experts by experience' rather than capable of broader academic ambition. Faced with such perceptions, participants developed strategies of self-presentation. For some, this meant minimising recovery as part of their student identity; for others, it involved reframing recovery as resilience. Cian put it succinctly:

> *I try to think of myself as the person today and not where I've come from.*

These accounts demonstrate how recovery is not only lived but managed, continuously shaped in response to institutional climates. This theme underscores the emotional labour involved in being both a student and a person in recovery, and the need for academic environments to offer not just tolerance, but affirmation.

**Theme 7: Institutional Neglect and Systemic Gaps**

Students in recovery often encountered a striking lack of tailored institutional supports. While universities may offer general wellbeing services, none of the participants in this study described being directed to recovery-specific resources following disclosure. Instead, institutional responses were frequently absent or dismissive, reinforcing a sense that recovery was not recognised as a legitimate student identity. Aoife described this bluntly:

> *I've disclosed that I'm in recovery and I have never been offered any sort of help. I've been treated like, like just get on with it.*

This sentiment echoed across accounts, pointing to a broader absence of structural support and cultural understanding. Students who did disclose recovery status often found themselves ignored, their needs seemingly illegible within institutional frameworks. Some participants observed that recovery was only taken seriously when accompanied by a formal diagnosis, such as ADHD or dyslexia. Cian remarked:

> *There isn't the understanding of the anxiety that we go through, especially because we don't feel like we're good enough.*

In the absence of formal recovery recognition, students were often left to build informal support structures themselves. Peer-initiated groups, recovery communities outside the institution, and self-directed care strategies became essential survival tools. This reliance on personal initiative points not only to the strength of participants but to a systemic gap where institutions relinquish responsibility.

This theme surfaces a troubling disjuncture: while universities articulate inclusive values, the lived experience of students in recovery reveals a lack of institutional responsiveness, empathy, or practical provision.

**Theme 8: Gaps in Mental Health and Therapeutic Support Systems**

Participants' experiences with campus-based mental health services revealed a consistent pattern of unmet needs. Counselling, where available, was often generic, brief, or delivered by professionals unfamiliar with the specific challenges of addiction recovery. Aoife described attending one session with a general counsellor:

> *I went to her once and didn't find her great and I never went back.*

Others spoke of eligibility barriers, where access to mental health services was limited to students with formal medical diagnoses. This left those in recovery to navigate their psychological needs outside institutional frameworks. Liam noted:

> *There were supports there … if you had a diagnosis … but I haven't heard a whole lot about recovery support.*

In the absence of responsive institutional care, students leaned heavily on external support structures: 12-step groups, sponsors, recovery peers, and community counsellors. Saoirse explained:

> *I have my meetings. I have a sponsor … I have my own really good support.*

This self-reliance speaks to resilience but also highlights how institutions fail to shoulder responsibility for recovery-informed mental health care. Participants reported that when recovery was acknowledged at all, it was often through a lens of pathology, with little appreciation for its complexity or its compatibility with academic growth. This theme shows that while student mental health is a growing priority in Irish higher education, current systems remain ill-equipped to support students whose psychological needs emerge from a history of addiction and the demands of recovery.

These three themes, alongside those discussed in Chapter 4, are now synthesised and analysed within three overarching domains in the sections that follow: individual identity and stigma management, institutional culture and academic engagement, and policy gaps and systemic neglect.

## Individual Identity and Stigma Management

This section explores how students in recovery manage identity within higher education, focusing on stigma, visibility, and disclosure shaping daily experience. It highlights how personal identity is reconstructed amid institutional norms and social expectations. Recovery is framed not only as a personal journey but as an ongoing negotiation of validity, belonging, and self-worth within academic contexts often unreceptive to non-normative identities.

The analysis weaves together three interlinked themes: Theme 1, Recovery Identity and Self-Concept; Theme 2, Navigating Disclosure and Visibility; and Theme 6, Stigma and Identity Management in Educational Contexts. While Themes 1 and 2 were explored in the previous chapter, Theme 6 is further developed here within a macro-level interpretive framing that situates stigma as both a personal and institutional force. This reflects stigma's layered nature, intersecting identity and visibility personally and institutionally. Recovery was not a singular event but an evolving process of reconstructing identity, rebuilding self-worth, and navigating stigma. These themes reveal how participants experienced belonging, inclusion, and visibility across academic and social life, and how social judgment shaped these experiences.

Reconstructing a sense of self in recovery was marked by pride and caution. Participants like Saoirse and Liam described efforts to reframe themselves beyond the label of "addict," integrating roles, student, sibling, friend, into a balanced, self-directed identity. This aligns with Mezirow's concept of disorienting dilemmas, critical moments disrupting assumptions and triggering perspective transformation, shifting to a new self-concept shaped by reflection and emotional regulation. Emotional regulation here is more than coping; it is part of a deeper

transformation embedding recovery within a redefined self. Saoirse's statement, "not everyone needs to know everything about me anymore," reflects this integration, where recovery is present but not all-defining.

These accounts align with recovery capital literature (Granfield and Cloud, 1999; Cloud and Granfield, 2008; Laudet, 2008), recognising identity reformation as key to sustained recovery, and resonate with TLT's view of recovery as dynamic identity reconstruction involving reflection, upheaval, and reinvention (Mezirow, 1991; Fleming, 2018). Mezirow describes this beginning with a disorienting dilemma, a profound disruption challenging assumptions and initiating critical self-reflection. For students in recovery, this dilemma was ongoing, a continuous navigation of becoming, inside and outside the classroom. This identity negotiation, shaped by disorienting dilemmas and reflection, aligns with Mezirow's TLT, disrupting old thinking and fostering new self-understanding, mirroring participants' efforts to reconcile multiple, sometimes conflicting, university roles.

Yet this reconstruction often coexisted with internalised shame. Cian and Eoin's reflections show social judgment operates both externally and internally, producing feelings of inadequacy and self-doubt. Cian's words, "we feel less than," reflect long-held cultural narratives linking addiction to moral failure. This emotional burden aligns with Byrne et al. (2022), who identify shame as a persistent feature of student narratives in environments unreceptive to abstinence-based recovery. In Goffman's (1963) terms, participants experienced a "spoiled identity" (p. 3), where individuals are socially discredited not only through external stigma but also via self-regulation and self-silencing. The tension between internalised bias and growing self-worth captures the dual burden students carry rebuilding identity while shielding it from misunderstanding. Byrne et al. (2022) and Scott et al. (2016) highlight how shame, isolation, and internalised stigma often persist long after substance use ends, underscoring recovery as an evolving identity shaped by ongoing social friction.

Disclosure of recovery status was described as a calculated act. As Orla noted, trust was key: "One or two staff... that I got on great with... That's it." This selective openness reflects Goffman's (1963) stigma management, strategies individuals use to navigate social environments where some identities are devalued. Participants weighed the risk of misjudgement against hopes for connection and support.

Aoife and Orla's accounts reveal disclosure sometimes met structural resistance or misunderstanding. Being told to "just get on with it" was dismissive and signalled a broader

absence of systemic empathy and awareness around recovery. Cian shared, “we don’t feel like we’re good enough,” especially when recovery wasn’t recognised as a legitimate identity warranting support unless linked to another diagnosis (e.g., Attention Deficit Hyperactivity Disorder (hereafter ADHD), or dyslexia). This reflects broader critiques of Irish higher education’s failure to accommodate recovery as a standalone identity or support need (Murphy, 2023; Byrne et al., 2022).

Stigma also surfaced in subtle academic interactions. Cian’s experience being steered toward addiction-related work, “would you not rather work in addiction?”, reinforces how recovery can be reduced to a singular narrative, boxing students into identities shaped by their past. This undermines education’s transformative potential, where students seek not only to survive but to reimagine their futures. Mezirow’s TLT frames recovery as reorienting identity, values, and life goals in response to a disorienting dilemma, in this case, addiction and its aftermath.

Together, these themes show students in recovery continually negotiate how they are seen by themselves, peers, and institutions. Identity, stigma, and disclosure are central to how recovery is lived and managed in higher education. Though participants showed strength, resilience, and strategic agency, the responsibility to adapt emotionally, socially, and academically fell largely on them, not institutions. As Eoin reflected, “If I wanted support, I had to go looking for it myself, no one ever asked if I needed help, not once.”

This raises urgent questions, echoing Brookfield’s (2005) critique of institutional power, about why, despite clear need and national policy, HEIs neglect recovery identities’ inclusion, visibility, and support. The disconnect between personal growth and institutional rigidity reinforces Goffman’s argument that stigma management is a continuous performance. For these students, identity work was not merely personal but political. Their daily negotiations of visibility, worth, and belonging challenge how higher education constructs recognition and who is granted space to be fully seen and heard.

## Institutional Culture and Academic Engagement

This section examines how higher education’s culture, structures, and expectations intersect with participants’ recovery journeys. Drawing on Themes 3, 4, 5, and 7, it explores how academic environments both support and challenge recovery. From the emotional labour of academic resilience to navigating social integration, these narratives reveal the everyday pressures of studying within institutions that seldom acknowledge or adapt to the lived realities of recovery.

Academic engagement and emotional resilience

This subsection explores how academic life and recovery journeys often unfolded in parallel, sometimes reinforcing each other, other times colliding under internal or institutional pressure. Drawing on Themes 3 (Academic Engagement and Recovery as Parallel Journeys), 5 (Emotional Self-Regulation and Personal Growth), and 7 (Institutional Neglect and Systemic Gaps), it highlights how education was not just a goal but a form of recovery work: a space of structure, purpose, and transformation. Yet it also tested resilience, especially when supports were lacking or stigma persisted.

Several participants described recovery opening the door to academic engagement. Saoirse spoke of "stuff flowing out of me" once she felt safe and supported early in recovery. This intellectual surge reclaimed voice, imagination, and potential beyond academic content. For Liam and Orla, staying in education was itself recovery. Liam said, "Coming from addiction and recovery is a tough, tough process. And in fairness, finishing a degree hadn't got a patch on that," reframing education as achievable but less daunting than recovery.

This intertwining of academic and recovery identities reflects Mezirow's transformative learning. Participants faced profound self-disruption and used university to acquire knowledge, reconstruct identity, and regain agency. Education became a meaning-making act, allowing them to move forward and reinterpret their past. Pursuit of academic goals was hope, defiance, and renewal. As noted in Chapter 2, this aligns with Mezirow's third transformative learning stage, where new roles and identities are explored and internalised through reflection and experience. Academic achievement visibly marked transformation. Mezirow stresses adult transformative learning involves cognitive change and personal meaning restructuring, a reauthoring of self. University was not a return to normal but reinvention, a deliberate act of self-definition after addiction.

However, this process also carried strain. Participants reported persistent cognitive and emotional challenges linked to substance use aftereffects or stigma's psychological weight. Orla candidly said, "My head would tell me, go home, you're not good enough. You're not going to get through this, you're a waster."

Internalised self-doubt was common across interviews. Shame, imposter syndrome, and academic anxiety quietly lingered, often unspoken but ever-present.

*I recognise this dynamic intimately. In my own journey, the classroom could feel both a refuge and a trial. There were days when self-doubt whispered louder than any lecture, when finishing a reading felt like rewriting the past.*

The emotional toll participants described resonates not just as data, but as reflections of my own internal conversations. Including this reflection is not about erasing the researcher–participant boundary but recognising that my analysis is grounded in reflexive empathy. As discussed earlier, my positionality as a student in recovery shapes and deepens the interpretive process.

These cognitive and emotional strains were compounded by a lack of institutional recognition. While some students accessed general academic support, few found resources responsive to their specific needs as students in recovery. This echoes Byrne et al. (2022), who note the absence of abstinence-supportive academic frameworks in Irish higher education. Students often had to develop coping mechanisms independently, drawing on emotional regulation skills cultivated through recovery.

Recovery capital is relevant here, especially internal recovery capital (Cloud and Granfield, 2008; see also Granfield and Cloud, 1999), which includes persistence, emotional regulation, and self-awareness. Saoirse described her approach as "struggling on" in a system not designed for her. Liam summed it up as "Dedication, willingness, hunger." These reflect not just survival but determined thriving grounded in recovery's values and perspectives, emotional strengths often unacknowledged in academia.

Emotional self-regulation was an ongoing task central to managing recovery and academic life. Orla described early classes as "psychological minefields," with internal triggers and self-doubt threatening progress. Saoirse mentioned spiritual practices, peer support, or learning to "be OK with not being OK" as ways to stay grounded. This emotional effort often goes unnoticed in academic settings but was crucial to participants' success.

Taken together, these findings highlight the duality of academic life in recovery: both opportunity and obstacle, transformation and trial. Higher education offered participants a chance to reclaim lost time, redefine themselves, and pursue meaningful futures, but also demanded resilience amid stigma, invisibility, and cognitive strain. That participants sustained engagement under such conditions speaks to personal determination and systemic neglect.

Without formal recognition or structured support, their success was hard-won and often unsupported.

While tailored supports exist for students with disabilities, neurodivergent learners, and international students, rightly recognised as needing specific aid, students in recovery rarely receive equivalent institutional support. Institutional silence is not neutral; it subtly signals whose needs are expected and whose are marginalised. Participants' persistence reframes resilience not as a personal trait but as necessary adaptation to an environment shaped by stigma and absence.

This reflects Freire's (2000) "banking model" (pp. 71-72) of education, where students are seen as passive recipients rather than active knowledge agents. In this model, institutions fail to recognise the lived realities of students whose experiences fall outside dominant narratives. In contrast, Freire's (2000) critical pedagogy centres the student as a knower, whose biography, struggle, and transformation provide insight and drive social change. For students in recovery, emotional regulation, identity work, and persistence are not deficits but embodied knowledge. Their presence challenges the assumption that education is neutral or universal.

These insights lead into the next section, which explores how institutional neglect and systemic gaps (Theme 7) shape the broader context in which recovery identities are lived and negotiated.

Social integration, peer culture, and belonging

For participants, university life was not only academic but also profoundly social, shaped by dominant norms, particularly around alcohol and party culture, which often clashed with recovery values. This tension, introduced in the findings (Chapter 4), echoes literature on drinking's centrality in student life (Supski et al., 2016), where non-drinking identities are frequently viewed as deviant or isolating. While some participants found solidarity and connection, others experienced exclusion, self-surveillance, or a sense of not belonging.

Participants navigated peer culture cautiously, often setting boundaries around alcohol-related social events. Cian captured this, "If it was a big event, no, that's not for me … I definitely missed out … but I wasn't there for that."

His words reveal a deliberate trade-off, protecting recovery at the cost of missing key social moments. This theme recurred across narratives, with mainstream student culture's emphasis on drinking and conformity seen as incompatible with the emotional stability and recovery-focused boundaries needed for wellbeing and academic progress.

This boundary negotiation wasn't always isolating. Some found connection in smaller, more mature peer groups marked by life experience and emotional openness. Liam recalled, "We studied and grew together, we laughed and cried together, we picked each other up."

Such informal recovery-supportive communities exist in many educational settings, but for students in recovery, these spaces offered more than camaraderie, they became crucial sites of emotional safety and shared understanding, where participants felt accepted without needing to justify or conceal their recovery.

Nonetheless, these experiences of solidarity were exceptions. Many participants described a broader cultural separation from their peers. Orla explained, "I have loads of friends around me but I'm on my own."

Her words reflect the disconnection Goffman (1963) describes in his work on stigma, where individuals managing a "spoiled identity" (p. 3) may feel unable to fully participate socially, even in seemingly inclusive settings.

This cultural gap, marked by differing values, norms, and expectations around substance use, was about more than abstinence; it reflected a deeper sense of being out of sync with dominant student social culture. Such misalignment resulted in symbolic exclusion, where students were physically present but socially peripheral (Bourdieu, 1986; Goffman, 1963). While Goffman (1963) does not use the term explicitly, the process of managing a "spoiled identity" through efforts to appear 'normal' aligns with what later literature describes as *normification* (Clair et al., 2005). For participants, however, their difference was not easily concealed, it was visible in their priorities, language, and emotional tone.

Supski et al. (2016) frame university drinking culture as normative glue binding student identities. In this context, recovery is not private but a deviation from the collective script of student life. This disconnect exemplifies Mills' (1959) sociological imagination, the capacity to link private troubles to broader public issues. Participants' marginalisation was not only personal but reflected structural norms in higher education that render recovery identities invisible or out of place.

This structural dynamic was evident in the assumption that alcohol is a universal social norm. Eoin's comment, "alcohol was an accepted social part of their life. It was presumed to be a part of mine," highlights the silent pressures students in recovery face. Refusing a drink or skipping a party marks them as different, forcing unwanted disclosures or suspicion. Supski et al. (2016)

describe drinking as an "organising principle of university social life" (p. 228). In this context, recovery is not just private but socially deviant, something to hide or justify.

Stigma was not limited to academic or formal settings; it permeated student culture itself. Participants navigated disclosure strategically, deciding what, when, and with whom to share. While some were open with peers, most masked aspects of recovery to avoid judgment. Saoirse's remark, "I wouldn't be announcing it to people ... I just think there are labels and ideas around it," shows how deeply stigma shapes informal interactions and inhibits genuine social integration.

> *I remember the subtle exclusion, laughing at jokes I did not find funny, skimming over weekends I did not spend drinking. That performance of normalcy was exhausting and entirely false.*

What participants clearly articulated is the labour of appearing to belong, a task made heavier when norms contradict one's values or survival.

Together, these accounts reveal social life in higher education is often inhospitable to recovery. Yet participants did not withdraw entirely. Instead, they adapted, building boundaries, seeking alternative communities, and negotiating identities moment by moment, wearing different masks for each social engagement. Their stories reflect both the quiet costs of exclusion and the creative resilience of navigating an environment where their experiences were rarely acknowledged.

The contrast between marginalisation and moments of belonging highlights the need for cultural shifts in higher education to accommodate diverse recovery identities more openly and meaningfully.

## Policy Gaps and Systemic Neglect

Concluding the thematic analysis, this section focuses on Theme 8: Gaps in Mental Health and Therapeutic Support Systems. Participants described higher education as ill-equipped to recognise or respond to students in recovery's distinct needs. Their accounts point not only to absent tailored services but also to a broader institutional failure to engage recovery as a legitimate student identity. Despite national policies calling for inclusive, recovery-responsive supports, students reported minimal institutional understanding and little campus-level implementation. This systemic neglect, experienced as structural silence, reinforced their invisibility and placed the full recovery support burden on the individual.

Participants consistently reported that disclosing recovery status rarely led to tailored support. Aoife's experience exemplifies this: "I've disclosed that I'm in recovery and I have never been offered any sort of help." Disclosure often provoked dismissal or indifference, reinforcing that recovery was not viewed as a valid identity within the university. The repeated message, sometimes explicit, often implied through silence or lack of follow-up was clear: recovery did not warrant institutional attention. Being told to "just get on with it" reflected a broader atmosphere of misunderstanding and missed support opportunities. This indifference deepened participants' invisibility and self-doubt, confirming recovery status as irrelevant or illegitimate institutionally.

Cian highlighted a deeper institutional issue: unless recovery needs tied to formal diagnoses like ADHD or dyslexia, they were often ignored: "There isn't the understanding of the anxiety that we go through, especially because we don't feel like we're good enough." This shows institutional responses are shaped by diagnostic categories, implicitly framing some needs as more legitimate or "deserving." From Goffman's (1963) perspective, this reflects symbolic discreditation, where recovery identities lack moral legitimacy afforded to formally diagnosed conditions.

From an identity theory perspective grounded in symbolic interactionism (Stryker, 1968, 1980; Burke and Stets, 2009), this reveals a critical failure of recognition: recovery was not seen as a valid student identity or social role. Participants' identities lacked the reinforcement needed to become salient or stable within the academic environment. As discussed in Chapter 2, identity theory holds that social roles require validation from others to be fully enacted. When institutions fail to recognise recovery as legitimate, they deny students the social cues and supports affirming their place in academic life. This is not mere omission but symbolic marginalisation, signalling that recovery belongs elsewhere (Fraser, 2000).

Mental health services, where present, were often generic and insufficiently attuned to addiction recovery realities. Aoife described meeting a general counsellor once but never returning, citing a lack of relevance or depth. Liam noted supports for neurodivergence were visible, but "I haven't heard a whole lot about recovery support." Participants expressed frustration at having to fit predefined categories to access help. Aoife said, "I'm an addict in recovery; I don't need any more labels." This reflects a broader critique of services privileging categories over complexity and diagnosis over lived experience.

In the absence of meaningful institutional responses, participants developed their own care systems. Saoirse relied on her sponsor and recovery network: “I have my meetings ... I have my own really good support.” These self-sourced strategies were often more trusted and consistent than university services. Yet their necessity reveals systemic failure. From a recovery capital perspective (Cloud and Granfield, 2008), this lack of institutional engagement forced students to build and maintain recovery capital independently, without educational structures offering social, cultural, or institutional support. Students created parallel support systems outside university while continuing academic commitments.

This institutional silence contradicts national policy. The NDS (Department of Health, 2017) recognises students as vulnerable and calls for targeted harm reduction and rehabilitation responses. The RRG (2020) recommended HEIs develop action plans and assign recovery-related responsibilities to senior staff. The DUHEI Survey (Byrne et al., 2022) found one in four students with addiction histories identified as in recovery, yet recovery-specific supports remain minimal or absent.

Despite these findings and recommendations, participants saw little evidence of policy implementation on campuses. The DUHEI report identified clear unmet needs, but participants encountered minimal structural response. This suggests institutional tokenism: policy present in discourse but not practice. The RRG (2020) called for tangible mechanisms like designated recovery support leads, yet participants saw no such roles. Without accountability, staffing, training, or monitoring, policy risks remaining symbolic gestures rather than actionable commitments.

This rhetoric–reality gap is not unique to recovery. The DUHEI report highlights a recurring disconnect between institutional narratives and students lived experience. While policy may symbolically gesture toward inclusion, students in recovery often face silence or confusion when seeking meaningful support. Recovery is acknowledged in discourse but remains materially unsupported. Participants’ reliance on peer networks and external services was not preference but necessity born of institutional absence.

As discussed in Chapter 2, Brookfield’s (2005) perspective is useful here: transformative learning must be understood within power relations, dominant ideologies, and structural norms shaping education. Participants’ stories suggest transformation occurred not because of the system, but despite it. Their learning and recovery unfolded in a context failing to acknowledge

their legitimacy, a reality Brookfield interprets as dominant norms determining whose growth is supported and who's marginalised.

Cian's reflection, "you'd be more likely to see a little group that got themselves together to talk," captures recovery support's grassroots nature in higher education, it exists not because of institutions, but despite them.

The disconnect between national policy and lived experience raises critical questions of accountability and follow-through. Strategic frameworks recognise recovery in principle, but participants reveal inaction and invisibility. Without clear mechanisms for implementation, monitoring, or funding, recovery remains marginalised, recognised in principle, denied in reality.

Together, these findings highlight systemic gaps in mental health and recovery support shaping Irish higher education students' experiences. The burden of support, advocacy, and care falls largely on students, reflecting the logic of responsibilisation, where institutions shift responsibility onto individuals under autonomy and resilience rhetoric. Rose (1999) argues contemporary governance increasingly frames individuals as self-managing subjects responsible for their wellbeing and success, obscuring institutional neglect and reframing structural disadvantage as personal failure. Until recovery is recognised as a legitimate, complex, and supported academic identity, students in recovery will remain marginalised, not just by peers but by the systems meant to support them.

## Reflexive Commentary

Writing this chapter brought me face to face with tensions I knew intimately yet still found difficult to articulate. As someone who has spent years navigating higher education in recovery from alcohol and drug addiction, I recognise in the participants' voices a familiar emotional terrain: shame, vigilance, pride, fatigue, resilience. Their stories did not just resonate with me; they helped me better understand my own.

Throughout this process, I have been acutely aware of my dual role as both researcher and peer. This proximity offered depth but also demanded care. At times, I worried that I might project my own experiences onto theirs, or worse, overwrite their meaning with my own. I responded by returning to the transcripts repeatedly, letting their words lead while allowing my experience to act as a lens but not as a frame.

What emerged most clearly was not only the consistency of struggle, but the consistency of misrecognition. Identity theory teaches us that social roles rely on acknowledgment, and what participants so often described was the pain of being unseen. Reading lines like "just get on with it" or "I'm on my own" was not just analytically significant; it was personally confronting. I have felt the institutional silence they described.

> *I remember sitting in a crowded lecture, surrounded by classmates but feeling completely alone. I kept my head down, hoping no one would notice how out of place I felt. In that moment, I would have given anything to be elsewhere, perhaps in an AA meeting, among people who understood without explanation, where I didn't have to perform happy-side-out. I longed for that sense of belonging, to fit in without the noise between my ears.*

Staying reflexive has not just meant acknowledging my bias; it's meant honouring their courage and remembering why this study matters. These are not just abstract themes, they are real, lived, everyday negotiations. This chapter has challenged me to hold space for discomfort while pushing for clarity.

I hope I have done that with integrity.

And in truth, writing this chapter has been part of my own learning, another step in a recovery that does not end, but evolves.

## Limitations

While this research was carefully designed and ethically conducted, several limitations must be acknowledged to contextualise its findings and scope. Conducting semi-structured interviews was time-consuming, both in preparing for and carrying them out. Given the sensitive nature of the topic and that all participants are in recovery, I prioritised meeting each participant at a neutral venue of their choosing, even if this required significant travel and personal cost. Ensuring participant comfort and safety was paramount.

The use of snowball sampling also presents limitations. Because participants tend to recommend others within similar networks, this method may reduce diversity and limit the range of perspectives included (Noy, 2008). Furthermore, with only six interviews conducted, the findings are not intended to be generalisable. The aim was to explore individual experiences in depth and detail rather than produce broadly representative data.

I used NVivo to assist with analysis and followed Braun and Clarke's (2006) six-phase approach to thematic analysis. While helpful, learning the software and managing the coding process was time-intensive and added to the workload. That said, it strengthened the overall rigour of the study and allowed for a more structured engagement with the data. Using NVivo also supported reflexivity by giving me a systematic way to stay close to participants' words and reduce the risk of my own assumptions shaping the themes too strongly (Nowell et al., 2017).

Given my own standing, I was very aware of the potential for subjectivity and bias in my role. I took deliberate steps to reflect on my influence throughout the research process, recognising that my presence may have affected how participants responded (Dwyer & Buckle, 2009). For instance, I kept a reflexive journal throughout data collection and analysis to document personal reactions, emotional responses, and assumptions that arose during interviews and coding. This helped me notice when my own experiences might be influencing how I understood what was being said, and to revisit the data with more clarity. Reflexivity and on-going self-awareness were crucial in managing these dynamics responsibly.

These limitations were anticipated from the outset and informed my careful, considered approach. Being aware of them strengthened the credibility and trustworthiness of the research overall.

## Synthesis and Concluding Remarks

In sum, this chapter has traced students in recovery's lived experiences, exploring how they navigate and survive higher education in Ireland. Using an interpretive, reflexive lens, it shows recovery is not private but lived publicly, shaped by policies, peer cultures, institutional attitudes, and everyday encounters.

Four key clusters emerged. First, recovery identities are constructed and contested through stigma and disclosure. Participants moved between shame and self-acceptance, secrecy and openness, constantly weighing what to share. This reflects Goffman's (1963) stigma management and Mezirow's transformative struggle, positioning recovery as emotional resilience and social navigation.

Second, academic life and recovery are deeply intertwined, offering transformation while demanding resilience amid cognitive and emotional strain. Education provided more than

achievement; it enabled identity reconstitution through engagement, structure, and accomplishment, aligning with Mezirow's view of education as transformative learning.

Third, student culture often marginalises recovery identities, though moments of solidarity offer inclusion. Recovery identities felt marked as deviant or invisible, echoing Goffman's (1963) spoiled identity and the quiet labour of stigma management. Alcohol norms served not just as social rituals but boundary markers.

Finally, systemic gaps in mental health support, institutional responsiveness, and policy implementation reveal a striking disconnect between rhetoric and material support. Despite national frameworks like the RRG (2020), participants experienced minimal engagement, reflecting misrecognised social roles within higher education. Students built their own support networks amid institutional absence.

Though policies such as the NDS (Department of Health, 2017) and the DUHEI Survey (Byrne et al., 2022) promote inclusion and rehabilitation, these ideals rarely match students' everyday realities, marked by institutional silence or confusion. Existing support is often informal, peer-led, and student-initiated.

This chapter has sought to make visible what is often hidden, not just addiction, but recovery itself. Recovery is a daily negotiation of identity, dignity, and direction. Participants are not just students; they build alternatives, bridge gaps, and shape change.

Their stories call for more than acknowledgement, they demand action. Universities must move beyond rhetoric to tangible institutional change: recovery-informed staff training, student-led supports, and formal recognition of recovery as a valid student identity.

These insights lay groundwork for the final chapter, which will discuss broader implications and outline recommendations for practice, policy, and future research.

# Chapter 6: Conclusion

This study set out to explore the experiences of students in recovery from alcohol and drug addiction in higher education in Ireland. Through in-depth, semi-structured interviews with six students, it illuminated the challenges, insights, and identity work involved in navigating academic life while sustaining long-term recovery. This final chapter synthesises the key findings, outlines implications for institutional policy and practice, offers targeted recommendations, and suggests directions for future research.

## Summary of Key Findings

The research revealed that students in recovery encounter higher education as both a space of transformation and exclusion. Participants described education as deeply meaningful to their recovery journeys, offering structure, growth, and purpose. However, they also reported significant institutional silence, limited visibility of supports, and a campus culture where substance use was often normalised and even institutionally embedded. Recovery identities were marked by strategic concealment, internalised stigma, and lack of peer connection. Disclosure was rare and frequently calculated, undertaken with caution and usually in response to perceived safety or necessity. Despite these barriers, participants demonstrated agency, self-reflection, and resilience, creating personal meaning, educational momentum, and new forms of identity in spaces where little formal recognition existed.

Three overarching domains emerged from the thematic analysis:

1. **Individual identity and stigma management:** Recovery was described as a fragile but meaningful identity, frequently kept hidden in the face of social stigma and institutional invisibility.
2. **Institutional culture and academic engagement:** Educational settings were both empowering and alienating, providing intellectual and personal growth while also amplifying marginalisation.
3. **Policy gaps and systemic neglect:** A lack of recovery-informed policy, visibility, and institutional support frameworks left students to navigate their dual roles largely unsupported.

These findings were interpreted through three core theoretical lenses. Mezirow's (1991, 2000) TLT explained how participants reconstructed their identities through critical reflection and

educational engagement following disorienting life experiences. Stryker's (1968, 1980) identity theory, later developed by Burke and Stets (2009), provided insight into how recovery identities gained salience, or failed to, depending on their reinforcement in social contexts. Freire's (2000) concept of critical pedagogy supported a broader understanding of recovery as a socially situated and politicised process, grounded in voice, resistance, and critical engagement with institutional structures. In addition, Mills' (1959) concept of the sociological imagination offered a valuable analytic frame for connecting individual experiences to wider social forces and institutional omissions.

## Implications for Practice, Policy, and Education

The findings underscore the urgent need for Irish HEIs to recognise recovery as a legitimate and complex student identity. As long as recovery remains absent from wellbeing strategies, support structures, and policy discourse, students in recovery will continue to navigate education in silence, without acknowledgement or affirmation.

At the level of student services, practices should shift toward recovery-affirmative approaches. This includes visibility campaigns, peer-based initiatives, and staff training that acknowledges addiction and recovery as part of student diversity. Academically, critical pedagogy offers a means of embedding recovery perspectives in classroom environments, enabling students to bring their lived experiences into their academic work without fear of marginalisation.

Institutionally, recovery must be integrated into broader inclusion and wellbeing policies. Current frameworks prioritise prevention and harm reduction, but recovery deserves equal focus, particularly as students in long-term recovery are often those who have already undertaken significant personal transformation. Policies that include recovery as a recognised student identity would help shift campus culture toward greater visibility, dignity, and support.

Finally, the study raises questions about how institutions conceptualise student wellbeing. A more expansive view, one that includes those in recovery as already engaged in processes of care and growth, would offer a more inclusive, empowering model of student life.

The following are examples of small but impactful initiatives that could enable meaningful change across policy, pedagogy, and student services. They reflect practical applications of this study's findings and offer tangible steps HEIs can take to affirm and support students in recovery.

1. Visibility and Awareness: This could include launching targeted campaigns that affirm recovery as part of student diversity. Posters, website content, and awareness events can help make recovery visible, while maintaining anonymity for those who seek it.
2. Staff Development: for example, providing training to academic and support staff on recovery literacy, stigma reduction, and the needs of students in long-term recovery.
3. Peer Support Structures: Pilot in-house recovery groups or collaborate with external recovery organisations to establish peer-led supports within higher education settings.
4. Policy Inclusion: Explicitly name recovery in student wellbeing, inclusion, and mental health policies at both institutional and national levels.
5. Curriculum and Pedagogy: Encourage educators to incorporate recovery perspectives into teaching where appropriate, using critical, student-centred approaches that validate lived experience.

**Suggestions for Future Research**

This study was qualitative and exploratory, with a small, purposive sample. While it offers deep insights into a rarely heard student voice, its findings are not generalisable across all institutions or recovery experiences. Future research could usefully expand the scope and depth of inquiry in several ways:

- Widen participant diversity: Including students from different educational levels, backgrounds, and recovery pathways would enrich the picture of what recovery means in Irish higher education.
- Include staff and institutional perspectives: Interviewing student services professionals, lecturers, and policymakers could offer insight into institutional attitudes and barriers to recognition.
- Investigate intersectionality: Further work could explore how gender, class, race, disability, or neurodiversity interact with recovery in shaping student experiences.
- Evaluate recovery-supportive models: Researching collegiate recovery programmes in other countries, or piloting recovery-informed initiatives in Ireland, could provide evidence for what works.

- Conduct longitudinal studies: Following students in recovery over time could illuminate how recovery identities evolve within and beyond education.

**Final Reflections**

This thesis has argued that students in recovery experience higher education as a site of both potential and precarity. While education offers new meaning, purpose, and identity, it also exposes students to stigma, institutional neglect, and cultural disconnection. And yet, participants in this study demonstrated remarkable resilience, insight, and self-awareness, often building new forms of belonging and academic confidence with minimal formal support.

By centring participants' voices, this research not only documents exclusion, but it also calls for a cultural and institutional shift in how recovery is seen and supported in Irish higher education. Recovery should not remain marginal or hidden but be recognised as an integral part of the rich diversity of student life. In doing so, HEIs can move beyond education-as-instruction to become spaces of recognition, transformation, and social justice.

The stories shared here invite further research, deeper institutional engagement, and a reimagining of inclusion in higher education.

Looking back, this research has not only contributed to my academic journey but has deepened my own understanding of what recovery and education can mean when allowed to co-exist. In telling these stories, I found language for my own.

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## **Appendix A:** Ethics Approval Form

# Department of Adult and Community Education

# Ethical Approval Form

| | |
|---|---|
| **Brief Title of Thesis** | The experiences of students in recovery from alcohol and or drug addiction in higher education in Ireland. |
| **Student name:** | Francis Kavanagh |
| **Supervisor(s):** | Dr Nuala Whelan |

| Research Methods<br><br>Please outline |
|---|
| • Proposed methodology<br>• Methods of data collection<br>• Types of analysis |
| **Proposed methodology**<br><br>The proposed methodology I intent to use is Grounded theory.<br><br>**Methods of data collection**<br><br>My method of data collection will be through semi-structured interviews.<br><br>**Types of analysis**<br><br>The types of analysis used will be thematic and comparative analysis. |

| **Participants**<br><br>Please outline |
|---|
| • Who will take part?<br>• Where will the research take place?<br>• How will you gain access to or recruit participants?<br>• Does your research involve gatekeepers? |

**Who will take part?**

Students who self-identify as being in recovery; and possibly myself from an autoethnography approach.

**Where will the research take place?**

At a mutually agreed, safe and confidential location as identified by me and each participant.

**How will you gain access to or recruit participants?**

I am fortunate to be in contact with students in several higher education institutions who identify as being in recovery, it is therefore my hope to adopt a non-random sampling approach, for example using a snowball or purposeful sampling approach to recruiting participants.

Beyond adopting a snowball sampling approach, I further intend to use purposive sampling. This qualitative research technique is appropriate in my targeting of a specific and often hard to reach and identifiable group for analysis.

Given the sensitive nature of the research topic, it may be necessary to place posters in areas of common student interest to recruit participants. Such a poster will provide a summary of the research purpose and the eligibility criteria for participation, providing individuals with the opportunity to identify if the research is relevant to them. Further, posters will include the name of the institution, department, lead researcher (myself) along with the relevant contact information.

**Does your research involve gatekeepers?**

There is the possibility for the use of gatekeepers within this research. This will be dependent upon my ability to recruit personally.

If gatekeepers are deemed necessary I will give them a letter of introduction outlining the research proposal with my contact details (first name and phone number). The onus will then be on any potential participant to contact myself directly within a specified time frame. This ensures confidentiality and anonymity at each stage of the snowballing approach.

**Demonstration of Ethical Considerations**

Please outline the ethical issues which will need to be managed during the course of the thesis. You need to consider relevant research integrity, GDPR, and ethics policies in your discussion.

Please discuss

- What ethical issues do you anticipate encountering in the course of your research?
- How will you obtain informed consent?
- How will you ensure that participants are protected and sensitively managed?
- What types of power relationships (student/employee/employer/colleague etc.?) exist in the research and what steps will you take to manage these?
- If gatekeepers are involved, what procedures have been agreed?
- How will you limit the collection of personal and sensitive data?
- How will you anonymise the data?
- How will you secure the data?
- How and when will the data be destroyed on completion of the MEd?
- Any other issues that you consider important or that your supervisors have raised in discussions?

**What ethical issues do you anticipate encountering in the course of your research?**

Conversations around addiction recovery have the potential to cause upset through the recollection and or speaking of previous experiences, both positive and negative, coupled with the stresses of student life (psychological impact). Throughout my research I will remain conscious of the sensitivities of participants and be mindful to avoid the use of words/terminology that some participants could potentially find offensive.

As a research student in recovery, it too is important that I am aware of and safeguard my own fragility and well-being in the course of this research.

Of paramount importance throughout the research process is the confidentiality and anonymity of participants and to protect participants from experiencing any harms and or devaluation of personal worth.

**How will you obtain informed consent?**

I can confirm that I will be seeking and recording informed consent from research participants. I will ensure all participants fully understand and fully and voluntarily agree to their participation in the research without being subject to any duress or pressure either prior to or during the research in question. I recognise that it is the right of any participant to withdraw from the research for any or no reason, and at any time. Each participant will be informed of this at the outset.

I will at all times ensure all participants are fully informed and understand the following

- The objectives of the research
- The research methods to be used
- What exactly participants will be required to do

- Why their participation is necessary
- Any possible risks to the participant and how they will be addressed
- Expected benefits of research
- The right to withdraw at any time
- How the research findings will be used
- Who will have direct and indirect access to participants personal data and why
- How and to whom research findings will be reported.

A clear and detailed information leaflet setting out the above will be provided to participants prior to consent and commencing research. A separate informed consent form, for signature by the participant will also be provided.

**How will you ensure that participants are protected and sensitively managed?**

I am aware of the many forms of harm that participants could potentially be exposed to either during, or as a consequence of, the particular research activity in question, e.g., psychological harms: where research might be experienced as intrusive, touch on sensitive issues, or threaten the beliefs of a participant, including feelings of worthlessness, distress, guilt, anger or fear related, e.g., the disclosure of sensitive or embarrassing information; devaluation of personal worth, including being humiliated, manipulated or in other ways treated disrespectfully or unjustly; and social harms, including stigmatisation.

I will at all times seek to create a position and atmosphere of trust, confidentiality and aware a person's right to privacy, while avoiding any undue intrusion, encourage mutual responsibility, and ethical equality. I will also remain conscious of a participant's need for emotional space and time.

**What types of power relationships (student/employee/employer/colleague etc.?) exist in the research and what steps will you take to manage these?**

The types of power relationships which exist in the research are e.g., gender, age, class, race, and spoken language. The proposed research is part of a master's programme, and I am aware some participants may be conscious of the positionality of researcher and participant.

My approach at all times during the research process will be to remain focused on the purpose of my research, to create a welcoming space of neutral positioning, and to communicate effectively and respectfully.

**If gatekeepers are involved, what procedures have been agreed?**

There is the possibility for the use of gatekeepers within this research. Given that the use of gatekeepers is only a possibility at this stage no procedures have been agreed. Central to any gatekeeper involvement are consent, confidentiality and anonymity.

**How will you limit the collection of personal and sensitive data?**

I will remain aware at all times to identify and collect only the minimum amount of personal data I need to fulfil the purpose of my research. I will convey to each participant that the sharing of personal and sensitive data is not required unless specified, and or it lends itself naturally to their sharing during the interview process.

**How will you anonymise the data?**

I will ensure that adequate safeguards are in place to protect the privacy of individuals participating in the research and the confidentiality of their personal data.

Personally identifiable data will be protected through the use of pseudonyms and/or codes. Any key to pseudonyms and/or codes will be held in a separate location to the raw data. All personally identifiable data collected will be irreversibly anonymised, in that all identifiers including keys to link pseudonyms or codes back to individual participants will be destroyed. I myself will be personally responsible for rendering the data anonymous. Only researcher(s) assigned to this project will have access to any personal information and data collected from participants.

An information sheet (as referred to above) provided to participants will detail the following:

- That the data relating to each participant will be kept only for the purpose specified, will be relevant to the research and not excessive
- How the data will be kept safe and secure e.g., if in manual form, where the data will be stored, and how. If in electronic form that the data will be password protected, encrypted as appropriate
- If the information is to be seen and or discussed by persons other than me, who that will be and why
- How long the data will be retained for
- How the data will be disposed of/destroyed

**How will you secure the data?**

Data will be stored in a safe, secure, and accessible form.

A hard copy Information sheets/consent forms and data collected will be held securely in a locked filing cabinet, in a limited access locked room at my private residential address. At no point, will I share or transfer any data before final submission of thesis other than between myself and my immediate supervisor, Dr Nuala Whelan.

During interview with research participants, I plan to record/collect data on two mobile device (Dictaphone and iPhone). Said data will be protected with a strong password, and/or encrypted if the device supports encryption and will be transferred to a secure server and deleted from the mobile device as soon as is practicable. When transcribing interview transcripts, I will do so using my personal home PC.

**How and when will the data be destroyed on completion of the MEd?**

All data will be destroyed in a manner appropriate to the sensitivity of data collected. Paper based data will be destroyed using the cross-cutting shredding technique. Electronic files will be deleted by overwriting. I myself will be personally responsible for destroying personally identifiable data.

All data collected will be destroyed after validating the transcript and concluding the research, and when data is no longer needed for authorized purposes. Data will be held for an appropriate length of time to allow (if necessary) for potential future reassessment or verification of the data from primary sources.

I do not have any plans for secondary use of the data.

**Any other issues that you consider important or that your supervisors have raised in discussions?**

There are no other issues at this stage.

**Please append a copy of your information sheet and consent form to participants.**

**Further information on Maynooth Research ethics policies is available here**
**https://www.maynoothuniversity.ie/research/research-development-office/ethics/ethics-general-policy-documents**

**Declarations**

I confirm that the statements above describe the ethical issues that will need to be managed during the course of this research activity.

| | |
|---|---|
| **Postgraduate Student** | **Signature:** Francis Kavanagh<br>**Date: 18th November 2024** |

| | |
|---|---|
| **MU course director** | **Signature:**<br><br>**Date:** |

**Please email a copy of your completed ethics form to your supervisor and cc Michael.J.Murray@mu.ie; angela.mcginn@mu.ie**

**You will receive a reply within 10 days of submitting the form**

## For Department Use Only

**Supervisor use only:**

Date Considered: _____

Approved ☐

Approved with recommendations (see below) ☐

Referred back to applicant ☐

Referred to Department Research Ethics Committee ☐

Recommendations:

# **Appendix B:** Interview Questions

## Interview Questions

- Can you describe your experience of being a student within the university environment?

**Inclusion and Exclusion**

- Do you feel included in university life and on campus as a student? Can you describe any experiences where you have felt either included or excluded by your peers and or faculty?

**Peer Pressure**

- Did you/Have you shared your recovery status with anyone while attending university?

**Stigma**

- Do you think you have faced stigma or judgment related to your history of addiction while at university? If so, can you provide an example?

**Difference**

- Did you encounter any unique challenges or circumstances while attending university e.g., submission deadlines, exam preparation, etc? Can you share some examples from your own experience?
- Do you perceive yourself as different from other students? Do you think these differences affect your experience in college? If so, in what ways?
- Are there specific challenges or strengths you feel come with the recovery status that distinguishes you from other students? If yes, tell me more about these

**Supports**

- Are there any specific support services or resources available to students in recovery at your university? Can you describe them? In what ways could they provide support or hinder your recovery?
- *Outside of campus*, what kind of support systems do you have in place while pursuing your studies (e.g., family, friends, recovery groups, university services)?
- If you faced challenges in your recovery while attending university, would you consider using the student support services available? If not, could you explain why?

- Do you believe there should be more tailored support services for students in recovery? What kind of support do you think would be helpful, and why?
- How do you navigate social situations where alcohol or drugs may be present?

**User vs. Recovery Identity**

- How do you balance your past identity as someone who struggled with addiction with your current identity as a student?
- Do you find it challenging to reconcile your past and present, especially when interacting with others who may not understand your journey?

**Mental and Physical Health**

- Do you feel your recovery journey has impacted your mental and physical health while at university?

**Retention & Dropouts**

- What factors do you think have contributed to your decision to stay in college and continue your education?
- Are there specific aspects of university life that have kept you motivated to stay enrolled?

**Academic Performance and Results**

- Are there any specific strategies you have used to ensure that your recovery does not interfere with your academic success?

**Additional Questions:**

- In your opinion, do you feel that Irish universities are doing enough to support students in recovery from addiction? Can you explain why or why not?
- What advice or insights would you offer to other students in recovery who may be starting their academic journey in higher education?
- Do you think there are societal assumptions or preconceived ideas about people in recovery in Ireland today? If yes, what are these?
- There’s evidence suggesting that students in recovery are often considered an "invisible" population, and some university environments may not be conducive to abstinence. What are your thoughts on this? Do you think this is true for your university?
- Is there anything else that you would like to share with me that I haven’t asked?

# **Appendix C:** Letter of Introduction


## INFORMATION FORM FOR RESEARCH PARTICIPANT(S)

**Purpose of the Study:**

I am Francis Kavanagh, a master's student on the MEd Adult and Community Education program in the Department of Adult and Community Education, Maynooth University. As part of the requirements for MEd Adult and Community Education degree, I am undertaking a research study under the supervision of Dr. Nuala Whelan.

The study is concerned with *the experiences of students in recovery from alcohol and or drug addiction in higher education in Ireland*.

**What will the study involve?**

The study will involve a confidential in-person one-to-one 40–60-minute recorded interview. This interview is audio recorded only. Audio recording is solely for the purpose of transcription. This interview DOES NOT involve video recording at any time.

**Who has approved this study?**

This study has been reviewed and received ethical approval from Maynooth University Department of Adult and Community Education. You may have a copy of this approval if you request it.

**Why have you been asked to take part?**

You have been asked because you self-identify as a person/student in recovery from alcohol and or drug addiction in higher education in Ireland. Interviewees are either currently registered as a student in, or a recent graduate of, higher education in Ireland.

**Do you have to take part?**

No, you are under no obligation whatsoever to take part in this research. However, I hope that you will agree to take part and give me some of your time to partake in a confidential one-to-one audio-recorded interview. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw

your information up until such time as the research findings are analysed. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with either myself or Maynooth University.

**What information will be collected?**

The information that will be collected during the interview will include the experiences, understandings, insights, beliefs, views, opinions, and feelings of persons/students in recovery from alcohol and or drug addiction in higher education in Ireland.

**Will your participation in the study be kept confidential?**

Yes, all information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All hard copy information will be accessed only by

- Francis Kavanagh (Researcher)
- Dr. Nuala Whelan (Research/Programme Supervisor)
- External Examiner for the MEd Adult and Community Education programme

No information will be distributed to any other unauthorised individual or third party. If you so wish, the data that you provide can also be made available to you at your own discretion.

*'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.'*

**What will happen to the information which you give?**

All the information you provide will be kept secure and in such a way that it will not be possible to identify you. On completion of the research, the data will be retained in line with current GDPR guidelines.

**What will happen to the results?**

The research will be written up and presented as a thesis. A copy of the research findings will be made available to you upon request.

**What are the possible disadvantages of taking part?**

I do not foresee any possible disadvantages or negative consequences to taking part in this research study. However, conversations around addiction recovery have the potential to cause upset through the recollection and speaking of previous experiences, both positive and negative. It remains the right of any participant to withdraw from the

research for any or no reason, and at any time. I remain conscious of a participant's possible need for emotional space and time. The interview can be paused or stopped at any time by you, the interviewee, without question, or by myself should I deem it necessary.

**What if there is a problem?**

At the end of the interview, I will discuss with you how you found the experience and how you are feeling. You may contact my supervisor (Dr. Nuala Whelan, Email: Nuala.Whelan@mu.ie) if you feel the research has not been carried out as described above.

**Any further queries?**

If you need any further information, you can contact me:

Francis Kavanagh

Mobile No. 087 *** ****

University Email: francis.w.kavanagh.2024@mumail.ie

If you agree to take part in the study, please complete and sign the consent form overleaf.

**Thank you for taking the time to read this**

# **Appendix D:** Participant Consent Form

### Consent Form

I …… agree to participate in Francis Kavanagh's research study titled *The Experiences of Students in Recovery from Alcohol and or Drug Addiction in Higher Education in Ireland*.

Please tick each statement below**:**

- The purpose and nature of the study have been explained to me verbally & in writing. I've been able to ask questions, which were answered satisfactorily.
- I am participating voluntarily.
- I permit my interview with Francis to be audio-recorded.
- I understand that I can withdraw from the study, without repercussions, at any time, whether that is before it starts or while I am participating.
- I understand that I can withdraw permission to use the data up to **Wednesday 30th April 2025**.
- It has been explained to me how my data will be managed and that I may access it on request.
- I understand the limits of confidentiality as described in the information sheet.
- I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below:

[*Select as appropriate*]

- I agree to the quotation/publication of extracts from my interview
- I do not agree to the quotation/publication of extracts from my interview

- I agree for my data to be used for further research projects
- I do not agree for my data to be used for further research projects

Signed……. Date…….

Participant Name in block capitals ……...

*I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.*

Signed……. Date…….

Researcher Name in block capitals ……...

*If during your participation in this study, you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact Michael Murray (michael.j.murray@mu.ie) or Angela McGinn (angela.mcginn@mu.ie) Please be assured that your concerns will be dealt with sensitively.*

# **Appendix E**: Braun and Clarke's Thematic Analysis Framework

**Thematic Analysis Process Using Braun and Clarke's (2006) Six-Phase Framework**

This appendix explains how I applied Braun and Clarke's (2006) six-phase approach to thematic analysis to the qualitative data gathered from six participants. The process was iterative, reflexive, and grounded in an interpretivist paradigm. The examples provided here draw on Theme 1: *Recovery Identity and Self-Concept* and Theme 2: *Navigating Disclosure and Visibility*, including their associated sub-themes as outlined in Table 1 (Chapter 4).

*Note: *Themes 6-8, while included in the initial thematic map (see Table 1), are discussed separately in Chapter 5 due to their structural and critical complexity*.

**Phase 1: Familiarisation with the Data**

Each interview was transcribed verbatim and reviewed multiple times. During this phase, I recorded initial impressions in a reflexive journal, noting emotionally charged language, silences, and patterns in how participants discussed identity, stigma, and recovery. This immersion helped highlight recurring tensions around self-definition, visibility, and vulnerability in academic contexts.

**Phase 2: Generating Initial Codes**

Transcripts were coded inductively in NVivo, with initial codes reflecting recurring concepts, metaphors, and emotional tone. A total of approximately 654 initial codes were generated across the six interviews. Some sample codes include:

| Transcript Excerpt | Initial Code |
|---|---|
| *"I'm not who I was, recovery changed how I see myself and where I'm going."* | Identity shift; Personal transformation |
| *"They wouldn't let me… you're being watched."* | Anticipated stigma; Institutional mistrust |
| *"No one really knows unless I tell them."* | Controlled disclosure; Managing visibility |

In the early stages, I focused on descriptive, surface-level meanings. As the analysis progressed, I began to explore deeper, more implicit patterns across the data.

**Phase 3: Searching for Themes**

Initial codes were organised into broader patterns of meaning. For example:

- Codes related to shame, integration, and resilience were grouped under Theme 1, with sub-themes: *Self-Acceptance and Identity Integration*, *Internalised Stigma and Shame*, and *Resilience and Self-Worth*.

- Codes on trust, fear, and strategic sharing informed Theme 2, with sub-themes: *Conditional Openness and Trust*, *Fear of Judgment and Exposure*, and *Impact of Disclosure*.

NVivo's visualisation tools (e.g., tree maps, coding matrices) supported the sorting and clustering of codes into candidate themes.

**Phase 4: Reviewing Themes**

Themes were reviewed against the entire dataset to ensure internal coherence and distinctiveness. This stage involved combining overlapping categories and reassessing boundaries between themes. The thematic framework was ultimately refined to include 8 final themes and 27 sub-themes, as presented in Table 1 of Chapter 4.

**Phase 5: Defining and Naming Themes**

Themes were clearly defined in relation to the research question and the study's theoretical lens. For example:

Theme 1: *Recovery Identity and Self-Concept* explores how students reconstructed self-understanding post-addiction, balancing internal growth with external perceptions.

Theme 2: *Navigating Disclosure and Visibility* captures the cautious negotiation of recovery identity in academic and social contexts, shaped by trust, stigma, and institutional culture.

Each sub-theme captured a distinct nuance within participants' experiences.

**Phase 6: Producing the Report**

The final write-up of themes appears in Chapter 4: Findings, with sub-themes providing internal structure. Verbatim quotes from participants were used throughout to preserve voice and authenticity. These thematic insights formed the groundwork for the more critical interpretation in Chapter 5, where Themes 6–8 were developed further through a macro-level lens.