Navigating Recovery in Higher Education: Identity, Stigma, and Institutional Gaps in Ireland

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ABSTRACT

This article explores the experiences of students in recovery from alcohol and drug addiction within Irish higher education. While national drug strategies emphasise prevention and harm reduction, recovery remains largely absent from institutional policy and practice. The study examines how students in recovery navigate higher education, paying particular attention to identity, stigma, and institutional support. Adopting an interpretivist qualitative approach, in-depth semi-structured interviews were conducted with six students across Irish higher education institutions. Data were analysed using reflexive thematic analysis, generating three interconnected themes: recovery identity, stigma, and disclosure; academic engagement as support and challenge; and belonging, isolation, and emotional self-regulation. Accounts of recovery were often shaped by stigma and marginalisation, leading to concealment and identity negotiation. Higher education was also experienced as a site of transformation, offering structure, purpose, and opportunities for identity reconstruction. Drawing on transformative learning theory, identity theory, and sociological perspectives on stigma, the findings show that recovery is both an individual process and a socially mediated experience shaped by institutional conditions. The study highlights a disconnect between policy discourse and lived experience, pointing to the absence of recovery-informed supports within Irish higher education. The article argues that recovery should be recognised as a legitimate student identity and calls for greater institutional visibility, targeted support structures, and pedagogical awareness. In doing so, it contributes to emerging scholarship on collegiate recovery by reframing recovery as a shared institutional responsibility rather than a private struggle.

1. Introduction

Students in recovery from alcohol and drug addiction remain largely invisible within Irish higher education policy and institutional practice. While national drug strategies increasingly emphasise prevention, treatment, and harm reduction (Department of Health, 2017, 2023), recovery as a lived experience is rarely addressed within higher education (Dillon, 2023). This

absence is particularly significant within university cultures where alcohol consumption, and to a lesser extent drug use, are often normalised within student life (Health Service Executive, 2022; Hope, 2014). For students in recovery, such environments may challenge wellbeing, belonging, and sustained engagement.

Existing research suggests that recovery identities are frequently marginalised within educational settings (Ashford et al., 2018). Despite growing international interest in collegiate recovery, particularly in the U.S., there remains limited empirical research examining how students in recovery experience higher education in Ireland or Europe more broadly (Boden and Day, 2023; Byrne et al., 2022). This gap is both empirical and institutional, reflecting a broader failure to recognise recovery as a legitimate aspect of student identity.

This article explores how students in recovery from alcohol and drug addiction experience and navigate higher education in Ireland. Drawing on semi-structured interviews with six students across Irish institutions, the study examines how recovery is negotiated within academic environments that do not consistently support it. Particular attention is given to stigma, belonging, and culture. The study asks: How do students in recovery from alcohol and drug addiction navigate higher education in Ireland?

This study focuses on a largely overlooked student population within Irish higher education. By centring the voices of students in recovery, it offers insight into how recovery is experienced within academic environments and the conditions shaping these experiences. The article argues that recovery is not simply an individual process but a socially negotiated identity shaped by stigma and institutional conditions. In doing so, it extends existing scholarship on collegiate recovery while highlighting the gap between policy discourse and lived experience.

The article proceeds as follows. The next section outlines the theoretical and conceptual framework informing the study before reviewing literature on recovery, stigma, belonging, and higher education. This is followed by a discussion of the methodology. The findings are then presented thematically and discussed in relation to existing literature and theory. The article concludes with implications for policy, practice, and future research.

2. Literature

2.1 Theoretical framework

This study is informed by a theoretical framework centred on transformative learning theory, identity theory, and stigma theory. Together, these perspectives frame recovery as both a process of personal transformation and an identity shaped through institutional and cultural contexts.

Transformative learning theory provides a lens for understanding recovery as a process of reflection, identity reconstruction, and perspective transformation following disruptive life experiences (Mezirow, 1991, 2000). Transformation often involves reassessing previously held assumptions, reconstructing self-understanding, and developing new ways of engaging with the world. Higher education may support this through opportunities for reflection, achievement, and future orientation.

Identity theory further illuminates how recovery identities are negotiated within social environments (Burke and Stets, 2009; Stryker, 1968, 1980). Recovery is shaped by recognition, interaction, and social reinforcement. Identities become stabilised or marginalised depending on the extent to which they are acknowledged and supported within institutional contexts. For students in recovery, this may involve negotiation between recovery identity and dominant expectations associated with student life.

Stigma theory provides an additional framework for understanding how recovery identities are shaped through social judgement, silence, and exclusion. Goffman (1963) conceptualises stigma as a discrediting attribute that disrupts social acceptance, while Link and Phelan (2001) emphasise stigma as a structural process involving stereotyping, separation, status loss, and discrimination. Within higher education, stigma may operate subtly through assumptions about belonging, limited formal recognition, and the absence of recovery-informed support structures. Taken together, these perspectives frame recovery as both a personal and socially negotiated process shaped by broader institutional environments.

2.2 Recovery, identity, and stigma in higher education

Students in recovery from alcohol and drug addiction remain underexamined in higher education research, particularly in Ireland (Boden and Day, 2023; Byrne et al., 2022). While substance use in student life has attracted increasing policy and research attention, recovery is rarely recognised as a distinct student experience or identity. Research suggests that recovery identities are frequently marginalised within educational settings (Ashford et al., 2018), contributing to the relative invisibility of students in recovery within higher education contexts.

Recovery involves not only abstinence from substances but also the reconstruction of self. Scholars such as McIntosh and McKeganey (2000), Best et al. (2016), and Biernacki (1986) describe recovery as a movement away from a stigmatised “addict” identity toward forms of self-understanding grounded in agency, meaning, and social recognition. Higher education can support this through opportunities for achievement, purpose, and identity development.

At the same time, where recovery remains hidden or unsupported, academic environments may intensify identity strain and reinforce feelings of marginality.

Stigma is central to these experiences. Students in recovery have been described as a hidden or invisible population within higher education (Woodford, 2001). Even where institutional commitments to inclusion exist, recovery often remains unrecognised within policy, student support systems, and campus culture. Byrne et al. (2022) identify stigma, shame, isolation, and exclusion as shaping students' experiences, while Livingston et al. (2012) highlight the enduring effects of addiction-related stigma beyond substance use itself.

Within higher education contexts, stigma is often subtle and reproduced through silence, weak support pathways, and assumptions about who belongs. As a result, students in recovery may conceal their recovery status, selectively disclose aspects of their identity, or struggle to establish a sense of legitimacy within academic spaces. Recovery therefore often remained carefully managed rather than openly discussed.

2.3 Belonging, student culture, and recovery capital

Higher education environments are often shaped by social norms that position alcohol, and sometimes drug use, as routine aspects of student culture. International research has described universities as "abstinence-hostile" environments in which substance use is embedded within the social fabric of campus life (Cleveland et al., 2007). Drinking culture in particular plays a central role in student socialisation and participation (Hope, 2014; Supski et al., 2016).

For students in recovery, this can produce ongoing tension between maintaining sobriety and participating in student life. Research suggests that pressures such as loneliness, stress, and peer expectations may intensify vulnerability and complicate recovery maintenance (Scott et al., 2016). Students may withdraw from social spaces, conceal their recovery status, or seek alternative forms of connection outside dominant student culture (Byrne et al., 2022; Dopmeijer et al., 2020).

Recovery capital further illuminates these dynamics. Recovery capital refers to the personal, social, and structural resources supporting sustained recovery (Cloud and Granfield, 2008). Higher education has the potential to function as such a resource by providing structure, purpose, social connection, and future orientation (Best et al., 2016). However, where institutions fail to provide recognition or support, the university environment may instead deplete recovery capital, increasing isolation and vulnerability. Institutional environments therefore appear central to shaping recovery trajectories and students' experiences of belonging.

2.4 Recovery in Irish and international higher education contexts

Within Ireland, recovery in higher education remains underdeveloped in both research and policy (Byrne et al., 2022; Murphy, 2023). National strategies have increasingly adopted health-led approaches to alcohol and drug use, with the National Drugs and Alcohol Strategy 2017–2025 referring to rehabilitation and recovery while identifying third-level students as a population requiring support (Department of Health, 2017). Similarly, the Rapid Response Group (2020) produced a framework for addressing illicit substance use within higher education institutions.

Despite these developments, recovery-specific support structures remain largely absent from Irish higher education. Byrne et al. (2022) found limited evidence of recovery-oriented provision across campuses, while Murphy (2023) similarly points to the restricted visibility of recovery support within the sector. This disconnect between policy discourse and institutional practice remains a significant issue.

The Drug Use in Higher Education in Ireland survey marked an important step in documenting student substance use (Byrne et al., 2022). However, it also highlighted the continued marginality of students in recovery. Although some respondents identified as in recovery, the population remained poorly understood and support remained limited. More broadly, the absence of disaggregated data and longitudinal research means that students in recovery remain peripheral within Irish higher education scholarship.

By contrast, the United States has developed more substantial institutional responses through Collegiate Recovery Programs (CRPs), which typically combine peer support, recovery-specific spaces, academic guidance, and institutional recognition. Research suggests that CRPs can support both academic persistence and long-term recovery by fostering social connection, recovery capital, and legitimacy (Brown et al., 2018; Laudet et al., 2015). While Irish higher education differs significantly from the U.S. context, the CRP model demonstrates how recovery can be recognised as part of student life rather than treated solely as a private issue.

Against this backdrop, the present study explores how students in recovery experience and navigate higher education within the Irish context, with particular attention to identity, stigma, belonging, and institutional recognition.

3. Methodology

This study adopted a qualitative, interpretivist approach to explore how students in recovery from alcohol and drug addiction experience and navigate higher education in Ireland (Creswell and Poth, 2018). An interpretivist orientation was appropriate as the study sought

to understand how participants made sense of recovery, identity, belonging, and institutional experience within higher education contexts. The study was also informed by a constructionist perspective, recognising that meanings of recovery and support are shaped through social interaction and institutional context rather than as fixed categories (Opie, 2008).

Given the exploratory nature of the study and the limited research on students in recovery within Irish higher education, semi-structured interviews were used to generate rich accounts of lived experience (Brinkmann and Kvale, 2015). This approach enabled participants to describe their educational journeys in their own words while allowing discussion of issues relevant to the study, including identity, disclosure, stigma, belonging, academic engagement, and support. Interviews were flexible and participant-led, reflecting a focus on participants' own meanings and experiences.

3.1 Participants and sampling

Participants were recruited through purposive snowball sampling (Noy, 2008; Palinkas et al., 2015). This approach was appropriate given the relatively hidden and under-researched nature of the population under study: students in recovery from alcohol and drug addiction within Irish higher education. Initial contact was made through one known eligible participant, who then shared information about the study with others who met the inclusion criteria. Potential participants contacted the researcher directly if they wished to participate.

To be included, participants had to be at least 18 years of age, currently enrolled in or recently graduated from an Irish higher education institution, and identify as being in recovery from alcohol or drug addiction. Six participants were recruited and interviewed in March 2025. The sample included three women and three men and reflected variation in age, study stage, and recovery stage. Although small, the sample generated rich, information-dense accounts aligned with the aims of the study.

3.2 Data collection

Data were collected through six in-depth semi-structured interviews. Five interviews were conducted face-to-face and one online. Interviews took place in neutral locations outside academic institutions in order to support participant comfort, privacy, and autonomy. Each interview lasted approximately 30 to 60 minutes and was audio-recorded with informed consent.

The interview schedule functioned as a flexible guide rather than a fixed script, allowing participants to shape discussion and foreground aspects of experience most significant to them. While certain topics were informed by the literature and study aims, discussions

remained responsive to participants' narratives rather than uniformly imposed across interviews. All interviews were transcribed verbatim and anonymised prior to analysis.

3.3 Data analysis

Data were analysed using Braun and Clarke's reflexive thematic analysis (Braun and Clarke, 2022). This approach was selected for its flexibility and suitability for interpretivist qualitative research concerned with lived experience, meaning-making, and pattern development across a dataset. Analysis was inductive in orientation, while also informed by the study's conceptual interest in recovery, identity, stigma, belonging, and institutional context.

The analytic process followed Braun and Clarke's six phases of thematic analysis: familiarisation with the data, generation of initial codes, development of candidate themes, review and refinement of themes, definition and naming of themes, and production of the final analysis (Braun and Clarke, 2022). The phases were iterative rather than linear, involving movement back and forth between transcripts, codes, and developing interpretations. NVivo software was used to assist with data organisation and retrieval, although interpretation and theme development remained the work of the researcher.

3.4 Ethics and reflexivity

Ethical approval for the study was granted by Maynooth University. Given the sensitivity of recovery narratives, ethical practice was central throughout the research process. Participants received information about the study in advance, provided informed consent, and were reminded that they could pause or withdraw from the interview process at any point without explanation. Interviews were conducted with attention to emotional safety, privacy, and respectful language, and identifying details were removed from transcripts and reporting.

Reflexivity was also central to the study. The researcher's positionality as a person in long-term recovery informed both the design and conduct of the research. This insider perspective supported rapport, shared understanding, and sensitivity to the nuances of participants' accounts, while also requiring ongoing critical awareness of how interpretation might be shaped by prior experience (Berger, 2015; Dwyer and Buckle, 2009). A reflexive journal was maintained throughout data collection and analysis to document assumptions, reactions, and analytic decisions.

Trustworthiness was supported through transparent documentation of the research process, iterative engagement with the data, and regular checking of developing themes against the interview transcripts (Lincoln and Guba, 1985; Nowell et al., 2017). While the sample size is small, this is consistent with qualitative research concerned with depth, meaning, and detailed

exploration of lived experience rather than representativeness. The aim was not statistical generalisation but the generation of credible, contextually grounded insight into an underexplored area. As such, the findings offer analytical insight that may resonate with similar contexts while not claiming universal applicability.

4. Findings

This section presents the findings from six semi-structured interviews with students in recovery from alcohol and drug addiction in Irish higher education. While participants' experiences differed by age, programme, and stage of recovery, their accounts converged around three interconnected themes: recovery identity, stigma, and disclosure; academic engagement as support and challenge; and belonging, isolation, and emotional self-regulation. Across these themes, participants described recovery as a continually negotiated experience shaped by efforts to sustain wellbeing, manage visibility, and participate within environments where recovery was rarely recognised.

4.1 Recovery identity, stigma, and disclosure

Participants described recovery as central to their sense of self, but not as the sole or defining feature of identity. Many emphasised the importance of building an identity that could hold together multiple roles, including student, friend, family member, and person in recovery. This process was affirming but, at times, fragile. Saoirse reflected: *"I'm a student, I'm a daughter and a sister and a friend,"* indicating a desire to situate recovery within a fuller sense of self rather than within a singular stigmatised label.

At the same time, shame remained a strong undercurrent in participants' accounts. Several described persistent feelings of being *"less than"* others, shaping not only how they viewed themselves but also how they navigated academic settings. Eoin suggested that some students in recovery would *"try to hide the fact they're in recovery"* because of shame, while Cian linked stigma directly to low self-belief. Recovery had to be continually negotiated in relation to anticipated judgement and possible exclusion.

Disclosure emerged as a key site through which recovery was actively managed. Participants rarely described disclosure as straightforward. Instead, it was conditional, selective, and carefully considered. Decisions about whether to disclose recovery status depended heavily on trust, perceived safety, and the likely consequences of being known as a person in recovery. Orla noted that she had disclosed to only *"one or two staff"* she trusted, while Liam explained that he would not disclose to someone who *"didn't get it."* Disclosure was often approached cautiously and shaped by concerns about possible consequences.

Fear of judgement was especially pronounced where participants believed disclosure might affect how they were perceived academically or professionally. Orla, speaking from a practice-based discipline, worried that if her recovery status were known she might be viewed differently in relation to responsibility and trust. Even while recognising that formal bias should not occur, she described the lingering feeling that she would be *"watched."* For many participants, remaining partially invisible felt safer than risking misunderstanding or exclusion.

Yet disclosure was not always experienced negatively. Some participants encountered warm, curious, or affirming responses when they chose to share aspects of their recovery experience. These moments could strengthen feelings of authenticity and connection. Even so, disclosure outcomes were experienced as unpredictable, reinforcing participants' caution. Overall, participants' accounts suggest that recovery within higher education is lived through a continual balancing of openness, concealment, and selective visibility.

4.2 Academic engagement as support and challenge

Participants consistently positioned higher education as a significant part of their recovery journeys, connected to structure, transformation, and future orientation. Education was not experienced simply as a route to qualification or employment; it also represented purpose, stability, and evidence of personal change. For several participants, entering higher education marked a break from earlier periods of instability and movement toward a different future. Saoirse described how recovery opened up an educational path that had once felt inaccessible, explaining that once others in recovery believed in her, her relationship to learning changed dramatically. Recovery and education were often experienced as parallel and mutually reinforcing journeys.

Participants also framed academic engagement as a source of resilience and self-worth. Having already endured the demands of addiction and recovery, some felt better equipped to face academic difficulty. Liam remarked that completing a degree *"hadn't got a patch on"* the challenge of recovery, suggesting that prior hardship had altered his sense of what was possible. Recovery therefore functioned not only as a background condition to study, but also as a source of persistence, determination, and perspective.

Alongside these positive experiences, academic life often remained challenging. Several participants linked concentration, memory, and organisational problems to the lasting effects of addiction and recovery. Orla described difficulties with *"the learning and the concentration it takes to zone in and learn,"* pointing to the cognitive labour involved in returning to education. These challenges were not only practical but also emotional, as they could

reactivate feelings of inadequacy or self-doubt. Early classroom participation was, for some, accompanied by overwhelm and fears of not being good enough.

Despite this, participants generally persisted through a combination of internal discipline, recovery-informed coping strategies, and encouragement from trusted peers or staff. Academic resilience was often described using language strongly associated with recovery itself: commitment, willingness, structure, and perseverance. Saoirse observed that students in recovery often *"struggle on by themselves,"* capturing both the strength and, at times, the loneliness of this persistence. Higher education often emerged as a source of growth and renewal, even where tailored institutional support was limited.

4.3 Belonging, isolation, and emotional self-regulation

Participants' accounts of student life revealed a persistent tension between the pursuit of belonging and the need for self-protection. Social participation was often shaped by the dominance of alcohol-centred student culture, which many experienced as exclusionary or incompatible with recovery. Some managed this by selectively participating in social activities that felt safe while avoiding environments perceived as risky or heavily alcohol-focused. Cian explained that he could manage *"a small group of people"* in a pub but not a larger event, acknowledging both the limits he set and the sense that he had *"missed out."* Selective participation functioned as a protective strategy, though it could also carry a quiet sense of loss.

Participants' experiences of belonging were therefore mixed. Some found solidarity among mature students or peers with similar life experiences. Liam described relationships built on camaraderie, mutual care, and shared struggle, suggesting that belonging became possible when participants encountered others outside dominant student norms. These alternative peer connections provided support for study and emotional survival.

Others, however, described feeling separate from mainstream student culture even when surrounded by others. Orla's description of being alone despite having "loads of friends around" captures the distinction between social presence and genuine belonging. Feelings of impostor syndrome, self-consciousness, and cultural dissonance shaped participants' sense of whether they fit within higher education. Eoin's observation that student life was often presumed to be *"all alcohol fuelled"* highlights how exclusion could emerge not only through direct interaction but also through broader assumptions about what student life should look like.

Alongside these social negotiations, participants emphasised the importance of emotional self-regulation in sustaining both recovery and academic engagement. Returning to education

could trigger intense self-doubt and vulnerability. Orla recalled sitting in class and hearing an internal voice telling her to go home because she was *"not good enough."* Such moments illustrate how academic participation could reactivate earlier experiences of shame and failure.

Over time, however, many participants drew on recovery-based tools to manage emotional stress. These included reflection, routine, support-seeking, and, for some, spiritual practices. Aoife described people in recovery as having *"tools"* that others might not have, reframing recovery not as deficit but as a source of emotional competence. Several participants also described increased self-awareness, maturity, and psychological insight developed through years of personal work. Recovery emerged not only as a challenge to be managed but also as a source of emotional awareness that supported participants in navigating higher education.

Taken together, these findings show that students in recovery experience higher education through ongoing processes of self-management, selective disclosure, persistence, and emotional regulation. Participants often experienced higher education as supportive, though at times emotionally demanding. While it created opportunities for growth and connection, it could also reinforce silence, exclusion, and strain. Their accounts highlight the complex ways recovery is negotiated within academic environments where institutional recognition and support often remain limited.

5. Discussion

This study demonstrates that recovery is not only a process of personal transformation but also an identity shaped by stigma, institutional recognition, and dominant cultural norms. While higher education was frequently experienced as a site of growth, purpose, and reorientation, participants' accounts also suggest that universities remain institutionally and culturally underprepared to recognise or support recovery as a legitimate dimension of student life (Byrne et al., 2022; Murphy, 2023). This absence shaped how participants understood themselves, navigated disclosure, and negotiated inclusion within academic environments.

5.1 Recovery identity, stigma, and visibility

Participants' accounts highlight that recovery identity is continually negotiated rather than fixed. Consistent with transformative learning theory, recovery involved ongoing processes of reflection, meaning-making, and identity reconstruction following disruptive life experiences (Mezirow, 1991, 2000). Higher education often supported these processes by providing opportunities for achievement, purpose, and future orientation. Participants' experiences continued to be shaped by persistent stigma and uncertainty surrounding disclosure.

Drawing on stigma theory, recovery frequently remained cautiously managed or partially concealed within academic settings (Goffman, 1963; Link and Phelan, 2001). Disclosure was shaped by trust, perceived safety, and anticipated judgement, often resulting in selective visibility or concealment. From an identity theory perspective, recovery identities frequently lacked the social reinforcement necessary to become stable or openly recognised within higher education contexts (Burke and Stets, 2009; Stryker, 1968, 1980). These findings point to an ongoing tension between personal transformation and the limited recognition of recovery within higher education structures.

5.2 Academic engagement as support and challenge

Higher education was experienced as both supportive and demanding. Academic engagement provided structure, purpose, and future orientation, functioning as a form of recovery capital (Best et al., 2016; Cloud and Granfield, 2008). At the same time, participants described cognitive difficulties, emotional strain, and ongoing self-doubt associated with the longer-term effects of addiction and recovery (Anderson et al., 2012; Bates et al., 2005; Scott et al., 2016).

Participants relied on recovery-informed coping strategies, personal discipline, and informal support networks to persist within academic life. Resilience emerged not only as an individual strength but also, at times, as a response to limited institutional support. The findings indicate that higher education can support recovery processes, though much of the responsibility still falls on students themselves.

5.3 Belonging, peer culture, and exclusion

The social dimensions of higher education further shaped participants' experiences. Alcohol-centred student cultures often positioned recovery outside dominant understandings of student identity and participation (Hope, 2014; Supski et al., 2016). Participants responded to this through selective participation, boundary-setting, and, in some cases, withdrawal from aspects of student life perceived as incompatible with recovery.

While some participants found belonging within alternative peer networks, others described experiences of isolation, cultural dissonance, and partial exclusion. Belonging therefore emerged not only as an interpersonal issue but also as something shaped by broader institutional and cultural norms that implicitly marginalised recovery experiences.

5.4 Institutional and policy gaps

A key finding of this study is the persistent disconnect between policy discourse and lived experience. Despite growing policy recognition of recovery and student wellbeing, participants

reported limited institutional visibility, weak support pathways, and an absence of recovery-informed provision within higher education (Byrne et al., 2022; Department of Health, 2017; Murphy, 2023; Rapid Response Group, 2020).

Disclosure rarely resulted in meaningful institutional support, and available services were not always experienced as responsive to recovery-specific needs. As a result, participants frequently relied on external recovery communities and informal support systems, effectively shifting responsibility from institutions to individuals.

5.5 Implications for policy and practice

These findings highlight the need for higher education institutions in Ireland to recognise recovery as a legitimate and complex dimension of student diversity. Moving beyond narrow approaches focused primarily on prevention and harm reduction, institutions should adopt recovery-informed approaches that acknowledge the ongoing nature of recovery and its intersection with academic life.

Key areas for development include increasing the visibility of recovery within student support services, supporting peer-led initiatives, and providing staff training on recovery and stigma. Institutional policies should also explicitly include recovery within broader wellbeing, inclusion, and student support frameworks.

More broadly, these findings suggest a need to reconsider how student wellbeing is understood within higher education. Students in recovery are managing vulnerability and risk but also engaging in processes of transformation, self-regulation, and growth. Recognising these capacities allows recovery to be understood not solely through deficit-oriented frameworks, but also as a source of resilience, agency, and contribution.

6. Conclusion

This study provides an in-depth account of students' lived experiences of recovery within Irish higher education, demonstrating that universities can function simultaneously as spaces of transformation and exclusion. While participants described growth, resilience, and renewed purpose through higher education, they also highlighted the challenges of navigating environments in which recovery often remained invisible, misunderstood, or unsupported.

By foregrounding the voices of students in recovery, this study positions recovery not as a private issue to be managed individually, but as a legitimate educational and institutional concern. Moving from invisibility to recognition, and from individual responsibility to collective support, requires broader cultural and structural change within higher education.

Without such change, recovery is likely to remain marginal within institutional practice, limiting the capacity of higher education to function as a genuinely inclusive and supportive environment for students in recovery.

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