Resilience and Recovery in College Students with a
Substance Use Disorder: A Phenomenological Analysis

By

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Abstract

According to the Substance Abuse and Mental Health Services Administration (SAMSHA, 2015) more than one in three college students binge drinks, one in five uses an illicit substance, and one in seven meets the clinical criteria of having a substance abuse disorder. These surveys do not include items to determine if respondents are in recovery; thus, there are no precise estimates of the numbers of college students in recovery from addiction (Perron, Grahovac, Uppal, Granillo, Shutter, & Porter, 2011). However, the prevalence of substance use in this population is a primary indicator of the potential need for support services on campuses. Bell, Kanitkar, Watson, Lostina-Ritchey, and Harris (2009) suggested that support services for students in recovery were critical to their academic success. This phenomenological study examined the lived experiences of resilience by college students in recovery from substance use disorders. The data drawn from individual interviews with purposively selected participants (N=8) were thematically analyzed to understand the relationship between resilience and recovery among this population. Four recurring themes were identified and shown to be the critical sources of resilience, Managing Emotions, Social Support and Community, Humility and Acceptance, and Spirituality. A member check estimated that the resonance with participants experience regarding the four themes was very high between the eight respondents. This high level of agreement suggested that the data were trustworthy and credible. Few studies focus specifically on the experiences of college students in recovery.

Therefore, this study contributes to closing the gap in knowledge regarding this

demographic group for whom the prevalence of substance use and addiction is disproportionately

high.

Acknowledgements

per·se·ver·ance
ˌpərsəˈvirəns/
noun
steadfastness in doing something despite difficulty or delay in achieving success.
"her perseverance with the process illustrates her single-mindedness"
synonyms: persistence, tenacity, determination, staying power, indefatigability, steadfastness.
(Google dictionary, 2018)

Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom. (Frankl, V.)

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List of Abbreviations

CRC   Collegiate Recovery Community

ARHE   Association of Recovery in Higher Education

SUD   Substance Use Disorders

SAMSHA Substance Abuse and Mental Health Services Administration

NCBI   National Center for Biotechnology Information

NIDA   National Institute on Drug Abuse

NIAAA   National Institute Alcohol Abuse and Alcoholism

CASA   National Center on Addiction and Substance Abuse at Columbia University

CHAPTER I. INTRODUCTION

There is a substance abuse crisis facing our country's college population. While many

studies have been published on the topic of substance abuse disorders (SUD) within the general

population, few concentrates on the experiences of addiction and recovery within the collegiate

population. Students with substance use disorders are increasingly becoming a significant portion

of the collegiate population.

Alcohol and drug programs are generally provided as an education and harm/risk

reduction paradigm with little or no attention to given to those students who are in active

recovery from substance use disorders. The role of psychological resilience or the ability to

successfully adapt to social disadvantage or adverse conditions is critical for those in recovery

from addiction. This research study therefore sought to explore the social and behavioral factors

that promote resilience in achieving recovery among this population.

Background and Context

Substance Use Disorder

According to the Substance Abuse and Mental Health Administration (SAMSHA, 2015)

in 2014, approximately 21.5 million people aged 12 or older had a substance use disorder (SUD)

in the past year. This figure includes 17.0 million people with an alcohol use disorder, 7.1

million with an illicit drug use disorder, and 2.6 million who had both an alcohol use and illicit

drug use disorder (SAMSHA, 2015). The Diagnostic and Statistical Manual, 5th Edition (DSM-

V) recognizes substance-related disorders resulting from the use of separate classes of drugs

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including alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedative, hypnotics, amphetamines, tobacco, and other substances. The DSM-V recognizes that vulnerability to developing substance-related disorders and the experience of co-occurring mental health conditions are not equal among all individuals. According to the DSM-5, SUD's included 11 different criteria listed below:

1. Taking the substance in larger amounts or for longer than you're meant to

2. Wanting to cut down or stop using the substance but not managing to

3. Spending a lot of time getting, using, or recovering from the use of substances

4. Cravings and urges to use the substance

5. Not managing work, school, or home life because of substance use

6. Continuing to use even when it causes significant problems

7. Missing important social, occupational, and recreational activities because of substance use

8. Using substances repeatedly even when it places you in danger

9. Continuing to use, even when you know you have a physical or psychological problem that may have been caused or exacerbated by the drug use

10. Needing more of the substance to get the desired effect

11. Development of withdrawal symptoms that can be relieved by taking more of the substance.

Substance Use Disorders in the Collegiate Environment

Significant research over the last few decades has addressed the alarming rates of alcohol and other drug use by the collegiate population in the U.S. (National Institute on Drug Abuse (NIDA), 2016). Data provide conclusive evidence that there is a SUD crisis occurring among

college students across the country (Miller, 2013). According to SAMSHA (2014), more than one-third of full time college students engage in binge drinking while one in five have used an illicit drug in the past month.

NIDA estimates that each year approximately 1,825 college students die from alcohol related accidents and another 600,000 college students are injured while under the influence of alcohol and other drugs (NIDA, 2016). Additionally, an estimated 696,000 assaults and 97,000 rapes have been linked to alcohol consumption on campuses annually. The CDC defines binge drinking as consuming more than one drink per half hour. Approximately, three-fifths of underage drinker's report binge drinking, and is generally the most common, costly, and deadly pattern of excessive alcohol use in the United States.

Alcohol abuse costs our nation's healthcare system around $224 billion annually while the use of tobacco, alcohol, and drugs exacts more than $700 billion lost in criminal activity, deficient work productivity, and health care (NIDA, 2016). These numbers substantiate substance use as a major public health issue affecting students, their families, communities, and for the nation (NIDA, 2016).

Collegiate Culture

For generations, the clichéd image of college life and drinking has been viewed as in fashion with collegiate culture, particularly by the Greek life system in our colleges and universities. Likewise, institutions of Higher Education can more effectively respond to challenges in monitoring, assisting, and evaluating these issues on their campuses through collaboration between environmental aspects (Hingson, Heeren, Zakocs, Kopstein, & Wechsler 2005; Kitzrow, 2003).

The National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2015) writes about

the culture of collegiate drinking, noting that customs promoting drinking are embedded into our culture. The walls of college sports arenas are lined with commercial sponsors, many of who are from the alcoholic beverage industry that commonly markets their products to alumni and students. Alumni and students traditionally participate in social events such as tailgate parties before sporting events. Local businesses cater to the student market by offering cheap drink specials every week. Supported by the community zoning boards, they are permitted to run establishments near campuses, serve and sell alcohol, and gain substantial financial success through their student market (NIAAA, 2015).

Students arrive on campus with preconceived ideas about the collegiate culture. From their environment at school, students infer certain expectations about drinking alcohol while simultaneously coping with merging into a new social group. These expectations influence a culture of drinking which propagates itself actively and passively. The overall tolerance of college drinking is a message not only of approval, but also as a rite of passage (NIAAA, 2015). This culture has normalized, fostered, and even promoted the experience of alcohol use, creating education environments that are uncomfortable to those who elect to abstain from alcohol and other drugs.

Our college campuses are experiencing a substance use crisis that is not slowing down (Wiebe, Cleveland, & Harris, 2010). SAMHSA defines binge drinking as five or more alcoholic drinks for males or four or more alcoholic drinks for females over a two-hour period. Heavy alcohol use is defined as binge drinking on five or more days within a one-month period.

According to the 2015 National Study on Drug Use and Health, (NSDUH), an estimated 58 percent of full-time college students ages 18–22 drank alcohol within a month of participating in the study. This figure compared with 48.2 percent of non-students of the same age. Over a

third, (37.9%), of college students ages 18–22 reported binge drinking in the past month compared with 32.6 percent of non-students while 12.5 percent reported heavy alcohol use compared with 8.5 percent of non-students of the same age (NSDUH, 2015)

Finally, the NSDUH survey reported that roughly 20 percent of college students meet the criteria for alcohol use disorder. Each year an estimated 1,825 college students between the ages of 18 and 24 die from alcohol-related unintentional injuries including motor-vehicle crashes while 696,000 are assaulted by another student who has been drinking, and 97,000 students experience alcohol-related sexual assault or date rape. About one in four college students report academic consequences from drinking, including missing class, falling behind in class, doing poorly on exams or papers, and receiving lower grades. These numbers reflect the pool of students with addiction and dependency issues, yet the collegiate response has remained one of individual harm reduction without recovery support services.

Students in recovery are in a particularly vulnerable position. They find themselves in an environment with many social obstacles, particularly conformity. Group conformity is a powerful social pressure particularly in an alcohol and drug saturated environment (Perkins, 2002). Not conforming can create feelings of isolation, not being a part of the college social life. They may experience significant stress from the constant exposure to drugs and alcohol in and around the campus. Developing social networks and support for an abstinent lifestyle may be difficult. Often twelve step groups in the community are comprised of older adults rather than their peers. These students may perceive they have no one in the collegiate environment with whom to identify, create social bonds, or share a sense of belonging (Wiebe, Cleveland, & Harris, 2010).

In addition to the absence of a social network, students in recovery may face

developmental challenges during their teen years when identity formation takes place (Erikson, 1968). Substance use during these years may interfere with healthy development, leaving the user with incomplete stages of individual and social development (Barber, Eccles, & Stone, 2001).

Human Development

Erik Erikson's contributions to developmental theory are renowned particularly in his stages of human development. He was one of the first to describe a prolonged adolescence, or what he coined as a "psychosocial moratorium" that was typical of industrialized societies to allow their young people (Erikson, 1968). The psychosocial moratorium is defined as span of time for the young adult to explore and experiment, discovering how and where they fit into society. Daniel Levinson (1978) described the years of 17-33 as the novice phase of adulthood where the task of the individual is to move into the adult world and build a stable life structure. According to Levinson, this is a time of considerable change and instability while the individual sorts through many different possibilities.

Keniston (1971) discussed the differences between adolescence and young adulthood. He suggested that adolescence is marked by tendencies of immaturity and youthful behavior while young adulthood suggests greater maturity and a settled place in society. Keniston (1971) questioned the qualities of post adolescence determining that this group has yet to find their place in their world. Consequently, he defined the term "youth" as a way of classifying this post-adolescence stage and distinguishing it from adult stages.

Arnett (2004) suggested that emerging adulthood is from age 18 to the mid-twenties, depending upon the individual, and further states that more identity development occurs during this time than in adolescence. During young adulthood there is a broad scope of individual

conation and very little is normative or demographically reflective of this population (Arnett, 2000). It presents a challenge to predict the demographic status during these years of development because of the high degree of variability among individual development. Arnett named this new developmental stage Emerging Adulthood, effectively bumping the start of Young Adulthood to age 26.

Studies confirm that the high school and college years are a time span with much developmental variability, which is distinct from the adult stages of life. During the phase of emerging adulthood (ages 18 to 25), college students are incrementally moving towards independent living as they begin to make more behavioral health decisions on their own (Gallo & Gallo, 2009). Several types of high-risk behaviors are exhibited at their highest levels during emerging adulthood including unprotected sex, substance use, and reckless driving (SAMSHA, 2014).

Stigler, Neusel, and Perry (2009) suggest that the widespread use of alcohol among young adults has had the effect of normalizing alcohol use, making change more daunting than for other types of substance use. They state that interventions will be most effective in creating long-term change by addressing and engaging the multiple facets (family, college, community, and media) of the young adult's environment (Stigler et al., 2009). Furthermore, understanding the changing perspectives on development are essential for informing the recovery research and intervention programs for college students with SUD, rather than using models for more mature adult populations.

Prevention and College Campuses

Colleges have initiated prevention and harm reduction programs to mitigate the alcohol and drug problems on their campuses. NIAAA (2015) created The Task Force on College

Drinking, a collaborative initiative between college administrations and scientist's working to address prevention programs effectively. Their recommendations profile culture change as prevention on campuses and involve the surrounding communities. The task force suggests that interventions will be necessary at three levels to shift the culture. These levels include the individual student, the student body, and the community. The Task Force focuses on how to shift the culture that scaffolds alcohol misuse and its subsequent fallout on campuses and communities (NIAAA, 2015).

The widespread use of alcohol among young adults has had the effect of normalizing alcohol use by their population. The drinking culture of the collegiate environment has been viewed a normal part of the college experience for decades and this population is drinking more alcohol than any other age group or demographic group (Miller, 2013, NIDA, 2016). This form of acculturation makes change more challenging than for other types of drug use. According to these same authors, interventions will work best by addressing multiple facets of the college student's environment. These areas will need to include the family, the university or college, and the community to effect change in the long term (Stigler et al., 2011).

Statement of the Problem

Institutions of Higher Education have created divisions to monitor, assist, and evaluate issues regarding the collegiate culture of substance abuse on their campuses (Hingson et al., 2005; Kitzrow, 2003). These efforts along with the public fallout from alcohol related accidents and assaults have brought the issue of alcohol and drugs to the forefront for colleges and universities. Colleges have implemented prevention and harm reduction initiatives to mitigate the alcohol and drug problems on their campuses. Researchers have examined in depth means to facilitate abstinence from substances.

Studies show that continued involvement with 12-step groups and other forms of recovery support following treatment improve the outcomes for sobriety in emerging adults (Bergman, Hoeppner, Nelson, Slaymaker, & Kelly, 2015). For those who have already made the decision to opt for sobriety, how do they navigate the collegiate culture, and what resources are in place? Most colleges and universities rely on the surrounding community to meet the needs of these students and a small number of higher education institutions have established collegiate recovery communities on their campuses.

A collegiate recovery community (CRC) or collegiate recovery program (CRP) is a supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. The CRC is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice one for the other (Association of Recovery in Higher Education, ARHE, 2016). ARHE is an organization representing CRC's and CRP's. They provide resources, education, and collective resources for recovery. Currently, ARHE has established programs across the country within the Pacific, Mountain, Midwest, Northeast, Mid-Atlantic, Southwest, and the Southeast regions of the United States. ARHE is a network of professionals, administrators, faculty, staff, students, parents and policy makers.

There is little information about the lived experiences of college students in recovery to inform clinicians and institutions of higher education about what they can do to foster sobriety and recovery resilience for college students who elect to live without using alcohol or other drugs. The problem is that it is not established what individual and common experiences college students in recovery have had and what they believe would be the most helpful information to share with others.

Rationale

The primary purpose of this study is to explore the lived experiences of resilience among college students in recovery. The intended use of this study is to collect, analyze, interpret, and synthesize the meaning of those collective experiences for contributing to a body of knowledge on resilience in recovery of college students with addiction disorders.

There is a lack of research about the experience of resilience and recovery from the perspective of college students. Cleveland, Harris, Baker, Herbert, and Dean, (2007) noted the irony of the existence of a handful of programs supporting recovery while there are thousands of substance abuse prevention and treatments programs designed specifically for students while attending college and afterwards. Furthermore, many college students in recovery are anxious about navigating life after sobriety. Sharing their stories will provide possibilities for normalizing the recovery lifestyle.

Traditionally, substance use research to treat SUD has been explained through the use of the medical model. More recently, researchers have approached substance use from an ecological theory approach (Meschke & Patterson, 2003). The research suggests risk factors and protective factors influence the tendency to develop multiple maladaptive behaviors such as substance use. Individuals develop within contexts of family, community, and society. Each of these systems is comprised of subsystems; all of which influence the individual directly and indirectly (Bronfenbrenner, 1979).

Other resilience researchers have borrowed Erikson's Stages of Development as a template for resilience and recovery. These researchers found there is a parallel process between normative development and non-normative experiences. Their research suggests that developmental outcomes and resilience may be highly related concepts (Vogel-Sciblia, et al., 2009).

Significant resources have been utilized to create and maintain prevention efforts for substance abuse in the collegiate environment. However, Cleveland, et al., (2007) report that little attention has been given to supporting and nurturing those students who have made the commitment to living a substance free lifestyle. We know that some students experience negative effects from alcohol and drugs. Yet, they are able to manage their use in productive ways, thus allowing them to become successful adults (Masten, 2001). We know from existing research, positive social support is strongly predictive of long term abstinence and that successful recovery requires the person to develop a new peer group; interaction with peers who use substances is a strong predictor of relapse ((Marlatt & Witkiewitz, 2005, p.20).

It has been well established that the collegiate environment is a hostile one for those in recovery (Cleveland et al., 2007). How can students in recovery be best supported? Some individuals in recovery were able to utilize their resources and assets to manage substance use or achieve abstinence. What type of support services helped those who have maintained sobriety? What is the experience like for those who demonstrate recovery resilience? What can we learn from their experiences to inform efforts to support and foster resilience for students in recovery?

Recovery Resilience

Cultures around the globe have tales and legends passed down from generation to generation. Brene Brown (2016) reports part of our DNA wires humans for storytelling. These stories often have themes of struggling against adversity and powerful opposition (Masten, 2014). Traditional fairy tales are abundant with these stories and even today these themes are communicated in all forms of media.

Individuals who have faced enormous challenges and were able to beat them against all odds still awe people today. American culture is replete with stories of resilience of ordinary

people overcoming adversity. Examples are found in popular films such as It's a Wonderful Life (Capra, 1946), The Lord of the Ring series (Tolkien, 1955), and the Star Wars Trilogy (Lucas, 1977). Masten (2014) posits that this fascination can be rationalized by an underlying truth about human resilience.

There has been an interest in studying the ability to rebound and overcome challenges during times of uncertainty, such as natural disasters, economic crisis, family conflict, and health emergencies. Early researchers studying at-risk children found significant differences among study participants who were doing well despite "formidable odds". These types of studies led scholars to examine who recovers well and what can be done to promote and protect health and positive development (Masten, 2014).

The study of resilience has reframed many interventions and guidelines created to assist with academic and behavioral challenges. Resilience models incorporate the person's assets, strengths, and protective factors that mitigate the risks and vulnerabilities experienced by the individual (Masten, 2014); Vogel-Scibilia et al., (2009); Svetina, (2014). The college student in recovery is an at-risk population with significant problems in the college environment, where SUD's have created a public health problem that requires reform (SAMSHA, 2014).

Resilience happens when an individual effectively copes with negative risk exposures and experiences positive outcomes in her environment. Resilience theory suggests there are specific assets that students need to succeed, including a sense of connectedness to caring adults and peers (Luthar et al., 2000). Research suggests that the more assets the individual perceives they have; the less likely they are to engage in high-risk behaviors and the greater likelihood of experiencing thriving behaviors, although the influence of assets on recovery from SUD has not been well documented (Benson, Roehlkepartain, & Selma, (2004); Scales, Benson, Leffert &

Blyth, (2000); Sesma & Roehlkepartain (2003).

Purpose of the Study

Counselors receive training to work with at-risk populations in schools, student counseling centers, substance abuse treatment centers, and private practice. By identifying specific supports that promote positive development in emerging adults experiencing addictions., additional tools may be developed to increase thriving behaviors while reducing the risk of their engaging in high-risk behaviors (Scales et al., 2000). According to Vogel-Scibilia et al. (2009), Svetina (2014), and Rashid et al., (2014) there is no theory available to create useful clinical interventions for emergent adults seeing recovery support from traditional providers. The purpose of this study is to identify the strongest protective factors related to addiction recovery among students.

Significance of the Study

One of the goals of this study is to help inform communities, families, individuals and institutions of higher education in their efforts to address the changing needs of the collegiate population. Another goal of this study is to examine, analyze, and synthesize data on the lived experiences of college students in recovery. Outcomes will provide a source of learning and guidance in the lives of other students in recovery or seeking recovery.

Approximately one in five (21%) of the population between the ages of 18 – 21 meets the criteria for substance abuse disorders (SAMHSA, 2015). The collegiate environment is perfectly positioned for positively impacting the stigma associated with addiction and fostering resilience in students in recovery (ARHE, 2016). It is particularly relevant at a time where substance use is dominating the collegiate culture, and the definition of what it means to be a college student preparing for their adult lives has significantly shifted.

<center>**Research Question**</center>

The research question examines the lived experiences of college students in recovery from substance use disorders. What are college students' experiences of resilience while pursuing sustained recovery?

Definition of Terms

Collegiate Recovery Communities (CRC): A collegiate recovery program (CRP) is a supportive environment within the campus culture that reinforces the decision to disengage from addictive behavior. CRC is designed to provide an educational opportunity alongside recovery support to ensure that students do not have to sacrifice

one for the other (ARHE, 2016).

Recovery: Recovery from alcohol and drug problems is defined as the process to sustain abstinence from alcohol and drugs and improved health, wellness and quality of life (SAMSHA, 2015). A voluntarily maintained lifestyle characterized by sobriety, personal health and citizenship (Betty Ford Institute, JSAT 2007).

Resilience: Masten (2014) defined resilience as the capacity for the individual to change and adapt successfully to their environment. Resilience happens when an individual effectively copes with negative risk exposures and experiences positive outcomes in her environment.

Substance Use Disorders: Substance use disorders are deemed as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders are defined as being when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home (APA, 2014).

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CHAPTER II. LITERATURE REVIEW

The review of literature consisted of a historical overview of resilience, and specifically addressed models of resilience and recovery. The section continues with a review of challenges facing students in recovery. The study of resilience of students in recovery is a new but emerging topic of research.

Resilience Theory

Resilience has been a difficult concept to measure (Prince-Embury & Saklofske, 2013). Kaplan (1999) suggested that resilience is not a characteristic; rather it is a conceptual tool for predicting behavior. Prince-Embury & Saklofske (2013) suggested researchers define resilience by identifying its constructs to make it useful in the therapeutic setting. The American Psychological Association (APA, 2014) defined resilience as the process of adapting successfully through adversity, trauma, tragedy, threats or other significant sources of stress. Resilience has been defined as reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experience (Rutter 2006).

Resilience allows the individual to persevere, to adapt and to make sense or give meaning to trauma or loss (Masten 2001, Brooks & Goldstein 2001, Frankl, 1946). Masten (2014) reported that resilience is rather ordinary. She suggested there are many common processes predicting resilience and these processes represent fundamental protective systems for human development. She argued that resilience grows organically from the interaction of adaptive systems. Resilience is not entirely fixed but is an ability that can be acquired and cultivated

(Rashid et al., 2014).

First Wave Resilience Theory

In resilience theory, there are three waves of notable research inquiry documented in postmodern research. Richardson (2002) explores the paradigm shift away from the reductionist approaches of the past in therapy and education. He notes what has evolved, as an alternative to the reductionism, is strengths-based approaches in the counseling profession and across academic disciplines. Historically, the impetus has been placed on examining the risk factors leading to psychosocial problems and is now shifting towards identifying the abilities of the individual to cope with the risk factors instead (Benson, 1997). From this strengths-based approach, Richardson (2002) found resilience emerged as a means for the individual to grow through challenges and adversity. Many studies of resiliency came about through a phenomenological identification of the traits of young people living in high-risk situations. This represented the first wave of research into resilience theory (Richardson, 2002).

Second Wave Resilience Theory

How do individuals become resilient? How do they acquire the qualities of resilience? The resiliency theory continued into the second portion, or "wave," by addressing these questions. Resilience came to be known as the process of coping with challenges, fostering protective factors, and developing the traits described in the first wave of study (Richardson, 2002). Flach (1997, 1988) suggested that resilient qualities are attained through a law of disruption and reintegration. This is a linear model depicting the individual as passing through the stages of a mental and physical homeostasis, which is achieved when an individual adapts to a situation. People may refer to this as their comfort zone. People have the option to choose the outcomes of life disruptions. By opting for resilient reintegration, the individual moves forward

in growth, self-understanding and increased strength of resilient qualities.

The second wave model suggests that in the face of a life disruption, the individual will return to homeostasis either by use of resilience or by experiencing a setback. Using resilience allows for growth, not doing so incorporates loss via a setback. People choose consciously or unconsciously the outcomes of their life interruptions. We develop qualities to manage most life events as routine and make them less likely to cause us disruption. We learn to make a living, to take care of personal needs, and perform other tasks as needed. When life events exceed our coping capacities, disruptions may become overwhelming. An example of this would be chronic stressors.

Chronic stressors occur when people do not develop resilient qualities that allow them to manage disruptions. Primary emotions, such as guilt, fear, and confusion, are evoked at these times and the individual is presented with an opportunity. He may choose growth and return to homeostasis or he may choose to reintegrate with loss-dysfunctional reintegration. Resilient reintegration is to experience insight or growth through disruptions. The process is introspective in identifying and nurturing resilient qualities resulting in the strengthening of resilient traits. If the person opts to stay in her comfort zone, she will reject the opportunity for growth to avoid a disruption and maintain homeostasis. Recovering with loss means that she gives up some hope or drive because of the demands from a life prompt. Dysfunctional reintegration happens when we choose destructive behaviors or substances to cope with these life prompts.

Third Wave Resilience Theory

The third wave of resiliency study determined that motivational energy was required for one to healthily emerge from the disruptions in life. The third wave is a postmodern view that identifies motivation as being within the person and in the generation of encounters in which this

motivational energy is successfully integrated (Richardson, 2002). Resilient reintegration requires increased energy to grow and the source of the energy is a spiritual source or innate resilience. It stems from the belief that there is a force within each person driving them towards self-actualization with a spiritual source of strength (Rogers, 1961; Richardson, 2002). Werner and Smith (1992) referred to resilience as the innate "self-righting tendencies" of the individual (p. 202). Lifton (1993) identified resilience as the human capacity of all individuals to transform and change no matter their risks.

Resiliency theory prompts counselors to search for individual strengths in clients and to nurture them. Resilience based therapy requires we peel back the outside protective layers to discover the person's innate resilience. The disruptive and reintegration process describes the "ups and downs" of life for students in recovery. Students maintaining their recovery have developed resilience that can be seen in the simple and practical applications in everyday living. Skills such as meditation, Tai Chi, prayer, yoga, exercise, and other therapies can be used to access resilience. Resilience can provide these students with hope and increased self-efficacy (Richardson, 2002).

Recovery

The trend in addictions studies has been toward recovery-based approaches marking a shift away from a strict, harm reduction approach (Laudet, Flaherty, & Langer, 2008). For the therapeutic goal to be one of encouraging recovery, the model has changed from curing the individual experiencing SUD, to a model of sustained recovery management, supplemented with pro-social resources (Gubi & Marsden-Hughes, 2013, Laudet, Flaherty, & Langer, 2008). Their research found recovery to be made up of three interconnected groups of phenomena: being sober, maintaining sobriety, and recovery. These phenomena emerged as a gradual organic

ongoing process. Gubi and Marsden-Hughes (2013) focused on helping the individual stay sober. This could include timely re-intervention. People in recovery were often found to struggle on their own, needing encouragement to seek therapeutic interventions with 12 step groups like AA/NA and non-using peers. These affiliations were found to increase sustained sobriety in the post-treatment phase (Laudet, & Stanick, 2010). Group relationships are thought to be critical to those in recovery. By listening to the success narratives of others, their own experiences are normalized, while providing the necessary therapeutic conditions of empathy and congruence (Gubi & Mardsen-Hughes, 2013).

Johansen, Brendryen, Darnell, and Wennesland (2013) suggested a positive identity is requisite for successful recovery. For support relationships to be effective they must be grounded in the belief that a positive self-image for the person in recovery is built in part by mastery experiences that are encouraged and sustained by these relationships. These authors suggest those who are working to treat individuals in recovery are not helping people overcome their addiction, but rather they are providing them with an opportunity to show who they really are. Johansen et al., (2013) suggests that helpers offer support for the person in recovery without judgment or control to facilitate a collaborative understanding about the self from that person. By focusing on social support, the positive identity model supports the germaneness of the recovery concept.

The focus of their study centers on the dyadic relationship of the individual in recovery and his support person or group of people. The objective of this association is one of understanding rather than pure analysis. In other words, the positive identity model requires that the helper role and the individual in recovery work together to conceptualize and then actively seek positive outcomes. This positive identity model provides a constructivist view of recovery,

giving it a social-psychological design, rather than a bio-pharmacological etiology (Johansen, et al., 2013).

Recovery is an aspect of substance-use that is less studied. Successful recovery processes provide the structures for promoting resilience to increase the capacity for those in recovery to navigate through the psychological, emotional, and physical pain they may experience in sobriety (Harris, Smock, & Wilkes, 2011). While there is much research on substance abuse treatment, data on sustaining sobriety is considerably less available. Treatment, according to Smock, Froerer, and Blakeslee (2011) is the most widely studied phase of substance dependence and is defined as the process of working with the substance user to decrease or cease their substance use. Relapse prevention, on the other hand, attempts to teach people how to reduce their risk of relapsing, often through cognitive and behavioral strategies.

Relapse prevention aids in lowering the probability of drinking or using drugs soon after treatment. The goal of recovery is sustained sobriety. Most definitions of recovery include abstinence, but experts in the field argue that recovery means more than just maintaining sobriety (Laudet, 2007). There are other factors like community, family, and peers in sustained recovery. Community resilience is defined as the inherent capacity, hope, and faith of the group to withstand adversity, and to persevere in connectedness with others (Landua, 2007, p. 352). Building these self-sustaining structures is a lifelong process that does not rely solely on professionals to maintain sobriety (Harris et al., 2011).

Theories of Recovery and Resilience

Erickson's Theory of Development and Recovery

College students in recovery face challenges from the environmental saturation of drugs and alcohol, but this is not their only problem. There are several developmental challenges they

face stemming from their histories of addictive adolescent substance use. The teenage years are the ideal time for individual identity development and social identity development. Substance use during these formative years affects normal development and may leave college students who are in recovery especially vulnerable and unprepared for the substance saturation of the collegiate environment (Wiebe, Cleveland, & Harris, 2010).

Having a strong personal identity allows students to successfully navigate through challenges, such as the pressure to use substances, successfully. Erikson's model of personal identity formation offers a lens that works well with recovery and Vogel-Scibilia et al., (2009) offer a psycho-developmental model that parallels this theory of human development. These authors theorize that the process of recovery involves reworking of the fundamental developmental steps of identity formation.

Erickson's Theory of Development and Recovery has eight recovery stages: trust vs. doubt, hope vs. shame, empowerment vs. guilt, action vs. inaction, new self vs. sick self, intimacy vs. isolation, purpose vs. passivity, and integrity vs. despair. Eight opportunities to resolve the conflicts of recovery are proposed (Vogel-Scibilia et al, 2009). It is hypothesized that resolving the positive and negative aspects of each recovery phase parallels with normative development. Like the Kubler-Ross' model of grief, an individual may travel through the course of recovery in a nonlinear fashion (1969). This is a daunting task for those in recovery from substance abuse and those students who were in adolescence when their addiction began will have to work through not only the stages of recovery, but also Erikson's developmental conflicts that were left unresolved due to their substance use.

Erickson's Theory of Development and Recovery is defined as the ability to overcome symptoms or setbacks through recovery and/or developing positive adaptation skills through

learning. Imagine the example of a turtle that just keeps moving slowing forward until adversity hits. At which point, it curls up in its shell and in self-protection. When the environment is perceived to be safe, it starts moving forward again (Baxter, 1998). Svetina's (2014) study of Erikson's theory showed strong empirical support for the conclusion that developmental outcomes and resilience are highly related concepts.

In resilience research, the crisis is normally triggered by difficult life circumstances such as adversity, addiction, or trauma. These severe forms of crises are not likely to happen to all people whereas developmental crises are universally experienced. This explains why resilience is typically studied as an adaptive mechanism focused on non-normative populations. Svetina's (2014) results support that both processes are interrelated. The ability to cope with adversity speaks to the ability to cope with developmental tasks. Once experiencing a crisis, normative or not, an individual is likely to utilize their coping mechanisms and available resources manage the crisis.

Werner (1984) found that resilience was connected to one's beliefs and confidence that life would work out well. This belief is developed early in life and is understandable in the context of the first stage of Erikson's theory. Miller-Lewis (2013) found resilience was promoted early in life through a child-adult relationship that fostered a positive self-concept and self-control for the child. To illustrate this point, Murphy and Moriaty (1976) found that resilient children showed pronounced autonomy and independence, which paralleled to Erikson's second stage of development, autonomy versus shame and doubt. In recovery, the second stage is hope versus shame. Here the person struggles with the loss of control stemming from their addiction. Using the eight stages of development from Erickson's model allows the therapist to assist clients in personal growth and develop coping skills that foster hope for recovery.

Bronfenbrenner's Ecological Theory and Recovery

More recently, some researchers have approached substance use disorders from ecological theory perspective (Meschke & Patterson, 2003). Bronfenbrenner's research suggests that risk and protective factors influence the tendency of individuals to adopt maladaptive behaviors such as substance use. Individuals develop within the context of their family, a community, and a society. Each of these systems is comprised of subsystems that influence and shape the individual directly and indirectly (Bronfenbrenner, 1979).

Bronfenbrenner's theory utilizes a systems approach comprised of the microsystem, meso-system, exo-system, and the macro-system. According to Bronfenbrenner (1979), the microsystem's setting is the direct environment we have in our lives, including family, friends, classmates, teachers, neighbors, coworkers, people with who we have direct contact. People co-construct their reality within these systems. The meso-systems are viewed as being the relationships between the microsystems in their life. For example, when neglected by his parents, a child may have less chance of developing positive attitudes towards his teachers. A child may feel awkward in the presence of peers and may resort to withdrawal from a group of classmates. The settings in which there is a link between the context- where one has no active role- and the context where one is actively participating- are labeled as exo-systems.

The macro-system is the actual culture of the individual. The cultural contexts involve the socioeconomic status of the person and their family. Building healthy connections between the individual and these systems are the basis for ecological theory and recovery. The aim of this theory is to attend to the relationships between the various systems and to utilize them in the recovery process to nurture recovery resilience for the individual. An example of a macro-systemic approach to recovery is the use of multi-family groups during treatment. This method

includes family members engaging in the recovery process by working on their own personal recovery from the experience with the alcoholic or addict.

Family members unconsciously adjust to the person with a substance use disorder by developing patterns of accommodation as a way of coping (National Center for Biotechnology Information (NCBI), 2004). Individuals within the family work unconsciously to restore homeostasis and maintain family balance. Strengthening the family changes the maladaptive interactions within the family system creating change in the individual abusing substances (NCBI, 2004). This manner of addressing treatment strengthens the entire family system over just the individual in treatment, improving outcomes for those in recovery.

Marlatt and Gordon's Relapse Prevention Model

Marlatt and Gordon (1985) developed a relapse prevention model based upon creating effective coping strategies and raising the self-esteem of the individual. This model gained traction particularly as the addiction field moved away from a strictly medical model. According to Marlatt and Gordon (1985), the relapse process is defined as the return to substances following a period of abstinence. The relapse process begins before the first post-treatment use and continues after the initial use. This isn't a dichotomous process. Instead, experiencing a lapse in abstinence is seen as a transitional process, or a series of moments that unfold over time. Marlatt's relapse prevention model is based on social cognitive theory and conceptualizes relapse prevention with cognitive behavioral strategies aimed at precluding lapses in abstinence. This model describes factors that contribute to relapse episodes.

Treatment is initialized with an environmental assessment of risky situations and lifestyle factors. The treatment involves preparing for these risks by targeting the response to be made by the individual when faced with such situations. One's cognitive and behavioral tools are

strengthened to reduce risk and thereby increase confidence through acknowledgement of the dangers of living in sobriety. Those with effective coping responses have more confidence in their ability to manage stress and anxiety, thus reducing their probability of a relapse.

On the other hand, those with ineffective coping skills may continue to experience low self-efficacy in life. This lack of confidence, along with the expectation that substance use will have a positive effect, may result in an initial lapse that could snowball into feelings of guilt and failure, known as the abstinence violation effect (Marlatt & Gordon, 1985). Brownell, Marlatt, Lichentstein, and Wilson (1986) suggested that defining a relapse is not as simple as one might think. One person could lose control with their first lapse in abstinence. Another person might drink one drink, not lose control, and maintain abstinence thereafter. Thus, a lapse could be defined as the use of the substance at all or it may be defined by the response of the person (Brownell et. al., 1986). Did the individual lose control? Perspective and context must be taken into consideration.

Process Model of Addiction and Recovery

The process model of addiction and recovery by Harris, Smock, and Wilkes (2011) outlined the developmental nature of addiction and recovery for adolescents. This model suggested three main areas of substance use and dependence: prevention, treatment, and recovery. The prevention piece is the steps or actions taken to avoid substance use and to reduce or decrease the health and social consequences of using substances. Prevention programs tend to target populations that are chronologically young and for who addiction later in life is uncertain. Treatment is the stage of seeking help from professionals to manage one's substance use disorder. Treatment is most often provided at in-patient facilities followed by out-patient treatment. The recovery phase refers to the time post-treatment.

Harris et al., (2011) suggested that people experience pain in their physical, emotional, and spiritual life. They further state that when pain is present in a non-resilient system addiction is more likely to occur. Harris et al., (2011) use the concept of a coping cycle to describe resilience for substance dependence and recovery. Individuals within a system choose to react to the pain, either through compulsive cycles or through coping. When pain is experienced, many people rely on the use of substances to reduce their discomfort. Once the person effectively numbs their pain with drugs, those who are prone to substance dependence, report feeling normal (Harris et al., 2011). When this response to pain is repeated, their use becomes compulsive and uncontrollable. Other high-risk behaviors often co- occur, and the person will eventually come face-to-face with the negative consequences of their substance abuse. The guilt and shame experienced from the negative consequences produces more pain, creates more problems, resulting in a repeated cycle of addictive behaviors (Harris et al., 2011). This cycle can be used to access the protective factors used by the individual through the pain they experience (Harris et al., 2011).

The first stage in relapse resiliency is developing healthy mechanisms to deal with discomfort and pain. Managing one's discomfort without the aid of substances, allows the person to assemble self-respect and a sense of agency, which builds confidence through competence. This newfound confidence produces positive outcomes from the thoughts and actions of the person and brings the person into the next stage of the coping cycle, maintained resiliency. Harris et al., (2011) report relapse resiliency involves the ability of individuals to continue healthy coping cycles within their life systems. Maintaining resiliency through repetition of this cycle is the cornerstone of personal recovery.

The coping cycle has an impact on the family system. External resources, such as

Alcoholics Anonymous, Narcotics Anonymous, a recovery community, or other support systems

act as the interpersonal connections for relapse resiliency. The key to this theory requires the

person in recovery to locate a supportive system that will help them in the replication of the

coping cycle (Harris, et al., 2011).

The main difference between relapse prevention and relapse resiliency is timing. Relapse

prevention occurs when individuals are still in treatment. Relapse resiliency occurs in the

recovery phase of addiction and recovery. In this way, resiliency is maintained as a lifelong

strategy for preventing relapse (Harris et al., 2011). Unlike the relapse prevention model of

Marlatt and Gordon (1985) based on social cognitive psychology, relapse resiliency is a systems

model. The stages leading up to resiliency involve a community to assist the individual in using

healthy coping skills and self-efficacy instead of substances to overcome stress and adversity. In

the relapse prevention model, negative social influences are discussed as being factors in relapse.

Alternatively, the resiliency model demonstrates how social support builds resiliency. The

community of support for sobriety strengthens individual resiliency.

In addition, the relapse prevention model distinguishes between lapse and relapse

(Marlatt & Gordon, 1985), whereas the Process Model of Addiction and Recovery (Harris, et al.,

2011) only discusses a single pattern of using that could happen one time (lapse) or be recurrent

(relapse). Both the Marlatt and Gordon (1985) model and the Harris et al., (2011) model

emphasize the use of effective coping skills and the presence of self-efficacy as the two main

factors in predicting whether someone will relapse in a stressful or high-risk situation. Both

models emphasize living a balanced life using stress management tools and relaxation training.

However, the process model stresses the community systems over the individual in recovery

success. The process model of addiction and recovery has been applied to building resiliency in

other addictive disorders and is the foundation for many Collegiate Recovery Communities in the U.S. (Smock, Baker, Harris, & D'sauza, 2011).

Conclusion

Specific individual and social traits have been linked to increased resiliency and among them are: hope, autonomy, effective problem solving, faith, sense of meaning, self-efficacy, flexibility, impulse control, empathy, close relationships and spirituality. Rashid et al., (2014) state that these protective factors help those in recovery to work through stressful situations and setbacks. Resilience-enhancing protective factors have been conceptualized into two broad categories: environmental protective factors and personal strengths. In understanding resilience as a developmental process, the role of positive attributes is important, but remediation of such deficits alone will not make adolescents more resilient (Masten, 2001).

For example, experimental and applied lines of research have demonstrated that positive emotions may build resilience by "undoing" the effects of negative emotions (Fredrickson, Tugade, Waugh, & Larkin, 2003; Lyubomirsky. King, & Diener, 2005). Some types of behaviors are connected to improved wellbeing, such as regular forms of exercise, and cognitive activities like reframing negative situations in a more positive light (Emmons & McCullough, 2002; King, 2001; Seligman, 1991). Lyubomirsky et al., (2005) found that practicing gratitude and forgiveness also facilitates enhanced well-being.

Building personal strengths are necessary. However, it is worth noting that being symptom-free is not synonymous with fulfillment and a flourishing life (Seligman 2011). Character strengths are linked to lower levels of depression and higher levels of well-being (Proctor, Linley, & Malby, 2009). In fact, increased use of specific character strengths is associated with fewer symptoms of depression and anxiety (Gillham, Adams-Deutsch, Werner,

Reivich, Coulter-Heindl, Linkins, & Seligman, 2011; Park & Peterson 2008), greater life satisfaction (Antaramian, Huebner, & Valois, 2008), fewer externalizing problems (Park and & Peterson 2008), and a lower rate of internalizing problems (Beaver, 2008).

Rashid et al., (2014) suggested that using strengths help individuals to reinterpret their perceived problems and adjust. Using strengths increases individual's self-efficacy and confidence in ways that focusing on weakness cannot. Using strengths to promote resilience helps individuals to learn strategies they can use during tough times. Being aware of and using strengths not only promotes resilience but also prepares individuals to encounter challenges adaptively (Rashid et al., 2014). Resilience is about bringing the best out of people at times when they really need it (Rashid, et al., 2014). The authors believe that character strengths, not vulnerabilities, symptoms or weaknesses, are those innate and best resources, which can help individuals to navigate tough terrain resiliently. Character strengths are closely related to the notion of flourishing (Seligman 2011; Fowers & Davidov, 2006).

Werner (2012) states that we must keep clarifying that a person cannot be labeled as resilient*;* it is a process. Over time, those raised in adversity may adapt successfully to whatever demands are made of them. Because someone is resilient does not mean they will always be resilient because life involves change according to Werner (2012). Adversity can strengthen people and help them in turn give back to others. From her research, Werner found that children who were from unsupportive homes but who had a relationship with one adult who cared consistently, treasured this caring. Even having just one good friend was enough to keep them going. She describes this too later in life, perhaps after a bad first marriage the person found a second partner who genuinely accepted them. This acceptance elicited hope and positive change.

Spirituality

Werner's research (2012), examined individuals who found spiritual resources. The specific religion did not matter, but rather, the individual's sense of community was of importance. It did not matter how often they went to church, but that what they were doing had meaning (Werner, 2012). Twelve Step groups acknowledge a power greater than themselves as a critical factor in their recovery. Twelve Step groups are a foundation of collegiate recovery programs.

Acceptance and Tolerance

Resilient people have a tolerance for discomfort. According to Brene Brown (2016), people who can work through difficult situations without detriment to themselves do so because they are familiar with their inner emotions. They can sit with and experience their uncomfortable emotions. Brown (2016) reported that people have an innate drive for comfort that may be at odds with who they are as people. There are times in life when people do very difficult things in extremely challenging situations. She further stated that it is this process of feeling difficult emotions that builds resilience and the ability to cope (Brown, 2016).

How the danger makes them feel will help them react. Protecting oneself from danger requires an emotional response to fight, take flight, or freeze (Damasio, 1999). What the person thinks of the danger is not useful at that moment. Resilience can be readily accessible to people who are curious about their own ways of thinking and behaving, and according to Brown (2016), it is part of our evolution as humans. For students in recovery it makes sense resilience would be a highly useful adaptive response.

There have been studies on resilience and recovery in human development. Most of these studies have focused on preventive measures and harm reduction. There is insufficient research on recovery resilience specific to college students. When young adults battling substance use

dependence complete a treatment program, returning to college is a context for failure. The

collegiate environment is filled with peer groups who are actively using alcohol and other drugs.

A student wanting to abstain from substance use likely will struggle in existing school contexts,

as association with drug-using peers, alcohol or drug availability, and academic challenges are

significant risk factors for substance abuse and relapse (Finch & Karakos, 2014) This study seeks

to discover how some students become recovery resilient and sustain their recovery resilience by

a thorough exploration of the lived experiences of college students living in recovery from

substance use disorders.

CHAPTER III. METHODOLOGY

The intent of this qualitative research study was to add to the body of knowledge about the experience of resilience and recovery experienced by college students. Although much has been written about substance use recovery in general, little has been written specifically about college students' experiences of resilience while living in sustained recovery. This study aimed to give voice to the individuals' experience of resilience using the descriptive phenomenological approach to data collection and analysis (Giorgi & Giorgi, 2009). In this study, the researcher sought to answer the research question, "What are college students' experiences of resilience while pursuing sustained recovery?" The purpose of the study was to explore the lived experiences of college students and the challenges they overcame as students in recovery.

The phenomenological approach stems from a philosophical perspective initiated by Edmund Husserl and includes the psychological phenomenology of Merleau-Ponty and Sartre, as well as the hermeneutic phenomenology of Heidegger. These perspectives suggest empirical approaches limit our understanding of the human experience. A phenomenological researcher is not attempting to prove anything; rather, the researcher allows the data to speak for itself (Giorgi & Giorgi, 2009).

Seeking the meaning as lived by the participant drove the analysis of the descriptive data. After the description of the experience was identified, a description of the context of the event was developed. By combining these descriptions, the essence of what it might be like to experience the chosen phenomenon in a context was identified (Giorgi & Giorgi, 2009). An analysis of the meanings of resilience being lived by students in recovery may be highly

revealing and add to the body of knowledge in this area (Giorgi & Giorgi, 2009). The descriptive phenomenological approach has been broadly studied in the literature with systematic steps outlined for proper design procedure and data analysis.

The procedures for conducting this study were modeled after the method outlined by Giorgi and Giorgi (2009). The focus of this study was on discovering the essence of the lived experiences of college students in recovery. Because this study examined the experiences of resilience by college students who are in recovery, it was logical that the descriptive phenomenology approach was an appropriate design for this study.

<div align="center">**Procedures**</div>

Recruitment

Participants for the study were recruited from the Association of Recovery in Higher Education (ARHE) collegiate recovery communities in the southeastern (SE) district. A recruitment email (see Appendix A/B) was sent to the administrator of collegiate recovery at the schools in the southeastern district of ARHE for distribution to their members. Snowball sampling or chain sampling, defined as participants recruiting participants from their acquaintances, and was also utilized (Creswell, 2013).

Interested students who elected to participate contacted this researcher using the phone number or email address provided in the information letter. When contacted by a potential participant, it was established the inclusion criteria of (1) have six months or more of sobriety and (2) were currently enrolled in a college or university as an undergraduate or graduate student, were met. Then each potential participant was sent a consent form for review (see Appendix C) for the study. A time was established with the participant for a telephone interview. The researcher conducted interviews in the privacy of her home office. These

interviews were audio recorded for later transcription by the primary researcher. Participants

were offered the opportunity to enter a random drawing for one of five $20 VISA gift cards for

Data Collection

Once the participants signed and returned the informed consent to the researcher, they

were asked to provide dates and times to schedule the phone interview. Phone interviews were

selected as means of data collection for this study to provide the opportunity to reach potential

participants across the ARHE SE district. Each phone interview began by reviewing the

informed consent prior to turning on the audio recorder. Participants were assigned a pseudonym

to ensure confidentiality. There were minimal risks associated with participation in the study.

Research participants' agreement to informed consent was confirmed both through completion of

an informed consent form and verbal re-affirmation at the beginning of each individual phone

interview before taping began. Participants could withdraw at any time during the research study

without penalty.

The data collection procedure included one phone interview for each participant. Each

phone interview was audio recorded. The phone interviews were conducted in the researcher's

home office to ensure privacy. Prior to beginning audio recording of each session, details of the

study were reviewed including informed consent to ensure that the research participants were

comfortable with participating in the study and understood both the risks and benefits of

participation. A semi-structured interview was utilized as the means of data collection in this

study. The interviews ranged from 30 minutes to fifty minutes in length with an average length

of 45 minutes.

The raw data for this study were the descriptions of resilience experienced by students in

recovery in their own words. The descriptions were the first-person accounts of the experiences

as they were lived and understood by the participants (Giorgi & Giorgi, 2009). These descriptive

phenomenological research interviews used four broad open-ended questions; the first was the

description of an experience with the phenomena being studied. The second question in the

interview asked for a description of the impact the described experience had in the life of the

participant. The third question asked what the participant felt was absent from their experience;

followed by the fourth question about how this impacted their life.

Follow up questions and prompts were for clarifications of participant descriptions (see

full interview protocol in Appendix D). The nature of qualitative research allows for the asking

of additional questions meant to enrich the shared descriptions given by the participants; ergo,

the researcher in the interview process asked unanticipated questions. The researcher utilized

reflection, paraphrasing, and summarizing skills to develop clarity from participants about their

experiences. Utilizing these skills provided a deeper understanding of students' experiences of

resilience.

This researcher transcribed the recorded interviews into text for analysis. The transcribed

text was used as the raw data for analysis. As part of the collection process, all identifying

information was replaced with pseudonyms as were appropriate to protect the privacy of

participants. These replacements took place during the transcription process so that only the

participants and I know their identities. The researcher used an Interview Protocol consisting of a

set of close-ended questions to verify the participant matched the criteria for inclusion in the

study, and demographic questions. The protocol also included the interview questions and space

for the researcher to record thoughts, questions, discrepancies, issues, and potential themes

regarding the participant responses, which were added to the audit trail (Creswell, 2013). A

statement of appreciation for participating was given at the end of the interview (Creswell,

2013).

   After the phone interviews were transcribed, and reviewed for accuracy by the researcher, each research participant was sent an email containing his or her transcript to review for accuracy before data analysis of transcripts began. Two of the eight participants responded to this email. Neither of these respondents asked for any changes to be made to the transcription. All participants accepted the transcripts as accurate of their interview and their experiences. This concluded the data collection process for this research study.

Participants

   Purposive sampling was utilized in this research to ensure that participants had experienced the phenomenon being explored (Creswell, 2013; Giorgi & Giorgi, 2009). In his research of sampling sizes, Guetterman (2015) found many researchers applied the principle of saturation; in that sampling occurs until no new information is being obtained in data collection. This researcher was reflexive through this process and continually assessed the adequacy of the sample. One potential participant who was screened was excluded from the study for not meeting the 6-month minimum sober time criteria. Eight participants who met the inclusion criteria were interviewed. All participants were students at colleges with membership in ARHE with an on campus collegiate recovery community.

Role of the Researcher

   The researcher served as the collegiate recovery coordinator at Auburn University. In this administrative role, I served as an advisor for the Auburn Recovery Community for four years. I worked closely with students to establish the recovery community as an official campus organization sponsoring social events, service projects, and maintaining a safe community with their peers on campus. Getting to know these students, I witnessed their strength and resilience in

meeting life's challenges; academics, relationships, finances, while striving to maintain sobriety. College years are a time of significant change and growth for students. For students in recovery, this also required the additional stress of learning a completely new way of being in their daily life.

Despite any efforts made, it is often difficult to prevent all potential influences on data collection and interpretation. To minimize this source of bias, the researcher utilized a complementary process of looking for disconfirming cases within the data. In reporting disconfirming data, the reader may be assured this researcher examined and presented all the data rather than having selected the pieces that support within their perspective (Yardley, 2013). Examining the disconfirming data provides insight into a possible next step in future research. The researcher used open ended questions that encouraged participants to respond freely and to talk about what was important to them rather than to what might be important to this researcher.

Data Analysis

Giorgi and Giorgi (2009) outlined the procedures for data analysis in the descriptive phenomenological method as listed below. The researcher removed as much personal bias as feasible by utilizing the process of bracketing. Bracketing attempts to set aside the personal experiences so the researcher may approach the data from a nonjudgmental stance. This researcher avoided applying personal values or experiences to data interpretation and instead noted how respondents interpreted their own experiences (Giorgi & Giorgi, 2009).

1. Descriptions of the phenomena described by the participants were read in their entirety to get an overall feel for what is being said. Then I read and reread individually and across the transcriptions to form a list of significant themes. This process is known as horizontalization. To discover meanings, significant statements were formed after a

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careful rereading of each description (Giorgi & Giorgi, 2009)

2. The second step is discrimination of meaning in the data. Determining the expressed meanings about the lived experiences of the participants (Giorgi & Giorgi, 2009). This allows meanings of lived experiences to be clearly articulated and making the tacit evident. The researcher then eliminated redundancies and clarified the meanings by relating them to each other and to the sense of the whole.

3. The third step was transforming the statements into sensitive descriptive expressions about the lived experiences of the participants. Descriptive expressions were written in the third-person while staying true to the voice of the participant. Writing in the third person helped the researcher maintain neutrality that is essential to phenomenological research (Giorgi & Giorgi 2009). A phenomenological attitude allows the researcher to transform the statements as a description of how the participant experienced or understood the phenomena without trying to add a personal explanation or question the validity of their statements. The researcher reviewed the descriptive expressions from the data and noted the emerging themes that were representative of the overall essence of the participants' experiences (Giorgi & Giorgi, 2009).

4. Once these themes were identified, a composite description was written, synthesizing the themes into a consistent statement about the structure of the participant's experiences. This description revealed the types of experiences or thematic responses that were most commonly reported among participants.

5. The last step synthesizes all of the statements regarding each participants experience into one consistent statement of the structure of the experience describing and capturing the essence of the phenomena being studied.

Textual Description

Each of the eight students that participated in this study provided descriptions of what they experienced of resilience as college students recovering from a substance use disorder. The researcher examined the themes that emerged in the data to create a description of participants' experiences (Creswell, 2013). Even with outcomes suggesting variation across what constituted resilience, the themes of managing emotions, social support, spirituality and acceptance were found in every participant's description. Each participant gave a detailed account of what they experienced as individuals in recovery from substance use. These descriptions provided the lens to view any commonalities of their lived experiences in maintaining their recovery while attending higher education.

Structural Description

The structural description provided insight into how the participants experienced the phenomenon of resilience. The participants described the challenges they faced in maintaining their recovery and academic success. They described obstacles they faced making their success challenging. All the participants had different perceptions of how they experienced the phenomenon and shared commonalities as to how they met and overcame the challenges along their path. The participants identified their capacity to experience their emotions, an acknowledgement of spirituality or a higher power, having strong social support, and a spirit of humility or acceptance as part of their experience; how they addressed each theme demonstrated variability among participants. There were common accounts of being able to experience their emotions without using substances and most recognized the need to feel part of something larger than themselves. These participants acknowledged the need for social support from recovery groups, peers, family, and the institution where they were enrolled as playing a significant role in

their ability to experience resilience.

The researcher examined these textual and structural descriptions to develop a composite representing the essence of the lived experiences of resilience by college students in recovery by analyzing the descriptions of what the participants experienced and how they perceived these experiences to contribute to the knowledge available to practicing clinicians and those working with recovery in higher education.

Ethical Considerations

Trustworthiness and Credibility

Mason (1996) suggested the quality and rigor of any interpretation is directly related to the research design. It was essential to remain aware of responses that challenged expectations. Lincoln and Guba (1985) discussed the importance of including discrepant evidence and how important it is in the final determination of a study's validity. Qualitative analysis framework demands flexibility to remain open to alterations and to consider previously unavailable or unobservable categories and is largely dependent upon the researcher's familiarity and understanding of the data. The process of refining the data within and across categories must be systematically carried out, such that the data is first organized into groups according to similar attributes that are apparent. This process required that the data be categorized into themes and sub themes to identify the emergence of patterns associated with the category refining process.

Phenomenology is a descriptive approach and interpretative process where the researcher mediates between different meanings of the lived experiences of participants. This researcher used bracketing by setting aside her preconceived ideas and expectations as much as possible. This researcher looked at the data with fresh eyes to avoid the potential effects of preconceptions that could impact the research process (Creswell, 2009). This researcher had no personal experiences with the phenomenon being studied and acknowledged knowing some participants in the capacity

of their former official student organization advisor. Prior to the beginning of this study, this administrative relationship between the researcher and some of the participants was terminated. This researcher moved to another university and was no longer was engaged with these participants as their recovery coordinator. Risks and benefits with all participants were considered and covered through informed consent with participants. The interview protocol was strictly adhered to during interviews to minimize bias and maintain the integrity of the interviews. This researcher had no prior knowledge of any experiences or stories shared by the participants. In accordance with the American Counseling Association (ACA) *Code of Ethics* (2014), this researcher had no prior research relationship or a personal recovery relationship with any of the participants.

Quantitative research focuses on reliability and validity of data, while qualitative research applies data trustworthiness. Trustworthiness consists of (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. Credibility contributes to a belief in the trustworthiness of data through several attributes including (a) member checking, (b) transparency, and (c) external auditor. The trustworthiness of data gathered for this study was tested using member checking, which is a commonly used method to address credibility of qualitative data.

Member Checking

Member checking was used to ensure the voices of participants were present in the study and to confirm their level of agreement with the emerging themes. Member checking was done after the data collection process. Because the context in which qualitative data collection occurs contributes to the definition and interpretation of the data, generalization in qualitative research can be limited. After the thematic data were analyzed and placed in a table format, all study respondents were contacted via email and asked to measure their level of agreement with the key thematic findings. Each respondent was asked to report if they agreed, disagreed; or felt neutral about the four themes identified as most critical in developing resilience during recovery. The

overall agreement in the strength and suitability of the four identified themes suggested that the thematic analysis was trustworthy.

Member checking assured that the transferability and the generalization of the study findings to other situations and contexts is appropriate. Reliability is dependent upon validity. Therefore, many qualitative researchers believe that if credibility has been demonstrated, it is not necessary to also and separately demonstrate dependability.

Transparency

Coherence and transparency are elements of validity and represent the extent to which the data makes sense as a consistent whole (Yardley, 2013, p. 248). Descriptive phenomenology, approaches were consistent with the method. When interpreting data, this researcher was aware of maintaining theoretical consistency by presenting the data compatibly with the method. This study demonstrated transparency by allowing readers to clearly see what was done and why it was done. A transparent analysis presented enough data to show the reader what the analysis is

based on (Yardley, 2013). Qualitative research has several standards about good practices, yet it is not always possible for practical reasons to meet all these standards (Yardley, 2013). The criteria for validity are not designed to inhibit researchers. The standards are intended to provide a framework for the researcher to make decisions when carrying out research (Yardley, 2013).

External Auditor

To further determine the validity and reliability of the research findings a counselor educator from the same program as the researcher served as an external auditor. She had experience related to this area from course work related to qualitative methodology and had no prior experience with collegiate recovery. The external auditor was provided three of the eight transcripts from the study and was asked to identify themes in both individual transcripts and across the transcripts reviewed. This process provided the researcher with information that assisted in accessing the accuracy of the themes emerging in the research study. The external auditor provided detailed notes to the researcher, which she used to compare with her own emergent themes in the study. The role of the external auditor served to assist the researcher in determining if the findings, interpretations, and conclusions are supported by the data (Creswell, 2013).

Summary

The purpose of the study was to identify the experiences of resilience among students in recovery from substance abuse. The goal was to better understand and describe their experience with resilience during recovery. Interviews were closely examined to highlight what experiences were perceived as most significant in their recovery. This allowed for a better understanding of the essence of resilience and recovery for college students. Findings will add to the body of knowledge about this topic among this population. It is hoped that new insights into the process

of recovery among the collegiate population will be useful for improving support for planning substance use counseling and support services provided by institutions of higher learning.

CHAPTER IV: RESULTS

This study consisted of a phenomenological analysis of eight interviews of college students in recovery. The research questions guided this exploration by asking for descriptions of these experiences and their impact on the lives of the participants. This chapter describes the results obtained from eight semi-structured interviews. Four themes were identified from data analysis: (1) Managing Emotions, (2) Social Support/Community, (3) Humility and Acceptance, and (4) Spirituality. In this chapter, I will provide a description of each of the themes that emerged through analysis. Quotes incorporated are presented to substantiate each theme within the data.

Demographics

This study included eight students who had a minimum of six months of sobriety and who were currently enrolled in a college or university. All participants in the study attended college or university in small rural towns in the southern district of ARHE. Out of the eight participants, five identified as male (62.5%) and three identified as female (37.5%). Seven participants identified as Caucasian (87.5%) and one identified as Hispanic (12.5%). The participants ranged in age from 19 to 34 years of age for an average of 26.5 years of age. The period of sobriety ranged from ten months to 120 months, for an average of 41.75 months of sobriety. Most were enrolled as seniors, followed by juniors, and sophomores. Exactly half of the respondents reported receiving inpatient care for their addiction while the remaining half reported engaging in outpatient treatment. Half reported being sober for one to five years with one fourth each reporting sobriety for less than a year or over five years.

All participants in the study attended college or university in small rural towns in the southern

district of ARHE.

Table 1.0 Demographic Description of Individual Respondents (N=8)

Participant	Age	Gender	Class	Ethnicity	IP	OP	Months Sober
P1	22	Male	Senior	White	No	No	14
P2	20	Female	Sophomore	Hispanic	No	No	30
P3	34	Female	Senior	White	Yes	Yes	120
P4	26	Male	Senior	White	Yes	Yes	48
P5	23	Male	Junior	White	Yes	No	30
P6	34	Male	Senior	White	Yes	Yes	24
P7	21	Female	Senior	White	No	No	10
P8	32	Male	Junior	White	No	Yes	60

Note: IP indicated the participant engaged in inpatient treatment, OP indicated the participant
engaged in outpatient treatment.

Discussion of Themes

From semi-structured interviews, four themes emerged from reviewing the responses to

the interview questions. The interviews provided shared views as well as individual views of

resilience. The findings revealed the conceptualization of recovery resilience by understanding

the emergent themes individually and how they together shape experiences of resilience for

students in recovery. Although there were variations across participants' experience of resilience,

the identified themes of Managing Emotions, Social Support/Community, Humility and

Acceptance, Spirituality/Higher Power were found in every description of resilient experience.

All research participants' perceived resilience as not having used substances to have their needs

met. The four themes were interwoven in participants' descriptions and themes supported the

other.

Managing Emotions

Managing emotions or having the capacity to cope with and manage their emotions without using substances was a recurring theme to emerge from the interviews. Respondents described how they had previously avoided their emotions by using substances to not feel anything. Many individuals talked about how their anxious behaviors of overthinking, ruminating on events, getting stressed out led to significant emotional distress. Respondents related their experiences of learning to manage their emotional distress in new ways that supported them and fostered healthier emotional lives. P2 explained how she learned to manage her emotional distress by adopting a new approach to her anxious thoughts and behaviors:

> Yes, go to bed and try again. If you're having a bad time, ultimately overthinking it or anything, you're over thinking, over analyzing, over stressing, it's not healthy on your body or your mental state. So why worry about it? Go to bed, drink some tea, like you can't do anything wrong in your sleep. Even if you dream about using, you're not actually using. So, nothing bad happens in your sleep. So, you can wake up, hopefully, in a little better state, eat some breakfast food, even if it's 9:00 p.m. Pancakes make everyone happy, so I eat a lot of pancakes. And then try again.

A tolerance for emotional discomfort, being able to manage uncomfortable emotions, was described as part of the resilient experience. The following quote from P1 speaks to how he shifted from avoiding his emotions to facing them and breaking the emotional pain avoidance cycle: "I think one of the big things that I've learned since getting into recovery is that I can't just turn around and run away from emotions and challenges." P1 explained how pivotal this was for him to meet obstacles instead of escaping from them through using substances. Another

example of tolerating discomfort came from P8 who shared his experience of returning to college after his treating his substance use disorder: "There was a lot of fear, I didn't know if I had exactly what it took, especially to be an engineer, and I had to know if I could or not. It was like, I have had enough, I was okay with failing, you know."

The interviews supported the concept of learning to feel emotions, both pleasure and pain, without using substances as life changing for respondents. Developing their capacity for observing their thoughts and feelings by holding a space for them without taking avoidant action was transformative. P5 shared how he made the shift from avoidance of emotions to allowing himself time to process his emotions and feelings:

> Before recovery, I would've drowned myself in drugs. I would've tried to run away from the problem as much as I possibly could, numbing myself out. My schoolwork would have gone to the wayside for me to get drunk or high, I would've isolated, I wouldn't have gone to class. I have learned my human nature is going to struggle and wail against things, but know that the pain is there, and that it's okay to hurt, it's okay to feel pain, it's okay to feel emotions, and to give myself time to do that.

The following quote from P1 demonstrates finding a better way to cope with his feelings:

> I would stress out over something to the point where the only thing to feel better was to drink or use drugs, so I would do that. But I still wouldn't have gotten the stuff done that I needed to have done, and when I would come down off the drugs or alcohol that stuff would still be there and then that stress just increases. Whereas, today, I guess, today, I am able to handle my stress and emotions a lot better and because of that I'm actually able to, I think, I 'm actually able to focus better in school and getting stuff done.

Social Support and Community Connection

Addiction tends to lead users towards social isolation as their relationships deteriorate because of their substance use. The respondents shared their need for social support and connectedness to the community and described struggling on their own, needing encouragement from others. P8 described how destructive the feelings of isolation were for him and how a support group made a difference in his life: "The isolation almost killed me, so to have somewhere safe to be on campus and know that people care, you're not in a lonely world of people who just don't care makes a difference." Participants found therapeutic interventions with 12 step groups like AA/NA and non-using peers to be critical to their recovery. Support groups brought them together as they navigated through addiction and recovery. Members of support groups shared experiences and advice. It was noted to be helpful getting to talk with other people who were in similar situations. Respondents shared how being part of a community with those who could relate and understand what they were feeling and facing were instrumental for them. Their support group gave them a place that was emotionally safe to open up and work through recovery together. The group helped to normalize their experiences and balance their feelings.

Some respondents shared their discomfort when first considering a support group. They expressed reluctance to come and bare their souls to a group of strangers they believed could not understand them. P7 shared: "I mean I was scared to go to my first meetings, because I had no clue what they were going to be, um, so that uncertainty scared me a lot." She described that what she found was she were surrounded by people who have been where she was and learned that group meetings can be a place to find relief in recovery. Group members may not always know what to say, but they seem to know what not to say because they are going through recovery themselves. The following quote from P5 reflected the importance of being a part of a

community of likeminded people to offer him help as well giving him the opportunity to help others:

> I would say that my resilience comes in the form of a we rather than an I. Having that community to know, whenever I am weak I can lean on someone, whenever someone else is weak, I can be there for them to lean on me, and that is where my strength comes from.

Participants described cutting ties with their substance using friends placed increased importance on the availability a support group for participants who left their peer group behind. This is noted in the following quote from P7 regarding her need for social support:

> But when I first got into recovery I didn't really know anyone, I just knew I couldn't hang out with my old friends, so that did suck for a while. But it got better after a while as most things do. The main thing I do differently now is reaching out to other people, telling them like what's going on, that's something I would never have done before.

 The data spoke to the importance of examining the "we" space because addiction eroded many of the participants relationships outside of their drug using peers. The relational aspects of addiction, giving up the cultural lifestyle is something some participants found challenging. P6 talked about missing the cultural lifestyle of addiction:

> I miss a lot of that stuff you know, so there are a lot of things I miss about that kind of life itself. I think I miss the lifestyle and the people, some very transient people, so some days I get very depressed about being grounded at a university, but I decided I'm going do it.

P6 reflected that finding the recovery community, after giving up his former lifestyle, was a significant factor in developing his capacity for recovery resilience: **"**I ended up finding the CRC

(Collegiate Recovery Community) and uh, not right away; but the CRC is why I'm sober today."

P2 gave credit to having a supportive community as a major factor in her ability to get through challenges in recovery: "I genuinely don't think I would have gotten through this if it weren't for the recovery community."

Humility and Acceptance

All the participants talked about the concept of humility and acceptance. Acceptance and humility created awareness for participants that external causes of stress do not have to be removed but may be counteracted with acceptance. P2 shared her experience of learning to be able to let things go, something she had difficulty doing in the past; and to accept life as it is rather than struggling to make it be something different:

I've learned to let things go, like let things be and I think being in recovery has also made me like, kind of accept people for their differences too, like everyone's going through their own thing, it's not just me. For sure I am more self-aware.

P5 shared how experiencing humility and acceptance gave momentum to his recovery and strengthened his ability to meet his personal challenges:

One of the things I learned greatly, that have allowed me to move forward, is the concept of humility. Just accepting that it is only life on life's terms, it is what it is. Life is going to happen and it's going to be okay.

The need to acknowledge our weaknesses and limitations held meaning for respondents. Acceptance of a "flawed self" – a self that is much like everyone else, provided P4 with a better sense how he fits into the world after recovery: "I'm not special, there is nothing particularly unique about my experience. Before I was in recovery every small thing was; this is happening to me, instead of, this has happened; how can I deal with it?

Participants noted that humility did not always come naturally to them. If anything, we are often

wired to be to think of ourselves first. P4 recognized this in himself before recovery remarking

that:

> When I first found out about my grandfather's death, my main concern was for my
>
> grandmother and my mother. Whereas, before, there was no way I would have had the
>
> capacity for that. It would've been all about me, yeah, how can they console me, instead
>
> of how I can console them. So yeah, it's like the ability to get out of being such an
>
> egomaniac, like I am a big fan of myself.

Respondents noted that without humility there was a need to think we were smarter than we

really were, to think we were better than we really were. Humility helped curb this search for

perfection. P4 reflected on his experience:

> Before recovery it was undue perfectionism and I had no way of achieving perfection.
>
> The main thing is finding out I don't have to good at everything and finding out there are
>
> people that are better than me at things, that sucked finding that out. Just like being in
>
> class with a guy and thinking I'm smarter than he is, and he's better at this than me. Now,
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> that's fine, I don't have to be great, I think I'm great in other areas.

Spirituality

The final theme to come out of the data was spirituality or a belief in a higher power. The

data reflected that a spiritual person is one who seeks to connect with a higher power, or her

higher self, there is more to the world than what is seen. Participants acknowledged the need to

be connected to something larger than themselves and this belief is a hallmark of 12-step groups.

A consequence of addiction was the destructive force on the spirit of the individual. This aspect

has been identified by many in the recovery field as a key element of recovery. One purpose in

seeking a Higher Power in recovery is to regain the spirit that has been lost through addiction; to re-connect and re-enter the world. As the realities of sobriety set in, it became evident there was a need for powerful help to make it through the challenges. Participants shared how they have developed a spiritual life by accepting their own powerlessness, accepting the need for help, and then asking for that help. The actual help can take many forms, from their own fellowship group, to their sponsor, to a power for good throughout the world. The statements participants shared about spirituality were incredibly profound. P5 reflected on his experience of building a spiritual life and the comfort this relationship gave him:

> So, coming to recovery I was allowed this time to build a spiritual life with something that was made for me, whatever my concept of spirituality happens to be. And what that allowed for me to do was this faith that no matter how bad things go there is someone there with me. There's something there with me. And it's something that doesn't want the worst for me, that I can give my problems up to.

P1 described his spirituality as a form of meditation that enhanced his ability to manage life in recovery: "I call it meditation, breathing exercises, I do in the mornings to keep me centered. And by centered, I mean it keeps me calm and collected, throughout the majority of the day." Spirituality was uniquely experienced and for some respondents resulted in transforming their perspective on life. Spirituality was integral to their recovery and allowed them a means to move past negative emotions and feelings. P8 reflected how faith created a positive shift for him away from living with fear: *"*I mean it's hard to talk about recovery and not talk about spirituality. It's just an enlightened state where you replace fear with faith*."*

In some instances, respondents reflected on their experiences of feeling a part of something larger than themselves and being connected without being in control. The following

quote from P4 describes his belief in a higher power as being instrumental to his personal

development:

> I would say a sense of, something I didn't have in addiction that I have now, is a sense of
> my place in the world. I guess the idea comes from my belief in my higher power, the
> belief that, that yeah, I'm not special, there is nothing particularly unique about my
> experience, understanding I'm part of something bigger, and I don't have control over a
> lot that goes on around me.

Spirituality was a component of acceptance and managing emotions; a vehicle for connecting to

the self and one's emotions is seen in the following quote from P5:

> What I found is that I can be completely utterly human to whatever this is, and that
> allowed me to break down a wall and really connect with something. And it gave me
> permission to be human towards a higher power, it gave me permission to yell, and ache,
> and be happy, and sad, and have the whole range of emotions towards this entity and
> know that just because I do that doesn't mean it's going to turn its back on me. It doesn't
> mean I'm going to be left alone, in fact it's in those times that it's all of a sudden, it's
> cool.

Summary of Findings

Four primary themes emerged from the data analysis including: Managing Emotions,

Social Support and Community, Humility and Acceptance, and Spirituality. These themes

revealed that college students in recovery are faced with common challenges to maintaining their

sobriety while pursuing their college degree. Most students placed value on developing their

capacity for holding their emotions and sharing emotions with others, shifting from isolating to

building relationships with supportive individuals and groups, acknowledgment of spirituality,

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and cultivating an attitude of humility and acceptance. While overall the most pronounced themes that emerged in the narrative provided by the eight respondents were the four primary themes of Managing Emotions, Social Support & Community, Humility & Acceptance, and Spirituality; there was some variability across participants.

CHAPTER V. DISCUSSION

The purpose of this research study was to explore the phenomena of resilience as college students in recovery experienced it. The primary research question being: "What are college students perceptions of resilience while in recovery from a substance use disorder? Phenomenological inquiry was used to explore the essence of the lived experiences of the research participants by examining emergent themes presented in the data (Creswell, 2013) This study was conducted to inform counselors and higher education professionals about how students in recovery experience resilience. Increased understanding of recovery students' experiences with resilience may help those working with this population to better understand how to support these students as well as inform counselor educators how best to prepare future counselors to work with this population more effectively.

Data for the current study were collected from individual semi-structured interviews with eight participants who met the inclusion criteria of the study. All participants acknowledged that addiction to alcohol and other drugs had precluded their ability to succeed academically. Experiences varied by participant, but all reported having experienced negative consequences from substance use. Now with at least six months into recovery, the participants shared their experiences of resilience. Isolating the themes in each interview allowed for the emergence of the four themes from the data, (1) Managing Emotions, (2) Social Support and Community, Humility and Acceptance, and (4) Spirituality. The thematic findings revealed how the respondents were able to overcome challenges and to be resilient.

Managing Emotions

This study confirmed that being able to express, hold, and share emotions was instrumental in recovery for participants. This finding is supported by current research that suggests healthy emotion regulation, possessing the ability to process and tolerate emotions, is a necessary component of psychological growth and is distinguishing trait of resilient individuals (Siegel, 2015). Past research posited that an inability to manage emotions is a risk factor for substance use to alleviate unwanted or negative emotions (Paulus, Hogan, & Zvolensky, 2018). Hyper arousal may lead the individual to try to reduce anxiety through self-medication to achieve temporary relief; emotional numbing may propel the individual to the use of substances to feel pleasure or a connection to other people (Ford & Russo, 2006). Respondents shared how prior to their recovery, the impulse was to self-medicate. Reactive substance use was how they coped with uncomfortable feelings and emotions. Ford and Russo (2006) suggested that increasing the individual's ability to make reflective decisions instead of impulsive reactions is necessary to managing recovery from substance use. When people develop the skills for modulating intense and diminished states of being, feelings, and cravings; they are better equipped to move away from avoidance as primary coping strategy (Ford & Russo, 2006).

 Respondents shared how they learned and practiced different ways of dealing with emotions instead of automatically escaping through substance use. Harris et al., (2011) found the first stage in relapse resiliency is the development of healthy mechanisms for dealing with emotional discomfort and pain. Participants developed skills, interlaced with the themes of social support, humility, and spirituality, to cope with emotions responsively rather than reactively through substance use. This newfound ability to cope gave the participants confidence that positive outcomes were achievable and this helped to sustain recovery. These findings spoke to how the capacity to sit with uncomfortable feelings and the ability to express emotions were

powerful factors in recovery. Learning to manage emotions facilitated the ability of participants to replace maladaptive coping strategies with effective problem solving. Learning to manage emotional discomfort without the aid of substances develops self-respect and a sense of self-agency that builds confidence through competence (Harris, et al., 2011).

Social Support and Community

Findings from this study show the importance of social support and a sense of community for those who experience resilience in recovery. Research has shown that individuals in recovery struggle and need the therapeutic intervention of support groups (Harris et al., 2010). This is evident on college campuses where alcohol and other drugs are ubiquitous making it challenging to find an abstinent social network. The findings in this study affirmed the power of having a supportive group of recovery peers on campus. Participation in a support groups, such as AA, NA, and Smart Recovery, were a significant factor in sustained sobriety. Several participants noted that finding the collegiate recovery community was what got them sober. Current literature endorses the positive role of collegiate recovery communities in providing the support individuals need to sustain recovery on campus. Individuals who have friends in a sober community sustained higher rates of maintained sobriety than those who did not (Cleveland, Wiebe,&Wiersma, 2010, Laudet & Stanick, 2010). Respondents in this study shared their experiences of being supported by their peers in recovery and the strength they gained from these groups to overcome challenges to their sobriety

Results from this study demonstrated the role 12 –step and support groups played in the development of a strong sense of self that was capable of navigating sobriety. Cleveland et al., (2010) documented that participation in 12 step meetings, working the steps, and having sponsors increased the likelihood of maintaining abstinence from substance use. Social support

contributes to the recovery process by buffering stress, and providing hope (Laudet & Mahmood, 2002). Findings in this study confirmed this premise by documenting how social support carried individuals through challenging times of distress. The effectiveness of peer support in diminishing the rate of drug and alcohol relapse has been shown in the literature (Boisvert, Grosek,& Clarie, 2008). According to these authors, recovery community members understand the nature of addiction and see relapse as part of the process of recovery. Recovery communities and support groups know that supporting one another is vital to recovery. This resonated in the data from respondents in this study who described the meaningfulness of being truly understood by others who have been in their shoes. Participants noted that community support encouraged them and bolstered their emotional strength. This unwavering support was crucial following a relapse. Boisvert et al., (2008) found that support communities were highly effective following a relapse, offering reconnection rather than judgment.

Humility and Acceptance

Researchers in the positive psychology movement have conceptualized humility as a character strength promoting thriving or flourishing (Peterson & Seligman, 2004). Studies show that humility acts as an emotional buffer or cushion against everyday stressors and promotes forgiveness and pro-social behaviors that in turn nourish health and well being (Kruse et al., 2014; Weidman, Cheng, & Tracy, 2018). Many of the experiences shared in this study demonstrated the impact of humility on achieving a flourishing life. Humility was described by one participant as being able to take himself out of the equation and having the capacity to focus on the needs of others. It was also described as understanding or having a sense of one's place in the world. Tangney (2004) defined humility as acknowledging limitations and forgetting the self.

Humility is often linked with acceptance, defined as an awareness or acknowledgement of one's internal experiences (Gifford, McKellar, & Moos, 2006) Acceptance has been characterized as coming to terms with things as they are and accepting actual experience in the present moment (Black, 2014). Observing without judgment may act as a protective barrier against old maladaptive habits of coping with stress through avoidance (di Pierdomenico, Kadzoilka, & Miller, 2017). Findings from this study showed that acceptance allowed participants the space to respond rather than react to unpleasant emotions or cravings. Instead of getting caught up in a struggle of reality versus desire; recovery could be sustained through acceptance of things as they were. Black (2014) described how befriending actual experience in the moment leads to the discovery that reality is more tolerable than anticipated. The participants in this study described how acceptance of self and others reduced their stress and fostered personal growth. Having the ability to step outside of the self created awareness of indebtedness to others or gratitude. Peterson and Seligman (2004) called gratitude an intervention promoting reliable attachments because gratitude results in psychological safety, a critical condition for humility.

Spirituality

This study found that spirituality is a multifaceted construct that has a role in the maintenance of recovery from substance use. Dermatis and Galanter (2016) characterized spirituality as providing meaning and purpose in life. These authors noted that spirituality also yielded a sense of personal identity and allowed transcendence beyond the realities of life. Some respondents found building a spiritual relationship with a higher power gave them a sense of safety in knowing they were never alone and would not be abandoned; even when

circumstantially they were alone. One participant described it has having permission to be fully human, break down the wall and really connect.

Spirituality through acknowledgement of a Higher Power is foundational to the 12 step programs of AA and NA. The literature supports there is a heavy reliance on spiritual recovery principles over science or medical interventions in substance use treatment programs (Walker & Staton-Tindall, 2013). Tonigan, Rynes, and McCrady (2013) reported the benefits of spiritual practices happen early on in 12-step recovery, often around the fourth to sixth month of participation and initial intensity of attendance at meetings defined the spiritual practices later on in recovery. Those who attended meetings more frequently in the early stages of sobriety sustained their recovery practices at higher rates than those who did not (Tonigan et al., 2013). AA has the 90 in 90 rule that suggests those new to recovery attend 90 meetings in 90 days.

Respondents in this study all spoke to the importance of developing a spiritual practice or relationship with a higher power early on in their recovery. AA reports that with few exceptions, their members found an inner resource, which is identified as a power greater than themselves (Big Book of AA, pp. 569-570). AA acknowledged flexibility and variability on theistic belief; yet noting that everyone needed a spiritual basis for life to attain recovery from substance use. Findings in this study resonated with this premise.

<h3 style="text-align:center">Implications</h3>

This study was conducted to inform counselors and higher education professionals about how students in recovery experience resilience. We know that college students who use drugs and/or alcohol to cope are more reactive and less likely to elect positive forms of coping over more harmful strategies (di Pierdomenico, Kadzoilka, & Miller, 2017). Thus, they also have lower retention rates in college and are less likely to graduate (Regehr, Clancy, & Pitts, 2013).

Providing support and assistance in developing resilience may increase student retention and graduation rates. This study found four themes consistently emerged that fostered resilience in college students in recovery. These themes, managing emotions, social support, humility, and spirituality, were the building blocks of resilience for the participants. As counselors and educators, if we are going to meet the needs of these students, we have to understand the recovery process and advocate for recovery support.

Increased understanding of recovery students' experiences with resilience may help those working with this population to better understand how to support these students as well as inform counselor educators how best to prepare future counselors to work with this population more effectively. Laudet et al., (2015) noted individual counseling was a frequently reported source of help for those in recovery. In this study, developing the ability to regulate and manage emotions was important for the development of resilience in recovery. Counselors could be instrumental in helping students in recovery to develop these skills through individual and group counseling modalities. Given that alcohol and drugs saturate the campuses of higher education, it is important that we address how to support those students who elect sobriety. Bell et al., (2009) found the social support of fellow students in recovery was the most essential component for sustaining sobriety in the first year of recovery. This was evident in the respondents' experiences in this study as well. Establishing CRC's on campuses or other supportive peer groups and collaborating with student counseling centers could be an important initiative for colleges and universities to retain and support their students in recovery.

From the students' point of view the stakes are high (di Pierdomenico, Kadzoilka, & Miller, 2017). Notable are the risks to physical and mental health, and the time and money of semesters of college that are forfeited due to addiction. From an institutional perspective, the

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health of its students has to be priority as students suffering from psychological distress have, on average, lower grades and lower graduation rates than their counterparts (Regehr et al., 2013).

Limitations

As with all research studies, this study has certain limitation. All the interviews were conducted with participants from the southern region of ARHE. It is possible that perspectives shared from participants in other regions of the United States would yield other ideas or themes. This study is limited to the perspectives of the eight participants and there is no way of knowing if the experiences of other college students in recovery would resonate with the themes found in this study. It should also be noted that six out of eight respondents reported active participation in 12-Step groups, one reported attendance with Smart Recovery, and one reported little participation with either group. There is no way of knowing if group participation impacted the results of this study. However, the intention of this study was not to prove anything, but instead share the essence of the lived experience of the participants in this study.

Future Research

The findings of this study correspond to previous research that suggests resilience plays a role in sustained recovery from substance use disorders (Dermatis & Galanter, 2016; Harris et al., 2010; Cleveland, Wiebe, & Wiersma, 2010; Paulus, Hogan, & Zvolensky, 2018; Tonigan, Rynes, & McCrady, 2013) The themes that emerged from this study speak to the factors that create resilience and it's important as practitioners to understand these factors. Our understanding of resilience and recovery informs our work with this population and gives us credibility as we advocate for students, and clients in recovery.

It could be useful for a study to be done with this population to determine resilient qualities across larger numbers of participants to include all regions of ARHE across the United States.

Conclusion

Past research has addressed the alarming rates of alcohol and other drug use by the collegiate population in the U.S. (NIDA, 2016). Data show conclusive evidence of a SUD crisis occurring in colleges across the country (Miller, 2013). Many students suffer from addiction impacting not only themselves, but also the institutions they attend by nature of the symbiotic relationship between student and college. The colleges depend upon the students for financial survival and students depend on colleges for their education. Students in recovery are in a vulnerable position, finding themselves in an environment with many social obstacles, particularly conformity. Group conformity exerts powerful social pressure in an alcohol and drug saturated environment (Perkins, 2002). Not conforming can create feelings of isolation by not being a part of the college social life. They may experience significant stress from the perpetual exposure to drugs and alcohol as part of campus life and find that developing social networks for an abstinent lifestyle challenging. These students often feel they have no one in the collegiate environment with whom to identify, create social bonds, or share a sense of belonging (Wiebe, Cleveland, & Harris, 2010).

The themes of managing emotions, social support, humility, and spirituality, were the building blocks of resilience for the participants in this study. Respondents shared how they learned effective ways of dealing with emotions instead of escaping through substance use. Developing a tolerance for emotional discomfort, being able to manage painful emotions, was described as part of the resilient experience. This study affirmed the power of having a

supportive group of peers like those found in CRC's, and 12-Step groups for achieving sustained recovery. Several participants attributed their sobriety to having found a recovery support group. Witnessing the resilience of others who had been where they were was incentivizing to respondents. Participants reflected on the concepts of humility and acceptance in fostering their resilience. Acceptance and humility were found to curb perfectionism and stress among participants promoting their personal growth and development. Learning that external causes of discomfort can be counteracted with acceptance was a contributing factor to experiencing resilience. One consequence of addiction was the destruction of the spirit of the individual. This study confirmed the need by participants to connect with their spirituality. They developed a spiritual life by accepting their own powerlessness, accepting the need for help, and then asking for that help. Spirituality was integral to the recovery process by providing a means to move past negative emotions and feelings.

Collegiate recovery provides support for students in recovery from addiction seeking a degree in higher education. This can be campus-based infrastructure comprised of a community of peer support, student counseling centers, and others who share the goals of preventing relapse and promoting academic performance. The findings in this study inform the stake holders about the lived experiences of resilience by students in recovery. Colleges and universities can utilize this data, along with the resources of ARHE and other groups to create the necessary environment to change the trajectory of recovery students' lives by providing recovery support in conjunction with education to preclude one being sacrificed for the other (ARHE, 2018).

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Appendix A
Recruitment Email to Administrators

Dear (Collegiate Recovery Community/Program Administrator Name),

My name is Julie Matsunaga and I am a doctoral student at Auburn University and the former collegiate recovery coordinator for Auburn Recovery Community. I am currently focused on my dissertation titled "Resilience and College Students in Recovery. My dissertation explores how students experience resilience while sustaining their recovery. (University) is one of the sites in the ARHE southeastern district where I am collecting data. I need your help!

I know how busy your schedule is and greatly appreciate your help. Please forward the attached email to potential participants. If at any point you have questions please contact me at jdm0063@auburn.edu or at (404) 644-1162 or my advisor, Dr. Melanie Iarussi at mmi0004@auburn.edu. Thank you for your assistance in this research. I appreciate your ongoing contribution as a collegiate recovery administrator.

Best Regards,

Julie Matsunaga, MA, LAPC

Dear Collegiate Recovery Student:

If you are a college student who is at least 19 years of age and you have six months of sobriety, you are invited to participate in a phenomenological research study entitled "Resilience and College Students in Recovery."

Julie Matsunaga, MA under the direction of Melanie Iarussi, Ph.D, in the Auburn University Counselor Education and Supervision program, is conducting this study. All individuals that complete the study will be placed in a drawing for a chance to receive one of five $20 VISA gift cards. Participation in the study will consist of completion of a brief interview that will take approximately 45-60 minutes to complete. This will be a semi-structured interview in which your experiences as a college student in recovery will be explored.

If you wish to participate in the research study, please contact me via email at jdm0063@auburn.edu. Once I receive an email of interest from you, I will send you a copy of an informed consent letter. If you sign and return the informed consent via email, I will then contact you by email again to set up a date and time convenient for you to conduct a phone interview. You may print or copy this letter to keep for your records. Thank you for your time and consideration of participation in this study.

Sincerely,

Julie Matsunaga, M.A., LAPC
Doctoral Candidate
Primary Investigator
Department of Counselor Education

Primary Investigator
Department of Counselor Education

Appendix C
Information letter and informed consent For a Research Study entitled
"Resilience and Recovery in College Students"

You are invited to participate in a research study to determine the essence of the lived experiences of college students in recovery from a substance use disorder. The intended use of this study is to analyze and synthesize these experiences for the purpose of contributing to the body of knowledge on recovery and college students.

This study is being conducted by Julie Matsunaga, doctoral candidate, under the direction of Melanie Iarussi, Ph.D. in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You were selected as a possible participant because you are a college student with a minimum of six months sobriety and are age 19 or older.

What will be involved if you participate? Research participants will participate in a semi-structured phone interview that will explore your experiences of resilience. The interview will last approximately 45-60 minutes. Following data analysis by the researcher, a report of the themes revealed in the study will be sent to you to check for resonance and accuracy with your experience.

Are there any risks or discomforts? The risks associated with participating in this study are minimal. There is some chance of breach of confidentiality due to the use of Internet communication. It's possible you could experience some emotional discomfort sharing your experiences. You may contact the helpline at Recovery.org 24 hours 7 days a week for assistance at 1-888-523-4189.

Are there any benefits to yourself or others? If you participate in this study you can expect to contribute to the research on collegiate recovery. The identities of individuals will be kept confidential. Pseudonyms will be used in the study for names.

Will you receive compensation for participating? To thank you for your time you will be placed in a drawing for a chance to win one of five $20 VISA gift cards.

Are there any costs? There are no costs to you other than your time.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn if it is identifiable. Your decision about whether to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation, and Counseling.

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Your privacy will be protected. Any information obtained in connection with this study will remain confidential. Your shared data will be identified with a pseudonym and your name will never be used. Information obtained through your participation may be used to fulfill an educational requirement, published in a professional journal, or presented at a professional meeting.

If you have questions about this study, please contact Julie Matsunaga at jdm0063@auburn.edu or Dr. Melanie Iarussi at mmi004@auburn.edu. You may print or copy this letter for your records.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

_____   _____
Participant's signature   Date

_____   _____
Printed Name   Date
Investigator obtaining consent

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Introduction: Thank you for taking your time to share with me your experiences with resilience while pursuing your academic goals as a student who is also in recovery from a substance use disorder.

Explanation of the purpose of the study: I am going to ask you share with me your memories about times when you experienced resilience as a college student in recovery. We will talk about you and how you experienced resilience that fostered your success, how you overcame obstacles, and focus on success.

Recording the interview: The purpose of recording the interview is so that we may talk freely without my having to take notes. After we talk, I will transcribe the interview to have your exact words about your experiences to help me accurately describe your experience. I will compare it to the experiences of other students to see if there are commonalities and possibly areas where there are no common factors.

Disclaimer: I will not use your name or any identifying information in my writing that would reveal your identity to the reader. If at any time you wish for me to stop taping I will honor your request.

Resilience: For purposes of this interview I am using the following definition of resilience, Masten (2014) defined resilience as the capacity for the individual to change and adapt successfully to their environment. Resilience happens when an individual effectively copes with negative risk exposures and experiences positive outcomes in her environment.

Questions

1. Please describe for me a particular experience you have had where you felt you experienced resilience.

    1.1. Please tell me more about what exactly happened with as much detail as possible.

    1.2. You mentioned____, please describe what you mean when you say _____.

    1.3. You used the phrase/word,_____, please describe what this means to you.

2. Please describe for me how this memory affected your life? What kind of impact has it had

your life?

2.1. Please tell me more about the effects with as much detail as possible.

2.2. You mentioned_____, please describe what you mean when you say _____
_____.

2.3. When you say the phrase/word,_____, please describe what this means to you.

3. Please describe for me a particular experience you had where you felt you did not experience resilience.

    3.1. Please tell me more about what exactly happened with as much detail as possible.

    3.2. You mentioned _x_____, please describe what you mean when you say_____x___.

4. Please describe for me how this memory affected your life? What kind of impact has it had your life?

    4.1. Please tell me more about the effects with as much detail as possible.

    4.2. You mentioned_____, please describe what you mean when you say _____
    _____.

Summary

Tell me about anything else you feel important about your experiences of resilience in college.

What would you share with someone else who is struggling as being the most important advice for experiencing resilience as student in sustained recovery?

Thank you for being willing to participate and share your experiences. I hope through this study, we will be able to help other students in recovery be successful as well as to help inform the programs and individuals who support students in recovery.

Demographic Questions

What is your age? _____

What is your gender identity? _____

What is your ethnicity? _____

Academic Status:

Freshman

Sophomore

Junior

Senior

Graduate Student

How long have you been in recovery? _____

Did you have residential treatment?   Yes   No

Did you have in outpatient treatment? Yes   No

Appendix E
Follow up Email for Member Checking

Greetings,

Thank you once again for your participation in my research study, *Resilience and College Students in Recovery* conducted under the supervision of Dr. Melanie Iarussi. Attached, you will find the preliminary themes from my data analysis of the interviews.
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The next step is to engage in an interpretive dialogue to co-examine the analysis. Please take a moment to review each of the themes and consider how well they reflect your experience. As you read these, please think about: would your interpretation of the phenomenon change if these themes were not included or changed? What in the analysis resonates the most with you? In what order would you rank these themes in importance to you? What is missing from the analysis from your perspective?

Member checking is used to assure that findings from a qualitative study are appropriately interpreted, credible, and dependable. As an interview participant for this study, you are being asked if the themes reflect your experience to assure the trustworthiness of data. Your answers can be sent by email, jdm0063@auburn.edu,.

Once again, I thank you for your time and participation.

Julie Matsunaga, MA, LAPC
Jdm0063@auburn.edu
Auburn University, doctoral candidate
404.644.1162

Thematic Analysis

After reading and then rereading data, the following themes emerged as the dominant themes of the data.

<mark>Managing emotion</mark>
<mark>Social support/community</mark>
<mark>Humility/Acceptance</mark>
<mark>Spirituality</mark>

Jan. 30.2018
P5
Reviewed informed consent

Please describe for me a particular experience you have had where you felt you

experienced resilience as a student in recovery.

Okay, umm, some dates that really pop out to me are probably one of when I first got clean.

I didn't know what it was like basically to live as a college student and not have this whole

party aspect, uh. So, I was kinda scared and nervous all the time. I remember walking to

class and saying the serenity prayer and texting my friends that were in recovery day in

and day out, and like, just not really sure what would happen next. And then like just

hunkering down to school and coming through that. And being on (academic) probation at

that time I didn't really know what to do. Um..., so coming out of that with something like a

0 something GPA and trying to stay in school and stay clean was probably.....um..

    Well, one of the hardest times to me would probably be the break up with my long term

boyfriend and getting through that, um, cause, I remember at the time I broke up with him,

I was very angry with him, and wanting to move on from that. I started to go to meetings

more and getting into recovery, and then this incident happened in which we kinda started talking again and then it broke off. And then my anger was gone and all that was left was grief. And that happened at the beginning of last year. Two days before that on Saturday I found out that one of my closest friends from back in Atlanta had OD'd on opiates. And then 2 days later, the Sunday before going into school, I was over at his (exboyfriend) place, and we were talking, we were there until like 3 or 4 in the morning talking, we were just talking and inevitably we decided that neither of us were good for each other, we were going to different ways and it was very heartbreaking and painful. And then going to school with that, and just, it was the hardest time in my recovery in that I was never really present at in the school. I was just somewhere lost in my head. I remember there would be days that I would go to school and I would be tears trying to just hold things together not really sure what to do. And, like a month and a half later, a man I consider to be my second father, back in my home town, um, died of alcoholism, liver failure. And so I just kinda started breaking down again and trying to pull myself, well I wouldn't say me, um, trying to get through that situation. And the days just kinda blended together, and it seemed, I don't know, it was very hard for a long time. I remember calling my friends, and having them come like, and we'd go out and do things, trying to get out of my own head, or just calling people and crying and being upset. I remember one morning I had stayed with a friend the night before and I came back home and I was just like, extremely heartbroken and in visceral emotional pain. I was on my floor wailing and I called one of my friends in recovery and she came and it was like 8 in the morning and we went and got breakfast and I just hung out with her and her husband f+or the majority of the day.

Please describe for me how this experience affected your life, what impact has it had? In

listening to what you're saying how did this effect you?

Before recovery, I would've drowned myself in drugs. I would've tried to run away from the problem as much as I possibly could, numbing myself out. Um.., my school work would have gone to the wayside for me to get drunk or high, um I would've isolated, I wouldn't have gone to class.

It's made me accept life, I guess, on a more human plane. First coming into recovery there's a lot of things that hit and they touch, and they may hurt, but it's like this level plane where like everything's good, and I don't, uh, you know there's really nothing all that bad that's happened and it's like the world dropped out from under me. Um, one of the things I learned greatly that's allowed me to move forward is the concept of humility, of nothing, um coming into recovery I'm asked the question a lot, what is being humble mean to me, and the answer at that time for me was humility is that I am neither greater than nor than less than anything that happened. I am not the worst person nor am I the greatest person. But reflecting on that, I turned it over into the situation of this is neither the greatest situation nor the worst situation. This person has neither tried to do harm to me nor tried to do great things, they just are simply trying to be a person. This is simply a situation that happens in life. And just accepting that it is only life on life's terms, is what it is. Life is going to happen and it's going to be okay. I'd say that it's given me a greater faith in situations of comfortablility, it's given me a greater comfort and discomfort. And being in pain and knowing this is okay to happen that it's never, it's not going to last, this too shall pass. But for it to pass, it has to happen.

Would it be accurate to say you are saying you are more accepting, clarify that for me?

Yeah, exactly, it is to accept what it is, my human nature is going to struggle and wail

against it, but know that it's there, and that it's okay to hurt, it's okay to feel pain, it's okay to feel emotions, and to give myself time to do that. Um, and you know, just accepting that it's there.

In your experiences it sounds like a process, can you think of things that are absent from your current experience, things that are no longer part of your experience?

I would say no, because I don't think there is anything that has happened up to date that isn't presently part of me. If that makes sense, I don't view myself like, uh, all right, I've taken this, and I can leave this now. It may be that I don't have necessary use for this tool at this moment, but it's still a present part of my makeup. I can't say that my drug use and my abuse and my addiction is not part of me today because I'm not using that as a tool to cope with things. It is. It is very much so a part of me.

Explain more about that if you can. The impact on your life?

Um, So in AA specifically, there's a quote that says "We neither wish to shut door, nor regret the past, nor do we wish to shut the door on it." And I think that's, what it means to me is that my past is a part of me. Um, it's not something I'm acting on today, um, but it is a part of who I am. Whether I want it to be or not, it is. I may not be all of these that I have done, but I have done these things. And so I can't say that there's not something I don't presently use because I see it all as the make up of me, if that makes sense.

Yes, I hear what you are saying.

What other things do you think are significant about this?

I think one of the most significant things is that it's not me, these questions seem to be centered around my resilience, when in fact I myself am not resilient. I myself am weak. My past experience shows that. Um, so all of these experiences that I've explained up to this

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point and given resilience on, are not necessarily me getting through them. Because, I've always had someone with me to help me out, I've always had someone to call on. So I can't say it's me. Um, so the connection of a community is very important, and not only that it's the connection to a spiritual presence. Whereas, and it's very different than I guess what I believed a spiritual presence to be when I was getting high. You know. Um, or anything like that. But I would say that my resilience comes in the form of a we rather than an I. Having that community to, whenever I am weak I can lean on someone, whenever someone else is weak, I can be there for them to lean on me, and that is where my strength comes from.

When you mentioned spirituality, can you speak more to that?

So coming to recovery I was allowed this time to build a spiritual life with something that was made for me, whatever my concept of spirituality happens to be. And what that allowed for me to do was this faith that no matter how bad things go there is someone there with me. There's something there with me. And it's something that doesn't want the worst for me, that I can give my problems up to. Having a connection to a spiritual higher power gives me I would say a sense of ease when I allow myself to be connected of course. It's just this sense of like everything happens the way it's supposed to happen. I guess, but, things happen even if they're not by design, but it just, it flows. And I mean coming into recovery, I had no idea how to pray, it was weird, I didn't know, I had a concept of meditation, but I didn't really know what to do. Uh, so one thing that helped me is I just started talking, to whatever was there. And what it gave me by doing that what it gave me by doing that was this personal relationship with something. I remember this one day, I didn't know, I remember questioning myself, am I talking to whatever this is, am I saying things in group that, am I doing this just bullshitting trying to speak my words or am I

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saying this so I can get help, what is my real intention behind all this?

Um, and what I found from that is that I started getting angry, I started yelling at whatever I believed to be there at the time. And what I found is that I can be completely utterly human to whatever this is, and that allowed me to break down a wall and really connect with something. And it gave me permission to be human towards a higher power, it gave me permission to yell, and ache, and be happy, and sad, and have the whole range of emotions towards this entity and know that just because I do that doesn't mean it's going to turn its back on me. It doesn't mean I'm going to be left alone, in fact it's in those times that it's all of a sudden, "it's cool man", "you can do that."

How does this make you feel?

It gives me a sense of calm and ease, a sense of acceptance.

I'm hearing you say this gives you a sense of just being, what do you think?

Yes, it is. It very much is, it is a letting go. The term let go and let God, I guess you could say. But it's saying that everything that is happening I have no control over. I don't have control over people, I don't have control over places, I don't have over things, the only thing I have control over is my reaction and I barely have control over that most of the time. So, you know, it is this I don't have to deal with it. Someone else's problem is completely someone else's problem.

It is, I can let go of whatever anger, whatever thing I'm holding on to at any point in time, I can let it go, I can, and I can walk away from it. And I can pick it back up whenever I want to, but also allows me to give it to something else and know that somehow and someway it will get taken care of.

What would you share with someone who is struggling as being the most important advice

for experiencing resilience in recovery?

I would say have lunch with someone, go have dinner, by all means go to a meeting, don't let that be your only experience. Allow, talk to them, and be okay with discomfort. It's not an easy thing to do. But yeah.

P7
Jan. 30
Reviewed informed consent

Please describe for me a particular experience you have had where you felt you experienced resilience as a student in recovery.

Um, okay well I mean I got into recovery initially after an arrest for selling drugs, and so that is sort of an ongoing process even today, but, the main part of it that kind of that made me have to be resilient is that I want to go to law school, and I am going to law school in the fall, but due to that I wasn't, I didn't think I was going to be able to go to law school, um and of , because of the charge and I found that out about two months into recovery, so ,um, at that point I was kinda like, sorta making it an internal decision of like, do I still want to do the whole recovery thing or like just screw it, whatever, I'll just ride it out until whatever it is, and now I know exactly what it is and it's not good. Um, so I guess through that I kinda, what I ended up doing was getting involved with the CRC at college, which I had not previously been involved with, um, and you know going to more meetings and making an effort to hang out with other people who were in recovery, but I don't know, that's the some of the process.

The CRC?
Yeah, I was googling meetings and one of the meetings was on campus, and I was like, okay, that's close to my house, and so I went and then they were like, actually we have all this

other stuff, and I was like alright, and the main reason I tried it was because, I don't know if you've been to Starkville, but it's a small town and a lot of the recovery scene around here is a old white men, and it's now what I am, and I was hoping that maybe there would be some other people my age there. So that's kind of what started that, actually there's a large majority of people in our CRC that are not like traditional age college students, but you know it's closer.

Please describe for me how this experience affected your life, what impact has it had? In listening to what you're saying how did this effect you?

Um, you know the main thing I do differently now is reaching out to other people, telling them like what's going on, that's something I would never have done before, um and then you know, I have people in the CRC who listen and my sponsor and stuff, but um, just like before I got into recovery I would never call someone and wanna be like, hey, here's what's going on, what do you think about it? Um, and that's definitely something I do regularly now.

Tell me more about reaching out to others.

Well, it definitely feels better to me, cause like, well, for instance I have a boyfriend who's in recovery, we've been dating for two years, and he relapsed, let's see maybe like 5 months ago, he had over a year clean and so when I found out about that, you know, it was obviously really upsetting and so I called my sponsor, and she was like "you know what, here's a list of 3 people whose long term boyfriends have also relapsed since they've been together. Why don't you call these 3 people an see what they did about it and how they handled it?" And um, so that's what I did, and um you know, it's all better like coming from

people who've actually gone through it versus like just talking to people who either aren't in recovery or who haven't had that specific experience, um, so I don't know, I think it made it resonate more with me what they had to say about that situation.

I think if that would've happened when I was not in recovery, it would've been more along the lines of like anger and resentment and how I am gonna get back at this. Now whereas, it's more like I am fearful about it happening but, I 'm fearful about it happening with my friends in recovery as well, me too, it happens, it can happen real easily if we don't do what we need to do. Um, but I guess now it's more like fear and sadness, like, that really sucks that that happened, uh, you know. I do NA and the 12 steps, and talk to my sponsor a lot which is something, I don't know, the sponsor relationship was kinda like a new thing for me, but um, a new experience for me in life. My sponsor is 27, so she's not that much older than me, but she's married and stuff and in a different phase in her life, but she's gone through a lot of the same things I have and we're similar in a lot of ways and it's like I call her and she doesn't tell me what to do, but she suggests it and I should probably do it, um, so that's kinda like, whereas with a friend they're like, oh, yeah, I hear you, I don't know man. Um its kinda more like, I don't know, she kinda has more life experience um and I don't necessarily know that I would know someone else that is her age that I would call and talk to all the time outside of that.

In listening to what you're saying how did this affect you?

Um, I mean there's definitely a lot less people in my life than there used to be. Um, I think that the quality has gone up, I know that quality has gone up. I mean like I said, I sold drugs, so I mean there was always people in and out, but that doesn't mean that, that doesn't mean we were good friends, like that. So, un, you know that was definitely an adjustment

for me, I was really lonely at first when I first got into recovery because I didn't know anyone yet in recovery and I knew I couldn't hang out with anyone that was still drinking and drugging so it was kind of like a transition phase for me that lasted about 2 or 3 months so, you know that would be the only downside I've had in recovery and it's no longer a thing. But when I first got into recovery I didn't really know anyone, I just knew what I couldn't do, hang out with my old friends, so that did suck for a while there, but it got better after a while as most things do.

In your experiences it sounds like a process, can you think of things that are absent from your current experience, things that are no longer part of your experience?

Um, I mean I don't talk to people um, you know, just with the intention of getting something from them, making a plan to see them at this, that, or the other place um you know, I think my conversations are more meaningful now. Um, I wouldn't say I 'm any less busy. When I first started in recovery I had nothing to do, but now I am just like as busy as before but with more concrete things. I didn't know what to do, I just kind of sat there and tried to figure it out for a few months, yeah, I had no clue what to do with my time. And now I don't have time for that.

What other things do you think are significant about this?

I would not be clean in college if there weren't other people also trying to do it. Um, like, there, I don't know how that would happen. I lasted for a few months, like, anybody can last for a few months, just hanging out, but at the end of the day for college kids in a college environment to stay clean, there's gotta be, and it doesn't even have to be my age, but just some other people who are trying to do it too. I would say that's super important.

What would you share with someone who is struggling as being the most important advice for experiencing resilience in recovery**?**

==I mean I was scared to go to my first meetings, because I had no clue what they were going to be, um, so that uncertainty scared me a lot, but I think if someone had just been like, it's gonna be okay, it's cool, it's not that big of deal, you can go, it's fine, you don't even have to talk, um I think that would've been comforting.==

Notes: no mention of spirituality outside of 12 step meetings and it is one of the steps, no personal comments about this.
P7 is newer to recovery, wonder if that makes a difference?