

## Connecting Anonymously: How Recovery is Represented Online

by  
Danielle Comeau

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### ABSTRACT

This study explores how an online forum is used in recovery from addictive substance use. By doing a content analysis of the forum REDDITORSINRECOVERY, online supports were found to be helpful in providing a space to exchange knowledge based on personal experience. Anonymity was found to be important because it protected against the stigma associated with being a person who uses drugs.

**Keywords:** Recovery, Addictive Substance Use, Online, Stigma, Recovery Capital, Reddit, Anonymous.

## CHAPTER I

## INTRODUCTION

Is there anyone I can talk to with a similar experience, and how to cope with it? I'm scared and I'm going to be alone. I need people to talk to, I need to be reminded constantly. I need support and recovery.

This anonymous quote represents the voice of someone who is feeling alone, attempting something difficult, and wanting to feel understood by connecting with others who have firsthand experience of what he is going through. This person might feel like people close to him will not understand, or judge him if they know about his past. This person is scared to reveal his name. This person wants to know how other people have managed to accomplish what he is attempting. This person wants to know that his struggles are normal. This person wants to tell his story. This person is in recovery from addictive substance misuse and he is going online to find help.

Why do people go online for help? How they are using this form of interaction? These are the questions that piqued my initial interest in conducting this research. I always understood the value of recovery narratives. I grew up hearing my dad's recovery story, about his struggle with alcohol, when he decided to make a change, and how each year of sobriety, more than two decades later, marks a continuation of this story. I know his story because I was an insider; I am part of his story. Without my insider status, I might not have known his private struggle with alcohol. This is because recovery from substance use has a history of taking place in protected space, like anonymous meetings,

or treatment centers. Seeing people share their stories in online public forums interested me and brought me to my research questions. What kinds of information, support and resources are sought by people who participate in anonymous online recovery forums about disengagement from addictive substance use? What do these findings suggest about what members of the forums are looking for and concerned about?

Online recovery is fascinating because it makes sharing stories, information and ideas widely accessible. This accessibility gives people who face barriers to health care and treatment an alternative; they can access information and participate in a recovery setting online. This is a way for people to add to their support networks and increase their odds of achieving and maintain a life free from problematic substance use (Woodward, Misis, & Griffin, 2014). For people who use drugs, the stigma they encounter in their offline everyday lives can act as a barrier to healthcare, and even cause them to lose important social connections (Goffman, 1963). The anonymity of online forums allows people to participate in a space free from the stigmatization that confines and marginalizes them in their offline lives.

## CHAPTER 2

### LITERATURE

There is not very much literature about the specific ways people who use drugs use the internet as a resource for recovery, so literature from a few different areas must be considered. When reflecting on the research questions it was important to consider works that relate to the ways that people use the internet as a resource for health care, as well as the specific needs of people who uses drugs.

**Reflexive Consumer**

Some of the early findings on the connection between healthcare and the internet focused on access to and consumption of information. Anthony Giddens' theory of the reflexive consumer is summarized in Hardey (1999) and Henwood, Wyatt, Hart, & Smith, (2003) as an informed patient who has explored and considered their options independently, instead of relying solely of the directions and information given to them by their Doctor. This body of literature would argue that the reason people would go online in relation to healthcare would be to access information that may have not been available to lay people previously.

**Negotiation.** There is also the notion that this found information could be subversive or different from the treatment offered by a doctor. Some research participants in Hardey (1999) said they used the internet to answer questions they did not feel their Doctor had time to answer (p. 828). However other users used online resources to push the boundaries of the lay/expert knowledge divide; "A number of participants reported that they had renegotiated treatment for themselves or their children with their GP on the basis of information they had found on the Internet" (Hardey, 1999, p. 829). Henwood et al., (2003) also found that patients who had accessed information online about their health condition more often tried to negotiate with their Doctors, and this often led to a contentious relationship (p. 605).

The type of care wanted by people who use drugs is also varied and may not always match the treatment offered. Accessing information online also gives people who use drugs the agency to choose a method of disengagement that works for them. Goals of abstinence and harm reduction are often different among patients and their health care

providers. (McKeganey, Morris, Neale, & Robertson, 2004; Neale, Nettleton, & Pickering, 2011). If the care being offered does not match with the goals of the patients, they may be reluctant to access care because it does not fit their needs (McKeganey et al, 2004).

### **Identity**

Although accessing information is a good starting point to consider when thinking about online health resources, the internet is more complicated. People do not only go online to access resources; the internet is also a social space. It is multidirectional, an ongoing exchange of information, personal experience and ideas, and online forums are a space for people to network and share these ideas (Pleace, Burrows, Loader, Muncer, & Nettleton, 2000). More recently, social media has also made online interactions and representations an important part a person's identity. While some social media is closely linked to one's offline identity, for example a Facebook profile accessed by many family member and close friends, Rambe (2013) also finds that social spaces on the internet also provide a "safe" space for experimentation with identity (p. 330). The use of social media and other online resources all adds to an individual's social networks.

### **Recovery Capital**

A person's networks are often referred to in sociology as social capital, a term coined by French sociologist Pierre Bourdieu (1986). Since the internet has become such an important place for interaction it makes sense that these online networks are an integral part of people's social capital. The term 'recovery capital' was developed by Cloud & Granfield (2008) and is derived from Bourdieu's concept of social capital. It refers to the "...resources, information, and supports available to people as they attempt



to resolve their problems [linked to substance misuse]” (Cloud & Granfield, 2008, p. 1973). Because recovery capital represents so many areas of a person’s life, it plays a huge role in their ability to meet their recovery goals.

Much of a person’s ability to extract himself/herself from substance misuse is related to the environmental context in which that person is situated, the personal characteristics s/he possesses, and a range of perceptible and imperceptible resources available to that individual.

(Cloud & Granfield, 2008, p. 1972)

Because recovery capital is both about access to information as well as social supports and connections, the internet can be a valuable place for people in recovery from substance misuse to gain recovery capital.

### **Stigma**

The final important sociological term which frames this research is Goffman’s theory of stigma. Goffman defines a stigma as “...really a special kind of relationship between attribute and stereotype” (Goffman, 1963 p.4). The attribute of being a person who uses drugs, is burdened with some pretty negative associations. Because of the burden of these associations, anonymity could be especially important to those who have “...stigmatized behavior to find mutual support among people who have similar conditions” (Woodward, Misis, & Griffin, 2014, p. 939). The internet is a place where these people can support each other and share information while keeping their anonymity. Woodward et al. (2014) stresses the importance of support through strong attachment bonds because they have been shown to be positively associated with recovery from drug addiction. For those who are stigmatized, forming and maintain bonds could be very difficult.

Stigma can also structure how and when people are willing to disclosure certain information about themselves. Goffman identifies this as identity management.

...[T]here are important stigmas, such as the ones that prostitutes, thieves, homosexuals, beggars and drug addicts have, which require the individual to be carefully secret about his failing to one class of persons, the police, while systematically exposing himself to other classes of persons, namely, clients, fellow-members, connections, fences and the like.

(Goffman, 1963 p.73)

Furthermore, hiding these failings from people who they are close with could result in feelings of guilt (Goffman, 1963 p.74). This is important to this research because online forums might be spaces where disclosure is accepted because stigmatizing factors are normalized. Goffman's idea of the performed self emphasizes that impression management is the way that a social actor chooses to present themselves in the face of external influences and expectations within difference social settings. Goffman's theory of performance dictates that a chosen self is presented and preformed to take up a certain identity or roles which are expected in a given situation (Allan, 2013, p. 387). The self is performed for the social interaction, therefore, the content of the forums could provide interesting insights on the presentation of self when in the company of people who share a stigmatizing attribute.

### **Common Discourses on Recovery**

Taleff & Babcock (1998) discuss some of the common discourses of recovery. They describe these discourses as beliefs about substances of abuse which are widely taken up as common knowledge, despite the fact that they could be harmful to recovery (p.33). Blame and its manifestation is one of these commonly held beliefs about addiction and recovery (Taleff & Babcock, 1998, p. 34-5). People who use drugs often blame

themselves for treatment failure. Perceived co-dependency and blaming others for continued addiction is also a widespread assumption (Taleff & Babcock, 1998, p. 36). Blame is often placed on relationships when partners used addictive substances together, or on family members for enabling continued use of addictive substances. These discourses are still frequently used and perpetuated because "...it is difficult to see beyond its implications, to introduce fresh ideas" ((Taleff & Babcock, 1998, p. 39). These discourses were included because it can be assumed that online communities are predominantly lay populations, therefore it seems logical that these dominant discourses are used by them. These discourses also contributed to the coding methods used in this research.

## CHAPTER 3

### METHODS

#### **Sample and Sampling Frame**

For this research, I did a content analysis of a forum on the website Reddit. Reddit is the largest English online forum, the 10<sup>th</sup> most visited website in the US, and the 13<sup>th</sup> most visited in Canada (Alexa, n.d.). Reddit is a website where members (referred to as Redditors) can submit content, which can be commented on by other members. The site is highly interactive and anonymous. Reddit is made up of sub forums called subreddits, which have distinct topics. The subreddit that will be used for this research project is called "REDDITORSINRECOVERY" which currently has 6,429 members, although the number of members does fluctuate slightly. The description for this group is: "A place for Redditors in recovery to hang out, share experiences, and support each other. Discuss the various ways to achieve and maintain a life free from active addiction. Everyone is

welcome”. This subreddit has been chosen because it is an active community and nonspecific in the type of substance members may be recovering from. This was important for me because I wanted to gain an understanding of how recovery appears online generally, and not specifically for one drug.

If the “recent” tab in the subreddit “REDDITORSINRECOVER” is selected, the post are listed in chronological order. In order to achieve a thorough understanding of what is happening in the subreddit, I looked at a total of 100 posts. Data collection began with posts dated August 1st 2015. This time frame was chosen because by the time data is collected, posts will be old enough that they will no longer be active, and therefore factors like number of comments would not be fluctuating during the data collection phase. Each page on REDDITORSINRECOVERY displays 100 posts, therefore these 100 posts from the first page are the ones participant in the forum are most likely to see. If a user sees a post on the first page similar to the one they were going to make, they may simply refer to the post that has already been made rather than posting their own. By looking at 100 posts I aimed to see a diversity of posts which represent one entire page of the forum.

### **Coding Themes**

**Self-disclosed and demographic data.** Self-disclosed demographic data was collected to better understand what, and how often, people self-disclose. This was significant in understanding how anonymity is used in the forum. Additionally, since the data is self-disclosed, collecting it offered no added risk. The self-disclosure coding section included, age, gender, drug/drugs used, number of comments, and username type. Usernames were not disclosed in any presentations or written reports, in order to further

protect anonymity, however, usernames were recorded to identify ‘burner’ accounts. A burner account is one which is made to use temporarily and then discarded. Accounts were only coded as burner accounts if had an obvious username like ‘accountfordrugs’, ‘throwaway’ or if the poster identifies the account as a burner in their post. Burner accounts are important when considering anonymity because the poster has deliberately chosen to keep their activity on the burner account separate from activity on their regular account.

**Qualitative deductive codes.** The content of posts were coded for qualitative data which represents themes based on pilot studies that I have conducted in other recovery forums as well as common discourses on recovery in Taleff & Babcock's article (1998) which was discussed in the literature review section. These themes to help outline coding categories because they represent very common assumptions about drug use and recovery, and since they are so common, it is likely that they will appear in the posts I am examining. ‘Recover capital’ as outlined in Cloud & Granfield (2008) was also considered in categories focusing on exchanges of support between posters. I used a two phase approach to coding beginning with deductive codes which represent common themes in the literature and in pilot studies. These broad categories were then divided into more specific codes using an inductive coding methods. These are the qualitative deductive codes:

***Distrust/blame.*** Taleff & Babcock (1998) outline blame as a common discourse in recovery from addiction, including blaming the addict for treatment failures or continued addiction. Distrust was added to this category because pilot studies showed that the posts where the poster blamed themselves often expressed distrust in their judgements or

outlooks. Codes in this category included, posters who blamed themselves for recovery failure or did not trust themselves. Some posters used REDDITORSINRECOVERY to access advice/information about someone else's addition or recovery, codes associated with these posts were blaming the addict for recovery failure, and distrust in the person using drugs.

***Knowledge exchange.*** This category was inspired by the theory of both Goffman and Giddens. Goffman's theory of stigma was represented by codes that focused on a personal exchange, like asking for advice based on other's personal experience. Because people in this group had a shared stigma, it was presumed that people would be more open to share personal experiences. Giddens's theory of the reflexive consumer was represented in codes that requested less personal information, like questions relating to a specific drug.

***Checking in.*** This code was recorded when members would describe their progress, or lack of progress. This code was further developed using inductive methods to include sub-categories of sharing progress or photos with the group, reporting relapses, reporting craving, reporting fear of relapse, attempting/considering a change in use/behaviour change, sharing goals, and sharing for accountability.

***Interpersonal troubles.*** This code was developed with Goffman's theory of stigma in mind, as well as Taleff & Babcock (1998) discussion of over closeness or co-dependence as pathology (p. 36). These codes were developed to capture things that might be missing from the poster's close and familial relationships. Codes included lost relationships, conflicts, loneliness and wanting to help someone.

*Concurrent disorders.* This code was added during pilot studies as many posts reported illness or injury which was linked to their continued drug misuse. This often included continued off label use of opiates or other pain medication following an injury or using drugs to self-medicate for mental illness.

### **Reliability**

Because of the exploratory nature of this research, inductive coding was an important part of the research process. If new categories in posts emerged in the data collection phase, they were added to the assessment criteria. When this happened, all previously coded posts were recoded for new trends to ensure reliability of analysis across the sample.

Descriptive statistics were used to summarize the sample, as well as to discover trends and correlations in the data.

### **Recording, Storing and Managing Data**

Posts were copied and pasted into a word document. Saved posts were labeled with an identification number which correlates to an identification number in a spreadsheet. The coding spreadsheet contained the labels representing all of the coding categories. Coding categories which are reported as present in posts and require additional notes had a corresponding sheet to record quotes and thicker description of the post. All files were stored on a password protected computer.

### **Exclusion Criteria**

The only exclusion criteria for this analysis are sponsored posts. These posts are generally advertisements, and do not relate to the topic of the subreddit. Sponsored posts

are usually located at the top of the page, and can be identified as they are marked as ‘sponsored post’.

### **Risk and Benefit Analysis**

Because there is no direct contact with participants, and the information being used is public, this project has no risk of harm. Reddit is already an anonymous website; however, user names were not disclosed in either the thesis or the department presentation to further respect anonymity. This is an extra measure to ensure participants cannot be found online. The primary benefit of this research is the potential to gain insight into the type of information and support people who use drugs are seeking online when they want to disengage from use. People who use drugs are a vulnerable population and this research project is a great way to use existing data without causing any harm.

### **Limitations**

Assumptions cannot be made about what role REDDITORINRECOVERY plays in aiding recovery, understanding the content will only give a general understanding of how members use REDDITORSINRECOVERY. Other limits could include questioning the integrity of the posts, however this is true for most social research as research participant’s integrity can never be guaranteed when using self-reported data. However, since posts are anonymous and voluntary there are no risks that would directly prevent posters from being honest. Because this is an honours project, the sample was limited to 100 posts in one recovery forum, therefore findings may not be generalizable all online recovery groups.



## RESULTS AND DISCUSSION

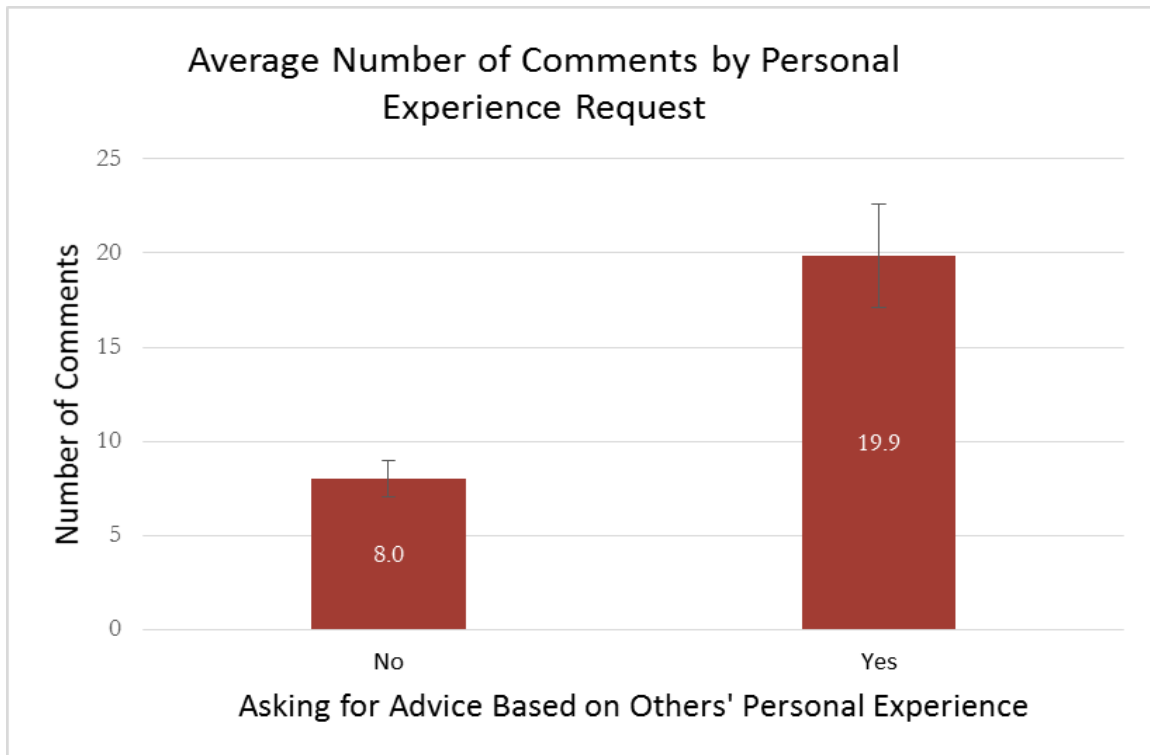
**Knowledge Exchange**

**Personal experience.** The category that most often appeared was knowledge exchange, and looking at the narrower themes within this category gave some interesting insights. The single code that most often appeared were posts in which posters “Asked for advice based on others’ personal experience”. This appeared in 43 percent of the posts. These posts usually had a narrative of someone telling their story and asked if anyone could relate or offer insights.

Is it possible for someone who has, for all intents and purposes never lived real life clean/sober to turn it around?  
Can anyone who is now clean identify with my situation? I am reaching out here as a first step, because I truly do not have anyone in real life to turn to for comfort. I am utterly alone. Please help me...

Sharing experiences was another common theme in the knowledge exchange category. In fact, 17% of posts shared a personal anecdote or experience with the hope that it would help others in their recovery.

**Number of comments.** As the findings around exchange based on personal experience became evident, I decided to also operationalize the value of advice giving based on personal experience. This was done by examining the number of comments depending on whether or not people requested advice based on other’s personal experience.



This graph compares the average number of comments between the two groups, those that asked for advice based on other's personal experience, and those that did not. Posts asking for advice based the other person's experience got on average 19.9 comments while posts that did not only received an average of 8 comments. This was found to be statistically significant with a p value of less than .001. The higher rate of comments demonstrates that giving advice based on personal experience was also a common and valued part of interaction in the forum.

**Official information.** In contrast to posts which exchanged personal experience based information, some posts were seeking official information; however, these posts show up much less often. Examples of this are posts that asked for drug specific recovery information which only appeared in 5% of the posts. This could be because people are accessing this kind of information from their treatment providers or other online sources

of information. This finding shows that, although people may be using the internet to become reflexive consumers about their drug use and recovery, that is not what is primarily happening here. The function of this space is primarily social; people want to share their stories and connect. A group like REDDITORSINRECOVERY is not a resource for the types of information they could access through a healthcare provider, the information accessed is about personal experience. Because REDDITORSINRECOVERY is a space protected from the stigmatizing factors that the posters are experiencing in their offline lives; they likely feel more at ease sharing their personal experiences with addiction and recovery. When they ask advice it is so they can connect with people who have gone through the same experiences, and who can offer personalized insights.

### **Checking In**

**Reporting progress.** There were also high rates of people using the forum as a way to check in with their recovery progress or difficulties. Checking in with number of day/months/years sober showed up in 23% of posts, and posts about attempting or considering a change in drug use or behaviour showed up in 20% of posts.

For the first time in over 17 years I've been clean and sober from any and all mood or mind altering substances for 5 months today [...] 5 and a half months ago I was laying in bed drinking from the moment I woke up til the moment I passed out [...] and crying to myself about the fate I had accepted would rule my inevitably short life. I know objectively 5 months is a pocketful of ain't-shit compared to 17 years in active addiction, but it's a personal best for me and something I couldn't have imagined possible.

REDDITORSINRECOVERY is an audience that will see the value in these accomplishments and relate to the struggle of the poster, it may also give the poster the

opportunity to repair the damage done to their identity by using drugs (Goffman, 1963). Sharing a narrative of perseverance in recovery for example, would be in line with the social expectations of someone who is in recovery. The types of narratives that follow preferred social expectation could undo some of the identity damage of being a person who uses/used drugs. When people are considering or attempting a change, they have an outlet to discuss possibilities or difficulties they might be experiencing. This relates to Goffman's idea of stigma because within the boundaries of REDDITORSINRECOVERY, sharing updates on your sobriety, or lapses in sobriety, represents participation in in common group activities. While general society outside of REDDITORSINRECOVERY might be happy for someone sharing about being 5 months sober, they might not be able to appreciate the more difficult things people used REDDITORSINRECOVERY to check in about, like reporting relapses (11% of posts) or reporting cravings (7% of posts).

**Narrative.** The importance of narrative became clear during data analysis, and particularly with people who were using the forum as a way of checking in with their progress. People were coming to REDDITORSINRECOVERY to tell their stories of struggle with addiction. Robinson (1990) describes the significance of narrative in "...the personal quest both for meaning, but more particularly for mastery over the unpredictable physical course of the disease" (p. 1185). This is also true with those using REDDITORSINRECOVERY to check in. Reporting achievements in sobriety (number of day/weeks/months sober) conveys a certain level of mastery over the disease, as well as personal achievement. Even a narrative that discusses cravings or a relapse in recovery can carry a meaning of personal achievement if the poster conveys remorse, or a desire to

continue on the road of sobriety, despite difficulties or setbacks. This is because ‘failures’ of this type are common, somewhat expected and certainly relatable to other members of the group.

...[T]he construction of a personal image of the life course in such a form must be seen as a social apologia, in which the presentation is as a success story if a favourable view of the past and future can be sustained, or as a sad story if this cannot be personally achieved and the cause of a failed life is distanced from individual blame.

(Robinson, 1990, p. 1176)

The expectation of setbacks and relapses in recovery narratives allow the posters to maintain a positive story and recovery identity within the group as long as recovery continues to be their goal.

Cravings haven't gone away, but have subsided exponentially. Of course, thoughts spring around my mind when lingering stench engulf someone's clothing, breath, hands. Although my mind has Pavlov Dog-ed itself to associate these triggers with nightmares of what my life could so easily turn into again, compared to the unfogged logic and foundation I have come to acquire.

This excerpt is a good example of how a narrative can confess cravings and maintain a positive story, as long as the priority and goal of the post remains on achieving and maintaining sobriety. Sandaunet (2008) also explores the non-participation in online forums and argues that it is often hard for people "...to establish a legitimate position in the group" for those who feel their narratives don't match the expectations of other group members. The administration of acceptable narrative could be reinforced in the number and type of comments participants receive depending on how they perform or fail to perform the group's preferred narrative type.

### **Interpersonal Troubles**

**Stigma.** Many posters revealed their struggles interpersonally, often involving stigma. Loneliness, conflicts, lost relationships or wanting to help someone appeared 46 times collectively in the posts. These findings revealed that many people believed that the stigma of being an addict was inhibiting them from making or maintaining relationships.

I was thinking of using Tinder to meet some girls and go on some dates. The only issue is that I'm very shy without alcohol now, and I think I'd struggle to get through the date without drinking. Especially as nearly all Tinder dates involve a bar or restaurant...I can't overcome addiction without a social life, and I can't overcome my social anxiety without feeding the addiction.

This perceived stigma connected to being a person who uses drugs seemed to keep people from certain types of social capital as well. The above quote demonstrates how the poster's struggle in negotiating a social practice that he cannot engage in. Because meeting for a drink is what is expected in that particular social situation, and perhaps because of the loss of his preferred stress management technique, he feels unable to participate. His feelings of inadequacy and the stigma of disclosing his 'in recovery' status, could cause him to miss out on social opportunities. Losses suffered in offline lives and relationships, could be why gaining social capital through connections in REDDITORSINRECOVERY seemed to be very important. Within the group, people would feel less fearful about the stigma linked to addiction, and therefore would feel more free to create connections and social capital online, and specifically within REDDITORSINRECOVERY. Posters often commented on the need to concealing their addiction and/or recovery as a way of identity management. This often made them feel isolated from the people closest to them, like this poster who claimed that "...after hiding it from my mom for so long [...] it's difficult to rely on her."

**Anonymity**

When considering a forum like Reddit, anonymity must also be reflected on. People posting in REDDITORSINRECOVERY were open and willing to share very personal narratives, but few posts gave any identifying information. Fewer than 15% of people posting in the forum reported their age, gender or city. Ten percent of posts used burner accounts for their activity in REDDITORSINRECOVERY. Burner accounts are accounts which are used for specific activities so that they will not be associated with a member's other Reddit activity. These accounts would likely be abandoned or thrown out after a short time. Burner accounts were only recorded as such if they had a name that obviously identified them, like "throwaway" or "accountfordrugs". Because I had to be conservative in judgement about what was a burner account, I believe that 10% is actually an underestimate. The presences of burner accounts means anonymity was so important to people that they were willing to take the extra step of making a separate account for their activity on REDDITORSINRECOVERY. This supports the notion that the stigma of being a person who uses drugs, even one who is in recovery, is not something that people are willing to have attached to their other online activity. This means that identity management was also important in people's online representations of self.

**Accountability.** These posts represent a dichotomy between self-disclosure and anonymity. On one hand, people are revealing very personal and painful narratives of their struggles with addictive substances. On the other hand, posters make sure that these posts cannot be linked to them by using burner accounts and not disclosing identifying information. Considering this, how helpful are these accounts, and can they really

provide recovery capital to participants? Although recovery settings are often anonymous spaces, this medium definitely surpasses that type of anonymity because there is no face to face interaction, and therefore it could be argued that the poster is less accountable for their recovery. Participants can protect their story from being directly connected to their identity; does this degree of anonymity hinder recovery instead of adding to their recovery capital?

**Participation in treatment.** This might be true if online recovery groups were the only type of treatment and support people were accessing. However, 15% of post asked for a report or reference to a treatment program, and another 11% of posts referenced a treatment program that had been helpful to them. Beyond the posts specifically referencing a program, the majority of posts used language associated with recovery programs.

I've got a unique but certainly not unheard of situation in my recovery. 18 months sober I am only on my fourth step. My father is suddenly ill and we don't know if he has a week or a month. [...] I want to take the opportunity to make amends with my father, in addition to other conversations. The steps are, of course, laid out in an order and while I have regularly avoided jumping to 9 when I run into certain people, I need advice on how to handle the situation with my father.

Posts like this one, which describe a situation where the participant is clearly active in a recovery program, appeared regularly in REDDITORSINRECOVERY, even if the participant did not outright report on the program they were using. Another example of this is a post where a participant was sharing the anxiety they feel having to speak in front of a large group. "Now here I am in a recovery environment that thrives on group conscience, opening up, sharing where you are, your story [...] I make several attempts,



am visibly shook, only thing close to a message that is conveyed is the first four letters (MESS)”. These posts demonstrate that the members are engaging in recovery treatment in more ways than participating in online recovery groups. They also demonstrate that REDDITORSINRECOVERY is a space that participants can further enrich their recovery by drawing on the supports from the group to compliment other treatment. In the case of the above post, it also gives the online community an opportunity to reflect on standard recovery protocols. Sharing an anxiety in REDDITORSINRECOVERY about opening up and speaking in front of a group would let the posters connect with others who have felt the same anxieties and maybe offer some advice for getting through it. This advice could help the poster overcome their anxieties, and at the very least normalize their experience which would, in turn, increase the poster’s recovery capital. The argument of anonymity decreasing accountability is less of a concern given that it seems that a group like REDDITORSINRECOVERY is adding to recovery resources, not completely replacing existing ones.

**Disclosure and risk.** It seems that many posts contained examples of people with similar experiences providing support and maybe even attachment bonds that Woodward, Misis, & Griffin, (2014) reported to helpful in recovery. Reaching out in these posts seems to provide hope and encouragement to participants without needing to take such big risks, like sharing with people close to them. The risk of rejection connected to the stigma of being a person who uses drugs appeared in the forum.

I asked a girl out who is pretty kosher and straight edge, she and I were talking for a couple weeks and I asked her out this past Friday. I text her today and then her sister answers telling me to stay away from her, because I do drugs.

The nature of the forum, being specifically for people in recovery and highly anonymous, is tailored to those who want to share their experiences in a space free from the stigmatizing factors that inhibit their offline lives. Although most things happen online now, like dating, banking, or keeping in touch with family and friends, the combined liberating and protective factors of anonymity make recovery forums a particularly interesting phenomenon.

## CHAPTER 5

### CONCLUSION

The type of knowledge exchange that occurred most commonly in this forum was advice that reflected personal experience. This included people seeking advice from others who have shared experiences, as well as a statistically significant higher number of comments related to these posts. This indicates the importance of giving advice, as well as receiving it. Seeking official information, or information outside of personal experience, was far less common in the group. This signifies the importance of this space for sharing and connecting with people who have a cohesive goal of recovery, and who understand the difficulties associated with that goal. This helps people build their support networks and recovery capital, which aids them in realising their recovery goals (Granfield & Cloud, 2001).

Reporting progress allowed people to share their stories. Narrative seems to be important for members of REDDITORSINRECOVERY to contextualize their recovery milestones including accomplishments, attempts at making a change, and even setbacks. Many posts expressed the need to share their stories online because of the interpersonal losses they have suffered in their offline lives. These losses were often due to stigma

associated with their addictive substance use, or because they had to conceal their status as a person who uses drug to avoid this stigmatization from those close to them. This seemed to leave people in need to making new connections, which appeared to contribute to their reasons for going online.

The reason people turned to forums like REDDITORSINRECOVERY when faced with concerns connected to their recovery, could be because of the anonymity offered by this setting. Offering identifying information, like age or location, was uncommon in the group. Some people also used additional measures to insure anonymity by making a burner account. Could having this degree of anonymity make members of REDDITORSINRECOVERY less accountable to their recovery goals? Within the context of this study, the answer would be no. This is because there were indications, both in self reporting, and in people's use of recovery language, that REDDITORSINRECOVERY was not their only source of treatment or help. For this reason, this study finds that REDDITORSINRECOVERY added to members' recovery resources, and did not replace other forms of treatment.

### **Significance of the Study**

Understanding the way people are using recovery forums helps in understanding their utility as highly anonymous spaces to share and reflect on experiences that would not otherwise be shared because of their stigmatizing content. The anonymous nature of the space allows members to engage in self-disclosure and narratives in order to help and get help from others with similar experiences, while putting themselves at minimal risk. This analysis gives insight on a vulnerable population and how they use a platform for interaction and information sharing, without posing any risk of harm. This study could

inform the development of future treatment programs which use online resources for people to increase their recovery capital.

### **Future Research**

Areas for future study could include an in-depth analysis of narrative structures in online forums and how they compare to traditional narratives and discourses on recovery. The discourses explored in Taleff & Babcock (1998) were helpful to this research in developing coding methods, however an analysis of these themes in the narratives of group members would be an interesting follow up study.

Another area of potential research is an analysis of the comments, as well as the original post. Looking at the comments more closely, instead of just recording the number of comments, would give a better understanding of the specific interactions that are happening in the forums. This analysis could inform further insights on the types of advice given, for example, if commenters encourage posters to seek treatment offline or reconcile lost relationships. By analyzing comments we also might be able to gain a better understanding of the types of narratives that might be preferred in recovery group.

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